



MIDLOTHIAN & EAST LOTHIAN  
DRUGS & ALCOHOL PARTNERSHIP

# Performance Plan

## 2021 Update

Reducing harm promoting recovery

---

[Type here]

## Background

The content of the MELDAP Delivery Plan 2020-23 was developed after the involvement with people with lived and living experience, recovery communities and key partners and stakeholders. The draft was circulated to these groups for comment and amendments made before the final draft was signed off by the Chair of the Strategic Group and submitted to the Scottish Government in the Autumn of 2020.

The plan was submitted prior to the publication of the Drug Related Deaths 2019 report released in December 2020 showing a record number of deaths across Scotland and in the MELDAP area. The Alcohol Specific Deaths (2019) report published in November 2020 noted a 10% reduction in the number of deaths. There was also a fall in the MELDAP area. For both alcohol and drugs deaths deprivation was a significant factor with people living in the most deprived communities (SIMD 1) experiencing the highest level of deaths and harm.

Many of the of the Drugs Deaths Taskforce (DDTF) report Preventing drug related deaths in Scotland: emergency response strategies published in January 2020 were already in place or included in the new MELDAP plan. These six evidence based strategies were:

- Targeted distribution of Naloxone
- Implement immediate response pathway for non-fatal overdose
- Optimise the use of medication-assisted treatment
- Target people most at risk
- Optimise public health surveillance
- Ensure Equivalence of Support for People in the Criminal Justice System

In March 2020 national lockdown measures were implemented placing the most vulnerable groups at an even higher level of risk. MELDAP and its partners have worked effectively over the last 12 months to ensure that's the DDTF report's recommendations were implemented and continued to provide services such as Injecting Equipment Provision (IEP) and Opiate Replacement Therapy (ORT) for those people most at risk of harm, balancing the risk of death from overdose against risk of death from COVID-19 for ORT patients, whilst taking account of risks to all vulnerable patient groups using pharmacies and of course pharmacy staff, substance use service staff and staff providing IEP in the context of home deliveries. Throughout 2020-21 Harm Reduction Services and other key services for the most vulnerable whether adults, young people or children continued to be provided. In many cases new, innovative ways of working were developed, home deliveries, door step visits, out of door meetings, flexible access, digital support and Zoom meetings

[Type here]

were introduced. MELDAP provided funding to enable a third sector provider MELD to co-ordinate the purchase of basic smart phones, tablets and digital top ups to ensure no one who needed IT support was excluded

During 2021 MELDAP reviewed with its services those initiatives that have been of most benefit to people using services and these will be continued and built in to any future Service Level Agreement.

In January 2021 the First Minister announced the new *national mission* to reduce drug related deaths and harms. This was supported by an investment of £50 million per year for the next five years making £18 million of this available through four funds:

- Service Improvement Fund
- Local Support Fund
- Recovery Fund
- Children and Families Fund

These funds will be available for this year, and the next four years.

MELDAP working with partners has secured additional funding and over the last 12 months MELDAP to both enhance existing services and develop new approaches aimed at those most at risk of harm or death. The consequence of this is that service development linked to a number of the priorities from the plan were placed on hold in order to address the Scottish Government's new priorities and address the impact of Covid on the most vulnerable groups. Given the complex issues around DRD and alcohol related harm it's too early to judge whether these new measures will have an immediate impact in reducing deaths from the use of drugs and alcohol

[Type here]

## Alcohol and Drugs Snapshot (Scot PHO profiles)

Alcohol profile (MELDAP compared to the rest of Scotland).

The visualisations shows all the indicators of the profiles. The latest data available for each of them is compared against the selected comparator (Scotland). The colour of the boxes reflects if the differences are statistically significant or not.

	Better than comparator
	Not different to comparator
	Worse than comparator
	No difference can be calculated

Environment	Community Safety	Prevalence
Premises licenses in force-Total	Vandalism	Alcohol weekly drinkers age 15
Premises licenses in force-On trade	Breach of the peace	<b>Health</b>
Premises licenses in force- Off trade	Attempted murder & serious assault	Alcohol specific deaths, males
Personal licenses in force	<b>CAPSM/Families</b>	Alcohol-specific deaths, females
People perceiving rowdy behaviour as common in their neighbourhood	Common assault	Alcohol-specific deaths
<b>Services</b>	Child protection with parental drug and alcohol use	Alcohol-related hospital admissions, aged 11-25 years
Alcohol treatment waiting times	Child protection with parental alcohol use	Alcohol-related hospital admissions

[Type here]

Drugs profile (MELDAP compared to the rest of Scotland)

<b>Environment</b>	<b>Community Safety</b>	<b>Prevalence</b>
Perception of drug misuse in neighbourhood	Drug use funded by crime	Population prevalence of problem drug use
Children being offered drugs, pupils age 15	Drug crimes recorded	Drug use last year, pupils age 15 years
<b>Services</b>	<b>CAPSM/Families</b>	Drug use last month, pupils age 15 years
Drug treatment waiting times	Maternities with drug use	<b>Health</b>
<b>Data quality</b>	Common assault	Hepatitis-C positives among people who inject drugs
Scottish Drugs Misuse database (SDMD) follow-up completeness	Child protection with parental drug or alcohol use	Drug related hospital admissions
	Child protection with parental drug use	Drug-related deaths, females
		Drug related deaths, males
		Drug-related deaths

[Type here]

1. Preventing future harm caused by the misuse of alcohol and drugs			
Priorities	Actions	Measures	Progress
<p><b>Work with partners to implement evidence based educational interventions for all children and young people.</b></p>	<p>Local working group established to support implementation of national developed school based education and prevention programmes.</p>	<p>Percentage of S2 and S4 pupils who participated in sports clubs, gyms, and exercise or dance groups in the last 12 months. (Source: <i>Scottish Schools Adolescent Lifestyle and Substance Use Survey (SALSUS) reports</i>)</p>	<p>Due to Covid-19 restrictions the planned SALSUS survey 2020 was not undertaken.</p> <p>Covid restrictions including social distancing, face masks and the closure of many services have resulted in severely curtailed opportunities to engage in a range of sporting and leisure activities. School based drop-ins run by MYPAS stopped in March 2020. Face to face meetings have been re-introduced.</p>
		<p>Number and percentage of young people from the lowest SIMD quintile in initial school leavers entering positive destinations. (School leaver attainment and initial destination: Statistics report(s), SG)</p>	<p>Awaiting the publication of national guidance linked to the national strategy, Rights. Respect and Recovery, 'We will revise and improve the programme of substance use education and prevention in schools and broader settings to ensure it is good quality, impactful and in line with best practice'.</p>
		<p>Number and percentage of young people from the lowest SIMD quintile in annual participation measure. (Annual participation measure report(s), SDS)</p>	<p>Awaiting publication of most recent data.</p> <p>Awaiting publication of most recent data.</p>

[Type here]

<p><b>Develop online resource providing people with help, accurate evidence based information around alcohol and drug use and local services.</b></p>	<p>Work with young people to gain clearer understanding as to how they access information/advice on alcohol and drugs. Develop app providing harm reduction/keeping safe advice to young people who use alcohol and drugs. Link with national developments.</p>	<p>Young people's reported wellbeing. (SALSUS)</p> <p>Number of children and young people using drugs. (SALSUS)</p>	<p>Due to Covid-19 restrictions the planned SALSUS survey 2020 was not undertaken.</p> <p>The 2018 report indicated low level of use with among 13 and 15 year olds with 12% of 15 yr. olds using drugs (primarily cannabis) in the last month.</p> <p>It is at this stage difficult to predict the impact of Covid on young people's drug use. Emerging evidence indicates that young people's alcohol use has fallen during the pandemic.</p> <p>In 2021 MYPAS was awarded funding from the MELDAP Innovation Fund to develop a young person's app to provide information on a range of health topics.</p>
<p><b>Work with partners to develop use of Core Risk Taking messages including targeted support for those young people with history of truanting, exclusion from school and involvement in youth justice.</b></p>	<p>Core risk taking messages agreed and updated annually Local working group makes links with national programmes.</p> <p>Training, including online version to support programmes developed and programme of implementation agreed.</p>	<p>Young people's attitude towards the risks of drug use. (SALSUS)</p> <p>Number of young people indicating problematic use. (SALSUS)</p> <p>Number and rate of young people admitted to hospital for drug-related admissions. (Drug-related hospital statistics, Information Services Division (ISD))</p> <p>Number and rate of young people admitted to hospital for alcohol-related admissions. (Alcohol-related hospital statistics, ISD)</p>	<p>In 2018 18% of 13 yr. olds and 29% of 15 yr. olds felt it was OK for someone of their age to try taking cannabis to see what it was like. 52% of 15 yr. olds who use drugs would like to stop.</p> <p>For the period 2013/14-2015/16 to 2016/17-2018/19 there was a year on year decrease in drug related admissions, age 11-25 years. From 24 to 18 in Midlothian and from 18 to 9 in East Lothian. Nationally for the same periods there has been a year on year increase.</p> <p>For the period 2016/17-2018/19 2017/18-2018/19 there were 82 alcohol related</p>

[Type here]

			<p>admissions, age 11-25 years. This was the first increase since 2008-09.</p> <p>The Positive Attitudes to Risk document was issued to all services. On-line partnership training to support the document was delivered in spring 2021. East Lothian has approved the use of this document with its young people's services.</p> <p>Being excluded from education is associated with early substance use. For the last available period both East Lothian and Midlothian had an exclusion rate/1000 pupils that were worse than the national rate.</p>
<p><b><i>Develop peer led alcohol programme (AlcoLOLs) in selected secondary schools</i></b></p>	<p>Develop a peer led programme</p>	<p>The number of secondary schools involved in the development of this programme</p> <p>The number of Peers involved in the development of this programme</p>	<p>By April 2022</p>



[Type here]

<p><b>Work with arrange of partners, education in particular to raise awareness of FASD including better understanding of short and long term harms to the unborn child.</b></p>	<p>Instigate discussion with key partners within Children's Service and Education</p>	<p>It is estimated between 2-5% of all live births are children affected by Fetal Alcohol Spectrum Disorder This would mean that between 40-160 FASD children are born annually in the MELDAP area which equates to 480-1200 school aged children whose emotional, social and intellectual development may be compromised in some way as the developing brain is particularly vulnerable to the effects of alcohol exposure.</p>	<p>Initial discussion have already taken place with some key partners in East Lothian.</p> <p>Work to be taken forward through the Children's Strategic Partnership in East Lothian and GIRFEMC group in Midlothian</p> <p>Still awaiting guidance from Scottish Government regarding improvement of drugs and alcohol education in schools</p> <p>April 2023</p>
--	---	--	---

2. Reducing harm and promoting recovery			
Priorities	Actions	Measures	Progress
<p><b>Work with partners to increase access to BBV testing and Hepatitis C treatment.</b></p>	<p>Work with Harm Reduction Team</p>	<p>Prevalence of hepatitis C among people who inject drugs (<i>Health Protection Scotland Frequency: every two years</i>)</p>	<p>The percentage of Hep C positives among people who use drugs was 40% compared to a national figure of 57%. Dry Blood Spot (DBS) testing (mostly) carried out by addiction service has been greatly reduced during the Covid-19 period.</p>
<p><b>Building on the work of the low threshold service pilot, develop more flexible, accessible services particularly for those</b></p>	<p>Work with people with lived and living experience to design services which meet their needs.</p>	<p>Rate of drug-related hospital stays (<i>3 year rolling average over last 5 years</i>)</p>	<p>The 3 yr. average was 195.1. The 5-yr average was 184.3. For 2019/20 the rate for was 208.78 compared to the national figure of 282.24.</p>

[Type here]

<p><b>people with a record of irregular attendance and sustained engagement.</b></p>	<p>Work with service providers to develop more flexible approaches to service delivery</p> <p>All newly commissioned service contracts include out of hours support and weekend working</p>	<p>Reduced rate of drug related deaths (<i>3 year rolling average over last 5 years</i>)</p> <p>Drug and alcohol treatment waiting times (primary waiting time). (DATWT statistics, ISD)</p> <p>Reduced rate of alcohol specific deaths (<i>age standardised rate per 100,00 population</i>) (NRS)</p> <p>Reduced rate of alcohol related hospital admissions (<i>age standardised rate per 100,00 population</i>)</p>	<p>The annual averages for the periods 2006-2010 and 2016-2020 were 6 and 16 respectively.</p> <p>For 2019-20 there were 762 referrals. Services performance was 82% against the national standard of 90%. The failure to achieve the national standard was related to the performance of one service.</p> <p>There was a total of 37 alcohol specific deaths in 2020 an increase of 4 from the previous year. For 2015-19 the rate was 16.5 for 2016-20 the rate was 16.95</p> <p>For 2019/20 the MELDAP rate was 479.18 compared to the national figure of 673.27. The 2019/20 rate increased from 422.42 in 2018/19</p> <p>The review of all SLA is planned for 2022-23.</p>
<p><b>Deliver more outreach harm reduction, treatment and support services to communities most at risk of harm.</b></p>	<p>Update service policies on home visits</p> <p>Appoint additional peer workers to liaise with GP practices.</p>	<p>Increase the number of home visits provided by services.</p> <p>Number of needles/syringes supplied from injecting equipment provision (IEP) services. (IEP report(s), ISD)</p>	<p>Home/Lone working policy with the overall aim of achieving more consistent practice across services was approved for use in 2020.</p> <p>Between March 2020 and April 2021 IEP services delivered just over 2000 client contacts.</p> <p>Adapting to Covid restrictions services increased the way the engaged young</p>

[Type here]

	<p>Non-Fatal Overdose (NFO) protocol in place.</p>	<p>All NFOs contacted within 24-48 hours from discharge.</p> <p>Prevalence of illicit benzodiazepine use among people who inject drugs. (NESI, HPS)</p> <p>Number of Take Home Naloxone (THN) kits issued.</p>	<p>people and adults. The number of home visits increased with harm reduction services continuing to provide IEP and methadone. Children and family services used garden or door step conversations.</p> <p>From Jan 2020 till Jan 2021 there was a total of 192 NFO (89 in EL and 103 in ML) In 2020 70% of DRD involved a benzodiazepine. Awaiting national guidance on prescribing &amp; management, models of care.</p> <p>MELD developed benzo/poly-drug use leaflets/materials and made available to all partners.</p> <p>2020/21 Midlothian 148 East Lothian 149</p> <p>Q1 2021/22 Midlothian 28 East Lothian 28</p> <p>MELD produced new OD prevention information/leaflets and made available to all partners.</p>
<p><b>Increase the range of treatment and recovery interventions available for individuals and their families delivered through the Recovery Hubs.</b></p>	<p>Increase the range of treatment options available to clients.</p>	<p>Percentage of people who leave 'treatment incomplete' and discharge reason. (SDMD)</p> <p>Percentage of people completing treatment and discharge reason. (SDMD)</p> <p>Prevalence of opioid substitute treatment (OST) engagement among people who inject drugs. (NESI, HPS)</p>	<p>The number of discharges from treatment services for 'disciplinary' reasons is very low. Only 2 in the last 12 month period.</p> <p>Based on the latest NESI survey the figure was 78% (i.e. people who had injected in the last six months) reporting</p>

[Type here]

	<p>Pilot the use of Buprenorphine prolonged-release injection <i>Buvidal</i></p> <p>Improved support to CAPSM children and links with family services and Family Hub.</p> <p>Level of same day/next day prescribing</p>	<p>Number of clients prescribed <i>Buvidal</i></p> <p>The number of referrals from adult services to family services.</p> <p>Number of people starting ORT within 24-48 hours of first appointment</p>	<p>receipt of prescribed methadone in the last six months.</p> <p>60 clients were prescribed Buvidal. This figure is projected to increase year on year.</p> <p>Children 1<sup>st</sup> and Circle have very good working relationships with adult treatment services. For example, through the women's supper club and low threshold service.</p> <p>All clients are placed on ORT within 2/3 weeks of first appointment. Same day prescribing is available if required. Prescribing levels are low, 2-3 per quarter.</p>
<p><b><i>Expand the number community led SMART recovery groups</i></b></p>	<p>More localised groups established in different communities</p>	<p>Increase in the number of SMART groups and meetings offered.</p> <p>Increase the number of peer SMART facilitators trained and leading groups.</p>	<p>For 2020-21 SMART meetings were delivered online. For some this change was seen a beneficial while others reported that they missed the face to face contact. A new Veterans SMART Group was implemented online during the Covid Pandemic</p> <p>MELDAP provided additional funding to increase the number of SMART approved trainers.</p>
<p><b><i>Strengthen the role of peer workers as client advocates and</i></b></p>	<p>Appoint additional peer workers and their role in providing advocacy support to clients.</p>	<p>Number of clients using Independent Advocacy service.</p>	<p>In its first year till June 2021, CAPS provided support to 42 individuals.</p>

[Type here]

<p><b><i>develop Independent Advocacy service for adults and families.</i></b></p>	<p>Commission independent advocacy service.</p>	<p>Feedback from clients on the quality of the service they receive.</p> <p>Number of commissioned treatment service(s) that have feedback mechanism in place, and evidence/examples of how lived experience is informing the development, design and delivery of services. (MELDAP QI visits/quality principles)</p> <p>Level of MELDAP investment in rights-based advocacy services for people with alcohol and other drug problems</p>	<p>During 2020 the Access to Industry service provided support to 128 people. The main areas of support were benefits, debt management, housing and employment.</p> <p>QI visits indicate that few services collect people's views in a systematic way. The main treatment services currently have no structure in place. Third sector partners such as MELD, Access to Industry, VOCAL, Anam Cara and Children 1<sup>st</sup> collect the views of people who use their service in a more planned structured way.</p> <p>MELDAP has provided two years funding for an independent advocacy service, CAPS. Additional advocacy support is offered by an Access to Industry advocacy worker.</p>
<p><b><i>Work with recovery communities to expand the range of services available to them and their families.</i></b></p>	<p>Enhance the number of and type of services offered through the Children 1<sup>st</sup> Family Hub</p>	<p>Increase range of opportunities for volunteering offered.</p> <p>Increase services offered through Recovery Cafes.</p> <p>Increased level expenditure on recovery orientated services.</p>	<p>Lockdown restrictions impacted on the provision of the low threshold drop-in services and the women's supper club.</p> <p>Just prior to lockdown acupuncture, wellbeing classes, SMART meetings and access to CAB worker were available at the recovery cafes.</p>
<p><b><i>Strengthen the role of peer workers, volunteers and other</i></b></p>	<p>Develop career pathway for peer</p>	<p>Implement career pathway/salary bandings for peer workers.</p>	<p>A new career pathway and salary structure were agreed and implemented</p>

[Type here]

<p><b>MELDAP services within the two Recovery Hubs.</b></p>	<p>workers including levels of remuneration.</p> <p>Improve training opportunities for peer workers in order to enhance job satisfaction and career prospects.</p>	<p>Increase the number of peer workers achieving additional qualification.</p>	<p>during 2021. The first senior peer worker was appointed.</p> <p>In partnership with MELD, MELDAP provided funding for a peer worker to successfully achieve an HNC in Community Development. Additional funding has been provided to increase the salary scales of peer workers employed by MELD.</p>
<p><b>Improve out-of-hours access to resources in the Recovery Hubs for community based recovery groups such as SMART, AA and NA.</b></p>	<p>Work with Number 11 managers to expand the range of out-of-hours services and recovery groups having access to building.</p>	<p>Increase the number of recovery community led activities offered through the Recovery Hubs.</p> <p>Percentage and number of people in services also involved with mutual aid/peer support/recovery groups. (Drug and Alcohol Information System (DAISy)*)</p>	<p>Covid-19 restrictions have prevented the expansion of face to face recovery/support groups. However, work is underway to deliver an appropriate level of out of hours support. This will include a service response adapted from a model being delivered in Lanarkshire.</p>
<p><b>Ensure all services are 'family' friendly and inclusive</b></p>	<p>Implement learning from Circle test of change re use of whole family approach to working with families</p>	<p>Review services against MELDAP National Quality Principles section 8: <i>Services should be family inclusive as part of their practice</i></p>	<p>MELDAP completed its discussions with services to ensure they are 'family inclusive'.</p> <p>Additional funding was provided to children and families third sector partners to develop/sustain whole family approaches. A Children's Resilience Worker was added to the Circle team.</p>

<p><b>3. Protecting and safeguarding children, young people and communities</b></p>			
<p><b>Priorities</b></p>	<p><b>Actions</b></p>	<p><b>Measures</b></p>	<p><b>Progress</b></p>
<p><b>Strengthen the role of peer support for parents and carers within family services.</b></p>	<p>Develop role of peer workers to include family support.</p>	<p>Increased opportunities for volunteering in family services.</p>	<p>Two additional family peer workers have been appointed.</p>

[Type here]

	Develop family training for peer workers	Increase peer workers with a family support remit.	
<b><i>Focus on early intervention to ensure children living with parents who experience problematic substance use are safe and supported</i></b>	<p>Work with children services to ensure availability of support to families.</p> <p>Raise profile of impact of substance use with early year's practitioners.</p>	<p>Child protection with parental drug or alcohol misuse (<i>Crude rate per 10,000, Scot PHO</i>)</p> <p>Maternities with drug use (<i>Crude rate per 10,000 population, Scot PHO</i>)</p> <p>Increase level of participation from education in CAPSM training.</p>	<p>For 2020 the rate was 8.82 compared to the national figure of 11.05. The 2020 showed a decrease from 2019 rate of 9.84</p> <p>For 2016/17-2019/ the rate was 27.56. For 2017/18-2019/20 the rate was 29.91. The national rate for 2017/18-2019/20 was 16.47. All NHS Lothian areas reported a rate higher than the national figure.</p> <p>No CAPSM training was delivered during 2020.</p>
<b><i>Introduce the Safe Storage of Medicine Boxes scheme for adults who have children or access to children in order to minimize the risk of harm through access to parental medication.</i></b>	<p>Number of safe storage boxes issued to clients with children or who have access to children on a regular basis.</p> <p>Expand scheme to include any high risk adult.</p>	<p>Number of boxes issued to clients who would benefit from use of a safe storage box irrespective of whether they have children.</p> <p>Number of safe storage boxes issued to 'other' high risk clients.</p>	<p>During 2020 the Safe Storage Box scheme was extended to any adult at risk. During 2020-21 some 50 boxes have been issued.</p>
<b><i>Develop 'whole family' approach including adopting the 5-step method to existing and newly commissioned family services.</i></b>	<p>Provide training and support in order to pilot 5-step model of family support with one MELDAP commissioned family service.</p>	<p>Training provided to relevant Midlothian and East Lothian staff.</p> <p>Services using 5-step model when engaging with families where parental alcohol or drug use has become problematic</p>	<p>No progress was made during 2020 to adopt the 5-step method with relevant services. This will be delivered as part of a whole family approach using new monies from the Scottish Government.</p>

[Type here]

<p><b><i>In partnership develop initiatives to support children and young people affected by Adverse Childhood Experiences (ACEs).</i></b></p>	<p>Improved identification of and support to children affected by ACEs.</p> <p>Review service provision for support offered to children who are identified as a young carer.</p>	<p>Percentage of clients where routine enquiry undertaken regarding childhood and domestic abuse. (DAISy+)</p> <p>Procurement process has led to client led service provision.</p>	<p>Awaiting data</p> <p>People with lived and living experience are members of the Commissioning and Performance Group.</p>
<p><b><i>Work with Community Safety Justice Partnerships and Local Licensing Forums to reduce the negative impact of alcohol related misuse on families and communities.</i></b></p>	<p>Ensure MELDAP input at all Licensing Forum meetings Work with AFS to ensure best practice is disseminated to local Licensing For a.</p> <p>Contribute to the development of Licensing Policy Initiate and support local alcohol campaigns</p>	<p>Perception of drug misuse in neighbourhood (Percentage, Scot PHO)</p> <p><i>Illicit drug use (SCJS, 2020)</i></p> <p>Feelings of safety in neighbourhood. (Scottish Crime and Justice Survey (SCJS), SG)</p> <p>Premises licenses (off and on sales) in force ( Crude rate per 10,000 pop, Scot PHO)</p>	<p>For 2018 the figure was 14.5%. The 2019 figure was 14.2%. Nationally the 2019 percentage was 13.6%.</p> <p>The figure is from the national survey as no local data is available. The SCJS 2019/20 reported that, '13.5% of adults reported taking any of the drugs listed in the SCJS in the 12 months prior to interview. This has increased from 9.5% in 2017/18.</p> <p>For 2018/20 in J division, 43.6% in the SCJS survey indicated, 'That in the local area it is common that there is drug dealing and drug abuse.' The national figure for the same period was 43.4%</p> <p>For 2018/19 the rate was 32.56 compared to the national figure of 37.92.</p>



[Type here]

4. Commissioning and assuring high quality, cost effective outcomes focused services			
Priorities	Actions	Measure	
<p><b><i>Improve pathways in to services to ensure equality of access for all groups including women, those involved in the criminal justice system and people who might experience additional barriers and challenges to access and sustain contact with services.</i></b></p>	<p>Appoint dedicated women's worker to undertake local research in to the needs of women who use alcohol and drugs.</p> <p>Produce report for the MELDAP Commissioning and Performance group on the service needs of women who use alcohol and drugs.</p> <p>Develop closer working arrangements with VAW team.</p>	<p>Increase in the number of women accessing services.</p> <p>Women report that services better meet their needs and are more family orientated.</p> <p>Services have modified the way the engage with women who have children.</p> <p>Report produced and future commissioning needs identified by MELDAP group.</p> <p>MELDAP Quality Principles amended to include stronger emphasis on the need s of women in particular VAW</p>	<p>A women's peer worker was appointed in 2020.</p> <p>Women's Supper Club restarted August 2021.</p> <p>No progress against this action. Report to C&amp;P group by April 2022.</p> <p>April 2022</p> <p>In consultation with VAW team Quality Principles amended to have stronger emphasis on VAW.</p>
<p><b><i>Improve and sustain waiting times performance to deliver a level of performance better than national standard and set target for service retention</i></b></p>	<p>Work with partners to ensure optimization of resources to deliver required level of performance.</p>	<p>Sustained level of performance above national standard of 90% of clients offered within 3 weeks of service receiving a referral.</p>	<p>The 2019/20 level of performance was 82%. Some services delivered a 100% level of performance. One service was provided with additional resources to address its failure to meet the standard.</p> <p>From April 2019-March 2020 there were 762 referrals. Services delivered an 82% level of performance. For April 2020-</p>

[Type here]

		<p>The national standard is that 90% of clients offered treatment within 3 weeks of initial referral.</p> <p>Increase the number of high risk clients accessing same day or next day provision of MAT.</p>	<p>March 2021 there were 650 referrals. Services delivered an 88% level of performance.</p> <p>In partnership with MELD, MELDAP secured funding in August 2021 to introduce telephone based access system to replace Gateways to Recovery. The new system is based on a successful East Lothian pilot.</p> <p>When appropriate and safe to do so same day or next day prescribing is available to high risk clients. At present the numbers are low, 2-4 per quarter.</p>
<p><b><i>Develop new MELDAP commissioning and performance strategy.</i></b></p>	<p>Review existing documentation.</p> <p>Identify examples of best practice.</p> <p>Produce draft by August 2020.</p>	<p>New strategy developed approved by the MELDAP Strategic Group and Commissioning and Performance group.</p>	<p>By April 2022</p>
<p><b><i>Commission and deliver young people's substance use service (SUSSed) for East Lothian targeting those most at risk of using alcohol and drugs in ways that cause harm to themselves or others.</i></b></p>	<p>Commission young people's service.</p>	<p>New service established.</p> <p>Number of referrals for key target groups from schools and key partners received.</p> <p>Number and appropriateness of referrals to service.</p> <p>Young people's views on the quality of support provided by service.</p>	<p>New service established and key links with all secondary schools established. Referrals received throughout 2020 and support provided targeting those young people most at risk of early use of alcohol and drugs.</p> <p>From March 2020 to April 2021 a total of 41 young people were supported, 390</p>

[Type here]

		Stakeholders views on the quality of support provided to young people	support sessions were 'attended' and 17 engaged in diversionary activities.  April 2022
<b><i>Pilot psycho stimulant/poly-drug use service with the primary aim of engaging people who often comment on the lack of services which meet their specific needs.</i></b>	<p>Work with third sector partner to design new service.</p> <p>Work with people using stimulants to develop interventions.</p> <p>Examine with people who use stimulants how access to service and type of interventions offered can be improved.</p> <p>Through collecting real life stories Develop better understanding of patterns of poly-drug use</p>	<p>Number of people accessing the service.</p> <p>The number and types of interventions provided.</p> <p>Information for people using MELDAP services developed</p> <p>Evaluation of service conducted</p> <p>Publish report on outcome of action research on poly-drug use.</p>	<p>Covid restrictions meant that there was no opportunity to develop this new service and appoint new staff including substance use worker and peer worker. The recruitment process to fill these keys post has started.</p> <p>By April 2022  2023</p> <p>Report completed and shared with partners. Recommendations for action developed and included in updated action plan.</p>
<b><i>Increase the number of people with lived and living experience in decision making structures and key working groups such as Alcohol and Drug</i></b>	<p>All MELDAP Groups to have appropriate number of people with lived or living experience.</p> <p>Work with recovery community to identify the most effective approaches to increasing level of participation in decision making processes.</p>	All MELDAP groups have a minimum of two people with lived or living experience included as decision making members.	No progress has been made to date. As Covid restrictions are lifted there will be increased opportunities to progress this action.

[Type here]

<b>Related Deaths Review group.</b>	Undertake campaign to recruit people with lived and living experience to MELDAP Groups.		
<b>Carry out a Health Needs Assessment to ensure appropriate responses to most at risk populations</b>	Plan, commission and conduct Health Needs Assessment.	Health needs assessment completed with clear set of recommendations for action included.  Timetable to implement recommendations developed by the Commissioning and Performance group.  Funding plan developed.	Health Needs Assessment (HNA) completed.  Key recommendations reviewed and included in updated plan.  Funding plan to address HNA recommendations, include the additional SG funding to tackle drugs harm including DRD, whole family approaches and assertive outreach completed and shared Joint Operational Managers' groups.

[Type here]

<p><b>Undertake post Covid-19 review of all partner services</b></p>	<p>Undertake review of impact on services of Covid-19 and identify practice changes which need to be retained.</p> <p>Peer workers to speak with people with living experience to gain their views on Covid-19 service changes that they see as beneficial.</p> <p>Amend SLA to reflect changes.</p>	<p>Meet with all service managers and team leaders to discuss changes in practice resulting from Covid-19.</p> <p>Review with all service managers using digital platforms undertaken and effective and innovative practice identified.</p> <p>Report from engagement with people with lived experience produced with clear recommendations for action submitted to Commissioning and Performance group</p> <p>Effective practice identified and built into amended SLA.</p>	<p>QI visits noted innovative aspects of practice that will be retained placing a greater emphasis on choice.</p> <p>MELDAP continued to provide funding to reduce digital inequalities. Between March 2020 and August 2021 MELD has provided:</p> <ul style="list-style-type: none"> <li>• 504 basic smart phones</li> <li>• 45 tablets</li> <li>• 882 £10 'top-ups'</li> </ul> <p>Access to Industry secured funding to provide lap tops for people attending the Recovery College.</p> <p style="text-align: center;">April 2021 onwards</p> <p>Awaiting national guidance on development of ADP SLA with services</p> <p style="text-align: center;">By August 2022</p>
--	--	--	---

[Type here]

<p><b><i>Work with adult treatment services to ensure full implementation of national Medication Assisted Treatment (MAT) standards</i></b></p>	<p>Work with partners to establish baseline level of performance (RAG rating) against the 10 standards.</p> <p>Secure funding to appoint a change manager.</p> <p>All 10 MAT standards fully implemented by April 2022.</p>	<p>Baseline rating completed and submitted to Scottish Government.</p> <p>Partnership group established to develop funding bid.</p> <p>Services report full implementation of MAT standards.</p>	<p>RAG rating completed and submitted to Scottish Government. Joint working with mental health services will be required to deliver all 10 standards.</p> <p>Initial discussion have taken place to submit a Lothian wide bid to the Scottish Government to secure funding for a Change Manager.</p> <p>April 2022</p>
---	---	--	--