

**Name of Committee/Board**  
**Date of Meeting**

<b>Subject:</b>	<b>Update from the North Ayrshire Alcohol and Drug Partnership</b>
<b>Purpose:</b>	The purpose of this report is to provide an overview of the activities and actions of the ADP since the Drug Death Summit and update the Integrated Joint Board (IJB) of the actions taken by the North Ayrshire Drug Death Prevention Group (DDPG). This paper outlines the ongoing work by the North Ayrshire Alcohol and Drug Partnership (ADP) and partner agencies to prevent drug related deaths in North Ayrshire.
<b>Recommendation:</b>	<p>Note the actions which have taken place since the drug death summit and funding made available to the ADP based on the DDTF criteria for reducing drug related deaths (Appendix 1). Note the outcome of the ADP Participatory Budget event and local initiatives available to communities for the next 2 years.</p> <p>To note the work of the DDPG and the action plan (Appendix 2). To note the reduced unconfirmed deaths at this point in comparison to that in 2019.</p>

<b>Glossary of Terms</b>	
NHS AA	NHS Ayrshire and Arran
HSCP	Health and Social Care Partnership
NADARS	North Ayrshire Drug and Alcohol Recovery Service
N/A DDPG	North Ayrshire Drug Death Prevention Group
ADP	Alcohol and Drug Partnership
DDTF	Drug Death Task Force
PB	Participatory Budget
PEAR	Prevention Education Recovery Service

<b>1.</b>	<b>EXECUTIVE SUMMARY</b>
1.1	<p>This report covers the period from February 2020 and includes our response to the feedback from the Drug Death Summit and subsequent documents produced by the DDTF which has also informed our work and planning.</p> <p>The DDTF produced the document “Our Emergency Response” to outline the evidenced based research and practice which should be implemented to reduce the impact of drug related deaths. They have made funding available to ADP’s to demonstrate how they would use this money in relation to the evidenced based strategies and practice. The NAADP submitted a funding proposal and was awarded £83,726, the detail of the funding is contained within our application (Appendix1)</p>

	The DDPG continues to monitor drug related deaths and has produced its most recent live working action plan (Appendix2) which continues to progress in response to recommendations and funding available.
1.2	The ADP held a Participatory Budgeting event with £60,000 available to communities to help reduce the impact of drug related deaths and the community has identified 6 initiatives to be delivered over the next 2 years.
1.3	The report gives an update on the delivery during lockdown within services and mobilisation plans moving forward for services.
<b>2.</b>	<b>BACKGROUND</b>
2.1	<p>The ADP held a Drug Death summit on 21<sup>st</sup> January this year and this was attended by 121 partners. The ADP has since reviewed feedback from the summit and completed a self-evaluation from the DDTF in relation to evidence-based strategies to prevent drug related deaths. These have formed the basis of work moving forward and planning for the next year.</p> <p>The ADP identified an underspend in 2019 and with support from community development partners planned a Participatory Budget event for the community entitled “The Substance of Our Communities”. This was initially planned as a community event for voting but resulted in a successful media campaign and online voting event for the community with 626 votes being cast overall. The voting was narrowed down to 8 successful entries going forward online and 6 being successful.</p> <p>The work of the ADP has continued during lockdown, but practice and timescales have required to be adapted/amended to provide a safe working environment for staff and service users. The delivery of services has adapted effectively to meet needs throughout.</p>
<b>3.</b>	<b>PROPOSALS</b>
3.1	<p><b>Drug Death Summit and associated actions.</b></p> <p>Following on from the summit there have been a number of areas which the ADP has immediately actioned. The detail below is a combination of actions from the summit and the funding made available through the DDTF (Appendix1)</p> <p>Current actions in progress;</p> <ul style="list-style-type: none"> <li>• Pan Ayrshire Drug Death Group has requested post code information from Scottish Ambulance Service (SAS) in relation to non-fatal overdose information to look at patterns etc as they arise.</li> <li>• The ADP has been in contact with leads in (SAS) re local initiatives and are awaiting the outcome of a SG meeting with SAS in relation to information sharing initiatives.</li> <li>• The North Ayrshire Drug Death Prevention Group (NADDPG) has progressed the options of same day prescribing with doctors and consultants and contacts made nationally where this has already been piloted.</li> <li>• The ADP has completed a number of workshops in relation to the Participatory Budget event and this has also incorporated an awareness raising in relation to the use of Naloxone in community environments and with individuals at each event.</li> <li>• The NADDPG has approved a sum of money for pop up workshops to take place in communities, again promoting awareness around services, use of</li> </ul>

Naloxone and overdose awareness. These will be rolled out once current restrictions have been lifted.

- A targeted approach to support communities to raise awareness of Naloxone for those currently holding generic groups and workshops who may come in to contact with those in need. An initial meeting with councillor McPhater has taken place and some actions completed. The Lord Advocate has issued a letter of easement during Covid to allow community groups to distribute Naloxone and this will be taken forward to target those groups who can make the greatest impact on distribution of Naloxone.
- The ADP has completed a drug death survey for the DDTF in relation to current practice and identification of gaps. This paper will assist in forming part of our implementation plan for the coming year and for the 5-year life span of the ADP strategy.
- The ADP will train our commissioned PEAR Service in distribution and training of Naloxone to widen reach within communities and those not in contact with services. We will support them to establish a peer led model and outreach work.
- Initial discussions with A+E medics have taken place and a further meeting will take place in relation to non-fatal overdose and Naloxone distribution.
- The non-fatal drug overdose pathway has been drafted for a Pan Ayrshire initiative and funding secured to take this forward through the DDTF funding.
- The ADP is funding a “navigator” style post within Kilmarnock prison, who as part of their remit, will assist in providing individuals at risk of overdose on liberation (mostly remand) with proactive follow up and live connections with supporting services. This post will meet the emergency response required of the DDTF priorities the postholder is in place and the tender for the Pan Ayrshire initiative was secured by We are With You (Formerly Addaction).
- North Ayrshire Council has supported the funding of the recovery development worker for the non-fatal overdose pathway.
- The ADP and the CPC are working towards identifying joint funding and delivery of virtual training in relation to parental substance use, anti-stigma and Benzodiazepines use.
- New sub group of the ADP formed to support communities and provide a voice for and to the ADP. This group is the Community Recovery Forum and will include a range of representatives from the community.
- The Scottish Government has formed a subgroup of the task force and also made available funding to apply for Test of Change for Multiple Complex Needs. This funding is available for up to 5 million based on the criteria set and evidenced as being effective in reducing drug related deaths. North Ayrshire is working to plan for a potential Pan Ayrshire bid but if this is not feasible a local bid would be submitted. The deadline is the 3<sup>rd</sup> September for initial outlines for the panel before approval to full bid.

### **NA Drug Death Prevention Group**

The DDPG continues to progress its live action plan and work with partners to reduce drug related deaths, part of that process involves reporting on the circumstances of the deaths through the health board and timely information being given to populate that form and subsequent analysis and reporting. The information we receive from Police Scotland colleagues is pivotal to understanding the circumstances, environment and those present at an individual's death, this information assists in planning the action plans for groups. We have been informed by Police Scotland, after a period of not providing any information, that much of this information will now not be made available, only basic initial information. We continue to work with partners to resolve this issue.

The number of drug deaths to date have reduced in comparison to this time last year and this is encouraging but we are mindful of any impact of substances not being available due to lockdown.

NORTH					
Number of Deaths for Consideration					
	January-March	April - June	July - September	October - December	TOTAL
2016	7	15	7	8	37
2017	1	11	7	7	26
2018	7	15	12	9	43
2019	19	13	8	14	54
2020	12	12	1		25

The group has updated their action plan and will include new developments as they arise. (Appendix2)

### **The Substance of Our Communities – Participatory Budget Event.**

The ADP funded the “Substance of Our Communities” Participatory Budget event, there was £60,000 available to community groups to use over 2 years and deliver initiatives which would reduce the impact of alcohol and drug use and prevent deaths.

The successful 6 initiatives below will be taken forward for delivery and they will be supported and contribute to the newly formed Community Recovery Forum.

#### **1. Arran Youth Foundations**

Locality: Arran

Funding: £10,000

Funding will be used to provide drug and alcohol services for young people on Arran. This is a hidden problem on Arran. There are few places for young people to turn, with some services only available on the mainland.

#### **2. Café Solace Irvine**

Locality: Irvine , Kilwinning , Three Towns

Funding: £10,000

The money will be used to help the Cafe Solace team continue to realise the ambitions for the group. It will enable them to become increasingly self-sufficient and expand their work in North Ayrshire, invite others into a healthy, recovery friendly environment.

#### **3.Café Solace Kilbirnie**

Locality: Kilbirnie

Funding applied for: £10,000

Café solace is a community approach to supporting and reinvigorating people in recovery and ex offenders with peer support via a community café that also supports the elderly and vulnerable, lonely and those with limited funds to come together once a week to come together for a low cost, home cooked 3 course meal.

#### **4. Onside Ayrshire CIC**

Locality: Irvine, Kilwinning, Garnock Valley, Three Towns, North Coast

Funding: £8,100

This is a consortium approach which will respond to people in Recovery who have requested ‘Extra Time’ to discuss the impact of their lived experiences within their

families and how to support each other following a recent street Valium Drug Related Death, This project will enable people in recovery to engage families to build resilience; enhance communication within families, provide opportunities that foster family cohesion.

#### 5.North Ayrshire Executive Youth Council

Locality: North Ayrshire wide

Funding: £10,000

Young people emphasised the need for a resource that was instantly accessible 24/7 and with young people at the core of creation and delivery.

The group will lead a working group of young people and professionals to create meaningful and appropriate content in short and snappy blogs, animated videos and custom-made workshops. The themes will cover will be on the issues that young people and professionals mutually agree on.

#### 6.Teen Challenge and Grub and Gospel (Joint application)

Locality: Irvine, Kilwinning, Garnock Valley, 3 Towns

Funding applied for: £8,000

Provide groups and one to one support for all those experiencing issues with substance use, the group will provide opportunities for experiencing initiatives and speak with other peer groups to aid recovery. This group also supports access to Christian faith based residential rehabilitation pathways and placements.

### **Impact of Covid -19 and service delivery**

The NADARS service has continued to deliver face to face contact throughout lockdown with all the standard of health and safety measures in place. This was important to meet the needs of the most vulnerable and those who have no access to digital support. The delivery was through face to face, online meetings and door to door. Those leaving prison are especially high risk for overdose and best practice was to meet on day of release and assess to ensure all supports could be put in place. The service has now started seeing new referrals and our commissioned PEAR service will also be putting this in place by the end of August while continuing to adhere to lockdown measures. The services adapted the service delivery as below.

- Services have identified additional 'Priority' groups for face to face contact - those risk assessed as the most vulnerable and most in need of protection which includes, but not be limited to, - prison release clients, clients requiring IEP intervention, mental and physical health interventions and statutory interventions supporting and engaging in child protection investigations and adult support and protection interventions. (child & adult protection)
- There is currently a National issue in relation to pharmacy provision and pressures in providing supervised consumption. We have had to reduce contact with pharmacy for some clients who now collect prescriptions 2-3 times a week and this has had a positive influence on some client's recovery.
- The staff have at some points delivered of up to 30 prescriptions in one day for those who are shielding or vulnerable. This will now begin to reduce.
- Our specialist hospital-based addiction facility within Ward 5, Woodland View, Irvine in light of national advice around covid-19 (self-isolation, social distancing etc) has refocussed its service provision to prioritising hospital-based detoxification support to those individuals assessed as the most vulnerable by our community teams as requiring this specialist intervention
- PSST have produced online virtual delivery of naloxone training, including Training for Trainers to ensure Naloxone provision is not impacted on. The team

	<p>have also facilitated, with NADARS, postal and door to door delivery of Naloxone.</p> <ul style="list-style-type: none"> <li>• There is are number of AA/NA provision of online meetings available along with the 24/7 helpline.</li> <li>• The PEAR commissioned service is providing on line virtual meetings and a Friday Quiz night for service users, this will continue due to its success.</li> <li>• The Scottish Recovery Network and the Scottish Drugs Forum have also been providing online recovery meetings. These are disseminated widely through e mail and twitter and through the addiction App.</li> <li>• The Scottish Government has promoted an online programme package with Breaking Free. This is a programme which they can access through a specific area code. Service users can access a range of interactive exercises and share with support workers to prevent relapse, plan their day and look at triggers to use.</li> </ul>
3.2	<b><u>Anticipated Outcomes</u></b>
	<p>The outcomes in relation to funding are outlined in Appendix 1 as regards the DDTF funding and the DDPG outcomes are evidences in their draft action plan.</p> <p>In relation to the PB applicants and their funding, agreed outcomes will be put in place once we are clearer regarding lockdown easement to ensure delivery is realistic for partners.</p> <p>• The work of the ADP sub groups and implementation plans will provide outcomes and feed in to the overall strategy and reporting of the ADP which will inform the Implementation plan submitted to the Scottish Government in September.</p>
3.3	<b><u>Measuring Impact</u></b>
	<p>The feedback through the specific action plans , work of the sub groups and reporting through ADP, local and Scottish Government structures, will provide ongoing data and outcomes to reflect the impact of work being carried out</p> <p>•</p>
4.	<b>IMPLICATIONS</b>
<b>Financial:</b>	New funding made available of £83,726 which has been confirmed by Scottish Government as available for a period of 2 years.
<b>Human Resources:</b>	There will be the creation of new post Band 6 NHS post and a Recovery Development worker to assist the non-fatal overdose pathway.
<b>Legal:</b>	No legal issues have been identified to date.
<b>Equality:</b>	Equality Impact Assessments will be carried out where required.
<b>Children and Young People</b>	Children and young people have been included as an ADP priority and above developments above will impact positively.
<b>Environmental &amp; Sustainability:</b>	No environmental issues have been identified to date.
<b>Key Priorities:</b>	Actions and improvements link directly with Ministerial Priorities and support the delivery of local strategic and operation plans across statutory and partner services.
<b>Risk Implications:</b>	The risk implications are financial given the short-term funding from Scottish Government and a risk assessment will be completed in relation to this.

<b>Community Benefits:</b>	Improvements will increase community confidence in partnership approaches and raise awareness of the impact of alcohol and drugs and the work of the ADP to reduce drug related deaths.
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<b>Direction Required to Council, Health Board or Both</b>	Direction to :-	
	1. No Direction Required	
	2. North Ayrshire Council	
	3. NHS Ayrshire & Arran	
	4. North Ayrshire Council and NHS Ayrshire & Arran	

<b>5.</b>	<b>CONSULTATION</b>
5.1	ADP partners and stakeholders have been engaged with and consulted regarding the above funding priorities and ADP strategy development. The actions aimed at reducing the impact of alcohol and drugs in our communities and preventing drug related deaths is on ongoing commitment for the ADP and consultation is core to this.
<b>6.</b>	<b>CONCLUSION</b>
6.1	The IJB is asked to note the content of the range of work that the ADP is taking forward in relation to the strategy and funding from Scottish Government. The IJB is asked to acknowledge the impact of Covid -19 in terms of planned work and adaptable practice and timescales which are required to be continually reviewed, and risk assessed.

**For more information please contact Peter McArthur on 01294 317840 or [Peter.McArthur@aapct.scot.nhs.uk](mailto:Peter.McArthur@aapct.scot.nhs.uk)**

## Drug Deaths Taskforce Funding

This appendix sets out:

- Section 1: allocations made to each ADP
- Section 2: The application form
- Section 3: Guidance to release this funding

### Section 1: Allocations made to each ADP

Integration Authority	Allocation (£)
Aberdeen City	125,589
Aberdeenshire	62,794
Angus	41,863
Argyll and Bute	29,304
Clackmannanshire and Stirling	85,249
Dumfries and Galloway	57,561
Dundee City	120,356
East Ayrshire	83,726
East Dunbartonshire	37,153
East Lothian	48,142
East Renfrewshire	41,863
Edinburgh	313,972
Falkirk	62,794
Fife	146,520
Glasgow City	622,711
Highland	73,260
Inverclyde	78,493
Midlothian	39,770
Moray	14,129
North Ayrshire	83,726
North Lanarkshire	188,383
Orkney Islands	1,570
Perth and Kinross	78,493
Renfrewshire	141,287
Scottish Borders	26,688
Shetland Islands	8,896
South Ayrshire	49,189
South Lanarkshire	209,314
West Dunbartonshire	57,561
West Lothian	68,027
Western Isles	2,616

**3,000,000**



## **Section 2: Guidance to releasing Drug Deaths Taskforce Funding**

### **Background**

The Drug Deaths Taskforce has established six evidence based Strategies to reduce drug deaths and drug harms. These are set out [here](#). Section 1 sets out the further funding available to support Integration Authorities to provide these services where they are not already in place for all those at risk in the local area. All bids must be developed in partnership through ADPs to ensure they are aligned to existing approaches across the local alcohol and drug strategy.

### **Applying for additional funding**

ADPs must complete the application form in Section 3 of this Appendix and should be submitted by email to [alcoholanddrugsupport@gov.scot](mailto:alcoholanddrugsupport@gov.scot) by **Friday 26th June 2020**.

All applications must be signed off by the IA Chief Officer as well as the ADP Chair.

Applications can only be made for the allocation set out in Section 1 of this Appendix. For example Aberdeenshire can submit an application for a maximum of £125,589.

Applications should only cover the evidence based Strategies where the IA/ADP has identified that there are gaps in delivery and further funding is required.

Applications will be reviewed by a panel made up of representatives from the Drug Deaths Taskforce including people with lived experience. The criteria used to assess the bids will be as follows:

- Clear understanding of the gaps in service delivery
- Relevance of the proposal to the evidence based Strategy
- Relevance of the proposal to meet the gaps identified in service delivery
- Innovative and person centred approach

Decisions will be communicated to ADP Chairs / IA Chief Officers by **Friday 24<sup>th</sup> July 2020**.

### Section 3: The application form

#### Priority 1: Targeted Distribution of Naloxone

Please set out your current progress in delivering priority 1, including the current gaps in delivery.

The ADP had begun to commence wider distribution prior to Covid and had approached community venues etc where groups were held for individuals seeking support for alcohol/drug issues.

The resources to distribute and the mapping of need requires further resources so that we can be more inclusive given the Lord Advocates letter.

North Ayrshire have continued to meet targets in relation to Naloxone and during this pandemic period have adapted to supply door to door delivery but also postal delivery which will be evaluated and inform future provision.

There is a dedicated team in North Ayrshire who delivers training and again we had trained individuals in community settings and have Naloxone in some emergency kits in these venues, we will continue to expand this initiative. All individuals staff within these settings will be provided with training.

We also have a team of staff employed with lived experience within our addiction services who provide some outreach provision in relation to Naloxone at our café venues and our funded initiative's. This is very successful in providing access to those not currently on contact with services and requires to be expanded.

The provision and training of Naloxone is provided within homeless accommodation to service users and family if required but we require to expand on this provision.

We recently held workshops in relation to a Participatory Budgeting event and at these information sessions we also had information stalls on Naloxone and provision/training. In relation to any events every opportunity is taken to deliver the message of Naloxone provision, we need to provide an awareness event for the community to ensure the widest uptake possible.

Please set out your proposals to address these gaps / enhance existing delivery, with costings.

The ADP require **£5,156 in Naloxone/Nyxoid provision** to distribute and the mapping of need requires further resources so that we can be more inclusive given the Lord Advocates letter, this will allow a wider scope across North Ayrshire.

We intend to target third sector, non-treatment agency and continue the roll out of provision within the community and ensure families are part of this provision. The provision of kits for this as you are aware is not provided by NHS funds and therefore requires ongoing costs to ensure supply is available.

We also have a number of new initiatives funded from our Participatory Budget event and we have made this mandatory in terms of the use and storage of Naloxone when providing groups, sports sessions and the cafes.

We have also funded a Pan Ayrshire initiative with East and South ADP's and the violence reduction Unit in relation to the Navigator posts below, this service is due to go live soon and we will require the use of Naloxone for these posts to provide post release but also to follow up and ensure kits are still available and if not replace, we would also seek to make contact with these individuals families where appropriate and provide Naloxone training and provision where we can. We will provide community sessions delivered during the day and evening to educate and make communities aware of the new provision and what the Lord Advocate's letter

means in terms of reducing drug related deaths, we will involve a number of partners in these sessions ie pharmacy, police etc and look to recruit interest to the initiative.

In order to enhance the provision within pharmacies we require to equip them with Nyxoid provision for emergency use, this is seen as an essential part of pharmacy provision but also would be available for individuals to access the pharmacy for this should someone nearby require this. This initiative will also link to Priority 4 and provide provision of Naloxone to an outreach service provided by those with lived experience. We will also look to provide provision within social work area offices and linked services.

Please set out your baseline and expected improvement against national or local indicators, including timeframes.

E.g.

- On 31 By 31 March 2021 (number) of Naloxone kits will have been distributed from community settings
- By 31 March 2021 (number) of Naloxone kits will have been distributed from prison settings.

Community Provision – 20 kits within the first year

Custody Provision – 15 kits within the first year in Saltcoats custody

Prison Release Provision – 15 kits within the first year

Family Support Provision – 20 kits within the first year

Peer supply – 30 kits within the first year

Pharmacy provision – 32 kits to be distributed over 2 years to be used in emergency situations.

## **Priority 2: Implement Immediate Response Pathway for Non-fatal Overdose**

Please set out your current progress in delivering priority 1, including the current gaps in delivery.

The North Ayrshire provision incorporates follow up for those who have been identified as having experienced a non-fatal overdose following notification to core services. The staff carries out risk assessment and provide overdose awareness and Naloxone provision, these would also be followed up by the recovery development workers with lived experience who can link into community supports. We have an NFO notification form which we are encouraging staff and partners to use so that we can better track this in a timelier way. The Pan Ayrshire Drug Death Prevention Group has also asked for postcodes on a weekly basis from Scottish Ambulance in order to better respond to potential clusters and patterns and potentially higher purity etc which can be relayed to our police colleagues also but this has not been forthcoming. The issues around data sharing is something we

urgently need the Scottish Government to address given difficulties that many have experienced locally to enable us to respond quicker to local intelligence. Accountability all round and sharing of data between hospitals and communities is a must.

As previous local communication sessions are going to be planned to further educate communities in terms of the processes in place and reporting for fatal and non fatal overdose and the impact on families.

The links with families and those who support individuals will be explored further to support families using Naloxone, individuals have the choice to involve families in their care plans and this would include Naloxone and the risk of overdose.

Please set out your proposals to address these gaps / enhance existing delivery, with costings

The ADP requires funding for **1 Band 6 Nurse at £48.000** to deliver what we believe is a robust non -fatal overdose pathway within our existing funded services. This post would fund a Drug Liaison post within A+E.

This post provides equity in relation to liaison services within A+E and hospital provision for individuals with drug use and those brought in through NFO, it would also provide a mental health focus to the intervention for those who are, in that moment, vulnerable.

This service would be available 24/7 and would provide timely communication back to GP's and wider community services involved (who currently may not be aware of the overdose till weeks later) to provide an expeditious response all round. The system employed will prove more efficient of tracking those with multiple overdose at risk of cognitive impairment and physical /mental health impairment. We can then provide follow up within the community and assurance that Naloxone provision is followed up, a check that the individual still has the kit and a replacement if not.

The pathway will incorporate a 2nd phase community response for all but also for those who decline hospital provision at the point of ambulance callout and a follow up where possible. North Ayrshire has the highest incidents of drug related hospital admissions nationally, with alcohol liaisons remit originally, when introduced, was to assist in reducing alcohol related admissions, we feel this will provide us with the opportunity to test impact on this also. The need for convoluted agreements is not required and covers all exchanges within the 1<sup>st</sup> response of the pathway in relation to Data Protection, Caldicott, Scottish Ambulance Service, GP's, Addiction Services etc. The service would sit within Adult Mental Health Team/Alcohol Liasion and would enhance already existing skills, and widen interventions for individuals with drug use within hospital settings.

Please set out your baseline and expected improvement against national or local indicators, including timeframes.

E.g.

By 31 March 2021 an increase of (number) of people will have receiving immediate and proactive offer of treatment and support following a non-fatal overdose.

96 individuals (through drug liaison and NFO pathway) within the first year will have been identified, offered support and provided with interventions and a follow up within the community.

<b>Priority 3: Optimise the use of Medication-Assisted Treatment</b>
Please set out your current progress in delivering priority 3, including the current gaps in delivery.
<p>North Ayrshire currently provide Buprenorphine sublingual and Suboxone and wish to expand the services available to individuals. We wish to be able to respond to the pilot in Kilmarnock prison for those provided Budival depot on release but also offer the use to individuals in the community.</p> <p>The services provide all the interventions and support as laid out within guidelines and risk assessment throughout.</p>
Please set out your proposals to address these gaps / enhance existing delivery, with costings
<p>North Ayrshire ADP <b>require funding of £9,400</b> to pilot the use of Budival to offer a wider range of MAT to individuals and promote this as an alternative to Methadone. There is currently the local initiative in terms of Budival being prescribed in Kilmarnock prison and we would like to be able to provide this for those who wish to continue on release. In order for this to take place we require to apply for the Home office License that will enable us to commence the pilot.</p> <p>The provision of ABI within pharmacy is a gap for those who present and may be at risk in developing alcohol related harm combined with poly drug use, this is identified within the risk factors in this priority. It is important to have provision for those attending for medication etc to be able to intervene and provide an Alcohol Brief Intervention and refer for further assessment to outline risks in relation to poly drug use and identify more chaotic individuals who attend pharmacy.</p> <p>This initiative combined with further provision with the pharmacies of monitoring and dispensing of Disulfiram and Naltrexone for these individuals who may not be using Heroin but again poly drug use and perhaps occasional opiate use with Cocaine, alcohol etc who may be at risk of overdose. These pharmacies also will provide IEP education and awareness and therefore able to offer and support a whole package of care with individuals and services</p>
Please set out your baseline and expected improvement against national or local indicators, including timeframes.
E.g. By 31 March 2021 same day prescribing will be available at a further 8 treatment service access points for all those assessed as requiring OST.
<p>30 individuals offered Budival within the first year</p> <p>60 individuals provided Disulfiram/Naltrexone provision</p> <p>100 individuals in the first year provided with an ABI</p>
<b>Priority 4: Target the People at Most Risk</b>
Please set out your current progress in delivering priority 4, including the current gaps in delivery.

The services in North Ayrshire provide outreach support to individuals not in contact with core services by accessing local alcohol and drug initiatives/groups and cafes to support those most vulnerable and encourage contact with services. The services also provide recovery workshops within Kilmarnock prison and links in the community on return and access to their Change group, they also have links to the CJ led group MAD.

When we are notified of individuals leaving hospital this would trigger a appointment/home visit and follow up to support the individual and link in with any other services that had involvement. The need to have more resources who can respond at various levels in timely way, whether that be increasing support on leaving hospital, prison or being made homeless is an area we wish to expand on. This ensures that treatment and social support is balanced according to need and responding to crises to be able to provide practical support and liaison to lessen the impact when individuals may not be able to coordinate these areas of their life is in place.

Please set out your proposals to address these gaps / enhance existing delivery, with costings

North Ayrshire ADP **require funding of £21,170** and wish to pilot a Peer Naloxone supply project which will enable services to commence a volunteer training course, addiction training and Naloxone to provide a wider community provision.

Volunteers will be supported within the existing 3<sup>rd</sup> sector provision and will link closely with existing non recurring funded services to provide pathways to those not in touch with core services and those requiring Naloxone. The volunteers would also attend some of our evening initiatives to make contact with those using the cafes also and again provide support and access to Naloxone. THE SDF staff will also support this initiative and assist with evaluation.

The volunteers will also provide support to our cafes and wider initiatives in providing individuals with support in to services or other preferred recovery services.

We would also see support to the rapid rehousing/housing first partners and making links with services and individuals to maintain housing with community support links and families where appropriate,

The second part to this would be for provision for a recovery pathway for those coming through the volunteer route to provide support to progress on to paid employment through sessional work under 16 hours a week. These workers would be trained to a specific level and provide groupwork, online support and be support to the custody initiative and DWP to ensure benefits are accessed. They would also be part of an outreach provision being flexible and responding to need.

Please set out your baseline and expected improvement against the national indicators set out below, as well as any local indicators

Volunteers provision of Naloxone - 100

8 individuals with lived experience in sessional paid employment within 1<sup>st</sup> year

**Priority 5: Optimise Public Health Surveillance**



Please set out your current progress in delivering priority 5, including the current gaps in delivery.

We work closely with Public Health in terms of data provided to them and from them, we currently have no data re suspected drug related deaths, and this is an area that we require the Scottish Government to address and ensure data sharing is agreed and ongoing.

Work is in progress analysing emergency hospital admissions due to drug harm. In addition, a wider suit of indicators is being developed which includes:

**Availability and prevalence** – including information from drug offences & court proceedings, drug misuse in prisons, survey results and estimates of a study into prevalence of problem drug use.

**Drug misuse related social harm** – including drug-related crime, child protection cases and survey results.

**Drug misuse related health harm** - this includes information on hospital stays and deaths resulting from drug misuse, maternity & neonatal discharges, blood-borne viruses and primary care consultations relating to drug misuse.

**Treatment for drug misuse** - information on access to services, results from the Scottish Drug Misuse Database and prescribing of drug-replacement therapies.

The Scottish Ambulance Service has agreed in principle to share local data but this has not progressed during COVID-19

Please set out your proposals to address these gaps / enhance existing delivery, with costings

The NFO pathway will provide us with the data that we have been unable to get at the moment ie access to those who have experienced a NFO and provide a timely follow up with information to GP also. This data should also assist with mental health intervention and follow up where required and again detail mental health issues amongst this group. Provide a more timely follow up with local services who should know within 24 hours about individuals who have experienced NFO and provide follow up, We can look at data analysis in terms of areas and monitor with other partners to share information which can assist with intelligence in a number of areas.

The number of drug related hospital admissions is a concern to North Ayrshire and we are looking to monitor the impact of the NFO Pathway and reporting to reduce this.

**No further funding available within existing public health provision or this funding to allocate.**

## **Priority 6: Ensure Equivalence of Support for People in the Criminal Justice System**

Please set out your current progress in delivering priority 6, including the current gaps in delivery.

In North Ayrshire there is provision within core services and commissioned services to support those leaving custody and on liberation from prison through existing 3<sup>rd</sup> sector provision within prisons but we wish to enhance the connections with the community as linking through phone calls for some etc we do not believe is robust enough.

We have groupwork for those recently liberated and working partnerships with our CJ and CJA colleagues to continue to develop work. We have provided Kilmarnock prison with our recovery development workers with lived experience to establish contacts and provide groupwork while in prison. They are then able to follow up on their journey on release and the provision of Naloxone.

Individuals can be linked in with core service, community or CJ peer support groupwork and meetings.

We wish to establish links in custody and enhance support on liberation to ensure a safe journey home and to support services.

Please set out your proposals to address these gaps / enhance existing delivery, with costings

The ADP wish to use our existing 3<sup>rd</sup> sector PEAR service to provide a custody referral pathway. We have had meetings with the Custody Healthcare and Interventions Inspector re a custody pathway which we will put in place to target those specifically in Saltcoats custody suite. We would look to train custody assistants in a range of training including Naloxone (still to be confirmed) and to include motivational interviewing and safe talk etc.

The initiative will provide on release, Nyxoid provision and leaflets re the PEAR service which is only a short distance from custody and will provide a drop in with food and hot beverages. Individual's for assessment or continue to access the drop in or be signposted to other services. It is agreed that the initiative in terms of funding for above for volunteers and employed sessional workers with lived experience can support this work to take forward so this has been linked to other priorities, including Naloxone and is cost neutral.

The ADP has also commissioned a Navigator post within North Ayrshire and in partnership with the East, South ADP's and Violence Reduction Unit. The model will ensure the principles of, Rights, Respect and Recovery and the Violence Reduction Unit Hospital Navigator Model are embedded within the service and . The service will develop integrated links and networks of support within broader community justice services to ensure the support provided can be readily adjusted to meet the individual's needs. The service provider will evidence effective information sharing and contribution to assessments and ensure that all staff have an understanding of the Recovery Orientated System of Care (ROSC) and work within the principles of the ROSC. They will provide robust risk management mechanisms and will demonstrate effectiveness of implementation of risk management processes. All staff will have access to a range of areas and activities within Kilmarnock prison to deliver this initiative and provide support and connection to the community on release, it is intended that they will work with individuals for up to 3 months following release, this initiative is a pilot and will be funded for 1 year, the funding for this has already been identified within North Ayrshire underspend and will be evaluated following commencement which has been impacted by COVID

**No cost attached , taken from existing funds.**



Please set out your baseline and expected improvement against national or local indicators, including timeframes.

E.g. By March 2021 an increase of (number) of people will have started treatment following intervention prior to arrest.

Custody referral will engage 50 individuals within the year.

South Ayrshire has led on the Navigator tender and it is hoped this will commence soon, expected baseline for one post will be contact and follow up with 50 individuals (awaiting final KPI's from steering group).

### Summary of funding required

Priority	Total £ required
Priority 1	£5,156
Priority 2	£48,000
Priority 3	£9,400
Priority 4	£21,170
Priority 5	No funding available
Priority 6	Funded from underspend
Overall total	£83,726

Please indicate any proposed or actual reductions in funding for alcohol and drug services in 2020/21.

Area of service delivery	Funding reduction £	Proposed / actual	Impact

Signed ADP Chair:

Signed IA Chief Officer:

Date:

Date



Drug Deaths Taskforce funding priorities action plan

Last updated:

Priority	Actions	Responsible officer	Baseline and expected improvement	Target completion			Current progress
				Mar-21	Jul-21	Oct-21	
1. Targeted distrubution of Naloxone	Train, distribute and supply Naloxone to be more inclusive in the Lord Advocates letter.	NADARS	By 31st March 2021 (number) of Naloxone kits will have been distributed from community settings.				Funding has been requested (£5,156)
	Target third sector, non-treatment agencies to continue to roll out of provision within the community, ensuring famiies are part of this provision.						
	Enhance provision within IEP pharmacies by providing Nyxoid supplies for emergency use.	NADARS/SPiSM	By 31st March 2021 (number) of Nyxoid supplies for emergency use within IEP pharmacies will be increased.				
	Provide provision of Naloxone to an outreach service provided by those with lived experience.	TPS					
	Expand provision within homeless accommodation to service users and family.	NAC Housing					
2. Implement immediate response pathway for non fatal overdose	To develop a robust non fatal overdose pathway within ED and community response following discharge.	ADP					Funding has been requested to support Liaison Services to develop a robust non fatal overdose pathway within our existing funded services (£48,000)
3. Optimise the use of Medication-Assisted Treatment	Increase local support from Community Pharmacies to play a more central role in the initiation, supervision and dispensing of other addiction related medications (Disulfiram, Naltrexone etc) for individuals who could benefit from additional initial support.	NADARS/SPiSM					Funding has been requested (£9400).
4. Target the people at most risk	Increase the opportunities and pathways for peer support, volunteering (paid and unpaid) and access to employment by providing outreach support to individuals not in contact with statutory services and to promote the supply and provision of Naloxone.	TPS					Funding has been requested (sessional workers and volunteering training pathway, £21,170)
	To pilot the use of Budival to offer a wider range of MAT to individuals and promote this as an alternative to Methadone.						
5. Optimise public health surveillance	Work closely with Public Health in terms of data provided from and to them	NADARS/Public Health					We have not requested any funding for this – as we have prioritised other areas of development detailed within this funding application.
6. Ensure equivalence of support for people in the Criminal Justice system	To develop a custody referral pathway within our existing 3rd sector PEAR service	ADP/TPS					No cost attached – existing ADP funds being used