



Meeting: Highland Health & Social Care Committee

Meeting date: 4th September 2024

Title: Highland Drug & Alcohol Recovery Service (DARS) Summary Report

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1 Purpose

This is presented to the Committee for:

- Assurance

This report relates to:

Medication Assisted Treatment (MAT) standards: access, choice, support (2021)
 National Mission on Drug Deaths: Plan 2022-2026 (2022)
 Rights, Respect and Recovery (2018)

This report will align to the following NHS Scotland quality ambition(s):

Safe, Effective and Person Centred

2 Report summary

2.1 Situation

NHS Highland Drug and Alcohol Recovery Services (DARS) continue to focus on delivering Medication Assisted Treatment Standards (MAT). Alcohol continues to be the prominent reason for referral into the DARS specialist service which can occasionally lead to competing priorities; balancing the requirements of MAT alongside individuals also at high risk of harm due to alcohol dependency. It has been a challenging year with progress and Referral to Treatment (RTT) compliance variable due to a number of internal and external factors impacting on performance. To manage demand, the service continues to evolve and develop new ways of working to enable a timely response to those most at risk.

2.2 Background

For over a decade there has been a national focus in reducing the harms caused by substance use. DARS performance is monitored against the 2011 target of 90% of people waiting no longer than three weeks to access treatment as well as Medication Assisted Treatment Standards (MAT) (2021) which requires same day assessment and treatment for those

dependant on opioids. National benchmarking exercises confirm a journey of improvement for DARS over the past two years. Working in partnership with Highland Alcohol & Drug Partnership and public health, DARS has a key role in the delivery of MAT. A summary of NHS Highland's progress since 2022 is provided below.

Progress made against the MAT Standards in Highland across 3 reporting periods from years ending March 2022 to 2024.

Reporting Year	MAT 1	MAT 2	MAT 3	MAT 4	MAT 5
2022	Red	Amber	Amber	Amber	Amber
2023	Provisional Green	Provisional Green	Amber	Provisional Green	Amber
2024	Provisional Green	Green	Green	Green	Green

2022 – MAT 6 to MAT 10 were not assessed
 2023 – MAT 6 and MAT 10 were assessed separately
 2024 – MAT 6 and MAT 10 were assessed jointly

Reporting Year	MAT 6	MAT 6 & 10	MAT 7	MAT 8	MAT 9	MAT 10
2022	N/A	N/A	N/A	N/A	N/A	N/A
2023	Red	N/A	Provisional Amber	Provisional Amber	Red	Red
2024	N/A	Provisional Green	Provisional Green	Provisional Green	Provisional Green	N/A

RAGB colour legend
 Red
 Provisional Amber
 Amber
 Provisional Green
 Green

Summary of the standards

- All people accessing services have the option to start MAT from the same day of presentation.
- All people are supported to make an informed choice on what medication to use for MAT, and the appropriate dose.
- All people at high risk of drug-related harm are proactively identified and offered support to commence or continue MAT.
- All people are offered evidence based harm reduction at the point of MAT delivery.
- All people will receive support to remain in treatment for as long as requested.
- The system that provides MAT is psychologically informed (tier 1); routinely delivers evidence-based low intensity psychosocial interventions (tier 2); and supports individuals to grow social networks.
- All people have the option of MAT shared with Primary Care.
- All people have access to independent advocacy and support for housing, welfare and income needs.
- All people with co-occurring drug use and mental health difficulties can receive mental health care at the point of MAT delivery.
- All people receive trauma informed care.

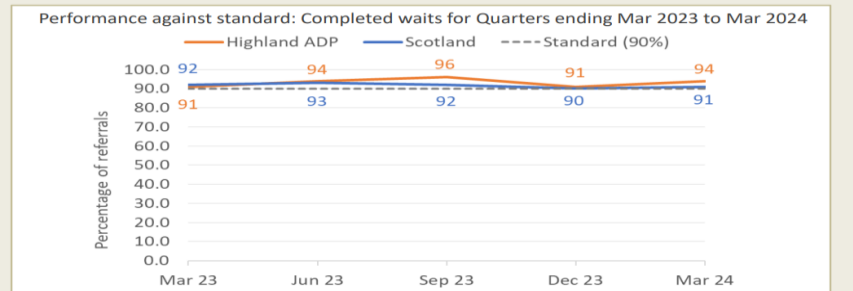
- For reporting year ending March 2024, all 10 MAT Standards had a Green or Provisional Green RAG status. MAT 1 – Provisional Green because numerical data indicates that it takes 5 days from initial presentation to the first MAT assessment. The parameter applied for remote and rural areas is 4 days.

Reference: https://publichealthscotland.scot/media/28214/v12_national-benchmark-report-on-mat-standards-2023-24.pdf

2.3 Assessment

Improvements in waiting times for alcohol assessment and treatment have been evident until recently. Although national data reports a healthy position for NHS Highland this was not the experience being reported from within DARS service. A recent internal review identified process errors which have since been rectified. The anticipated impact will be a marked decrease in performance at next quarterly report. This is already an improving position as work is well underway to reduce waiting times within the service.

Treatment Waiting Times Standard (Qtrs Mar 23 – Mar 24)

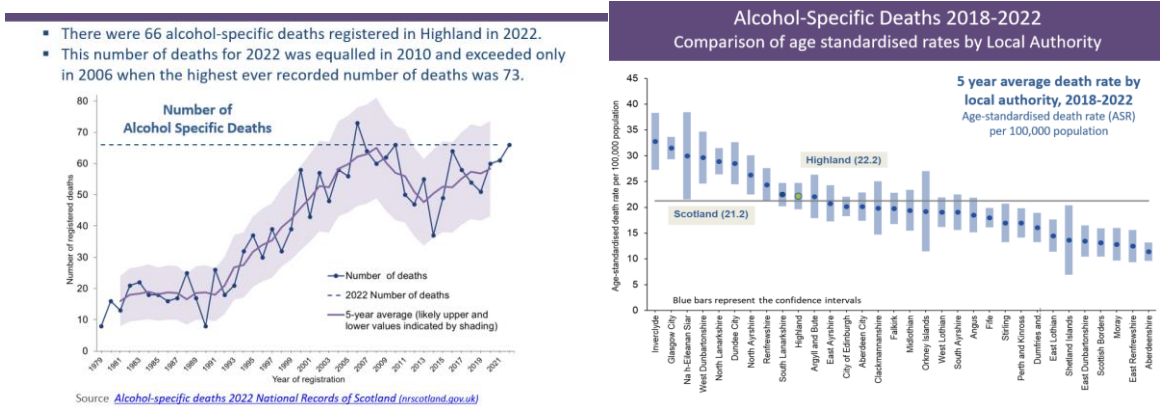


In quarter ending Mar 2024, of 138 referrals seen by community-based specialist treatment services

- 94% overall involved a wait of 3 weeks or less;
- 98% for specialist drug treatment involved a wait of 3 weeks or less; and
- 91% for alcohol treatment involved a wait of 3 weeks or less.

Alcohol Related Harm

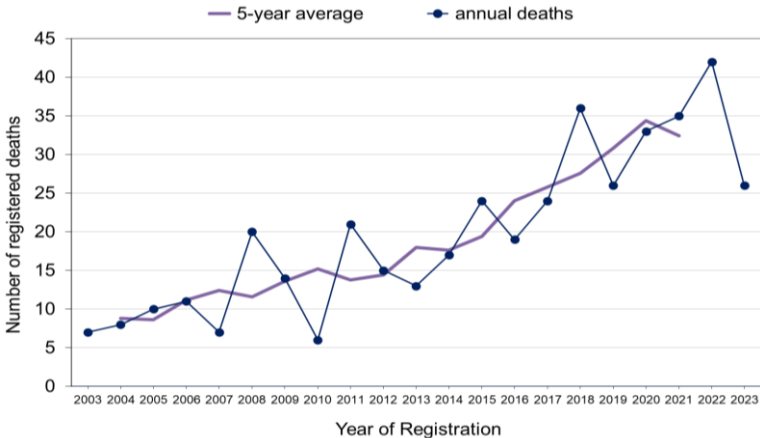
Highland has a slightly alcohol specific death rate than the national average and continues to be the prominent reason for referral to DARS. The national three week Referral to Treatment (RTT) target is aimed at ensuring that individuals have timely access to recovery based treatment services. The charts below are from 2022. 2023 figures are anticipated in September 2024.



Drug Related Deaths

National Records for Scotland (NRS) confirms that nationally 1,172 people died due to drug-related death in 2023 which is an increase of 121 (12%) compared with 2022.

- Every life lost to drugs is a tragedy, for the person, for those who loved them, for our communities and for our services who are striving to eliminate drug related deaths.
- 26 drug-related deaths were registered in Highland in 2023.
- This is a reduction on the highest figure ever recorded with a decrease of 16 deaths on 2022 figure of 42 deaths
- 77% of Highland deaths were classified as accidental poisoning
- five deaths were classified as intentional self-poisoning



The number of drug-related deaths in Highland can be compared with those nationally by expressing the average number of deaths as a rate per 1,000 population. The Highland rate is below the national average of 0.24 per 1,000 population and is sixth lowest of the thirty-one council areas reported in Scotland.

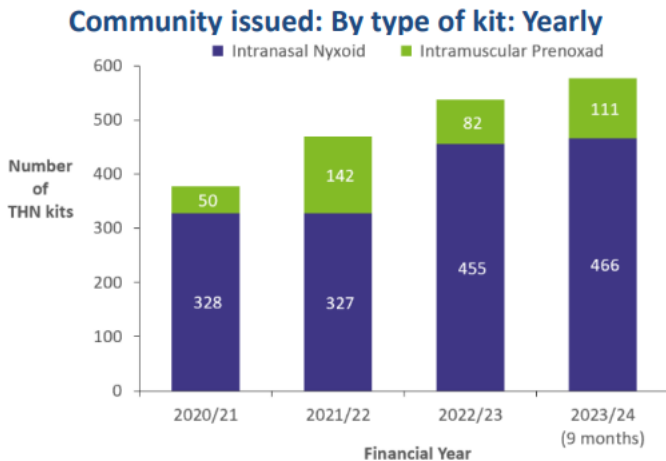
	Average annual deaths 2009-2013	Average annual deaths 2019-2023	Rate per 1,000 population 2009-2013	Rate per 1,000 population 2019-2023
Highland	14	32	0.06	0.15
Scotland	554	1234	0.10	0.24

Source: National Records of Scotland

Every premature death due to substance use is considered preventable. Despite progress in NHS Highland, the position remains fragile and there is still much work to be done, to reduce the harm caused by drugs. Across NHS Highland, work continues to support those most at risk of harm. Examples of NHS Highland initiatives to reduce drug related harm include:

Take Home Naloxone Kits

Naloxone distribution across the Highland region continues to show a year on year increase. In the first nine months of 2023-24, 577 take home naloxone kits were administered by community services, including HMP Inverness who administered 50 kits. The current budget allocated towards naloxone falls short of actual costs. At the end of 2023-24 DARS had an overspend of 17k specifically attributed to naloxone. Naloxone distribution is expected to increase based on current trends.



Tackling Health Inequalities

The DARS Specialist GP alongside the DARS homelessness nurse recently completed a six month pilot aimed at reducing health inequalities for those most at risk. This was undertaken with support of Inverness Foodstuff. The project is being formally evaluated, with examples of qualitative feedback below.

Thanks to the healthcare service, not only is the man getting the medical and mental health support he needs, he was also referred to Cale House, where he is now living, and he hasn't had a drink for 33 days. A life transformed, because he got the right help at the right time. And there are others like him who have seen their lives transformed following their engagement with the service

We aim to provide a holistic support model ... Having the healthcare service has frankly been a game changer. Some of the most vulnerable people in Inverness are having their healthcare needs being met, they are being kept safe and well and we are seeing lives being transformed.

Implementing MAT Standards

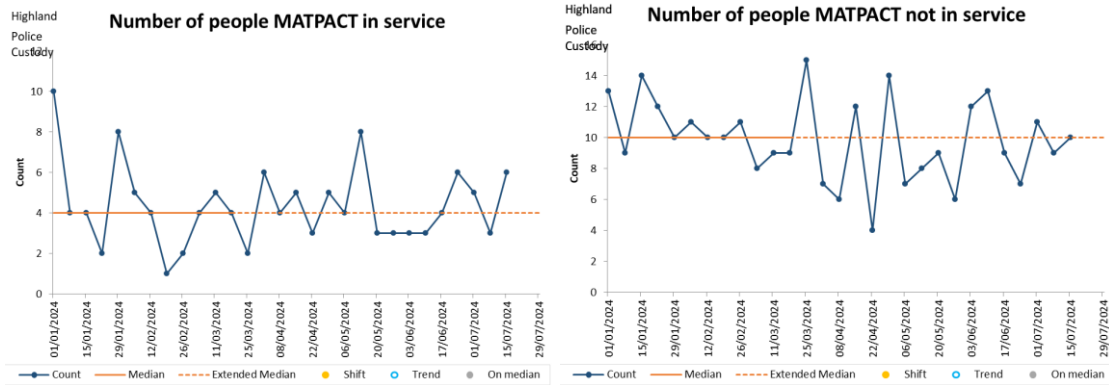
The MAT Implementation Group continues to meet on a monthly basis and there are other short life working groups in place. The MAT Oversight Group has reviewed its terms of reference and meets bi-monthly chaired by the Head of Service for Mental Health & Learning Disabilities.

MAT 9

CMHT and DARS leads have worked closely together to develop interface protocol for individuals presenting with substance use and mental health issues. The aim of this work is to improve joint working and ensure that individuals don't fall between service criterions. The protocol is in testing phase and progress is monitored via monthly implementation groups.

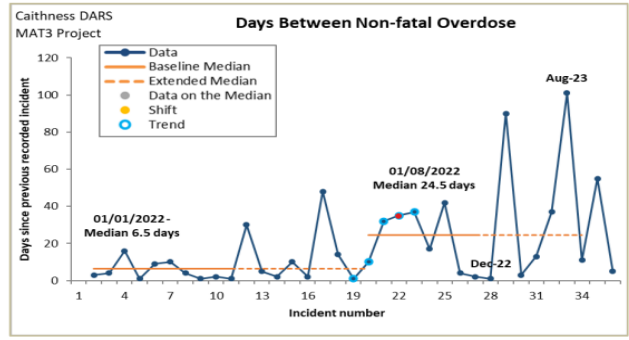
MAT Delivery In Custodial Settings

24% of all drug related deaths have been in prison / police custody in the six month prior to their deaths. The MAT pilot at custody toolkit (MATPACT) was created to proactively identify those at risk and offer health interventions from Burnett Road Custody Suite. MATPACT has received national recognition, receiving an award in Mental Health Nursing Forum, Scotland Awards and is also now included in the national Justice Toolkit. It has been rolled out to HMP Inverness. The tables below demonstrate that the use of MATPACT is proactively reaching high risk individuals not known to service.



Trigger Checklist

Within a remote and rural context, Caithness DARS continue to monitor the impact of the 'Trigger Checklist'. This harm reduction initiative works on a low threshold, opt-out approach to preventative care. The trigger checklist also received national recognition at the Mental Health Nursing Forum, Scotland Awards, and has recently made a successful bid to Q community funding, receiving 40k to embed and test the effectiveness of the approach within the Emergency Department of Caithness General Hospital. The chart below demonstrates the continuous improvement approach Caithness DARS uses, showing real time improvement in non-fatal overdoses (NFOD).



Assertive Outreach

Assertive outreach teams continue to respond to NFOD in Inverness Ross-shire and Caithness. There is a single point of referral for all NFODs and outreach practitioners liaise with local DARS staff to ensure follow up where no local team exists.

NHS Highland Drug and Alcohol Recovery Services (DARS)

DARS has struggled to maintain a timely response throughout 2024. The main causative factors are increased demand coupled with reduced capacity. Waiting Lists are in place in most localities.

Financial instability and limited access to finance support has delayed planning and recruitment as well as the progression of a joint (NHS Highland / HADP) tender for a North Highland wide commissioned service for substance use. Although DARS within North Highland HSCP have traditionally operated an open referral system, this is no longer sustainable and the service cannot meet national treatment time targets. To reverse this position DARS is exploring a shift to move towards dependent substance use only with the vision that a North Highland commissioned service will be available for non-dependant use.

NICE guidelines define dependency as '3 months daily /12 months problematic or chaotic use'. New ways of working have been successfully trialled in Inverness and Ross-shire which were the two areas with the largest waiting lists but who also have access to current third sector commissioned services.

Osprey House had over 100 individuals waiting for an assessment. A waiting list initiative suspected not all individuals required specialist services and needs could be met elsewhere. To test this hypothesis everyone was contacted via telephone and outcomes are recorded below.

Number of Patients	Triage Outcome
50	After discussion the individual agreed another service would be best placed to meet their needs and would come off the waiting list. Signposting was provided to the: <ul style="list-style-type: none"> - NHS Highland Alcohol & Drug Advice & Support Service (HADAS) - ACI - Apex - Alcoholics Anonymous (AA) - Cocaine Anonymous (CA) - Group work sessions within Osprey House
25	Were offered appointments at Osprey House
24	Did not respond to two telephone calls so were written to and advised of removal from waiting list and how to re-refer
14	Continued to remain on Osprey House Waiting List
4	Were referred to GP for onward referral to NHS Highland primary mental health care services
3	Were referred to NHS Highland specialist Community Mental Health Team due to complex mental health needs
3	Did not want any service
1	Was in residential rehabilitation
1	Was already in treatment (DTTO / criminal justice team)
1	Hung up telephone and didn't want to engage so received a letter
Total 126	

This exercise was repeated in Ross-shire which resulted in a waiting list of 100 being reduced to 20. Both services have adopted this way of working. DARS is keen to move towards treating dependency only in order to manage current and future levels of need. Successful implementation is dependent on Highland wide availability of a commissioned service for non-dependent use.

Residential Rehabilitation

The [Highland Residential Rehabilitation Pathway](#) is in the process of review. Staffing challenges and competing service pressures delayed progress but a work stream has been re-established led by HADP.

2.8 Proposed level of Assurance

Substantial	<input type="checkbox"/>	Moderate	<input checked="" type="checkbox"/>
Limited	<input type="checkbox"/>	None	<input type="checkbox"/>

Comment on the level of assurance

Although National Benchmarking Scores for MAT are reassuring, delivery remains challenging. There are creative plans in place to meet need but balancing resource, skillset and capacity across the service continues to require ongoing planning. The main areas affecting performance and plans to address are summarised below:

- MAT 1 relates to same day prescribing where clinically appropriate. Areas in Highland (Lochaber, Ross-shire and Sutherland continue without prescribers with plans to increase Non-Medical Prescribers unsuccessful. Recruitment to psychiatry vacancy remains outstanding. DARS is progressing a business case for an electronic prescribing platform which provides opportunity to develop new ways of working to improve MAT 1 waiting times.
- MAT 7 outcomes relate to MAT being shared with primary care. Due to competing pressures there has been limited appetite to progress this work. The DARS specialist GP and pharmacist continue to develop tools and work with interested colleagues to increase MAT prescribing in primary care.
- MAT 6 & 10 is in relation to the availability of psychological interventions within trauma informed settings. Existing staff capacity, access to training and supervision, coupled with inadequate clinical space / trauma informed rooms are continue to prevent full implementation. A steering group led by DARS specific psychology continues.
- The various funding streams associated with DARS causes delays in progressing necessary recruitment. Work is planned with finance colleagues aimed at increasing transparency and improving governance arrangements. This will reduce delays.
- Progressing plans for an NHS Highland wide commissioned service for non-dependent use will enable the service to concentrate on treatment for dependency, including delivery of psychological interventions

3 Impact Analysis

3.1 Quality/ Patient Care

Quality and patient experience is integral to the successful delivery of MAT. In 2024 HADP commissioned Scottish Drugs Forum to gather lived and living experience. The findings of this

report were on the whole positive and will be used to inform service improvement over the coming year.

3.2 Workforce

Having access to a DARS specific skilled workforce in all localities continues to be challenge. Areas of most concern are Ross-shire due to vacancies and Wester Ross Skye and Localsh and Lochaber who have no access to DARS specific leadership. Plans to address using unallocated MAT funding have yet to progress.

3.3 Financial

DARS year-end forecast is a £572k overspend mainly attributed to prescribing costs. £600k has been identified to offset buvidal costs.

3.4 Risk Assessment/Management

Each MAT outcome is RAG rated and monitored via MAT Implementation and oversight groups. Progress continues to be reported to MIST on a monthly basis despite positive RAGB status.

3.5 Data Protection

The report does not involve personally identifiable information..

3.6 Equality and Diversity, including health inequalities

MAT and wider service delivery focuses on addressing health inequalities for a marginalised and stigmatised patient group. It is assumed an impact assessment is not required.

3.7 Other impacts

N/A

3.8 Communication, involvement, engagement and consultation

DARS service delivery planning is regularly discussed in following forums:

- HADP structures
- DARS Senior Management Team
- MAT Implementation Group
- MAT Oversight Group
- MIST / MATSIN Meetings

3.9 Route to the Meeting

Service Update following request from HHSCC

4 Recommendation

Assurance to HHSCC in relation to DARS compliance with national alcohol / drug related policy