Highland Community Planning Partnership | Com-pàirteachas Dealbhadh Coimhearsnachd na Gàidhealtachd

15 September 2025

A meeting of the **Community Planning Partnership Board** will take place **remotely, via Microsoft Teams**, on **Friday 19 September 2025** at **10.00 am.**

You are invited to attend the meeting and the business to be considered is noted below.

Business

1. Apologies for Absence

2. Declarations of Interest

Board Members are asked to consider whether they have an interest to declare in relation to any item on the agenda for this meeting. Any Board Member making a declaration of interest should provide some information on the nature of the interest. Advice may be sought from officers prior to the meeting taking place.

3. Minutes of Meetings **(PP 1-26)**

The following Minutes are circulated for noting or approval as appropriate:

i. Community Planning Partnership Board – 6 June 2025 for approval);
ii. Highland Alcohol and Drugs Partnership Strategy Group – 13 May 2025 (for noting); and
iii. Community Justice Partnership – 11 June 2025 (for noting).

4. Action Tracker **(PP 27-75)**

The Board is asked to review progress of its agreed actions as set out in the Action Tracker which is circulated.

In relation to item 5 on the Action Tracker, there is circulated a draft Indicator Report on Health Inequalities. The Director of Public Health will provide a brief update at the meeting.

5. The Population Health Framework

There will be a presentation by the Director of Public Health, NHS Highland.

6. Highland Outcome Improvement Plan Annual Report 2024/25

Report No CPPB/17/25 will follow.

7. The Highland Council - Poverty and Equality Commission

There will be a presentation by the Chief Officer – Housing and Communities, The Highland Council.

8. Scottish Fire and Rescue Service (SFRS) Service Delivery Review Update

The Area Commander and Local Senior Officer, SFRS, will provide a verbal update.

9. Highland Community Justice Partnership: Revised Terms of Reference and Annual Return 2024-25 (PP 76-121)

There is circulated Report No CPPB/18/25 by the Highland Community Justice Partnership Manager.

The Board is asked to approve:

i. the Highland Community Justice Partnership Terms of Reference (revised June 2025); and
ii. the Highland Community Justice Partnership Annual Return 2024-25 for submission to Community Justice Scotland.

10. Highland Alcohol and Drugs Partnership (HADP) Draft Annual Report 2024/25 (PP 122-145)

There is circulated Report No CPPB/19/25 by the HADP Coordinator.

The Board is asked to note the HADP annual report 2024/25 before publication online.

11. HADP Draft Strategic Plan 2025/26-2029/30 (PP 146-180)

There is circulated Report No CPPB/20/25 by the Chair of the HADP.

The Board is asked to:

i. consider the appended draft HADP strategic plan for 2025/26-2029/30;
ii. note the alignment with the Highland Outcome Improvement Plan and Community Planning Partnership (CPP) processes as summarised in section 3 of the report;
iii. agree whether any CPP support is available or required in relation to climate and environmental impacts; and
iv. approve the strategic plan for publication on-line after two updates are completed. These are the updated figures on alcohol-related deaths in 2024 which will be published later this month and any further adjustments required from impact assessment (equalities and potentially climate/environment).

12. Highland Public Protection Chief Officers Group (HPPCOG) Annual Report 2024-2025 (PP 181-200)

There is circulated Report No CPPB/21/25 by the Chair of the HPPCOG.

The Board is asked to note:

i. the progress of the work of the Committees and Partnerships that report to the Highland Public Protection Chief Officer Group;
ii. the risks to delivery of the public protection agenda; and
iii. the priorities for future action

13. Partnership Development Team Year 2 Report and Quarterly Update: June to August 2025 (PP 201-212)

There is circulated Report No CPPB/22/25 by the Partnership Development Manager and CPP Senior Officers.

The Board is asked to:

i. consider and note the Year 2 Report at Appendix 1 of the report;
ii. review and approve the 2025 Third Sector Engagement Outline Plan at Appendix 2 of the report; and
iii. review and note the updated Year 2 Milestones at Appendix 3 of the report.

14. Strategic Risk Register

The Partnership Development Manager will provide a verbal update.

15. Date of Next Meeting

The next meeting is scheduled to take place on Friday 5 December 2025 at 10.00 am.

Members:

The Highland Council:
Councillor Raymond Bremner, Leader of the Council
Councillor Graham MacKenzie, Chair of Communities and Place Committee
Derek Brown, Chief Executive

Highlands and Islands Enterprise:
Stuart Black, Chief Executive
Eann Sinclair, Area Manager – Caithness and Sutherland

NHS Highland:
Sarah Compton-Bishop, Chair, NHS Highland Board
Fiona Davies, Chief Executive
Jennifer Davies, Director of Public Health

Police Scotland:
Chief Superintendent Rob Shepherd, Divisional Commander, Highland and Islands

Scottish Fire and Rescue Service:
Lynne Gow, Area Commander and Local Senior Officer

The Scottish Government:
Donna MacKinnon, Scottish Government Place Director

Community Partnership representative:
On rotation – currently Eann Sinclair, Caithness Community Partnership

High Life Highland:
Steve Walsh, Chief Executive

Highland Third Sector Interface:
Cath Wright, Chair of HTSI Board
Mhairi Wylie, Chief Officer

Highlands and Islands Regional Transport Partnership (HITRANS):
Ranald Robertson, Partnership Director

NatureScot:
Graham Neville, Head of Operations - North

Skills Development Scotland:
Roddy Bailey, Area Manager

University of the Highlands and Islands:
Vicki Nairn, Principal and Vice-Chancellor, UHI
Chris O'Neil, Principal and Chief Executive, Inverness College UHI

In attendance:

Kate Lackie, Assistant Chief Executive – People, The Highland Council
Malcolm MacLeod, Assistant Chief Executive – Place, The Highland Council
Fiona Duncan, Chief Officer - Health and Social Care, The Highland Council
Fiona Malcolm, Chief Officer - Integrated People Services, The Highland Council
Pam Stott, Chief Officer - Highland Health and Social Care, NHS Highland
Ian Kyle, Chair, Community Learning, Development and Engagement Strategic Group
Judy Hill, Chair, Community Safety and Resilience Delivery Group
Cathy Steer, Chair, Mental Health and Wellbeing Delivery Group
Alison Clark, Chair, Poverty Reduction Delivery Group
James Maybee, Chair, Community Justice Partnership
Carron McDiarmid, Chair, Highland Alcohol and Drugs Partnership
Audrey MacIver, Area Manager – Inner Moray Firth, Highlands and Islands Enterprise
Gail Prince, Partnership Development Manager

Agenda Item 3i.

Highland Community Planning Partnership | Com-pàirteachas Dealbhadh Coimhearsnachd na Gàidhealtachd

Minutes of Meeting of the Community Planning Partnership Board held in Committee Rooms 1 and 2, Highland Council Headquarters, Glenurquhart Road, Inverness on Friday 6 June 2025 at 2.00 pm.

Present:

The Highland Council:
Councillor Hugh Morrison, Vice Chair of Communities and Place Committee (substitute) (remote)
Kate Lackie, Assistant Chief Executive – People (substitute)

Highlands and Islands Enterprise:
Eann Sinclair, Area Manager – Caithness and Sutherland (also representing Caithness Community Partnership) (remote)

NHS Highland:
Sarah Compton-Bishop, Chair, NHS Highland Board
Tim Allison, Director of Public Health

Scottish Fire and Rescue Service:
Paul Freeman, Station Commander (substitute) (remote)

Community Partnership representative:
Eann Sinclair, Chair of Caithness Community Partnership (also representing HIE) (remote)

High Life Highland:
Steve Walsh, Chief Executive

Highland Third Sector Interface:
Cath Wright, Chair of HTSI Board (remote)
Mhairi Wylie, Chief Officer (remote)

NatureScot:
Graham Neville, Head of Operations - North

Skills Development Scotland:
Roddy Bailey, Area Manager (remote)

University of the Highlands and Islands:
Chris O'Neil, Principal and Chief Executive, Inverness College UHI (remote)

In attendance:
Fiona Duncan, Chief Officer - Health and Social Care, The Highland Council (remote)
Fiona Malcolm, Chief Officer – Integrated People Services, The Highland Council (remote)
Ian Kyle, Chair, Community Learning, Development and Engagement Strategic Group
James Maybee, Chair, Community Justice Partnership (remote)

Carron McDiarmid, Chair, Highland Alcohol and Drugs Partnership (HADP) (remote)
Gail Prince, Partnership Development Manager
Melanie Murray, Principal Committee Officer, The Highland Council

Also in attendance:
Hayley Brown, Senior Manager Early Years, The Highland Council
Jaci Douglas, Chief Executive, Care and Learning Alliance
Liz Humphreys, Non-Executive Director, NHS Highland (remote)
Frances Matthewson, Research and Intelligence Specialist, Highland Alcohol and Drugs Partnership (remote)

Ms Sarah Compton-Bishop in the Chair

Preliminaries

Prior to the commencement of formal business, the Chair highlighted that Tim Allison, Director of Public Health, was retiring and today was his final meeting as a member of the CPP Board. Jennifer Davies would be his successor.

It was also highlighted that Michael Humphreys, former Local Senior Officer, Scottish Fire and Rescue Service (SFRS) had moved on to a new role within the SFRS. His successor was Lynne Gow.

Thanks were expressed to Tim and Michael for their contribution during their time on the Board.

In addition, the Chair welcomed Liz Humphreys, Non-Executive Director, Public Health Scotland and Scottish Ambulance Service, who was shadowing her as part of the Aspiring Chairs Programme, to the meeting.

Business

1. Apologies for Absence

Apologies for absence were intimated on behalf of Councillor Raymond Bremner, Councillor Graham MacKenzie, Derek Brown, Stuart Black, Fiona Davies, Ch Supt Rob Shepherd, Lynne Gow, and Vicki Nairn.

2. Declarations of Interest

There were no Declarations of Interest.

For transparency, the Chair of the Highland Alcohol and Drugs Partnership declared a connection to items 5, 11 and 13 as a Non-Executive Director of Public Health Scotland. However, there was no conflict of interest.

The Board **NOTED** the position.

3. Minutes of Meetings

The Board:

i. **APPROVED** the Minutes of the Community Planning Partnership Board – 21 February 2025;
ii. **NOTED** the Minutes of the Community Justice Partnership – 12 December 2024; and

iii. **NOTED** the Minutes of the Highland Alcohol and Drugs Partnership Strategy Group – 11 February 2025.

4. Action Tracker

The Board was asked to review progress of its agreed actions as set out in the Action Tracker which had been circulated.

The Board **NOTED** the Action Tracker and **AGREED** that the remaining actions be closed.

5. Health Inequalities

The Chair of the Highland Alcohol and Drugs Partnership declared a connection to this item as a Non-Executive Director of Public Health Scotland. However, there was no conflict of interest.

There had been circulated Report No CPPB/6/25 by the Director of Public Health, NHS Highland, who gave a presentation in amplification of the report.

During discussion, the following main points were raised:

- the useful and interesting report and the proposed indicators were welcomed;
- in relation to the indicator in respect of alcohol-related deaths or admissions, it was explained that the HADP had been tracking alcohol-specific rather than alcohol-related deaths. The Chair of the HADP undertook to look at including alcohol-related deaths. However, it was understood there was an issue around time lags in the data. The Director of Public Health suggested it was necessary to look at both alcohol-related and alcohol-specific deaths, explaining that alcohol-related deaths demonstrated the contribution of alcohol to a number of different diseases – for example, a proportion of strokes were as a result of alcohol;
- it was queried whether it might be helpful to include not only the gap in life expectancy but the gap in healthy life expectancy, which was also a good marker for inequality and gave a sense of the burden of disease and the type of care people might need. The Director of Public Health confirmed this could be looked at, explaining that the gap in healthy life expectancy was important but data in that regard could be harder to get, and it was necessary to balance the utility of the indicators with the ease of obtaining the data;
- with reference to the recommendation in the Director of Public Health's Annual Report that the CPP learn from models such as Collaboration for Health Equity in Scotland (CHES), it was explained that Public Health Scotland had developed CHES with partners and although there were pilot areas in Scotland (Aberdeen City, North Ayrshire and South Lanarkshire) there was scope to be part of the learning network. The Chair of the HADP undertook to provide a link to sign up to the learning network for distribution to partners;
- information was sought, and provided, as to why the percentage of exclusively breastfed babies in Caithness was less than half that in Wester Ross, and the Director of Public Health undertook to look further at the underlying reasons;
- it was suggested the proposed indicator in respect of the S4 tariff score should take account of all school leavers rather than focussing solely on S4. The Council's Assistant Chief Executive – People confirmed data was readily available for all school leavers;
- with reference to the indicator in respect of access to open space, it was suggested more could be done around access to nature, which linked to the work of the Green Health Partnership and the Natural Capital tool at item 7 on the agenda. There was inequality

around access to high nature space rather than just open space, and engaging with nature led to positive mental and physical health outcomes;

- the impact sport, physical activity and culture could have in terms of addressing inequality was emphasised, and it was suggested it should be given greater prominence. There was a lot of data available on what High Life Highland was doing in partnership with **sport**scotland and the Council in terms of the Highland Investment Plan, which would see a significant amount of investment to address inequality across the region. It was added that the Scottish Human Rights Commission's report at item 9 on the agenda talked about some areas of Highland being a "cultural graveyard" and it was necessary to take that on board;
- UHI was in the process of developing a Drug and Alcohol Misuse Policy specifically for students and it would be helpful, at a later stage, to bring the draft policy to the Board for feedback. Drugs such as Ecstasy were available for as little as £1, and misuse of drugs and alcohol amongst the student body was linked to gender-based violence, safeguarding, health and safety, and negative impacts on mental health. There was work to be done, collectively, to ensure Highland did not become as impacted as other parts of Scotland. The Chair of the HADP confirmed she was happy to connect with the Principal and Chief Executive, Inverness College UHI, regarding support for students. It was added that the Council's Lifestyle Survey of school pupils included questions on alcohol and drugs, and might provide some useful data;
- in relation to the proposed indicator regarding active travel to school, it was suggested this would be extremely difficult to measure. Many learners got a bus or taxi to school due to the geography in Highland, and the ability to use active travel was also weather-dependent;
- given the indicators were still under development, and the points raised during discussion, the Chair suggested that partners take them away and review them in terms of how they aligned with work already taking place, and feed back to the Director of Public Health accordingly; and
- the Director of Public Health thanked Board Members and attendees for their constructive comments and welcomed further feedback in the future. It was added that health inequalities linked to many other items on the agenda, and the indicators would provide a way of sense-checking where the CPP was across a range of different areas.

The Board:

i. **NOTED** the Report of the Director of Public Health and its recommendations;
ii. **NOTED** the work on health inequalities and **APPROVED** the indicators as a basis for future reporting to the Board, subject to the points raised during discussion; and
iii. **AGREED** that partners review the indicators and feed back to the Director of Public Health in terms of how they aligned with work already taking place.

6. Childcare Innovations

There had been circulated Report No CPPB/7/25 by the Jaci Douglas, Chief Executive, Care and Learning Alliance; Hayley Brown, Senior Manager Early Years, The Highland Council; and Jacqueline McGuigan, Senior Development Manager, HIE.

The appendix to the report was **confidential** and had been circulated separately.

During discussion, the need for change was recognised, support was expressed for the proposals, and it was commented that Highland had a track record of being a testbed for innovative solutions. Whilst there were still legislative and regulatory barriers to be overcome, progress appeared to be being made and information was sought, and provided, on the discussions that had taken place in that regard, and the current position. The

Ministers responsible for both adult care and childcare had indicated their support for the concept, as had CoHI (Convention of the Highlands and Islands). The Council's Assistant Chief Executive – People explained that the Permanent Secretary, Joe Griffin, had also been receptive to the proposals at a recent meeting, and it was intended to share the Childcare Innovations report with him.

With reference to item 9 on the agenda, it was highlighted that the Scottish Government's response to the Scottish Human Rights Commission's (SHRC) report explicitly mentioned novel approaches to childcare, and it was suggested there was an opportunity for the CPP to respond to the SHRC's report in a similar way to the Scottish Government but expanding on what novel approaches potentially looked like and emphasising the third sector's contribution to the collaborative approach being taken.

It was also highlighted that the Just Transition Commission, which reported directly to the Scottish Government, had visited north Highland recently, and childcare innovations had formed part of the discussions. The Commission was scheduled to return with its final report in the next few weeks, which would be another opportunity to raise the matter.

The Board **AGREED** to:

i. recognise and endorse the multi-agency cross sector place based and person centred innovative approach;
ii. endorse the Single Care Model proposal and pilot;
iii. help identify any funding streams that could support development on the ground; and
iv. provide advice, guidance and support to the project.

7. Integrating NatureScot's Landscape-Scale Natural Capital Tool into the Highland Outcome Improvement Plan

There had been circulated Report No CPPB/8/25 by Graham Neville, Head of Operations – North, NatureScot.

In response to questions regarding the proposed short-life working group, it was explained that partner representatives had yet to be identified, and that one of the tasks of the group would be to select pilot area(s) to test the Natural Capital Tool. It was suggested that core partners, as set out in the draft Terms of Reference, consider who would be best placed to sit on the group and notify the Head of Operations – North, NatureScot, accordingly by the end of July.

The Board:

i. **NOTED** progress to establish the agreed Short-Life Working Group;
ii. **NOTED** the draft Terms of Reference for the Short-Life Working Group which would be refined in the first group meeting; and
iii. **AGREED** that core partners, as set out in the draft Terms of Reference, notify the Head of Operations – North, NatureScot, by 31 July 2025, of their nominated representatives to sit on the Short-Life Working Group.

8. The Community Empowerment (Scotland) Act 2015: Update and Findings Report

There had been circulated Report No CPPB/9/25 by CPP Senior Officers and the Partnership Development Manager.

During discussion, the following main points were raised:

- there was an element of frustration amongst the third sector that the review of the Community Empowerment Act did not fully reflect the relatively consistent feelings, not only within Highland but across Scotland, regarding third sector participation. Feedback was it was felt there were still issues in terms of power imbalances and tokenism within community planning structures. In addition, the throughline from participation to design to delivery to impact was not necessarily visible to the third sector;
- a CPP Annual Report would provide an opportunity for the Board to reflect on what had been done and would help in terms of communication. It would also provide an opportunity for learning and continuous improvement. In that regard it was highlighted that, as indicated in the Partnership Development Team Quarterly Update at item 14 on the agenda, an Annual Report would be produced for submission to the September Board;
- the Partnership Development Manager spoke to her involvement in groups such as the Scottish Community Planning Network, which had given Highland a voice nationally. The Update and Findings Report had been discussed at a recent meeting, and she undertook to keep the Board updated on future developments;
- it was suggested there was an opportunity to do some more engagement work with the third sector, and that it would be advantageous for that to be carried out by the Partnership Development team rather than HTSI;
- it was necessary to compare the assessment of Community Planning in the Update and Findings Report with the CPP's own self-assessment work and the work that had been done with the Improvement Service; and
- reference was made to a previous workshop with third sector representatives, and it was suggested it would be helpful for the associated feedback report to be circulated to Board Members.

The Board:

i. **NOTED** the report and the Scottish Government commitments, with particular reference to the Assessment of Community Planning section on pages 24 through 31; and
ii. **AGREED** that the third sector feedback report referred to by the Chief Officer, HTSI, during discussion be circulated to partners for information.

9. Scottish Human Rights Commission: Economic, Social and Cultural Rights in the Highlands and Islands

There had been circulated Report No CPPB/10/25 by the Partnership Development Manager.

During discussion, the following main points were raised:

- it was helpful to look at the findings of the Scottish Human Rights Commission's (SHRC) report through the lens of the CPP, and thanks were expressed for the summary report;
- it would have been helpful for the Board to have the opportunity to analyse how individual partner organisations were responding to the SHRC's report;
- whilst the limitations of the SHRC's methodology were recognised, the report represented lived experience across the region and it was considered there would be value in providing a CPP response outlining the positive work currently taking place in relation to the issues identified. The Chair added that such a response would need to be informed by partners, and she suggested that a draft be prepared and circulated for input;

- with reference to the locations visited during the SHRC's research, Badenoch and Strathspey was represented by Skye and Lochaber, and it was suggested it be fed back that a portion of the Highland demographic, with its own challenges and issues, had been missed out. In that regard, the cadence of the Commission's visits was queried, and it was suggested that enquiries be made as to the next steps;
- there had been no systematic engagement by the SHRC with service providers to understand broader context, opportunities and constraints in terms of service delivery, which was a missed opportunity; and
- the summary report was a start in terms of laying the SHRC's report over the Highland Outcome Improvement Plan and identifying where work was already taking place as well as where there might be gaps in CPP activity.

The Board:

i. **NOTED** the summary report;
ii. **NOTED** the Scottish Human Rights Commission's 2024 report on Economic, Social and Cultural Rights in the Highlands and Islands found at Appendix 1 of the report; and
iii. **AGREED** that a CPP response to the Scottish Human Rights Commission's report be drafted, taking into account the points raised during discussion, and circulated to partners for input.

10. Integrated Children's Services Annual Report

There had been circulated Report No CPPB/11/25 by the Chair of the Integrated Children's Services Planning Board.

During discussion, the following main points were raised:

- Board Members commended the significant amount of work that had gone into the Annual Report, and the way it was presented;
- it was welcomed that Indicators 15 and 18, which related to alcohol and drug use, were moving in the right direction. It was added that the five secondary schools involved in the Planet Youth initiative would have more up-to-date and in-depth data in that regard. There were now eight secondary schools keen to be involved in Planet Youth, and the possibility of funding that through the Highland Alcohol and Drugs Partnership would be investigated; and
- it was queried whether it would be worthwhile including questions regarding vaping use and exposure to gambling harms in the Lifestyle Survey. In relation to gambling in particular, concern was expressed regarding how companies were targeting young children, whether through gaming or advertising at sports events. The Chair of the Integrated Children's Services Planning Board explained that the importance of the Substance Awareness Toolkit, which had been enhanced to include vaping, had been discussed at a recent development day for the next Integrated Children's Services Plan, and the Toolkit would continue to be promoted throughout the life of the next Plan. The Partnership Development Manager referred to gambling awareness work being undertaken by Citizens Advice Bureaux, and undertook to forward information in that regard to the Chair of the Integrated Children's Services Planning Board.

The Board:

i. **APPROVED** the Integrated Children's Services Planning Board Annual Report which shared the work undertaken by the children's services planning partnership 2024/25 in delivering the Highland Integrated Children's Services Plan 2023/2026; and

ii. **NOTED** the work of the delivery groups.

11. Highland Alcohol and Drugs Partnership (HADP) Annual Reporting Survey 2024/25

The Chair of the Highland Alcohol and Drugs Partnership declared a connection to this item as a Non-Executive Director of Public Health Scotland. However, there was no conflict of interest.

There had been circulated Report No CPPB/12/25 by the HADP Coordinator.

During discussion, the following main points were raised:

- it having been queried how information on outcomes was reported to the Scottish Government, it was explained that most government scrutiny currently related to achievement of Medication Assisted Treatment (MAT) Standards and the number of confirmed deaths from alcohol and drug use. However, there was a recognition that more needed to be done to achieve the national mission around those areas and, as a result, a National Delivery Support Group had been established. The Group's first engagement session with Alcohol and Drugs Partnerships was scheduled to take place the following week, and it was anticipated it would seek to have more outcome reporting put in place. The Chair added that it would be helpful for the Board to be kept informed as matters progressed;
- it was welcomed that the HADP had the opportunity to benchmark through national reporting;
- it was difficult to identify good measures for substance use, and an example was provided in that regard; and
- it was necessary to focus more on outcomes and to recognise the importance of the range of other activities which contributed to a reduction in harms from substance use. It was also important to understand service users' experience of the services they received.

The Board scrutinised and **AGREED** the HADP Annual Reporting Survey submission for 2024/25.

12. HOIP Core Priority Update: Community Wealth Building – Highland Social Value Charter

There had been circulated Report No CPPB/13/25 by Alan Webster, Economy and Regeneration Manager, The Highland Council.

During discussion, the following main points were raised:

- it having been queried what channels existed for the CPP or individual organisations to feed back to the Scottish Government regarding industry engagement with the Social Value Charter and the need for mandatory community benefit, it was suggested this could be done via the Scottish Government Place Director. It was added that there had been detailed engagement with the Scottish Government at both official and ministerial level but, to date, Ministers had not been minded to make community benefit mandatory;
- it was important not to disincentivise investment in the area if there were other benefits to be gained from that investment, and the fact that developers did not have to meet all nine points in the Charter to sign up was key. Scottish and Southern Electricity Networks (SSEN), for example, would not be contributing to the strategic fund but would be investing significantly in housing. SSEN signing up to the Charter was a great endorsement and, it was hoped, would encourage smaller companies to do the same;

- it was emphasised that the strategic fund was in addition to local community benefit;
- it having been queried whether community benefit could potentially be made a material planning consideration, it was explained it was important there was absolute separation between the Social Value Charter and the planning process to prevent undue influence and ensure planning decisions were based on factors such as the development's impact on the local natural environment; and
- it was highlighted that representations regarding the Social Value Charter and community benefit had been made in the CPP's response to the consultation on Community Benefits from Net Zero Energy Developments and the Community Wealth Building Bill call for views.

The Board:

i. **NOTED** updates on progress against the Highland Social Value Charter;
ii. **NOTED** the draft Partnership Agreement template detailed in Appendix 1 of the report which, once finalised, would be trialled over the next 6 months;
iii. **NOTED** that the Council would continue making representations to both the Scottish and UK Governments on the need for mandatory community benefit;
iv. **NOTED** that the Chair of the Highland Council's Economy and Infrastructure Committee had written formally to Scottish Renewables seeking their immediate engagement with the Highland Social Value Charter; and
v. **AGREED** that the CPP's views in terms of engagement with the Social Value Charter and the need for mandatory community benefit be fed back to the Scottish Government by the Scottish Government Place Director.

13. Active Highland Strategy

The Chair of the Highland Alcohol and Drugs Partnership declared a connection to this item as a Non-Executive Director of Public Health Scotland. However, there was no conflict of interest.

Following endorsement by the CPP Board, at its meeting on 4 December 2024, of the proposed set of priority actions to deliver on the agreed outcomes for the refreshed Active Highland Strategy, the final Strategy document and associated Action Plan had been circulated for information on behalf of the Active Highland Partnership Group (AHPG).

The Active Highland Partnership Group was now looking to develop awareness and support building work to strengthen the foundations for implementation. Discussions around that were in progress, including developing a programme of dissemination and calls to action across the region, supported by the Active Highland Partnership members and their teams.

During discussion, the following main points were raised:

- the Active Highland Partnership Group (the group) needed to deliberate on how partners were going to deliver against the Strategy, and ensure there was a plan in place that underpinned it. It was understood the group had struggled to bring in partners at the right level to support the Strategy, and it was suggested it would be helpful to review the Terms of Reference and bring a report to the next meeting of the Board with a view to reinvigorating the group. The Chief Executive, High Life Highland, undertook to liaise with the Head of Health Improvement, NHS Highland, in that regard;
- from a Council perspective, the Assistant Chief Executive – People gave a commitment to ensure the right people were involved in the group to make sure the Action Plan was deliverable and sufficiently ambitious. In particular, it was suggested more could be done, strategically, in terms of education; and

- the importance of play in terms of attainment and healthy outcomes for children was emphasised, and it was welcomed that play was threaded throughout the Strategy;

The Board:

i. **NOTED** the Active Highland Strategy 2025; and
ii. **AGREED** that a report be brought to the next meeting of the Board, based on the points raised during discussion regarding the need for partner commitment to support the delivery of the Strategy, and a review of the Terms of Reference of the Active Highland Partnership Group.

14. Partnership Development Team Quarterly Update

There had been circulated Report No CPPB/14/25 by the Partnership Development Manager and CPP Senior Officers.

The Chair commended the Partnership Development Manager and her team for the significant amount of work taking place, as reflected in the report. Particular reference was made to the success of the recent Highland CPP Conference. In addition, it was helpful for the Board to see the next steps set out in the report.

The Board **NOTED**:

i. the quarterly report; and
ii. the updated Year 2 Milestones at Appendix 1 of the report.

15. Strategic Risk Register Review

There had been circulated Report No CPPB/15/25 by CPP Senior Officers.

In response to a question, it was explained that local Community Partnerships did not currently have Risk Registers. However, it was intended that the new Strategic Risk Register could be a template that could be used at all levels of the CPP going forward.

In relation to the proposed Strategic Risk Register Sub-Group, it was suggested that CPP Senior Officers identify suitable partner representatives with experience of Risk Registers to sit on the group. Liz Humphreys, Non-Executive Director, NHS Highland, offered her assistance to the group, explaining that she had an interest in risk and chaired Public Health Scotland's Finance, Audit and Risk Committee.

The Board:

i. **NOTED** progress on the Strategic Risk Register review;
ii. **AGREED** to establish a Strategic Risk Register Sub-Group of the Board;
iii. **AGREED** that CPP Senior Officers identify suitable partner representatives with experience of Risk Registers to sit on the Strategic Risk Register Sub-Group.

16. Highland Community Planning Partnership Terms of Reference Review

There had been circulated Report No CPPB/16/25 by CPP Senior Officers and the Partnership Development Manager.

The Chair highlighted that one of the changes in the revised Terms of Reference was the inclusion of the Highlands and Islands Transport Partnership (HITRANS) in the CPP Board

membership. In addition to the changes summarised in the report, she proposed that a Vice Chair of the CPP Board be appointed and that, to form a succession pipeline, it should be the succeeding Chair, currently Ch Supt Rob Shepherd, Police Scotland.

The Board **AGREED** the revised Highland Community Planning Partnership Terms of Reference as at April 2025, subject to an addition regarding the appointment of a Vice Chair of the Board, to be the succeeding Chair.

17. Date of Next Meeting

The Board **NOTED** that the next meeting was scheduled to take place on Friday 19 September 2025 at 10.00 am.

The meeting ended at 4.00 pm.

Agenda Item 3ii.

Highland Alcohol and Drugs Partnership – Strategy Group Meeting

Tuesday 13th May 2025; 2pm-4:30pm
Highland Council Headquarters, Glenurquhart Road, Inverness
and via Microsoft Teams

Present:	Carron McDiarmid – Independent Chair
	Caroline Robertson – Managing Coordinator, CrossReach
	Charlie Bryde – Lived Experience Panel Member, Scottish Drugs Forum
	Dr Andrea Broad - Consultant Gastroenterologist, NHS Highland
	Dr Rob Henderson - Consultant in Public Health Medicine, NHS Highland
	Eve MacLeod – Coordinator, Highland Alcohol and Drugs Partnership
	Fiona Simpson - Acting Team Manager, Justice Service
	Frances Gordon - Interim Head of Finance, NHS Highland
	Frances Matthewson – Research & Intelligence Specialist, Highland Alcohol and Drugs Partnership
	Ian Kyle – Head of Integrated Children's Services – Highland Council
	Jennifer Baughan, Programme Manager for the Whole Family Wellbeing Programme, Highland Council
	Kirstin Edmiston - Development Manager, Highland Alcohol and Drugs Partnership
	Mags MacDonald - Lived Experience Panel Member, Scottish Drugs Forum
	Margaret Ross – Assistant Housing Manager, Highland Council
	Maria Cano - Acting Principal Officer, Criminal Justice Service
	Marion MacNeil - Development Officer, Highland Third Sector Interface
	Scott Watson - Governor, HMP Inverness, Scottish Prison Service
	Sergeant Graham Cameron - Police Scotland
	Steven McGowan - Peer Research Development Officer, Scottish Drugs Forum
Apologies:	Bev Fraser - Strategic Lead, NHS Highland, Drug & Alcohol Recovery Service
	Catherine Russell – Training and Development Manager, Highland Violence Against Women Partnership
	Christine MacKenzie – Housing Options Officer, Highland Council
	Cathy Steer – Head of Health Improvement, NHS Highland*
	Ian Templeton – Highland Third Sector Interface*
	Cllr. Kate MacLean – Elected Member, Highland Council
	Donna Munro – Lead Officer, Child Protection Committee, Highland Council
	Dr Alex Keith – Consultant Psychiatrist, NHS Highland
	James Dunbar – Director, New Start Highland and HADP Vice Chair
	Judy Hill - Police Scotland
	Kevin Flett - Manager, Community Justice Partnership (HTSI)
	Mhairi Wylie – Chief Officer, Highland Third Sector Interface
	Teresa Green - Head of Service, NHS Highland
	**Technological difficulties meant that Cathy and Ian were unable to attend the meeting remotely.*
Notes:	Steph Tyrer – Administration and Communications Officer, Highland ADP

1. Welcome/Apologies

- The Chair welcomed everyone to the meeting and introductions were made.

2. Declarations of Interest

- For transparency the Chair raised her connection with items where Public Health Scotland (PHS) is noted in relation to her position as a non-executive director with PHS – no conflict arises with these items.
- No other declarations of interest were raised.

3. Minutes of Previous Meeting and Actions

3.1 The minutes from the meeting held on 11th February 2025

- The minutes from the meeting held on 11th February 2025 were agreed.

3.2 Action Tracker for the Strategy Group

- The action tracker was updated with the following actions agreed to close: 6, 15, 55, 57, 59, 60, 61, 63 and 64.

3.3 Positive developments to highlight since 11th February 2025

Licensing Success

- Cllr. MacLean successfully utilised the Alcohol Overprovision Statement to challenge the expansion of a supermarket alcohol display area. The Alcohol Over Provision Statement reduced the allocated space for off-sales from 40sqm to 30sqm, and therefore, this application met criteria for refusal.

Ministerial Roundtable

- EM noted that Highland and Moray were selected as areas for a Ministerial roundtable on 10th April held in Inverness with the Cabinet Secretary for Health and Social Care, Neil Gray, regarding the National Mission. This was an opportunity for local experience to influence national developments. SG arranged the invitations and there was a mix of statutory, voluntary and lived experience present. SG displayed their ambition to reduce the harms and deaths from alcohol and drugs in preparation for beyond the National Mission dates. Some provider and lived experience comments require further attention in the ADP and will be picked up by the Chair and Coordinator.

Commercial Determinants of Health Webinar

- The HADP hosted a webinar in March about the commercial determinants of health. It was a really interesting session and the slide sets, and a short report, will be available on the HADP website soon.

Highland Alcohol and Drug Digital Support Service

- Applications to deliver the new Highland Alcohol and Drug Digital Support Service have been submitted, reviewed by a panel and awaiting approval and signature. We hope to be able to share shortly who the preferred supplier will be and look forward to working with them on this development for Highland.

MAT Standards

- The MIST Team have given some positive feedback regarding the progress that has been made towards achieving the MAT Standards.

4. Finance

4.1 Update from finance

Expenditure April 2024 to March 2025

- The ADP Allocation for 2024/25 was £1,872,340 and after concerted effort to ensure full draw down of the grant a small underspend of £438 remained. Thanks were extended to those involved in avoiding the forecast underspend.

- The MAT Standards budget was £422,129. At year end there was an underspend of £44,637 which was mainly due to the difficulties with recruitment. It was agreed that unavoidable underspend in the DARS team would in future be redeployed to ensure full draw down of grant. The Finance Team will support the DARS budget manager to accurately forecast expenditure and enable full grant draw down.

<u>Update on approach to commit 2025/26 funds</u>

- It was noted from the SG letter circulated with the papers that the HADP has been allocated the same budget for 2025/26 as last year with a baseline uplift for NHS staff costs. This means other inflationary pressure must be accommodated within the budget.
- Finance colleagues working with the Development Manager, will determine what has already been committed, and what remains unallocated, for 2025/26. This will be clearer once the formal offer from Scottish Government has been received.
- Strategy Group members will be sent an update by email once the financial position for 2025/26 has been confirmed. New investment will be aligned to the new strategy to be concluded at the next meeting.

Action	Lead	Timescale
• Send an email to the Strategy Group once the financial position for 2025/26 has been confirmed.	EM	In advance of the next Strategy Group

4.2 Commissioning and Contracts

- Work is ongoing with colleagues in Contracts to ensure our existing contracts are up to date. There is a meeting tomorrow, 14th May, to discuss the next steps.

5. HADP Strategy 2025/26 – 2029/30

- EM gave an overview of the new HADP Strategy which has 6 key priorities and 6 outcomes.
- The Strategy has been informed by the policies we have to work to as well as the health needs assessment as the evidence base. This includes feedback on concerns including from people with lived and living experience.
- Feedback on the Strategy was sought from partners – key points of note:
    - Use an ‘action; word rather than the word ‘consider’
    - Include the poverty action delivery group
    - Provide a link to the HMP Strategy
    - The Housing First model needs to be developed. Highland Council reps acknowledge further trauma informed training would be beneficial.
    - It is important that the voices of those with lived experience are captured.
    - Check we have the right connections with local partnerships.
    - An equality impact assessment will be done on the strategy - partners are invited to be involved with this.
    - Alignment to the Highland Outcome Improvement Plan (HOIP) will be included.
    - More information around recovery communities could be included.
    - Consider ways to share previous impact.

- There is still some work to do to ensure we are working towards, and accountable for, achieving the high level indicators.
- Infographics are being prepared and formatting will be undertaken.
- The HADP Support Team will continue to work on the final version and will have this completed by the next Strategy Group meeting in August, ready to present to the Community Planning Partnership Board meeting in September.

Action	Lead	Timescale

• The Strategy Group are asked to send feedback on the new HADP Strategy to the HADP Support Team by 13th June.	All	13th June

6. Performance Reporting and Scrutiny

6.1 Outcomes/Performance Dashboard

FM presented the dashboard. Key points highlighted included:

- There were 3 suspected drug related deaths in March 2025 and 2 in April. This is comparable with previous years.
- Work continues with the Local Early Warning System (LEWS) group to monitor the local situation regarding synthetic opioids.
- DARS have recovered their position to deliver the 3-week waiting time target, from referral to treatment, with 91% achieved within the last quarter.
- It was agreed that information on ongoing waits will be included in the dashboard going forwards to capture how long those that aren't seen within the 3-week target are waiting. This would help to understand the comments made in the Ministerial round table better.
- The number of DARS referrals has reduced due to the streamlining of the referral process and caseloads being reviewed.
- Community distribution of take-home naloxone kits remains high – this doesn't include kits distributed by Scottish Ambulance Service.
- All 10 of the MAT Standards achieved a green rating in the RAG scoring.
- There has been a big improvement in the number of ABIs undertaken increasing from an average 290 to 480 ABIs per month pre- and post- Oct 2024. This included a spike in January where more than double the target figure was achieved. Reasons for this improvement include the introduction of a new local Enhanced Service agreement from Oct 2024 and the targeted delivery of ABI training across GP partners by the Health Improvement Team.

Action	Lead	Timescale
• Look at the 10% of people not being seen within the 3-week waiting time target to understand the reasons for these delays.	FM	Next Strategy Group
• Partners are requested to provide data on their services that can be included in the dashboard. A workshop will be planned to develop the dashboard further.	All	In advance of the next strategy group

6.2 Drug Death Reviews

FM provided a verbal update from the most recent Drug Deaths Review meeting. Key issues highlighted were:

- There have been two Drug Related Death Review Group meetings so far this year with a total of 7 deaths reviewed - 2 female and 5 male.
- 5 deaths were under the age of 45.
- A combination of substances was involved in these deaths with one explicitly mentioning heroin.
- Many of the cases have similarities in the underlying circumstances with issues across housing, childhood trauma, mental health, child access, contact with services, contact with justice service and previous issues with alcohol and drugs. In one review, it was noted that the person had recently been evicted from a Council tenancy.
- Information from the reviews is summarised within a 7-minute briefing document which details any issues that arise across the reviews. FM will share the most recent 7-minute briefing with the group.
- Actions are taken to the Drug Related Death Prevention Group, or other services as appropriate, and logged on an action tracker.

- It was highlighted that interventions offered by third sector organisations might be an option for those feeling unable or unwilling to engage with services.
- The directory of services is being updated as part of the Together We Can events that were held across Highland. MM will share the list of third sector services that Highland Third Sector Interface hold with the group.
- It was suggested that it may be useful to look at themes within reviews which would highlight areas where change should be considered.
- A national report is produced from the national database and it was noted that this showed a shift in trends. This change in trends will be further explored.
- People are generally expected to opt in to services however it is recognised that this can be difficult to do if they are dealing with difficult circumstances such as trauma or poverty. The new HADP Strategy includes a proposed expansion of assertive outreach to address this issue. It was noted that currently the assertive outreach team only outreach to people with drug problems, and not alcohol problems, and that the service is only available in certain geographical locations. Mutual aid support is available and can offer a more flexible approach however many different support streams are required. More information about mutual aid will be added to the new HADP Strategy.
- It was noted that a fuller discussion on drug death reviews had been helpful in the meeting in trying to understand what changed as a result of reviews. National guidance on what a Drug Related Death Review process should look like is awaited. A meeting consulting with ADPs about the new guidance is being held next month.

Action	Lead	Timescale
• Share the list of third sector services with EM that HTSI hold.	MM	Next Strategy Group
• Share the most recent 7-minute briefing with the Strategy Group.	FM	Next Strategy Group
• Ensure transitions are included within the new HADP Strategy.	EM	Next Strategy Group
• Explore the shift in trends shown on the report produced from the national database.	FM	Next Strategy Group
• Add more about mutual aid to the new HADP Strategy.	EM	Next Strategy Group

6.3 Risk Assessment and Mitigation

KE introduced the risk register.

- The new risk scores were agreed, noting the developments below.
- It was noted that the risk register is provided to the HPPCOG. A new column showing forecast risk scores had been included for the next quarter.

- The completed Health Needs Assessment and the draft HADP Strategy have contributed to 4 items on the risk register being de-escalated, 7 have stayed the same and none have been escalated.
- It is hoped that up to 6 could be de-escalated over the next quarter.
- There have been improvements made to financial processes and the understanding of these processes has increased. The financial position will continue to be monitored to ensure a plan is in place for this year's spend.

6.4 Reviewing Progress with Partnership Funded Services

EM provided an overview. All progress reports have been received this quarter with an overall improved pictured compared to the last quarter. 16 services were noted to be rated green.

<u>Updates on those marked red</u>

- Associate Lead Nurse – The post holder has been allocated to a different area of work for 4 months by their line manager. Clarity is sought on how this reduction in provision should be managed financially. This progress report has not been marked green for a very long time, if ever. It was noted that colleagues have been taking on some of the work in the post-holder's absence. It was agreed that funding would be reduced proportionately for the period not covered.
- HMP Inverness, CBT Role – This work has not progressed and it has been concluded that the role is no longer required. This will free up funding and enable new service design. The post-holder has started a work based trial within another service. One of the projects through the Local Improvement Fund has been given an award for their prison based project in Inverness HMP. MM will send information on this to EM.

<u>Updates on those ragged amber</u>

- DTTO2 – The numbers are low however a part time social worker vacancy has now been filled and there has been an increase in DTTO assessments. It was noted that some Sheriffs don't support the DTTO2 project and will therefore not approve referrals made by social work. Some work will be undertaken with the Sheriffs to identify barriers. It was noted that DTTO2 is targeted to young people and women.
- Beechwood – Meetings to look at partnership working have already taken place.
- Highland Advocacy Partnership – They have been concerned about the new quarterly payment terms of their contract. NHS Highland Procurement department are supportive of an interim arrangement which is being pursued.
- Housing First – Some challenges have been highlighted and discussions on how to reduce the barriers are welcomed.
- Local Improvement Fund – This is marked amber due to the difficulties in getting reports in from others. HTSI have appointed an admin officer for funding who will support with the tracking and collating of reports.

<u>Issues arising from those marked green</u>

- It was noted that several green rated reports tell really strong stories about how people are being supported and how providers are constantly looking to improve their service. A recurring theme is benefiting from lived and living experience in services.
- Action for Children and the Custody Links Project have both reported that they are seeing more people in crisis. This could link in with the work JH is leading on. It was agreed that crisis should be included in the new HADP Strategy.
- DARS have made good progress from the last Quarter with conversations taking place about custody settings.

Action	**Lead**	**Timescale**
• MM will send EM some information on the project, funded through the LIF scheme, who received an award for their prison-based work.	MM	Next Strategy Group
• BF will undertake some work with the Sheriffs to identify the barriers they have and support the wider use of DTTO2 where appropriate.	BF	Next Strategy Group
• Include something in the new HADP Strategy on the theme of crisis and service provider view of the increasing incidence of crisis.	EM	Next Strategy Group
• EM to meet with MC to discuss DTTO2	EM	Next Strategy Group
6.5 Community Planning Partnership Board		

- The report circulated by the Chair from the meeting in February was noted. The next meeting is in June.

6.6 Public Protection Chief Officers Group

- The report circulated by the Chair was noted.
- Tim Allison, the Director of Public Health, attended the last meeting in the Chair's absence.
- The group accepted the ADP report but were concerned that all risks were marked red. The ADP noted the risk ratings reflected the risk register was new and that the new column showing forecast ratings should provide more assurance going forward.
- The next meeting will be in July and a workshop is planned for week commencing 19th May.

6.7 Integrated Children's Service Planning Board/Leaders' Forum

- The annual report was presented at the last Board meeting on 3rd April.
- The next Vision 26 event is taking place in August and will include a 'Bright Beginnings' event for 0-12 year olds.
- All stall holders are asked to plan activities for this age group - the Care and Learning Alliance (CALA) have offered to support with this.
- EM is attending a development session on Thursday 15th May. It is hoped that alcohol and drugs will continue to be a priority for the 2026-2029 plan.

6.8 Scottish Government Reporting/Updates

Funding Letter

- The HADP have been given the same budget for 2025/26 as last year.

National Mission Delivery Group – Terms of Reference

- The ToR was noted. ADP's are represented on the National Mission Delivery Group by Pam Dudek, the Independent Chair of Dundee City ADP and former Chief Executive of NHS Highland.

Scottish Government Annual Report

- Every year ADPs are asked by Scottish Government to complete a survey report. EM may need to clarify some points with Strategy Group members before the sign off date of 6th June. A draft version of the document will be shared for comment, before being presented at the HCCP meeting on the 6th June for sign off, before being shared with Scottish Government by 13th June.

Update on Ministerial post

- HADP notes the sad death of MSP Christina McKelvie. It was noted that the new Minister for alcohol and drugs policy has not yet been appointed.

7. Partnership Improvement and Learning

7.1 Self-assessment with support from Improvement Service

- The local authority Improvement Service (IS) is facilitating HADP's self-assessment. This follows the SG framework for all ADPs. Having agreed the question set is fit for purpose for Highland, all strategy group members will receive the survey to complete by email over the next few weeks.
- The survey should take around 30 minutes to complete and is anonymous. People are encouraged to be completely honest with their responses.
- The Improvement Service will then collate the answers and prepare a report for us to consider. This will then be discussed in a workshop session to agree our development plan for the next year. Dates TBC.

7.2 ADP Chairs Leaders' Forum

- The Chair's update report was noted following the meeting on 6th March.
- The next meeting is in person on 10th June.
- Work is underway to create a job description for HADP Chairs.

7.3 Summary feedback from the National Public Protection Leadership Group (NPPLG)

- The Chair's update and newsletter were noted.
- The group is trying to improve consistency in public protection practice. Several workstreams are underway.
- It was noted that new work is underway on a new missing person's protocol and approach and the increase in home schooling, and associated risks.

8. New and Emerging Risks and Opportunities

- EM noted that the drug market continues to be unpredictable and risky with nitazenes causing particular concern, harms and deaths. Nitazenes are potent opioids requiring multiple, prolonged doses of naloxone to bring people round. A national incident management team (IMT) has taken place in response to this issue but has now been stepped down. The risk, however, remains high and it is possible the local situation could change.
- EM noted that a simulation exercise took place with the Local Early Warning System (LEWS) group to test the response to an emerging situation. Processes continue to be developed.
- It was agreed that time on the agenda for the next meeting will be allocated to the Scottish Drugs Forum Lived Experience Panel to ensure good connection with the Panel and Strategy Group.

Action Points	**Lead**	**Timescale**
• Allocate time on the next agenda to the SDF Lived Experience Panel to ensure good connection..	EM	Next Strategy Group

9. Date and time of next meeting: **Tuesday 19th August 2025; 2pm-4:30pm**

- The next meeting will be on 19th August 2025 2–4.30pm; in-person and via Teams link if needed. Venue TBC.

Dates for meetings for 2025 are listed below:

- Tuesday 19th August 2025
- Tuesday 18th November 2025

Agenda Item 3iii.

Strategic Group Meeting

Wednesday 11 June 2025, 10:00-12:00

Police HQ, Old Perth Road, Inverness IV2 3SY

Minute of Meeting

1. Attendance

Present

Roddy Bailey (SDS); Judy Hill (Police Scotland); Kate MacLean (THC Elected Member); Sarah Malhan (THC JSW/Diversions Delivery Group); Frances Matthewson (HADP); James Maybee (HCJP - Chair); Kerry O'Hagan (SPS/Transitions Delivery Group); Miles Stubbs (SFRS); Scott Watson (SPS).

In attendance

Gabrielle Buist (HCJP); Kevin Flett (HCJP - Minutes); Alan Grant (Custody Link Project).

2. Apologies for absence

Peter Mackenzie (HVAWGP); Ritchie Macrae (Police Scotland); Louise Martin-Theyers (UHI); Margaret Ross (THC Housing); Carol Spratt (NHSH); Ruth Thomson (SCTS); Emma Todea (VSS); Mhairi Wylie (HTSI).

		Actions
3.	**Declarations of Interest -** None	
4.	**Minutes of 12 March 2025**: The minutes were approved. Follow up actions Completed: 3, 9, 15, 16, 17, 19, 20. Ongoing: 10, 16, 18. To be progressed: 4. JSW & HTSI Finance MoU to be developed. 6. Discussion between Alcohol and Drug services and Custody Link project. 14. HADASS update to be included on future agenda. Further invitation to be sent. 21. SLWG to consider Lived Experience	4. JSW/HTSI MoU **MC/MW** 6. HADASS/ CLink discussion **AG/TG** 14. HADASS update on agenda **KF**

	Actions going forward will be carried across into the Action Plans for the Strategic Group and the Delivery Groups. There was some discussion about the challenges of engaging with NHS Partners. There is good representation on the Delivery Groups, but it would be good to have representation at a strategic level. James will contact Carol Spratt to discuss the difficulties in addressing the referral processes between CLink and Drug and Alcohol Services.	21. SLWG to be arranged **JSW** Contact Carol Spratt **(Chair)**
5.	**CJP Restructuring** a. Terms of Reference The ToR had been redrafted. With the addition of a clause stating that members may send a substitute if unable to attend, the draft was approved for submission to the HCPP Board. *(Note: Following the meeting, updated HCPP ToR were received, indicating the need to amend the HCJP ToR to ensure consistency. This amendment was agreed by email.)* Individual ToR had also been prepared for the two Delivery Groups, and these were approved. b. Diversions and Interventions Delivery Group A copy of the note of the meeting was attached for information. Sarah highlighted a number of matters. The group was still at the formative stage, and work was ongoing to finalise the delivery plan. The group was particularly aware of the challenges emerging around 16-17 year olds and of the need to better understand the different process people face when entering into the Justice system. c. Transitions Delivery Group Kerry spoke to the note of the meeting which was attached. Amongst the key issues was the need to effectively embed new Throughcare processes locally. Recruitment to the new service *Upside* had been a challenge, but it was anticipated that Turning Point Scotland (the local delivery partner) would be at full strength in the next month or so. An additional challenge was the breadth of the group's agenda, and the need for flexibility in how the group will be structured. It was agreed that we invite Karen Watson, Upside Throughcare Service Manager, to speak to a future HCJP Strategic Group meeting. There was wider discussion about the gaps in provision for people in crisis or distress. Judy indicated that this had been identified as a priority by the Crisis Intervention, Recovery & Support Group, a sub-group of the HCPP Mental Health & Wellbeing Delivery Group. The group are looking at the gaps in provision for people in crisis or distress but who do not require an acute service through New Craigs. There is	Invite TPS Throughcare manager to future meeting **(KF)**

	recognition that Police are often involved as a result of a lack of other options to support people in crisis or distress. The group have been looking at facilities/services across Scotland which are providing a *'Right place, right time'* approach to intervention, and Judy is currently working with Highland Council to seek transformation monies for a feasibility study/research project to identify the scale of, and best approaches to address the problems identified, including the demand for such services across Highland and what currently is in place.	The CJP would welcome an update on progress **JH**
6.	**Finance** a. Update There was no update available, however, it was reported that JSW were still awaiting funding confirmation (including CJP funding) for the current year. b. Small Grants A report was attached outlining four applications which had been received. The processes for application and selection had been kept proportionate to the level of funding being offered. A panel consisting of James Maybee, Kate MacLean, Maria Cano and Gabrielle Buist considered the applications. Successful applicants are expected to provide end of project reports (and where necessary, interim reports). Three applications were successful: Albyn Housing (use of Fit Homes technology to support tenants who have been involved with the justice system) **£8,000 (50%)** Police Scotland (support for provision of technology to identified victims at risk, and exposed to vulnerabilities) **£3,480 (100%)** Scottish Drugs Forum (Prison Pathways, vocational learning for prisoners) **£6,400 (100%)** The fourth application from UHI (Pathways to education and employment for up to 12 young men) had been agreed in principle, pending exploration of match funding and possible wider partnership working. A question was raised about the implications of equalities legislation for a male only project. Amongst the aims of the project were the addressing of issues of masculinity, misogyny and wider male behaviours which were considered to be a positive use of resource. It was acknowledged that if we were formally commissioning a service then an EIA would have been necessary.	Further exploration with UHI, and report back to next CJP meeting **KF/LM-T**
7.	**CJP Draft Delivery Plan** a. Annual Return 2024-25	

	The template for the annual return was received in April. Themed local templates were developed for specific areas of activity, and circulated to partners in early May. Return of completed templates has been requested by 11 August to allow for the full return to be collated in time for the September CJP Strategic Group meeting and thereafter presentation to the HCPP Board and submission to CJS by the end of September.	Returns to be completed and passed to Kevin 11 August 2025 **All Partners**
	b. Restorative Justice The event on 11 September at UHI is fully booked, and it promises to be a really good event. We are keen to build beyond the event itself, looking at how we develop sustainable models for RJ in Highland. The short life working group is developing its plans alongside CJS and other partners. CJS are offering a free 4 day training in Edinburgh in Sept, and partners are asked to contact Gabrielle for further information.	SLWG to bring proposal to CJP about potential delivery models by Dec 2025 **GB**
	c. Victims of Crime A new manager has been appointed by VSS, Emma Todea. James has met with her, and she has joined the RJ Steering group. It is agreed that engagement with those working with victims of crime and their families remains a priority and the support team will be proactive in strengthening links with these partners.	Meeting to be arranged with VSS **KF**
	d. Lived Experience The planned meeting with JSW had to be cancelled, and will be rearranged. Links have been explored with other user-focussed groups including Next Chapter Scotland and Scottish Drugs Forum. (See manager update)	
	e. Communications Gabrielle's work to promote Community Justice and especially CPO's and unpaid work as well as developing the social media profile was noted. It was agreed that we should seek to develop a more cohesive approach to communication across partners. Each partner has their own priorities, but working towards shared language, co-ordinated approaches and consistent messages would help move things forward. We can learn from HADP approaches in recent years. It was agreed that a meeting of communications reps from partners be convened to discuss how best to progress this.	Meeting of communications leads from partners to be convened, reporting back to CJP Sept 2025 **KF**

	A priority between now and the September CJP meeting is to identify specific actions which are linked to the broad themes which have been identified, which will incorporate and expand the activities outlined above.	Delivery Plans to be finalised for all groups Sept 2025 **Group Chairs, KF**
8.	**HCJP Manager Update** Kevin's report was attached, and all of the updated activity was referenced throughout the agenda. Kevin thanked everyone who had inputted to the restructuring exercise, especially those who had taken on additional responsibilities.	
9.	**Custody Link Project Update** Alan spoke to the report which had been submitted, highlighting the following points: a. A stakeholder meeting had taken place to review referral criteria and operational boundaries. In the light of the shift towards presumption of bail, it was agreed that referrals for more serious offences be considered. Also, whilst there is a desire to extend the service to 16 and 17 year olds, changes in legislative frameworks (and operational processes) would need consideration before adopting such a change. b. Arrest Referral is being promoted nationally by Police Scotland, and Alan has contributed to this process, including delivering a presentation at a national event. There are ongoing conversations with other local authorities, as they consider options. c. There are the continuing challenges around the provision of emergency accommodation, support for women with children and access to substance use and mental health services.	
10.	**Senior Development Officer Update** Gabrielle referred to some key points from her update report: a. Plans were well advanced for the Restorative Justice event in September. It was fully booked, with a waiting list for any cancellations. The support of UHI, CJS and others was noted. RJ training is available from CJS in September. This is focussed on practitioners. Those interested should speak with Gabrielle. b. The research on Women's Projects across Scotland has been shared widely through other CJP's/COSLA and other networks, and has been well received. The final version is now available. Women's Programmes around Scotland - April 2025 | Highland Community Justice Partnership Sarah outlined progress within JSW with the development of a Women's SMART group and discussions with NHS/CFSW around the needs of pregnant clients.	

	c. There is continuing work to support CPO teams and the development of unpaid work placements. Alongside this has been awareness raising and the sharing of good news stories through social media and local newspapers. **Website:** highlandtsi.org.uk/community-justice-partnership **Signposting:** highlandcjp.org.uk **Facebook:** facebook.com/CommunityJusticeHighland **X:** @HighlandCJP	
11.	**National Communications** HCJP has been asked to host a consultation day with the Sentencing and Penal Policy Commission. This is planned for 22 July 2025, at the JSW office at the IJC, with a series of themed discussions. Kevin will bring the programme together over the next couple of weeks and circulate this to partners. CJS have circulated information about the relaunch of the Digital Guide to the Scottish Justice System. Scotland's criminal justice system - Community Justice Scotland They have also announced plans to create a Data Dashboard to support CJPs in monitoring delivery.	
12.	**AOB** Kerry reported on an event organised by Moray CJP. This had been linked with the launch of their CJOIP, and had been a good opportunity to engage with wider partners, elected members and others. It was agreed this is a format that we will consider. There was no further business, and James thanked everyone for their contributions.	

Future Dates

Sentencing Commission Consultation, IJC, 22 July 2025, 0930-1400

CJP Strategic Group,
Wednesday 10 September 2025, 1000 – 1200 (Police HQ)
Wednesday 10 December 2025, 1000 – 1200 (Police HQ)

Restorative Justice Event, UHI, 11 September 2025, 0930-1430

Meeting Actions

	Description	Responsible	Completion
4.	Finance MoU between JSW and HTSI to be developed	**Maria Cano/ Mhairi Wylie**	
6.	Meeting to discuss referral processes between arrest referral and A&D services	**Alan Grant / Teresa Green**	
14.	HADASS agenda item for future meeting	**Kevin Flett**	
21.	SLWG to be established to consider how Service User Experiences/ Lived experiences can be captured and contribute to CJP and partners activities	**Kevin Flett/ Andrew MacDonald (JSW)**	Initial meeting 28/08/2025
22.	Contact Carol Spratt re links between Clinks and MH services	**Chair**	
23.	Invite TPS Throughcare manager to future meeting	**Kevin Flett**	Throughcare event 02/09/2025
24.	Update on progress in discussions about crisis interventions	**Judy Hill**	
25.	Further exploration with UHI, and report back to next CJP meeting	**Kevin Flett/ Louise Martin-Theyers**	
26.	Returns to be completed and passed to Kevin 11/08/2025	**All Partners**	Draft report 10/09/2025
27.	RJ working group to bring proposal to CJP about potential delivery models by Dec 2025	**Gabrielle Buist**	Ongoing RJWG meets regularly
28.	Meeting to be arranged with VSS	**Kevin Flett**	01/07/2025 JSW/VSS meeting 21/08/2025
29.	Meeting of communications leads from partners to be convened, reporting back to CJP Sept 2025	**Kevin Flett**	Paper/ Invitation sent 08/07/2025
30.	Delivery Plans to be finalised for all groups Sept 2025	**Group Chairs, Kevin Flett**	12/08/2025

Agenda Item 4i.

Highland Community Planning Partnership | Com-pàirteachas Dealbhadh Coimhearsnachd na Gàidhealtachd

Community Planning Partnership Board Action Tracker

Item	Action	Actioning Officer/ Group	Status/Update	RAG
6 June 2025				
1.	**Apologies for Absence** A communication to be issued reminding Board Members of the expectation, as set out in the Terms of Reference, that a substitute will be provided in the event they are unable to attend a meeting of the Board.	Gail Prince/Mel Murray	Completed.	**Green**
5.	**Health Inequalities** Partners to review the indicators and feed back to the Director of Public Health in terms of how they aligned with work already taking place.	All partners	Update to be shared at September meeting.	**Green**
6.	**Childcare Innovations** Help to be provided to identify any funding streams that could support development on the ground. Advice, guidance and support to be provided to the project.	All partners All partners	Follow up meeting arranged with Scottish Government Place Director.	**Green**

7.	**Integrating NatureScot's Landscape-Scale Natural Capital Tool into the Highland Outcome Improvement Plan** Core partners, as set out in the draft Terms of Reference, to notify the Head of Operations – North, NatureScot, by 31 July 2025, of their nominated representatives to sit on the Short-Life Working Group.	Relevant Partners	Completed.	**Green**
8.	**The Community Empowerment (Scotland) Act 2015: Update and Findings Report** The third sector feedback report referred to by the Chief Officer, HTSI, during discussion to be circulated to partners for information.	Mhairi Wylie/Gail Prince	Circulated with September Board papers. 2025 Third Sector Engagement Outline Plan included in Partnership Development Team Report.	**Green**
9.	**Scottish Human Rights Commission: Economic, Social and Cultural Rights in the Highlands and Islands** A CPP response to the Scottish Human Rights Commission's report to be drafted, taking into account the points raised during discussion, and circulated to partners for input.	CPP Senior Officers	Feedback received. Response to be submitted September 2025.	**Green**
12.	**HOIP Core Priority Update: Community Wealth Building – Highland Social Value Charter** The CPP's views in terms of engagement with the Social Value Charter and the need for mandatory community benefit to be fed back to the Scottish Government by the Scottish Government Place Director.	Donna MacKinnon	Follow up meeting arranged with Scottish Government Place Director.	**Green**

13.	**Active Highland Strategy** A report to be brought to the next meeting of the Board, based on the points raised during discussion regarding the need for partner commitment to support the delivery of the Strategy, and a review of the Terms of Reference of the Active Highland Partnership Group.	Steve Walsh/Cathy Steer	Update to be provided at September meeting.	**Green**
15.	**Strategic Risk Register Review** A Strategic Risk Register Sub-Group of the Board to be established, and CPP Senior Officers to identify suitable partner representatives to sit on the Sub-Group.	CPP Senior Officers	Representatives nominated, first meeting arranged October 2025.	**Green**
16.	**Highland Community Planning Partnership Terms of Reference** An addition to be made to the CPP Terms of Reference regarding the appointment of Vice Chair, to be the succeeding Chair.	CPP Senior Officers/Gail Prince	Completed.	**Green**

Highland Community Planning Partnership
Com-pàirteachas Dealbhadh Coimhearsnachd na Gàidhealtachd

Highland Community Planning Partnership
Indicator report on health inequalities

Prepared by NHS Highland Public Health Intelligence team

DRAFT - 19th September 2025

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- Life expectancy

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- Developmental concerns at 27-30 months
- Children in poverty

2. Enable all children, young people and adults to maximise their capabilities and have control over their lives (Page 13)
- School leaver attainment
- Annual participation (in education, training or employment) measure for 16 -19 year olds
- Working age adults with low or no educational qualifications

3. Create fair employment and good work for all (Page 17)
- Employment rate for 16-64 year olds
- Number of apprenticeships
- Average wage rates

4. Ensure a healthy standard of living for all (Page 21)
- Homelessness
- Households with temporary accommodation
- Household in fuel poverty
- Percentage individuals in poverty
- Income deprivation

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- Active travel to school
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- Adults rating neighbourhood as a very good place to live/adults feeling safe
- Access to open space
- Access deprivation

6. Strengthen the role and impact of ill health prevention (Page 33)
- Alcohol-specific deaths and admissions
- Drug-related deaths
- Bowel screening uptake
- Smoking attributable deaths and women smoking in pregnancy
- Adult healthy weight
- Probable suicide deaths

7. Tackle racism, discrimination, and their outcomes (Page 40)
- Adults experiencing discrimination in past year
- Gender pay gap
- Hate crime/domestic abuse

8. Pursue environmental sustainability and health equity together (Page 44)
- Air quality

Page links (Power BI only)

Introduction

The overall vision set out in the Highland Outcome Improvement Plan (2024-2027) is to: 'Maximise Opportunities and **Tackle Inequality** to Build a Thriving Highlands For All'.

Health inequalities are unfair differences in health experienced by different groups of people.[1] Health inequalities are **avoidable** and mostly occur due to circumstances beyond the control of an individual. Examples of health inequalities include lower life expectancy experienced by those living in the most deprived areas compared to the least deprived areas, and poorer health experienced by those with learning disabilities.[2,3,4]

Scotland's new Population Health Framework[5] sets out a 10-year plan to

- **improve life expectancy**
- **reduce the gap in life expectancy** between those living in the most deprived areas and the national average.

It recognises that the fundamental causes of health inequalities are the unequal distribution of income, power and wealth between different groups in society. These result in differences in social, economic and environmental factors such as good education, healthy places, safe housing and fair work which are the building blocks of health.

The framework sets out the importance of **local partnership working.** It challenges all partners to shift focus (from treating illness) to **preventing poor health** by **improving the building blocks** of health. Initial priorities for action are:

- tackling healthy weight
- embedding prevention in our systems

Community Planning has a role in addressing health inequalities, particularly through **collective leadership and shared accountability**. This indicator report aims to support Highland Community Planning Partnership to better understand the areas for action to reduce health inequalities in Highland. Selected **indicators of health inequalities** are displayed organised by the eight Marmot principles.[6] The Marmot principles describe the evidence-based **actions needed** to improve the building blocks of health and **reduce health inequalities**.

Marmot principles

1. Give every child the best start in life.
2. Enable all children, young people and adults to maximise their capabilities and have control over their lives.
3. Create fair employment and good work for all.
4. Ensure a healthy standard of living for all.
5. Create and develop healthy and sustainable places and communities.
6. Strengthen the role and impact of ill health prevention.
7. Tackle racism, discrimination and their outcomes.
8. Pursue environmental sustainability and health equity together.

References

1. Public Health Scotland. Health Inequalities https://publichealthscotland.scot/population-health/social-and-economic-impacts-on-health/equity-and-justice/health-inequalities
2. NHS Highland. Annual Report of the Director of Public Health, 2024 https://www.nhshighland.scot.nhs.uk/media/ilcfnstz/annual-report-of-the-director-of-public-health-2024-health-inequalities.pdf
3. Finch D., Wilson H. & Bibby J. 2023 Leave no one behind: The state of health and health inequalities in Scotland https://www.health.org.uk/reports-and-analysis/reports/leave-no-one-behind
4. Catalano A, Congreve E, Jack D, Smith K. 2024 Inequality Landscape: Health and Socioeconomic Divides in Scotland. Scottish Health Equity Research Unit https://scothealthequity.org/2024-inequality-landscape/
5. Scottish Government. Scotland's Population Health Framework https://www.gov.scot/publications/scotlands-population-health-framework
6. Institute of Health. Equity Marmot Places https://www.instituteofhealthequity.org/taking-action/marmot-places

Important data notes

Health inequalities can arise across a wide range of population characteristics. These include those legally protected under the Equality Act 2010: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation. In addition, inequalities are commonly observed across other factors such as income, socioeconomic deprivation, urban-rural classification, and island versus mainland location.

Data availability varies across these characteristics, and not all are consistently captured or published. There are frequently gaps in data by ethnicity and for particular population groups. Where data are not available for Highland, data for Scotland are sometimes presented.

To enable text to fit on the chart legends, acronyms have been used for two community partnership areas:

B&S	Badenoch and Strathspey
SLWR	Skye, Lochalsh and West Ross

Error bars represent 95% confidence intervals, unless stated otherwise.
Data relate to Highland unless stated.
Age-sex standardised rates are calculated using European Standard Population 2013

Sources provided in brackets e.g. (1) relate to the data in figures.
Data provided are the most recently available at the time the report was prepared.

Scottish Index of Multiple Deprivation (SIMD)

Deprivation and SIMD
Among the most well-documented health inequalities are those occurring by deprivation, which is frequently analysed using the Scottish Index of Multiple Deprivation (SIMD). SIMD provides a framework for understanding how determinants of health, such as income, employment, education, and access to services, contribute to poorer health outcomes.

SIMD is generated by ranking small areas (datazones) across multiple domains of deprivation. These are commonly grouped into quintiles (or deciles) with quintile 1 comprising areas ranked the most deprived and quintile 5 comprising areas ranked the least deprived.

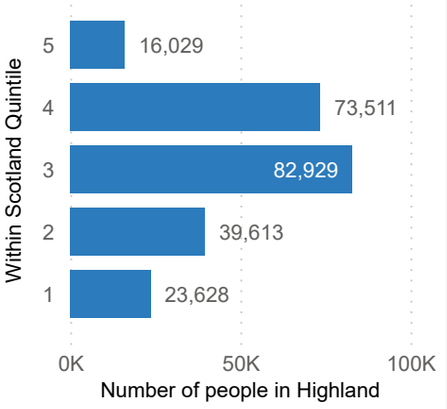
Population of Highland by SIMD
National SIMD quintiles facilitate consistent comparisons across Scotland and are essential for identifying areas with the most significant health disadvantages. Highland has a lower proportion of people in the most and the least deprived quintiles in Scotland (1). Scotland, by definition, has a similar number of people in each quintile.

Using local SIMD quintiles (e.g. within Highland) generate a similar number of people in each quintile (2). This approach can help monitor local inequalities and support comparisons within local areas. In this report, local (within Highland) quintiles are presented unless stated otherwise.

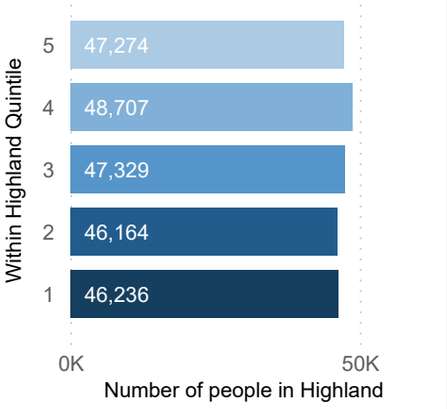
Population of Community Partnership Areas by SIMD
Badenoch and Strathspey is the Community Partnership area with the lowest percentage of people living in the most deprived two SIMD quintiles and the highest proportion in the least deprived two SIMD quintiles (3).

East Ross has the highest proportion of people living in the most deprived quintile, followed by Caithness. Sutherland, East Ross and Caithness have a similar proportion living in the most deprived two quintiles within Highland.

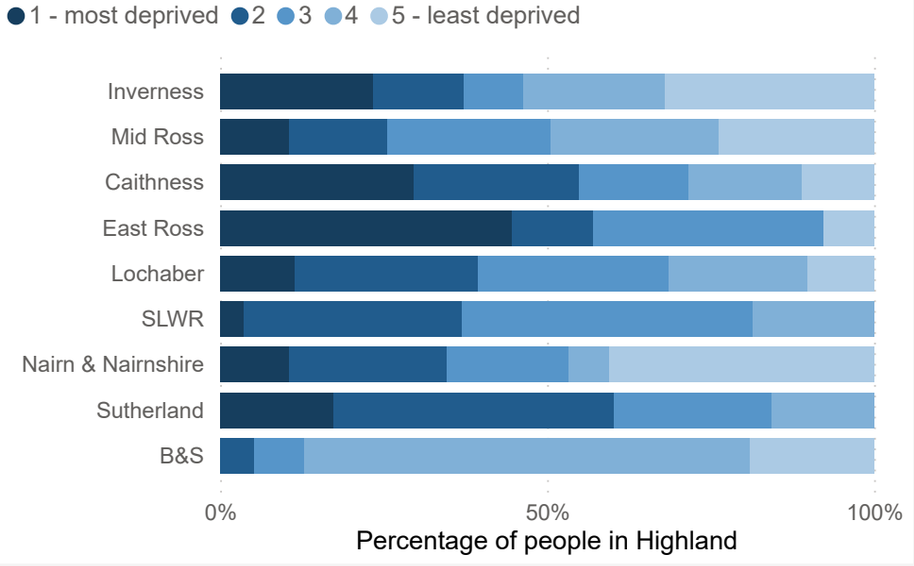
1) Population size by within Scotland SIMD quintile



2) Population size by within Highland SIMD quintile



3) Population size by within Highland SIMD quintile and Community Partnership area



Important notes
It is important to note that SIMD is an area-based measure of deprivation and not a measure of individual circumstances. Not all individuals living in the most deprived SIMD quintile necessarily experience deprivation and, conversely, there may be individuals experiencing deprivation living in the least deprived areas.

SIMD tends to highlight deprivation in urban areas where people are more likely to be of similar socio-economic status. Small rural areas tend to be more mixed by socioeconomic status and are less likely to be amongst the most or the least deprived.

Sources
1,2,3) Scottish Government. Scottish Index of Multiple Deprivation, 2020
https://www.gov.scot/collections/scottish-index-of-multiple-deprivation-2020/
1,2,3) National Records of Scotland. 2022 mid-year estimates via Public Health Scotland
https://www.opendata.nhs.scot/
3) Public Health Scotland. Sub-HSCP geographies
https://www.opendata.nhs.scot/

Further information
Scottish Government. Scottish Index of Multiple Deprivation: rural deprivation evidence review and case studies
https://www.gov.scot/publications/scottish-index-of-multiple-deprivation-rural-deprivation-evidence-review-and-case-studies/
Fischbacher, CM. Identifying “deprived individuals”: are there better alternatives to the Scottish Index of Multiple Deprivation (SIMD) for socioeconomic targeting in individually based programmes addressing health inequalities in Scotland?
https://www.scotpho.org.uk/media/1166/scotpho140109-simd-identifyingdeprivedindividuals.pdf

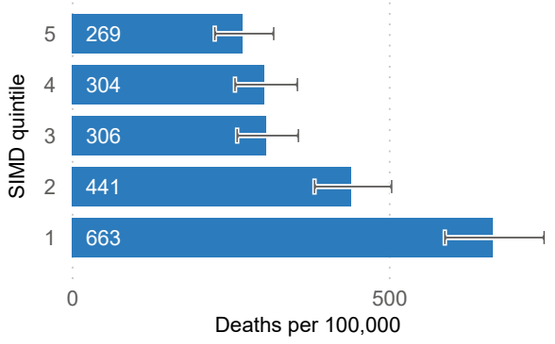
Overarching indicators

Deaths, under 75 years

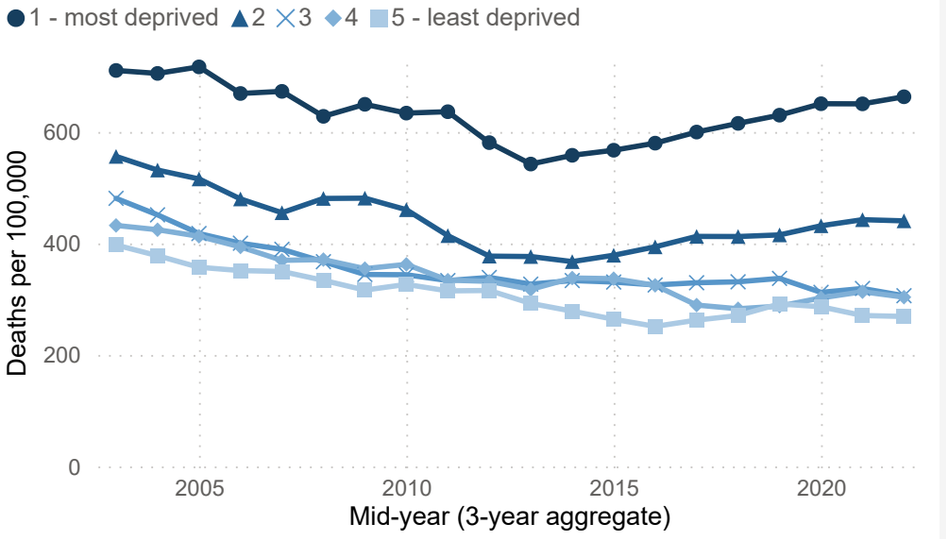
Latest 3-year period

2021-2023

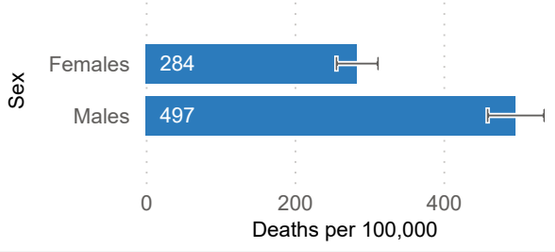
1) by SIMD (latest 3-year period)



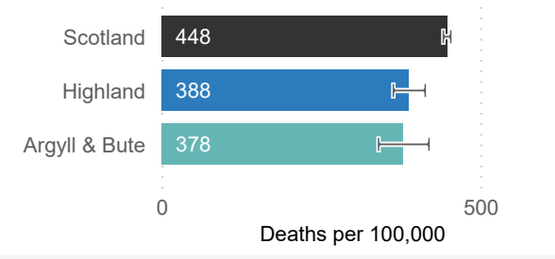
2) by SIMD over time



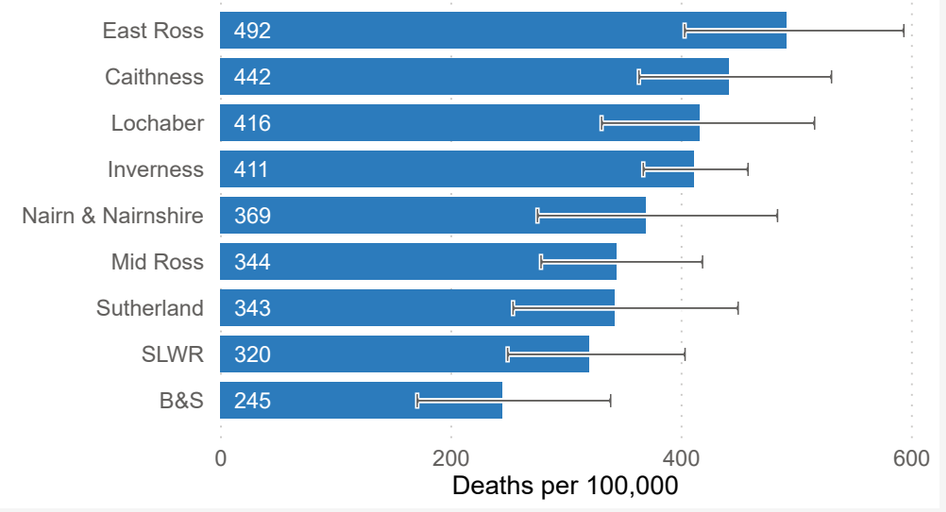
3) by sex (latest 3-year period)



4) by area (latest 3-year period)



5) by Community Partnership area, latest 3-year period



Rationale

Death (mortality) rates are a key indicator of population health. Mortality rates in those aged under 75 years are used as they provide a measure of premature mortality, which reflects the impact of preventable diseases and social factors on a population's well-being. Premature mortality has typically decreased over time but this stalled in Scotland and the UK around 2012 and this has been linked to social and economic factors.

Inequalities

Mortality rates in Highland improved (decreased) for all SIMD quintiles between 2002-2004 and 2012-2014. However, rates have increased over the past decade, particularly for those living in more deprived areas (2). In the latest year, premature mortality rates remain highest in the most deprived quintile and the lowest in the least deprived quintile (1).

Male mortality rates under age 75 are significantly higher than female rates (3), a trend that is consistent over time.

The overall Highland rate is significantly lower than Scotland and comparable to Argyll & Bute (4).

Across Highland, the lowest rate was in Badenoch and Strathspey and the highest was in East Ross (5).

Sources

1,2,4,5) Scottish Public Health Observatory
https://scotland.shinyapps.io/ScotPHO_profiles_tool/

3) National Records of Scotland
https://www.nrscotland.gov.uk/publications/age-standardised-death-rates-calculated-using-the-european-standard-population/#

Further information

National Records of Scotland. Statistics and data
https://www.nrscotland.gov.uk/statistics-and-data/births-deaths-marriages-and-life-expectancy/#

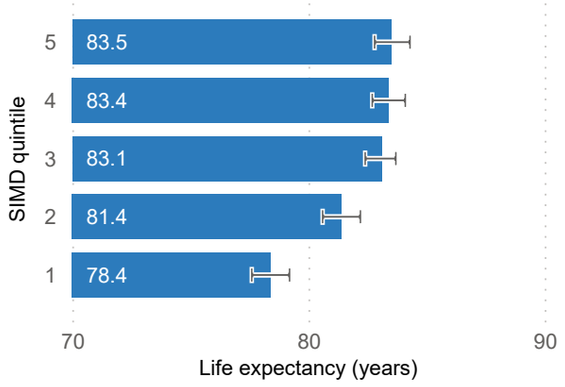
Scottish Public Health Observatory. Stalling Mortality Trends
https://www.scotpho.org.uk/population-dynamics/stalling-mortality-trends/key-points/

Female Life Expectancy

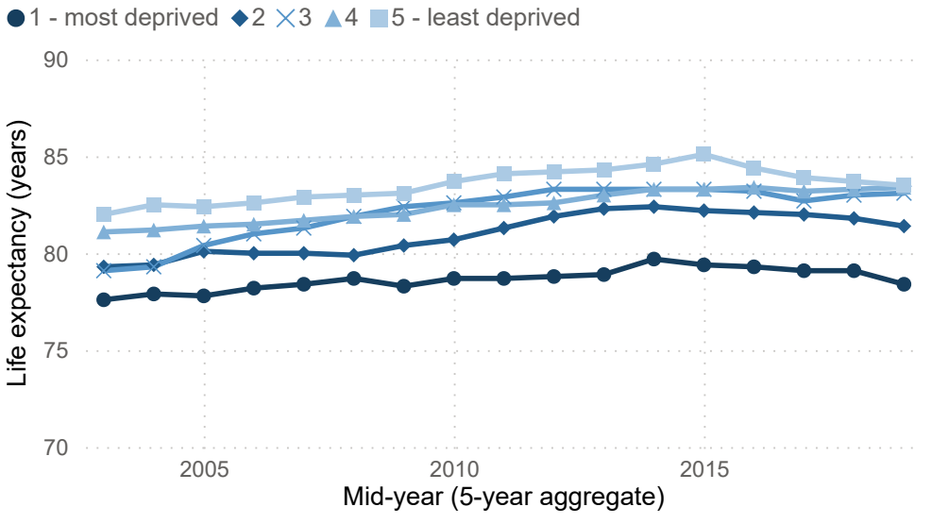
Latest 5-year period

2017-2021

1) by SIMD (latest 5-year period)



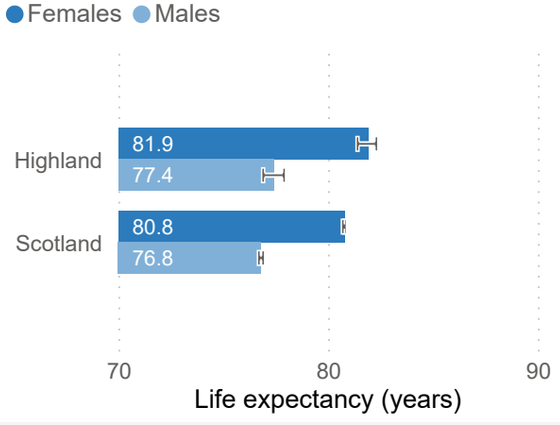
2) by SIMD over time



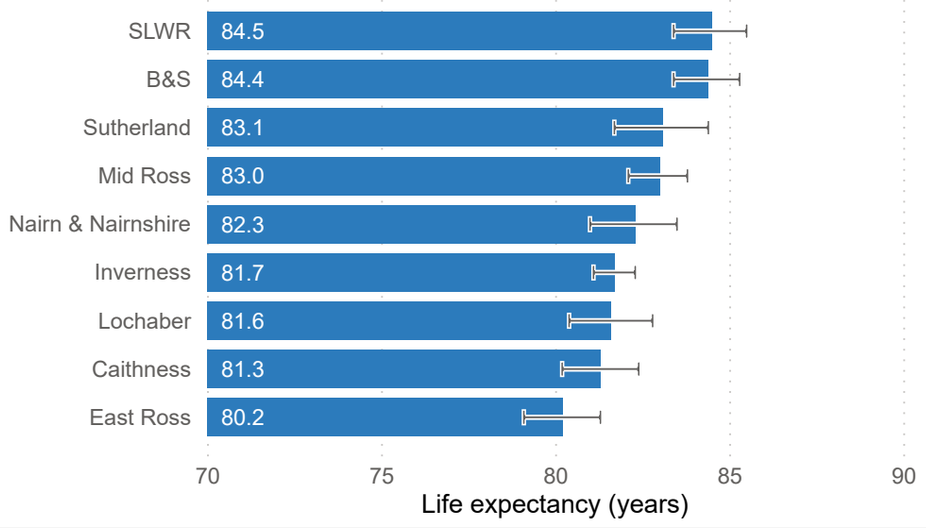
Latest 3-year period

2021 to 2023

3) by sex (latest 3-year period)



4) by Community Partnership area, latest 5-year period



Rationale

Life expectancy at birth is a sentinel indicator of population health. It reflects the average number of years a person born would live if they experienced the age-specific mortality rates of the given period. Rising life-expectancy has historically signalled progress in public health, living standards and social development. This trend stalled around 2012 in Scotland and the UK and this has been linked to social and economic factors.

Inequalities

Life expectancy for females remains lowest for those living in the most deprived SIMD quintile (1,2). Female life expectancy decreased in most and least deprived quintiles in recent years.

Male life expectancy is consistently lower than female life expectancy in Highland as well as Scotland (3).

Female life expectancy is higher in Highland compared to Scotland (3).

Across Highland localities there was a statistically significant difference in female life expectancy; the highest female life expectancy was in Skye, Lochalsh & West Ross and Badenoch and Strathspey, and the lowest in East Ross (4).

Source

Scottish Public Health Observatory
https://scotland.shinyapps.io/ScotPHO_profiles_tool/

Further information

Scottish Public Health Observatory. Health and life expectancies
https://www.scotpho.org.uk/population-dynamics/health-and-life-expectancies

National Records of Scotland. Life expectancy in Scotland
https://www.nrscotland.gov.uk/publications/life-expectancy-in-scotland-2021-2023/

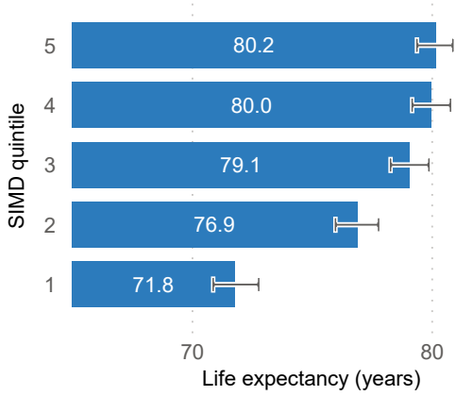
Glasgow Centre for Population Health. Changing life expectancy
https://www.gcph.co.uk/our-work/43-changing-life-expectancy

Male Life Expectancy

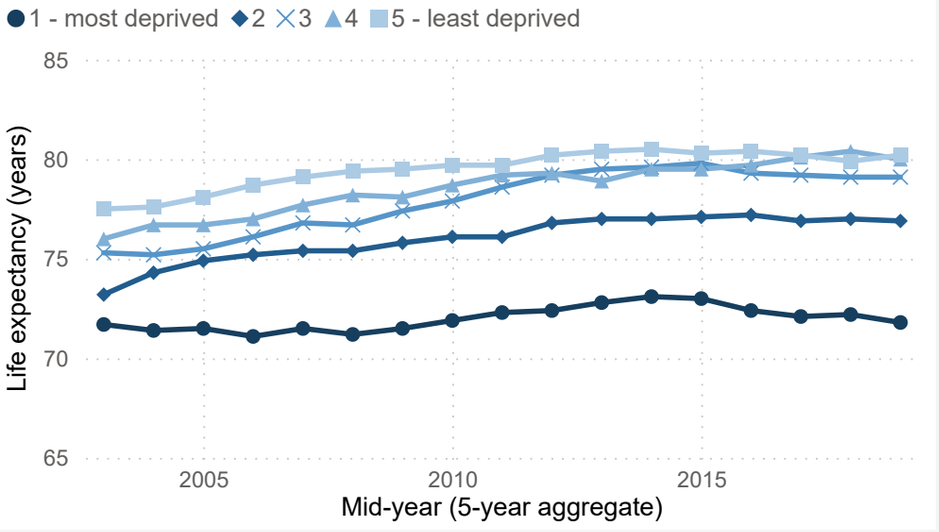
Latest 5-year period

2017-2021

1) by SIMD (latest 5-year period)



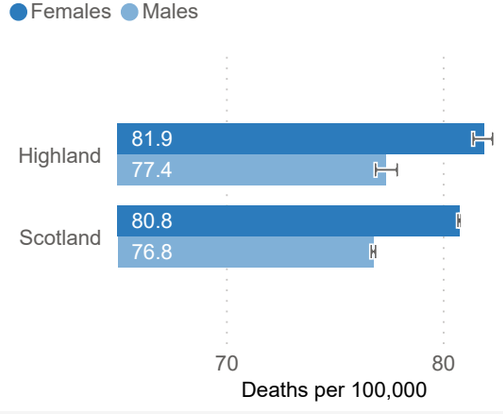
2) by SIMD over time



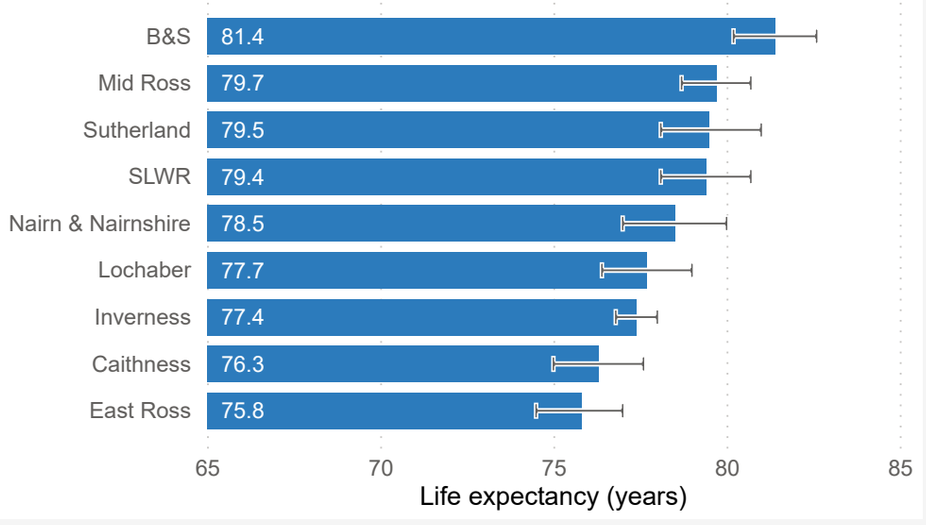
Latest 3-year period

2021 to 2023

3) by sex (latest 3-year period)



4) by Community Partnership area, latest 5-year period



Rationale

Life expectancy at birth is a sentinel indicator of population health. It reflects the average number of years a person born would live if they experienced the age-specific mortality rates of the given period. Rising life-expectancy has historically signalled progress in public health, living standards and social development. This trend stalled around 2012 in Scotland and the UK and this has been linked to social and economic factors.

Inequalities

Life expectancy for males remains lowest for those living in the most deprived SIMD quintile (1,2). Male life expectancy decreased in the most deprived quintile in recent years, widening the inequality between the most deprived and other quintiles.

Female life expectancy is consistently Higher than male life expectancy in Highland as well as Scotland (3).

Male life expectancy is higher in Highland compared to Scotland (3).

Across Highland localities there was a statistically significant difference in male life expectancy; the highest male life expectancy was in Badenoch and Strathspey and the lowest in East Ross (4).

Source

Scottish Public Health Observatory
https://scotland.shinyapps.io/ScotPHO_profiles_tool/

Further information

Scottish Public Health Observatory. Health and life expectancieshttps://www.scotpho.org.uk/population-dynamics/health-and-life-expectancies

National Records of Scotland. Life expectancy in Scotland https://www.nrscotland.gov.uk/publications/life-expectancy-in-scotland-2021-2023/

Glasgow Centre for Population Health. Changing life expectancy https://www.gcph.co.uk/our-work/43-changing-life-expectancy

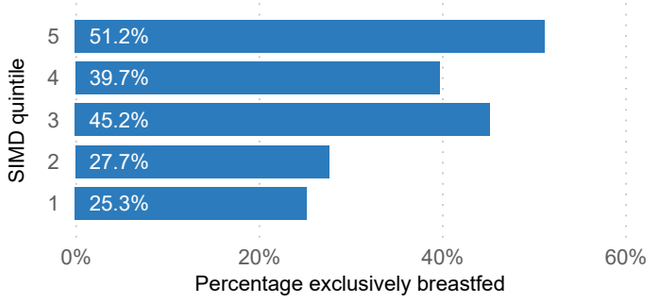
1. Give every child the best start in life

Text summarising this Marmot principle will be added here.

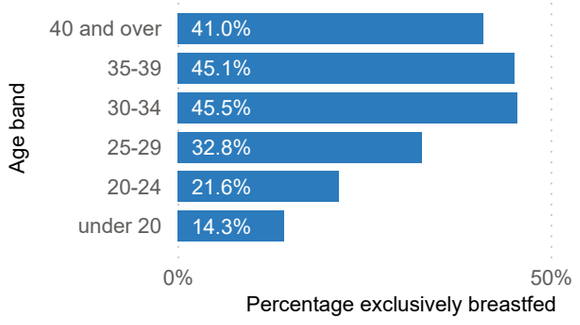
Percentage babies exclusively breastfed at 6-8 weeks

Latest year
2023/24

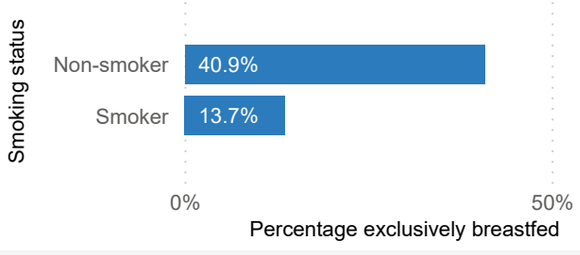
1) by SIMD quintile, latest year



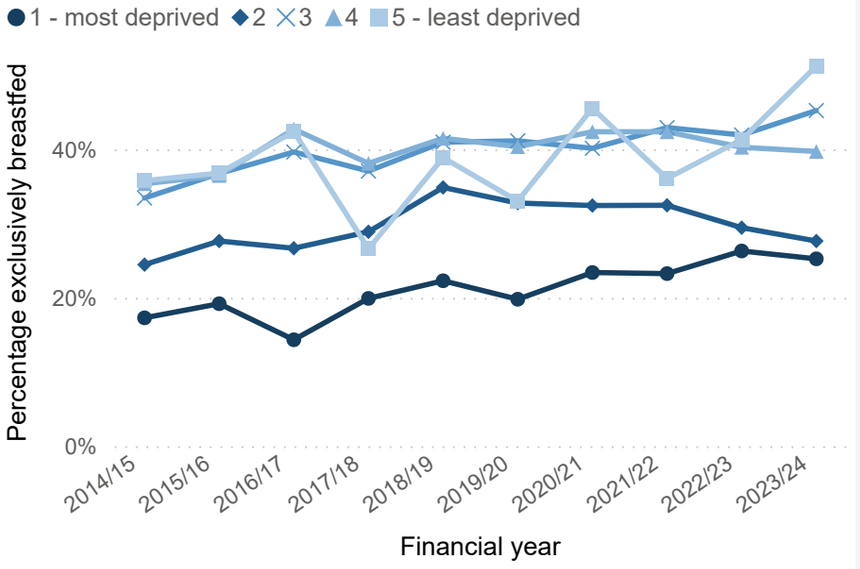
3) by maternal age, latest year



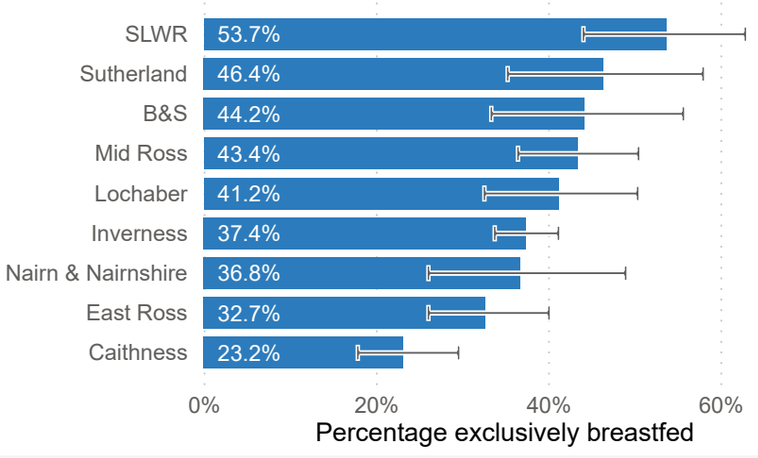
4) by maternal smoking status, latest year



2) over time, by SIMD quintile



5) by Community Partnership area 2021/22 to 2023/24 financial years



Rationale
Breastfeeding provides optimal nutrition for infants along with maternal antibodies which provide protection from infections. It also promotes emotional bonding between mother and baby. Exclusive breastfeeding is recommended for the first six months of life. This indicator measures rates of breastfeeding at the 6–8 week health visitor review.

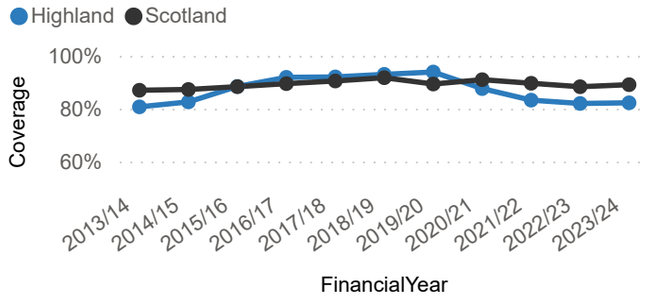
Inequalities
Exclusive breastfeeding rates in Highland, at 6-8 weeks, have gradually increased over time but inequalities persist.
Rates remain lower amongst those living in the most deprived areas (1,2).
Rate are lower for younger mothers (3) and amongst those who smoke in pregnancy (4).
The rate of exclusive breastfeeding in Caithness lower than in other Community Partnership Areas and this was less than half of that in Skye, Lochalsh and West Ross (5).
At Scotland level, mothers of White Scottish ethnicity have the lowest percentage of babies exclusively breastfed at 6-8 weeks.

Sources
1,2,3,4,6) Public Health Scotland. Infant feeding data
https://www.opendata.nhs.scot/dataset/infant-feeding
5) Scottish Public Health Observatory
https://scotland.shinyapps.io/ScotPHO_profiles_tool/

Further information
Public Health Scotland. Infant Feeding Statistics
https://publichealthscotland.scot/publications/infant-feeding-statistics/
World Health Organisation. Breastfeeding
https://www.who.int/health-topics/breastfeeding

Developmental concerns at 27-30 months old

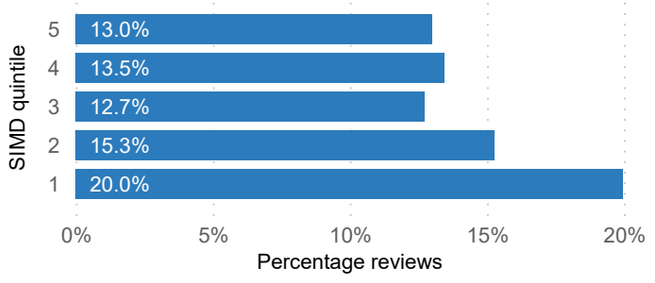
1) coverage over time



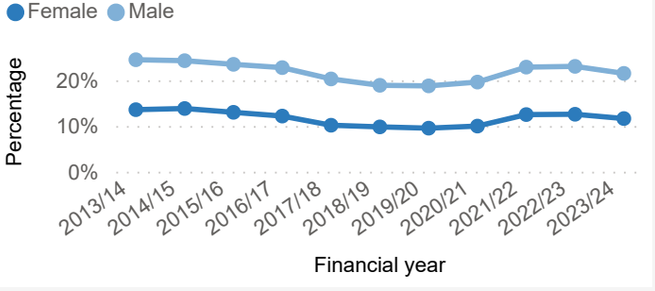
Latest year

2023/24

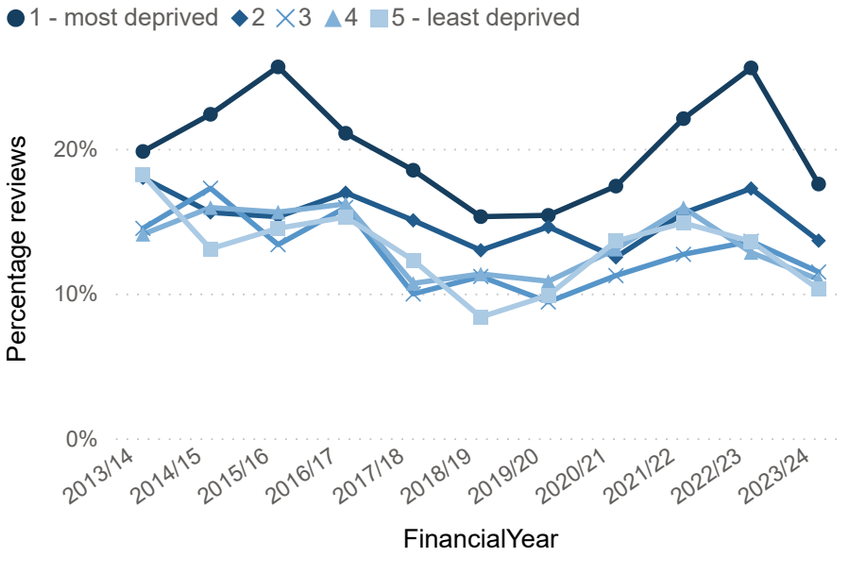
3) % with concern by SIMD quintile, latest year



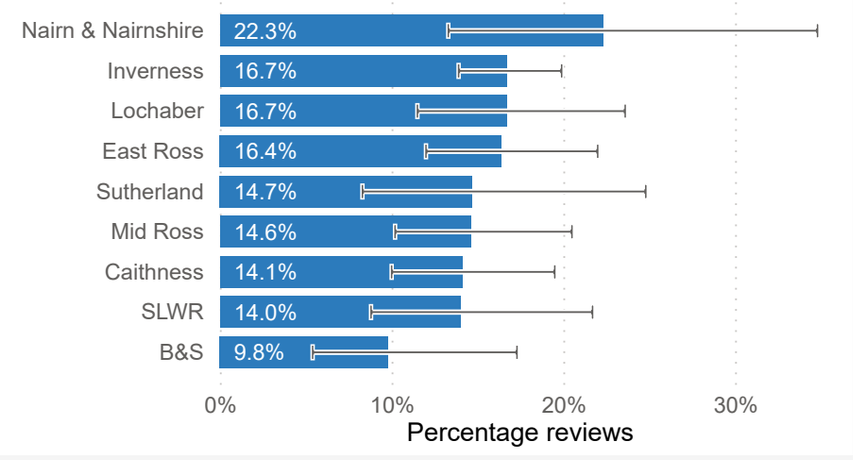
4) % with concern, over time, by gender



2) % with concern, over time, by SIMD quintile



5) % with concern, by Community Partnership area 2021/22 to 2022/23 financial years



Rationale

Child health reviews, undertaken by health visitors between birth and school start, assess growth, health, development and family well-being, and are a sentinel measure of early heath. They are crucial for identifying early development concerns which are associated with poorer health and educational outcomes. Early interventions, such as parenting support, enriched early learning opportunities and access to services, can significantly improve outcomes. Reviews also offer an opportunity for health promotion and and are intended to be universal in their coverage.

Inequalities

Coverage of the 27-30 month review declined in Highland during COVID-19 and has remained lower than the Scotland average (1).

The percentage of reviews with at least one developmental concern is consistently higher for those living in the most deprived quintile (2,3) and is higher in boys than for girls (4). Geographical variation is also evident. The lowest percentage of children with a developmental concern was in Badenoch and Strathspey whilst highest was in Nairn & Nairnshire. However overlapping 95% confidence intervals suggest that this was not statistically significant.

Sources

1,2,3,4) Public Health Scotland. Early Child Development - 27-30 Month Review Statistics
https://www.opendata.nhs.scot/dataset/27-30-month-review-statistics
5) Scottish Public Health Observatory
https://scotland.shinyapps.io/ScotPHO_profiles_tool/

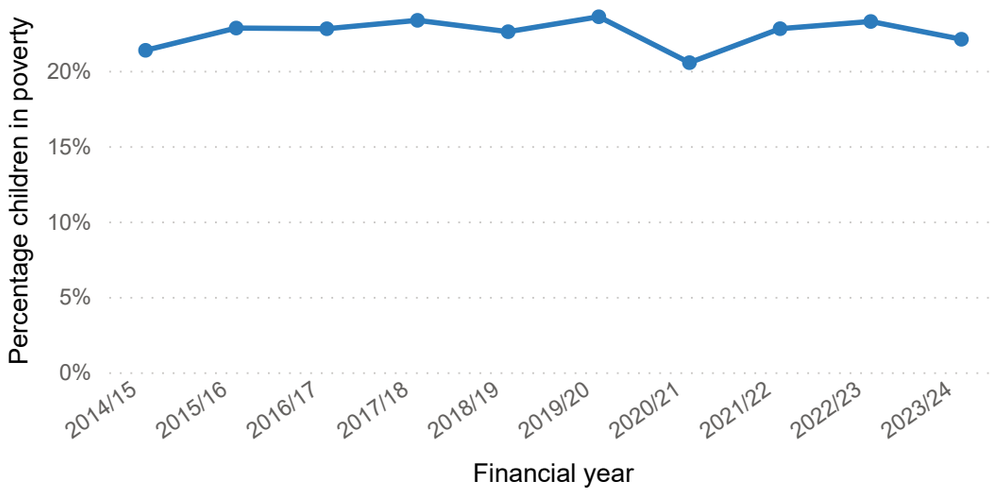
Further information

Public Health Scotland. Early child development statistics
https://publichealthscotland.scot/publications/early-child-development/early-child-development-statistics-scotland-2023-to-2024/

Public Health Scotland. Child health pre-school review coverage https://publichealthscotland.scot/publications/child-health-pre-school-review-coverage/

Children in Poverty (after housing costs)

1) over time in Highland



Latest year

2023/24

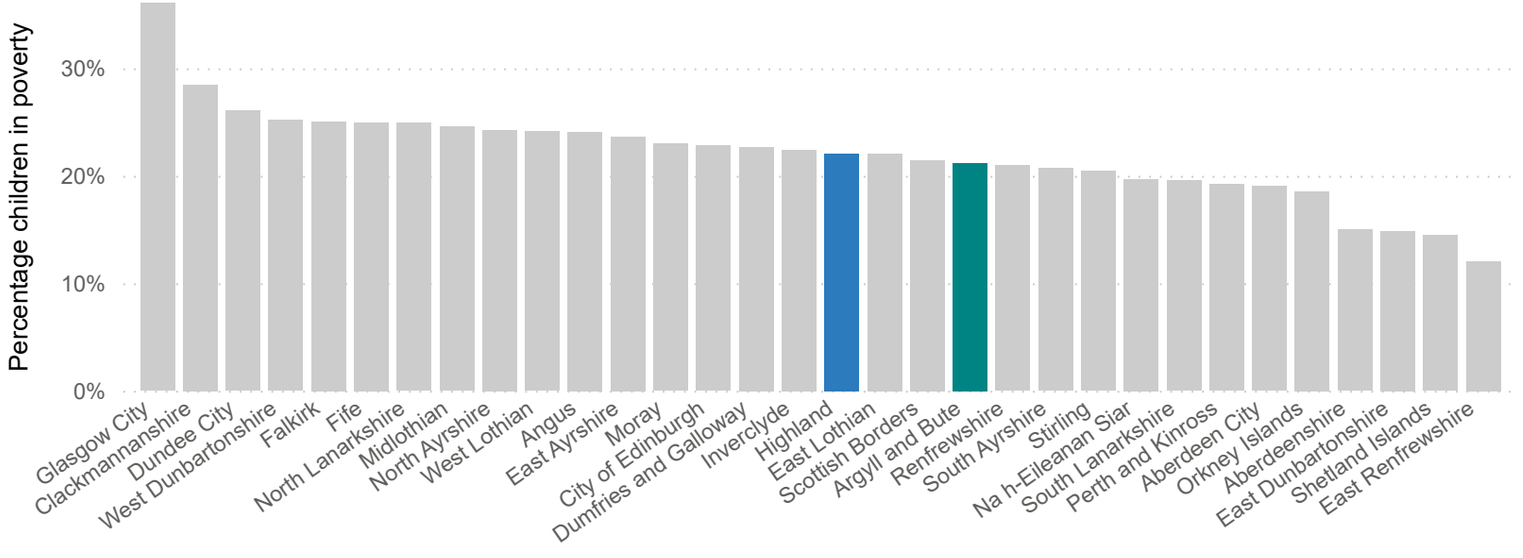
Number of children in poverty in Highland, latest year

9,097

Number of children in poverty in Highland, latest year

22.1%

2) by local authority, latest year



Rationale

Child poverty is a major driver of health inequalities. Children growing up in poverty are more likely to experience housing insecurity, nutritional disadvantage, limited access to enriching activities and higher levels of stress and anxiety. These factors can negatively affect physical health, emotional wellbeing and developmental outcomes from early childhood. Reducing child poverty is a public health priority. This indicator is relative poverty after housing costs, as estimated by Loughborough University.

Inequalities

Just over 1/5th of children in Highland live in relative poverty, after housing costs (1,2). National evidence identifies family types at highest risk

- lone parent families
- minority ethnic families
- families with a disabled adult or child
- families with a younger mother (under 25)
- families with a child under 1
- larger families (3+ children)

Sources

1,2) Child Poverty Action Group. Children in relative poverty, after housing costs https://endchildpoverty.org.uk/child-poverty-2025/

Further information

Tackling child poverty priority families overview https://www.gov.scot/publications/tackling-child-poverty-priority-families-overview/

Public Health Scotland, the Faculty of Public Health, the Royal Society for Public Health and the Scottish Directors of Public Health. Child Poverty Statement https://publichealthscotland.scot/media/33702/child-poverty-statement-july2025-english.pdf

Highland Community Planning Partnership https://highlandcpp.org.uk/wp-content/uploads/2025/04/Highland-Child-Poverty-Action-Report-2023-24-FINAL-1.pdf

Scottish Government. Understanding the health outcomes of experiencing poverty in the early years: evidence review https://www.gov.scot/publications/understanding-health-outcomes-experiencing-poverty-early-years-evidence-review/documents/

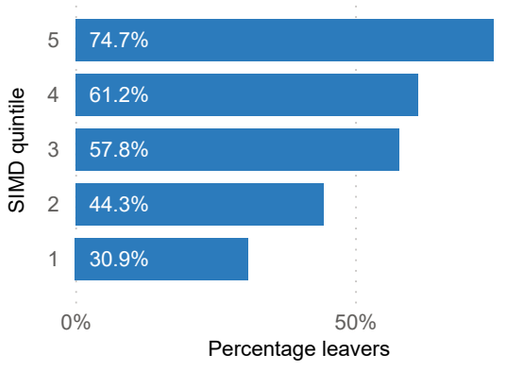
2. Enable all children, young people and adults to maximise their capabilities and have control over their lives

Text summarising this Marmot principle will be added here.

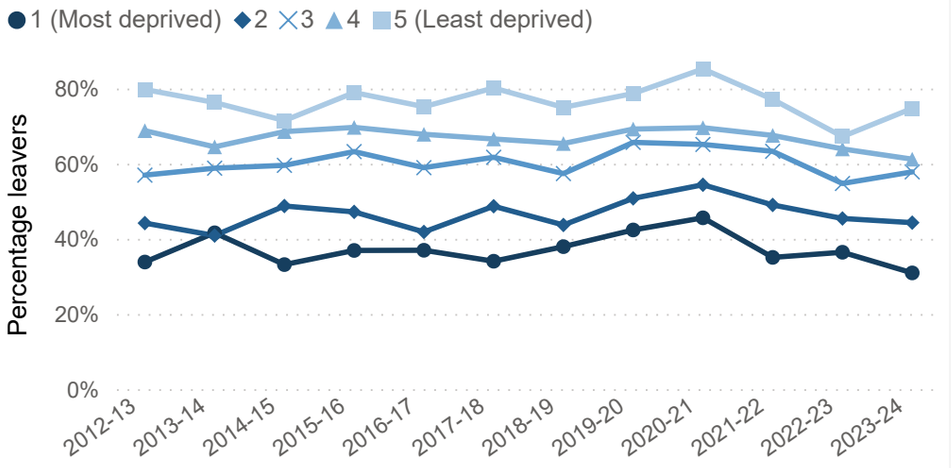
Percentage school leavers with 1 or more qualification at SCQF Level 6

Latest year
2023-24

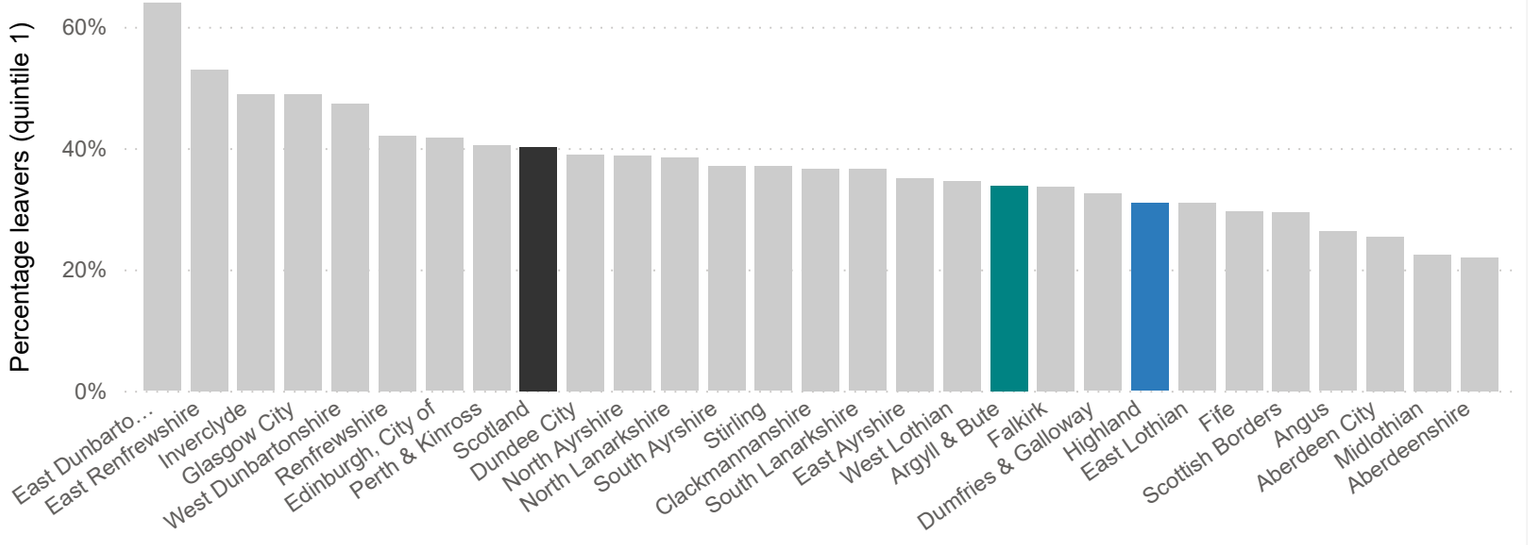
1) by SIMD quintile, latest year



2) by SIMD quintile over time



3) Percentage of leavers in Scottish SIMD quintile 1 (most deprived), by local authority, latest year



Rationale
Educational attainment is closely linked to long-term health, wellbeing and economic opportunity. Higher levels of education are associated with better health outcomes, increased health literacy and higher lifetime earnings. This indicator focuses on the percentage of school leavers obtaining SCQF Level 6 or above (equivalent to Scottish Higher grade A-C), which reflects a readiness for further education, training or employment. It is shown for all school leavers (1,2) and separately for those pupils in Scottish SIMD quintile 1 (3).

Inequalities
Educational attainment is strongly patterned by deprivation. Pupils from the most deprived quintile are least likely to achieve one or more qualification at SCQF level 6 or higher (1,2). This is a persistent inequality in educational outcome. For those in the most deprived quintile, Highland has relatively low attainment of SCQF level 6 or higher compared to the Scottish average (3).

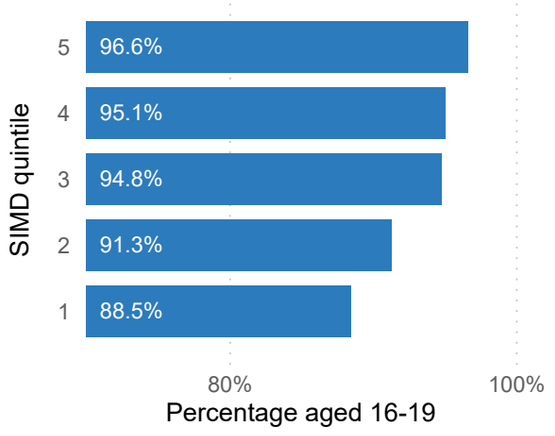
Source
1,2,3) Scottish Government
https://www.gov.scot/publications/summary-statistics-for-attainment-and-initial-leaver-destinations-no-7-2025-edition/pages/access-to-data-and-further-information/
SIMD quintiles are Scotland based. Figure 3 excludes the island council areas and Moray.

Further information
Scottish Government. School education statistics
https://www.gov.scot/collections/school-education-statistics/
Public Health Scotland. Education and health
https://publichealthscotland.scot/population-health/early-years-and-young-people/education-and-children/education-and-health/

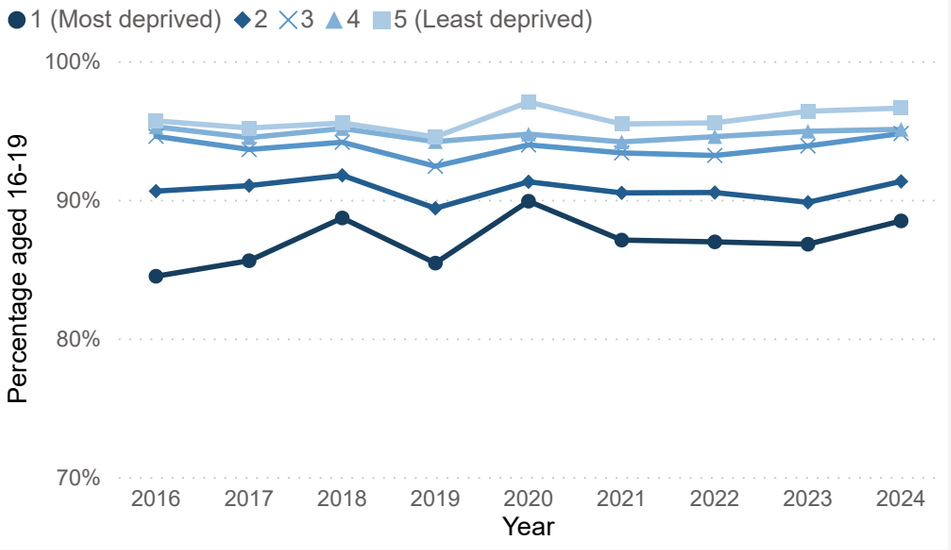
Annual participation (in education, training or employment) measure for 16 – 19 year olds

Latest year
2024

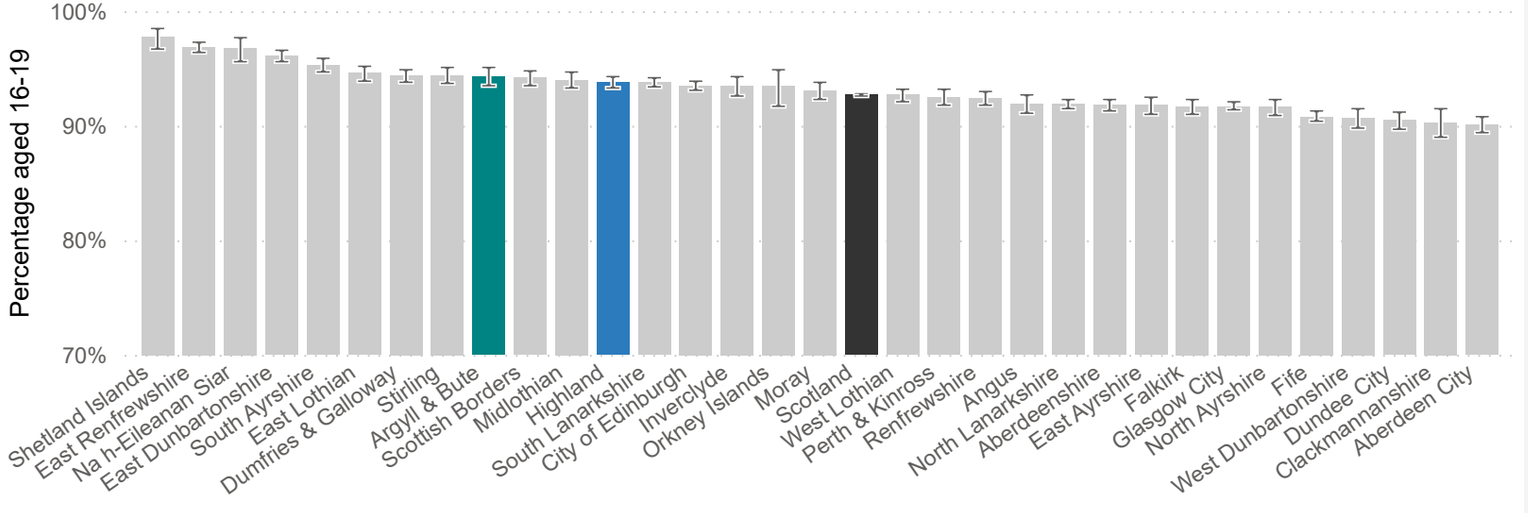
1) by SIMD quintile, latest year



2) by SIMD quintile, over time



3) by local authority, latest year



Rationale
This indicator focuses on participation of those aged 16-19 in education, training or employment. Participation is associated with better educational attainment, lower involvement in crime, higher lifetime earnings and better health outcomes. The Scottish Government's Opportunities for All commitment offers a place in learning or training to every 16-19 year old who is not in employment, education or training.

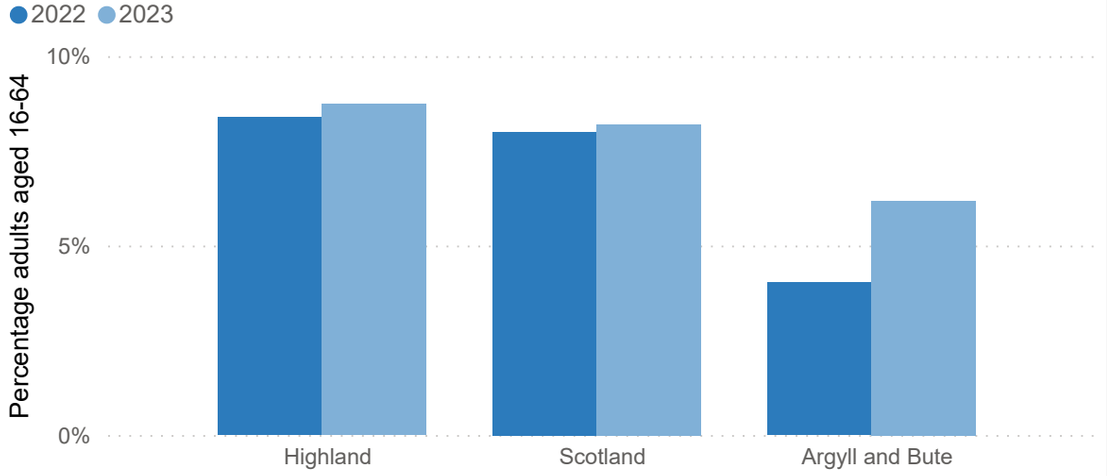
Inequalities
The percentage of those aged 16-19 in Highland is associate with deprivation; those in the most deprived quintile are least likely to be in education, training or employment (1,2). The inequality in participation by SIMD is persistent over time.
Highland has a higher percentage of those aged 16-19 in education, training or employment than the Scottish average (3).

Sources
1,2) Skills Development Scotland
https://www.skillsdevelopmentscotland.co.uk/publications-statistics/statistics/annual-participation-measure
SIMD quintile is Scotland based.
3) Scottish Public Health Observatory
https://scotland.shinyapps.io/ScotPHO_profiles_tool/

Further information
Scottish Government. Opportunities for All: supporting all young people to participate in post-16 learning, training or work https://www.gov.scot/publications/opportunities-supporting-young-people-participate-post-16-learning-training-work/
Skills Development Scotland. Annual Participation measure
https://www.gov.scot/publications/opportunities-supporting-young-people-participate-post-16-learning-training-work/

Working age adults with no educational qualifications

1) adults with no or low educational qualifications, by area, recent years



Latest year

2023

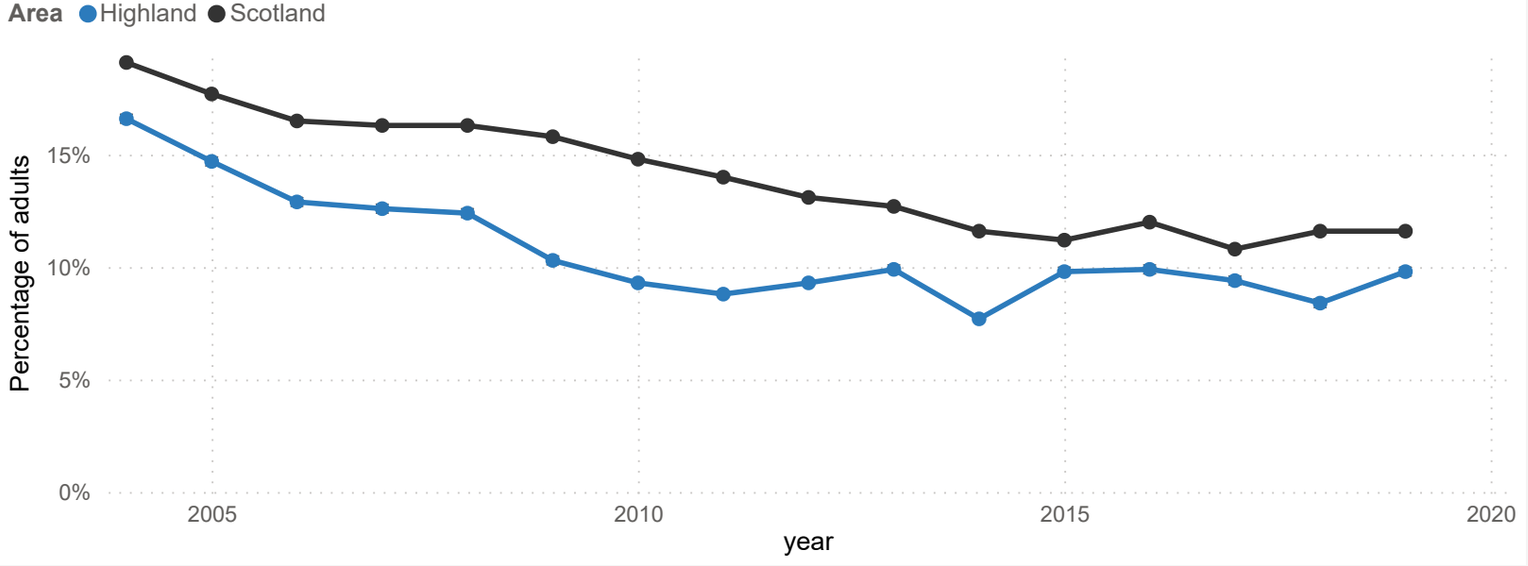
Percentage adults, Highland latest year

8.7%

Percentage adults, Scotland latest year

8.2%

2) adults of working age with no or low educational qualifications, by area, over time up to 2019



Rationale

Educational attainment is a key determinant of health and economic opportunity. Adults with higher qualifications tend to have better employment prospects, higher earnings, and improved health outcomes. Education is not limited to childhood but can continue throughout the life course, supporting lifelong well-being and resilience.

This indicator is a measure of the percentage of adults with no (or low) formal qualifications and is based on survey data. Due to reduced response rates, particularly since the COVID-19 pandemic, these figures are currently classified as 'official statistics in development' and should be interpreted with caution, especially when comparing across areas or time periods.

Inequalities

The percentage of adults with no or low educational qualifications in Highland was found to be similar to the Scottish average in the most recent years (1,2).

Previously, the percentage was reported to be consistently lower than the Scottish average (3).

Sources

1) Office for National Statistics
https://www.ons.gov.uk/explore-local-statistics/indicators/aged-16-to-64-years-with-no-qualifications-great-britain#get-the-data

2) Annual population survey and Labour Force survey via Scottish Public Health Observatory
https://scotland.shinyapps.io/ScotPHO_profiles_tool/

Further information

Scottish Government Statistics. Adults (16-64) with low or no qualifications
https://statistics.gov.scot/data/adults-16-64-years-with-low-or-no-qualifications

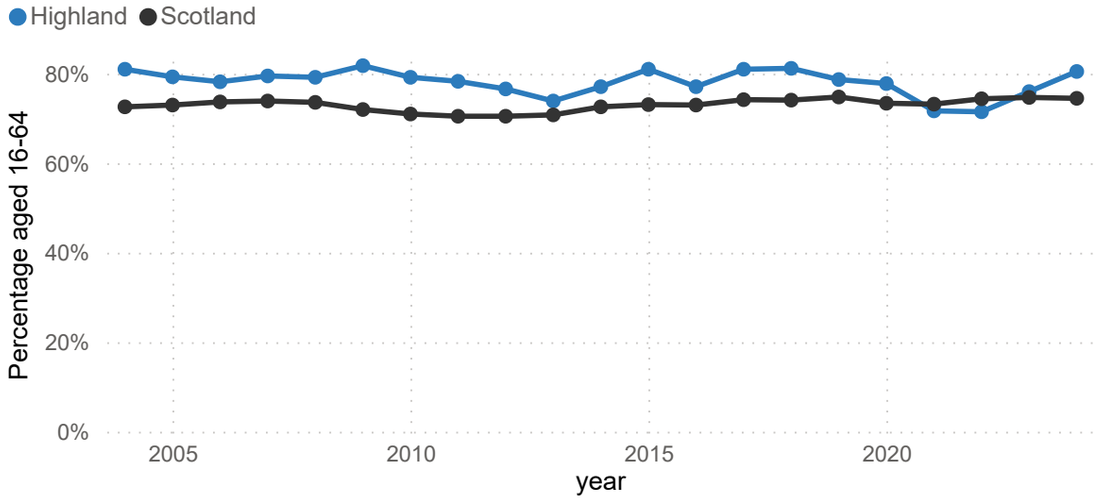
Scottish Government. Adult learning strategy
https://www.gov.scot/publications/adult-learning-strategy-scotland-2022-27/

3. Create fair employment and good work for all

Text summarising this Marmot principle will be added here.

Employment rate for 16-64 year olds

1) by area, over time



Latest year

2024

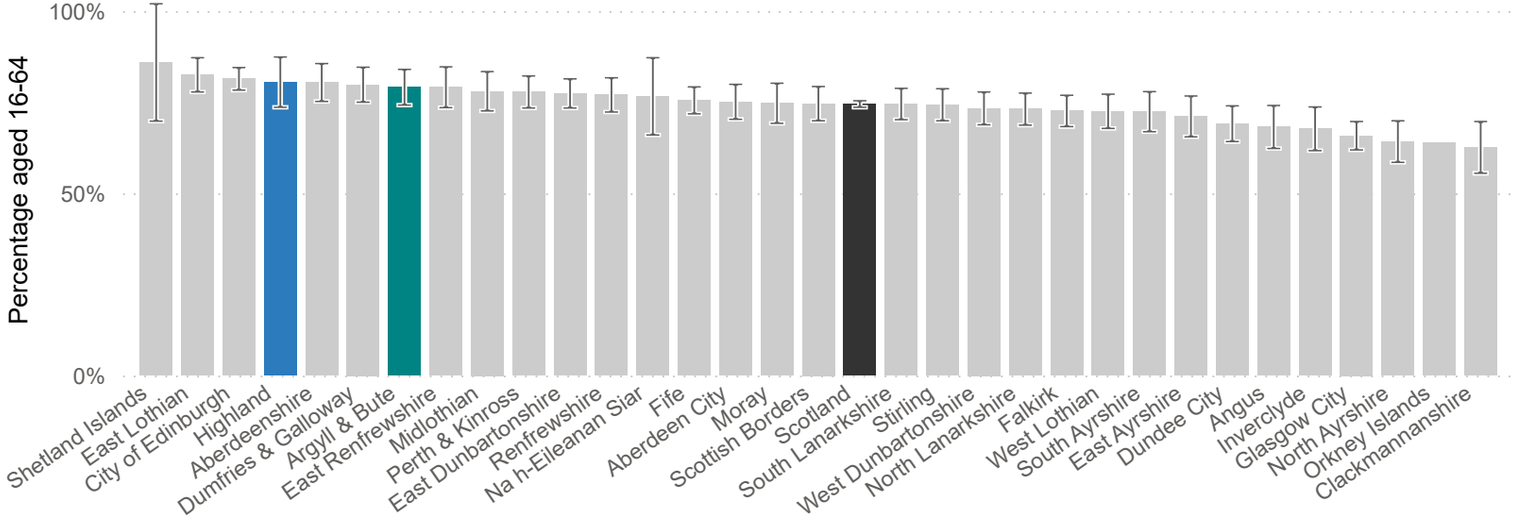
Percentage of adults of working age, Highland, latest year

80.5%

Percentage of adults of working age, Scotland, latest year

74.5%

2) by local authority, over time



Rationale

Employment rates are a headline economic indicator and a key determinant of health. Secure, fair employment is associated with better physical and mental health, higher income, and improved social outcomes.

This measure is based on the Annual Population Survey (APS). Due to reduced response rates, particularly since the COVID-19 pandemic, these figures are currently classified as 'official statistics in development' and should be interpreted with caution, especially when comparing across areas or time periods.

It is important to note that employment is a proxy for fair employment and does not indicate job quality, hours worked or income.

Inequalities

The employment rate in Highland has traditionally been higher than for Scotland (1,2). Employment in Highland's economy, particularly in sectors such as tourism, hospitality and retail, was more vulnerable to the impact of COVID-19. Recent data suggest that employment in Highland has recovered, but challenges remain, including:

- Seasonal and part-time employment patterns, especially in rural and remote communities.
- Limited access to high-quality jobs in some areas.
- Demographic pressures, including an ageing population and youth outmigration.

Source

1,2) Annual Population Survey via Scottish Public Health Observatory
https://scotland.shinyapps.io/ScotPHO_profiles_tool/

Further information

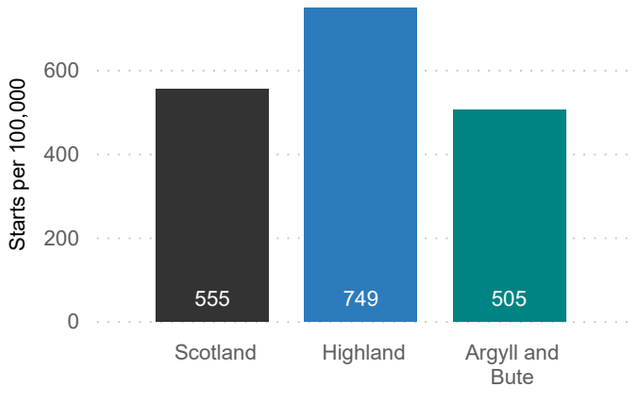
Scottish Government
https://www.gov.scot/collections/labour-market-statistics/#currentlabourmarketstatisticspublications
Nomis
https://www.nomisweb.co.uk/

Modern apprenticeship starts

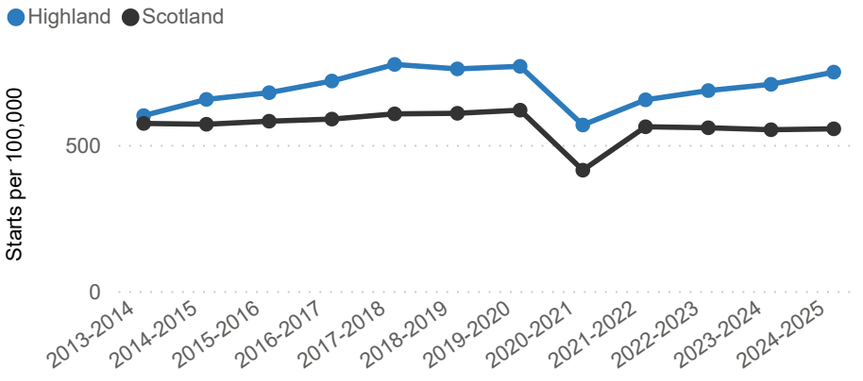
Latest year
2024-2025

Number of starts, latest year
1493

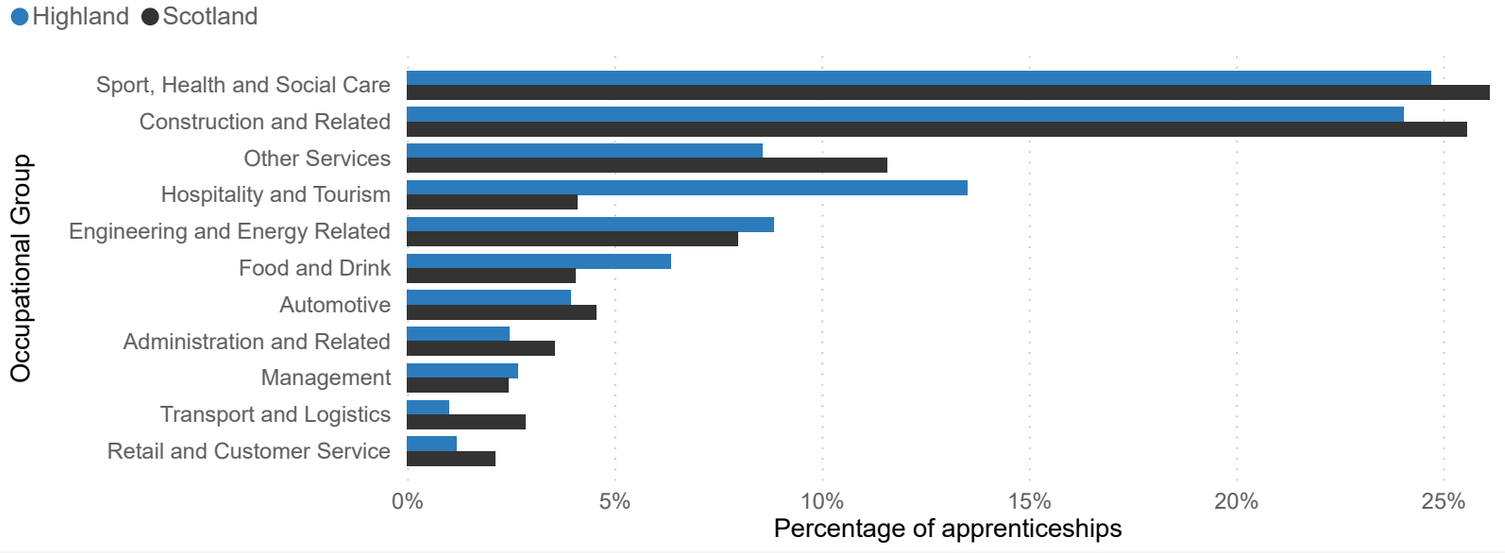
1) by area, latest year



2) by area, over time



3) by most common occupational group, latest year



Rationale

Modern apprenticeships offer structured work-based learning alongside formal qualifications. They provide an alternative to academic study an can help reduce inequalities by offering more accessible routes into work, especially for people from disadvantaged backgrounds. Secure employment, skills development, and social inclusion are all protective factors against poor health. Promoting apprenticeships by public sector agencies is an action in the delivery of the Highland Outcomes Improvement Plan (HOIP).

Inequalities

Highland residents have had consistently higher rates of apprenticeship starts than the Scottish average (1,2). Highland shows a higher proportion of apprenticeships within Hospitality and Tourism than the Scottish average, reflecting the region's economy (3).

Nationally, in 2024–25, the achievement rate for apprentices from the most deprived areas increased and representation from ethnic minority and care-experienced groups reached record highs.

Sources

1,2) Skills Development Scotland via Office for National Statistics. Data presented for area of residence. https://www.ons.gov.uk/explore-local-statistics/indicators/apprenticeships-starts-scotland

3) Skills development Scotland 2024-2025 starts https://www.skillsdevelopmentscotland.co.uk/publications-statistics/statistics/modern-apprenticeships Only most common occupational groups shown.

Further information

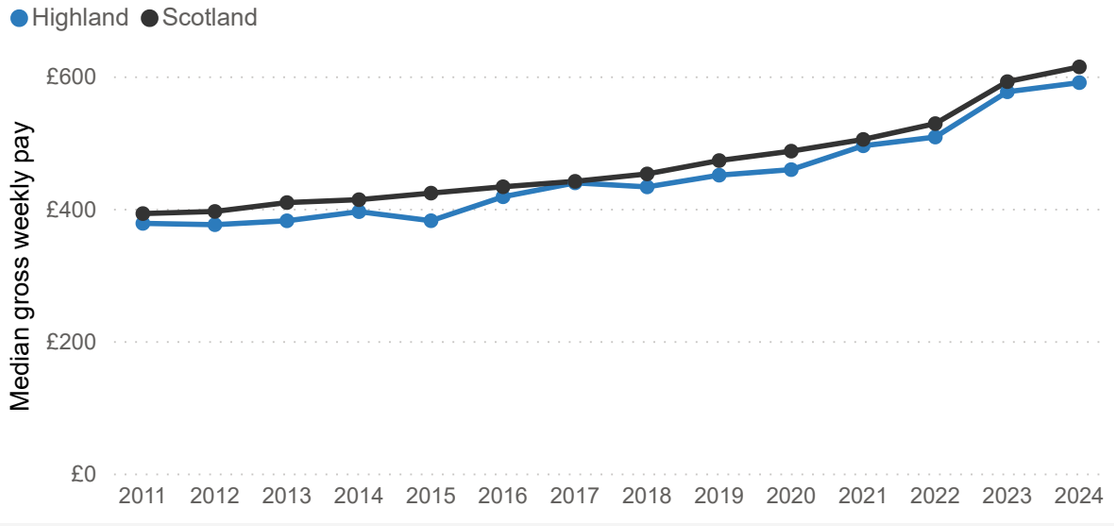
Skills development Scotland 2024-25 Q4 report https://www.skillsdevelopmentscotland.co.uk/media/qqqn3kz4/modern-apprenticeship-statistics-quarter-4-2024-25.pdf

The Highland Council. Highland Outcome Improvement Plan. https://highlandcpp.org.uk/about-hcpp/highland-outcome-improvement-plan/

Skills development Scotland. Modern Apprenticeships https://www.skillsdevelopmentscotland.co.uk/publications-statistics/statistics/modern-apprenticeships

Median gross weekly pay

1) by area, over time



Latest year

2024

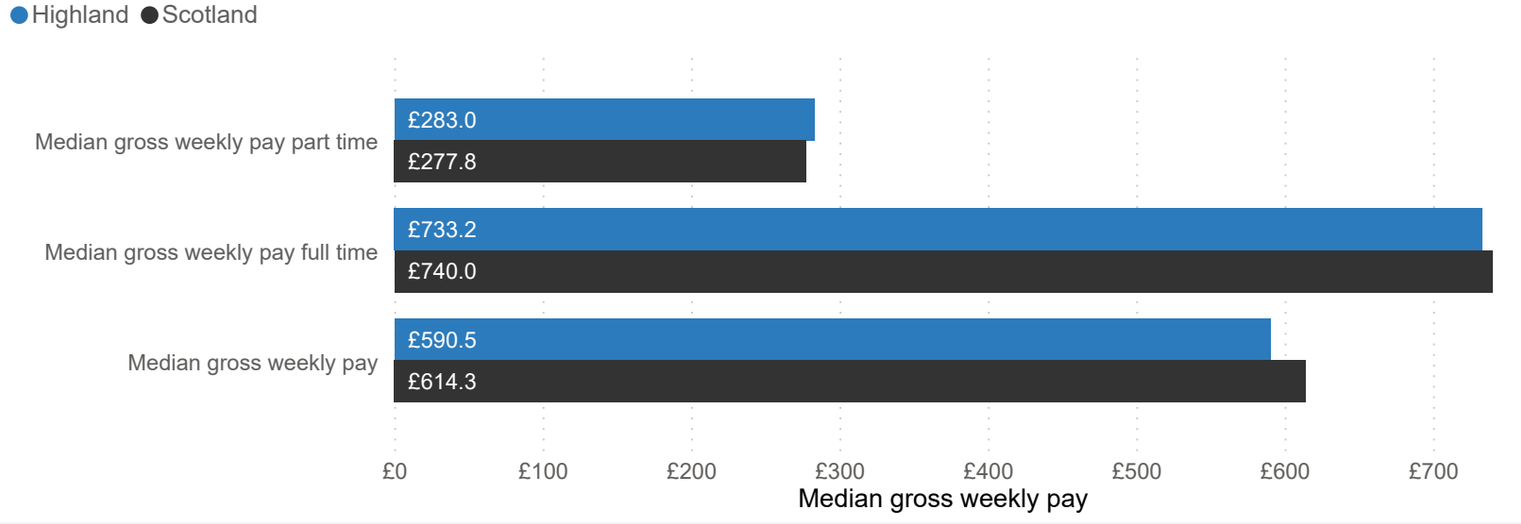
Median weekly pay, highland, latest year

£590.5

Median weekly pay, Scotland, latest year

£614.3

2) by area, latest year



Rationale

This indicator focuses on pay from employment, which is closely linked to financial security, access to resources, and mental health. Employment is a key driver of health, but low-paid and insecure jobs can undermine well-being through increased stress and reduced ability to engage in health-promoting behaviours. Low pay and insecure employment therefore contribute to health inequalities.

Inequalities

The median gross weekly pay in Highland is consistently below the Scottish average (1).

The difference in median gross weekly pay between Highland and Scotland for all employees is greater than it is for either full-time and part-time pay (2). This reflects a higher share of part-time roles in Highland, consistent with a labour market with higher employment in sectors such as tourism, retail, and care. Rural labour markets tend to have fewer large employers and more seasonal or flexible jobs, contributing to the prevalence of part-time work.

Sources

1,2) Nomis. Annual Survey of Hours and Earnings - residents analysis www.nomisweb.co.uk

Further information

Highlands and Islands Enterprise. Annual Report and Accounts 2023/24 https://www.hie.co.uk/media/ej4n30kz/annual-report-2023-24.pdf

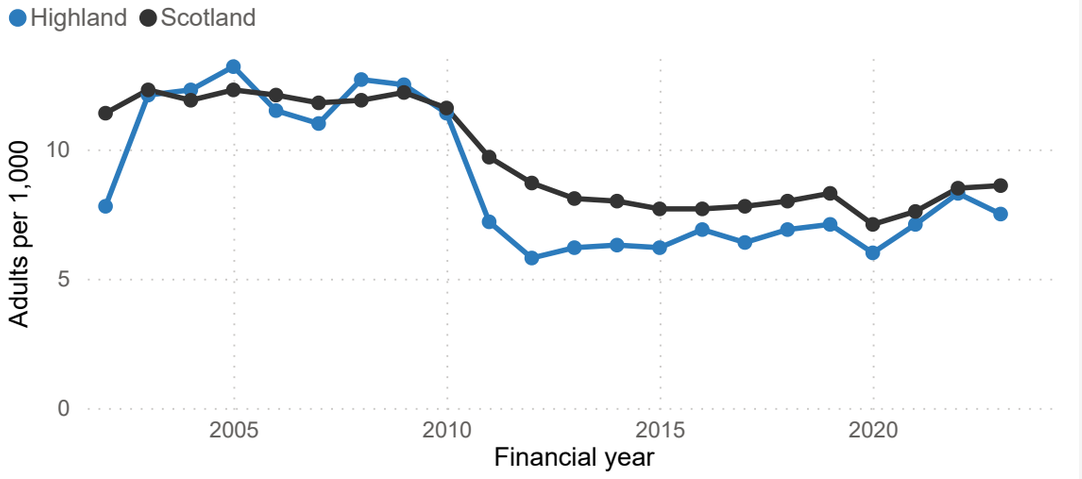
Scottish Government. Scotland's Labour Market Insights: Rural and Regional Employment Trends https://www.gov.scot/publications/scotlands-labour-market-insights-april-2025/Nomis. Local authority profile: Highland https://www.nomisweb.co.uk/reports/lmp/la/1946157421/report.aspx?town=highland

4. Ensure a healthy standard of living for all

Text summarising this Marmot principle will be added here.

Adults assessed as homeless

1) by area, over time



Latest year:

2023/24 financial year

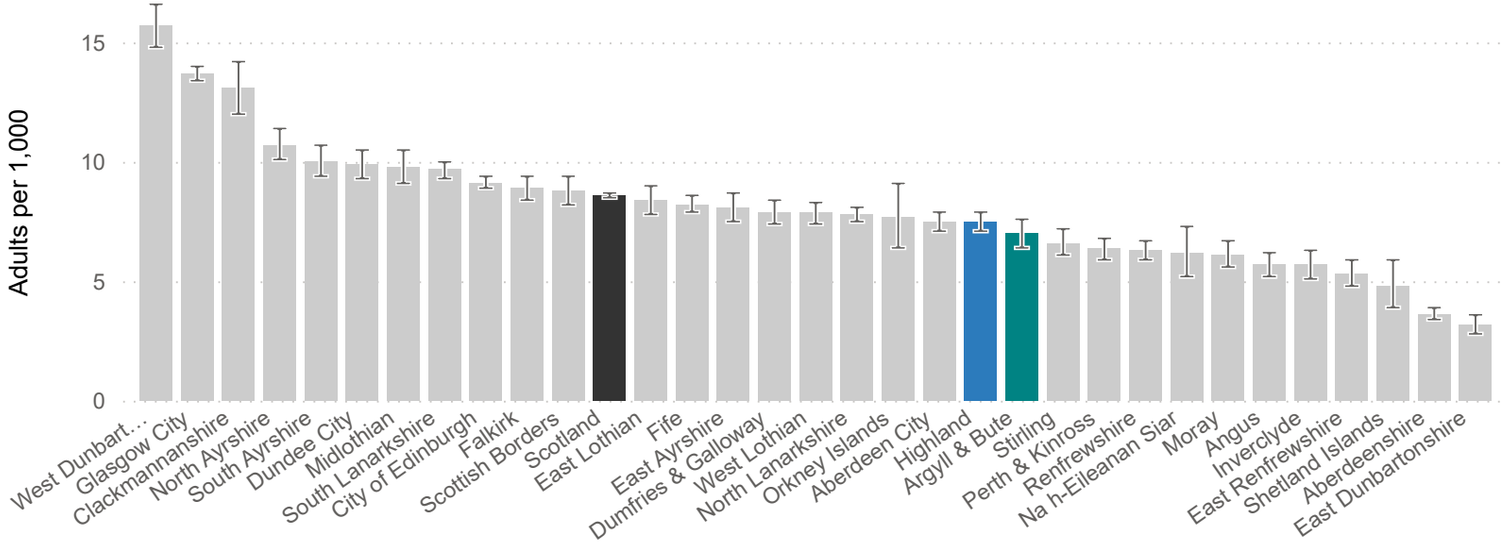
Number of adults, Highland, latest year:

1,436

Rate of adults, Highland, latest year:

8.6

2) by local authority, latest year



Rationale

Poor health can be both a cause and a consequence of homelessness. Homelessness is associated with significantly poorer health outcomes, including premature mortality, chronic illness, and increased use of emergency healthcare services. Only a small proportion of those experiencing homelessness sleep rough. The majority live in temporary accommodation such as hostels or bed and breakfasts, in overcrowded households, or stay informally with others (e.g. sofa surfing).

Inequalities

Highland has had a lower rate of homelessness compared to the Scottish average over the past ten years (1,2).

Around 50% of people assessed as homeless in Scotland have an identified support need, including mental health, addiction, or physical health issues.

Sources

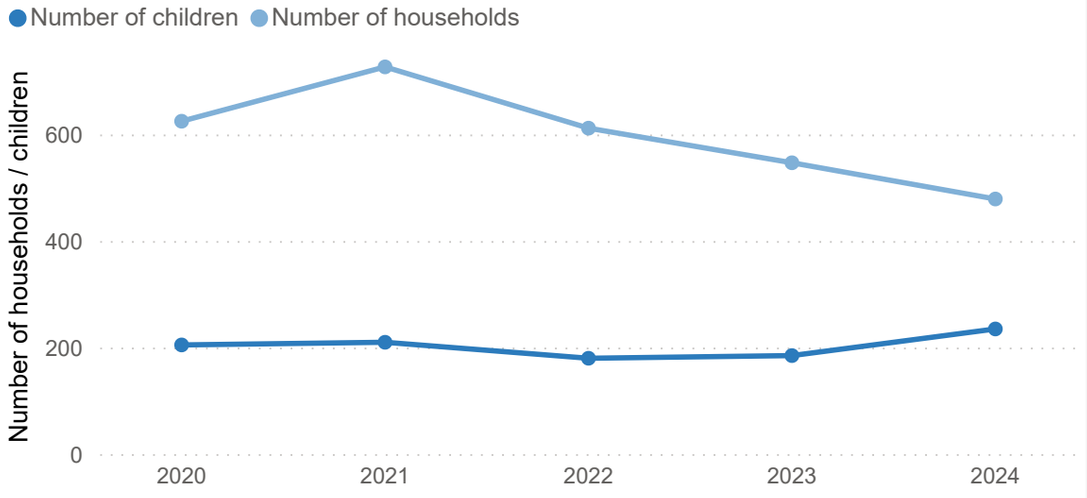
1,2) Scottish Public Health Observatory
https://scotland.shinyapps.io/ScotPHO_profiles_tool/
Data includes those threatened with homelessness.

Further information

Scottish Government. Homelessness in Scotland
https://www.gov.scot/collections/homelessness-statistics/
Public Health Scotland. Taking a public health approach to homelessness prevention
https://publichealthscotland.scot/our-blog/2024/april/taking-a-public-health-approach-to-homelessness-prevention/
Public Health Scotland. Why the housing crisis is also a public health emergency
https://publichealthscotland.scot/our-blog/2024/april/why-the-housing-crisis-is-also-a-public-health-emergency/
Scottish Public Health Observatory. Homelessness
https://www.scotpho.org.uk/wider-determinants/homelessness/
Public Health Scotland. Health and homelessness: evidence summary
https://publichealthscotland.scot/population-health/social-and-economic-impacts-on-health/equity-and-justice/homelessness/overview/

Households with temporary accommodation

1) number of households and children, over time



Latest year

2024

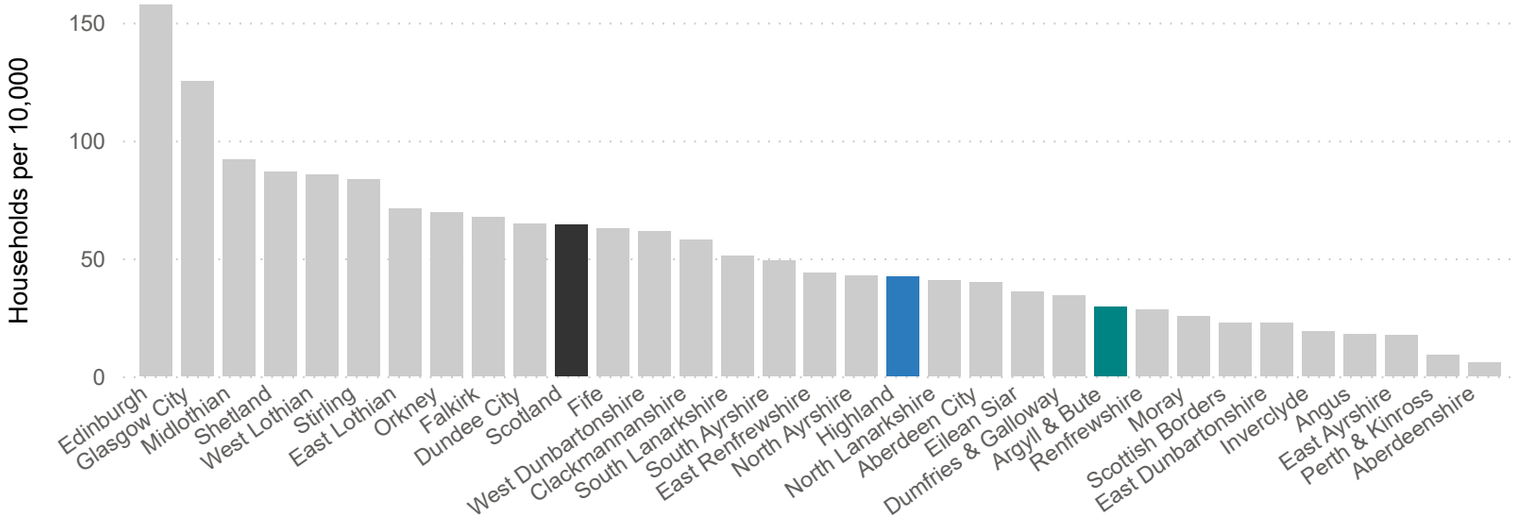
Number of households with temporary accommodation in the latest year in Highland

479

Number of children in temporary accommodation in the latest year in Highland

235

2) rate of households by local authority, latest year



Rationale

Living in temporary accommodation is associated with significantly poorer health outcomes. Individuals and families in these settings often face instability, overcrowding, and unsuitable living conditions, which contribute to physical and mental health deterioration. Public Health Scotland has identified housing insecurity as a public health emergency. Evidence shows that children in temporary accommodation are more likely to experience developmental delays, emotional distress, and poor educational outcomes. Households in temporary accommodation can also face prolonged stays, with families with children typically staying longer, potentially compounding health risks and delaying access to permanent housing and support services.

Inequalities

The number of households in temporary accommodation in Highland has decreased over time but the number of children in households in temporary accommodation increased in the past two years (1).

Highland has a lower rate of households in temporary accommodation than the Scottish average (2).

Sources

1,2) Scottish Government. Homeless statistics https://www.gov.scot/collections/homelessness-statistics/

Further information

Public Health Scotland. Health and homelessness: evidence summary https://publichealthscotland.scot/population-health/social-and-economic-impacts-on-health/equity-and-justice/homelessness/homelessness-and-health-inequalities/

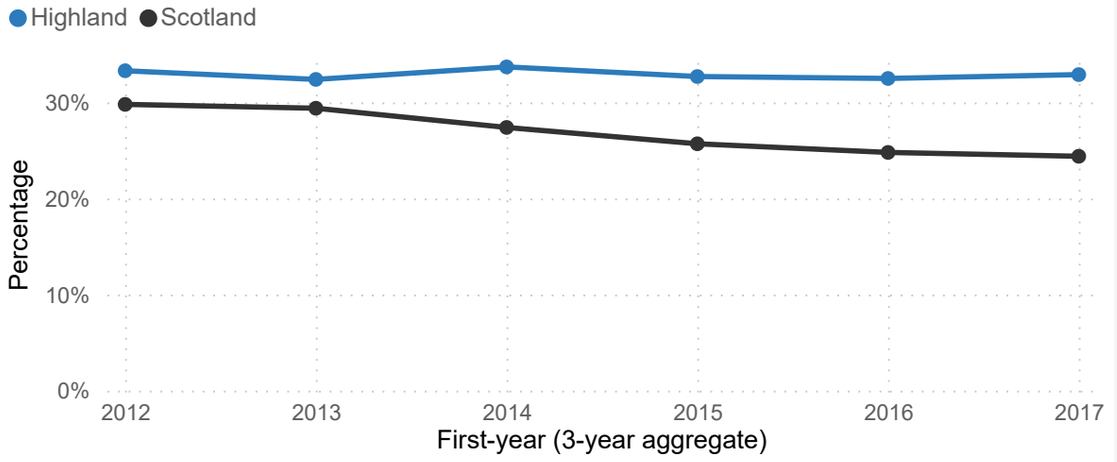
Scottish Government. Homelessness in Scotland https://www.gov.scot/collections/homelessness-statistics/

Public Health Scotland. Why the housing crisis is also a public health emergency https://publichealthscotland.scot/our-blog/2024/april/why-the-housing-crisis-is-also-a-public-health-emergency/

Scottish Public Health Observatory. Homelessness https://www.scotpho.org.uk/wider-determinants/homelessness/

Households living in fuel poverty

1) by area, over time



Latest period

2017-2019; 3-year aggregates

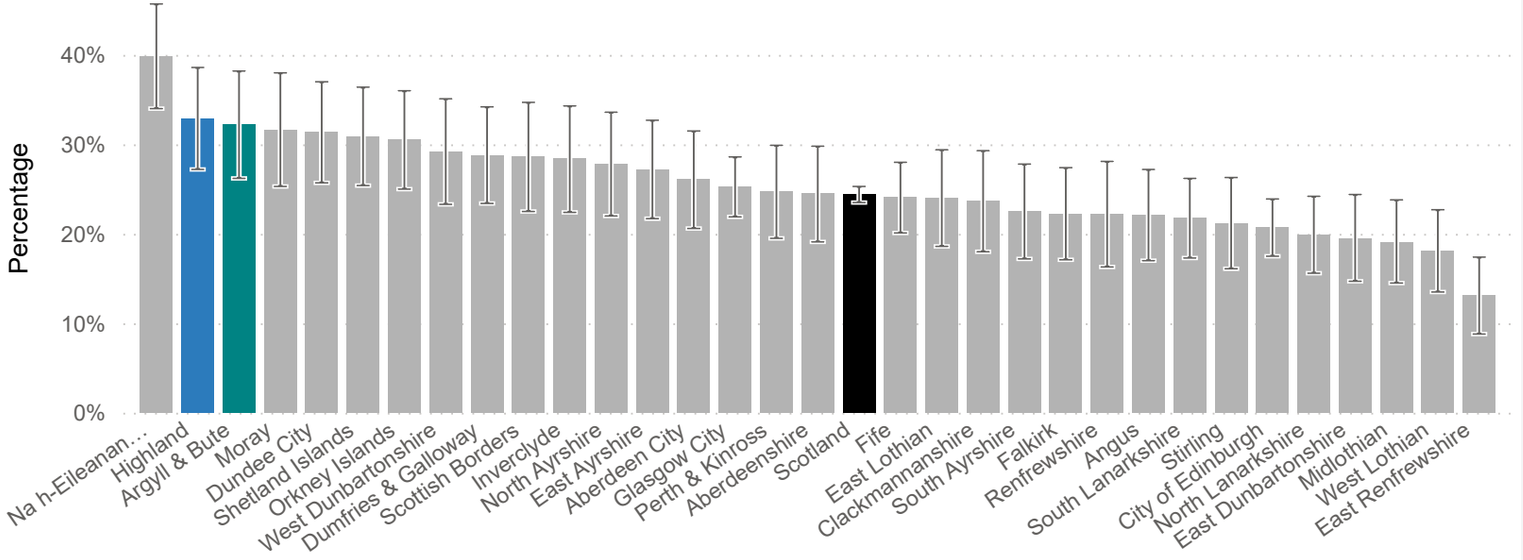
Highland, latest period

32.9

Scotland, latest period

24.4

2) by local authority, latest period



Rationale

Fuel poverty is a significant public health issue in Scotland. It is defined under the Fuel Poverty (Targets, Definition and Strategy) (Scotland) Act 2019 as occurring when a household spends more than 10% of its net income on fuel and is left with insufficient income to maintain an acceptable standard of living. The Act sets a statutory target that no more than 5% of households should be in fuel poverty by 2040. Fuel poverty reflects key inequalities in income, housing quality, and energy access. It disproportionately affects low-income and rural households, contributing to poor health and reduced wellbeing. Living in fuel poverty is associated with a range of adverse health outcomes, including respiratory illness, cardiovascular disease, and poor mental health. Cold homes contribute to excess winter deaths and exacerbate existing health conditions, particularly among older adults, children, and people with disabilities.

Inequalities

The proportion of households in fuel poverty in Highland is higher than the Scottish average (1).
Highland has one of the highest percentage of households living in fuel poverty in Scotland (2).

Sources

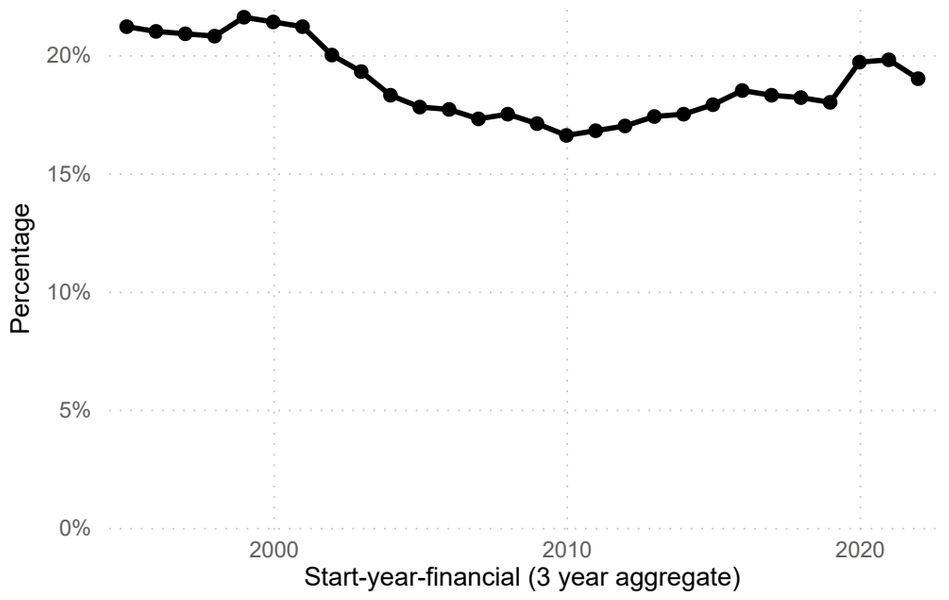
1,2) Scottish Public Health Observatory
https://scotland.shinyapps.io/ScotPHO_profiles_tool/

Further information

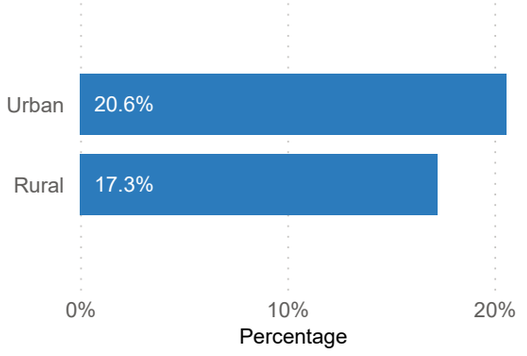
Public Health Scotland. Housing and health: evidence summary
https://publichealthscotland.scot/publications/housing-and-health-inequalities-report/
Fuel Poverty (Targets, Definition and Strategy) (Scotland) Act 2019
https://www.legislation.gov.uk/asp/2019/10/enacted
Scottish House Condition Survey: 2023 Key Findings
https://www.gov.scot/publications/scottish-house-condition-survey-2023-key-findings/

Individuals in relative poverty (after housing costs)

1) Scotland, adults, over time

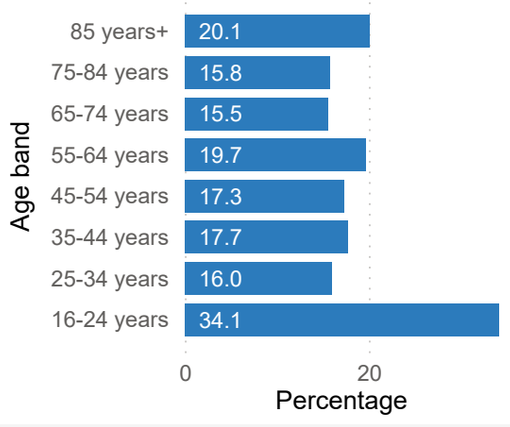


2) Scotland, all people, by rurality, latest period

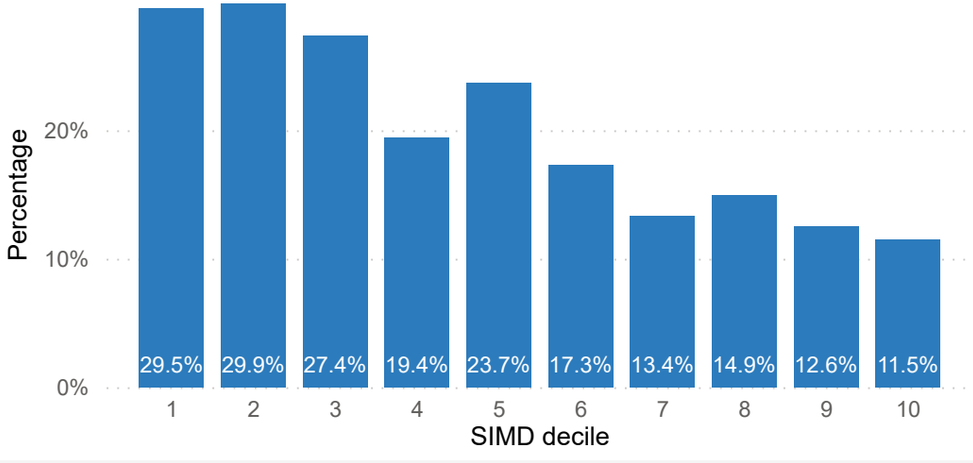


Latest period	Scotland, latest period
2021/22-2023/24	19.0%

3) Scotland, adults, by age, latest period



4) Scotland, all people, by Scottish SIMD decile, latest period



Rationale

Relative poverty measures whether low-income households are keeping pace with middle income households. This indicator is relative poverty after housing costs, defined as being below 60% of median UK income, adjusted for housing expenses. This better reflects actual living standards by accounting for housing expenses, which can significantly reduce disposable income. People in poverty are more likely to experience chronic illness, mental health issues, and reduced life expectancy and it limited access factors which enable health e.g. nutritious food and safe housing.

Inequalities

Relative poverty has increased in Scotland over the past decade (1). Those living in rural areas experience lower relative poverty than in urban areas (2), but face higher living costs. Young adults (16-24 years) are consistently more likely to be living in relative poverty than other age groups (3). People living in the most deprived areas in Scotland are more likely to be in relative poverty than those living in the least deprived (4).

Poverty rates are higher among people with disabilities, minority ethnic groups, single parents, and LGBTQ+ individuals. These groups often face intersecting barriers to employment, education, and social support.

Sources

1,3) Scottish Public Health Observatory https://scotland.shinyapps.io/ScotPHO_profiles_tool/

2,4) Scottish Government, Poverty and Income Inequalities in Scotland 2021-24, Official Statistics Publication for Scotland https://data.gov.scot/poverty/

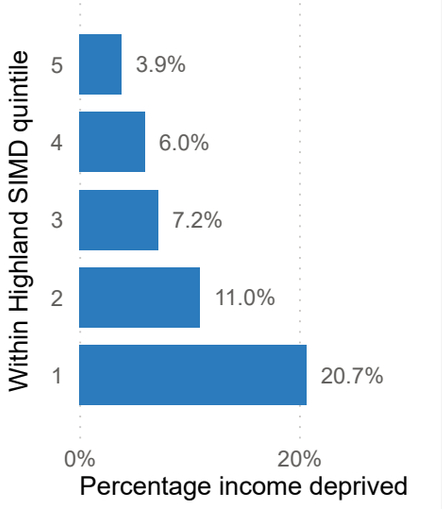
Further information

Scottish Government. Poverty in rural Scotland: evidence review https://www.gov.scot/publications/poverty-rural-scotland-review-evidence/

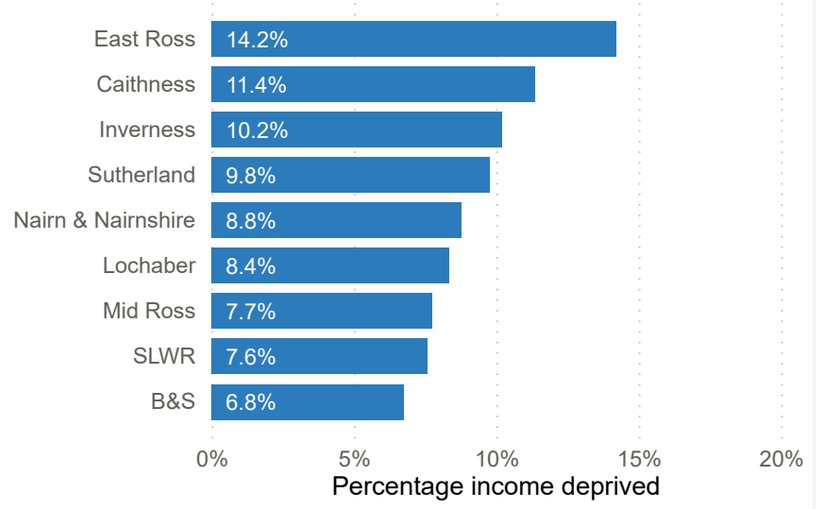
Public Health Scotland, Poverty and health https://publichealthscotland.scot/population-health/social-and-economic-impacts-on-health/economy-and-poverty/poverty-and-health/

Income deprivation

1) by SIMD quintile



2) by Community Partnership area

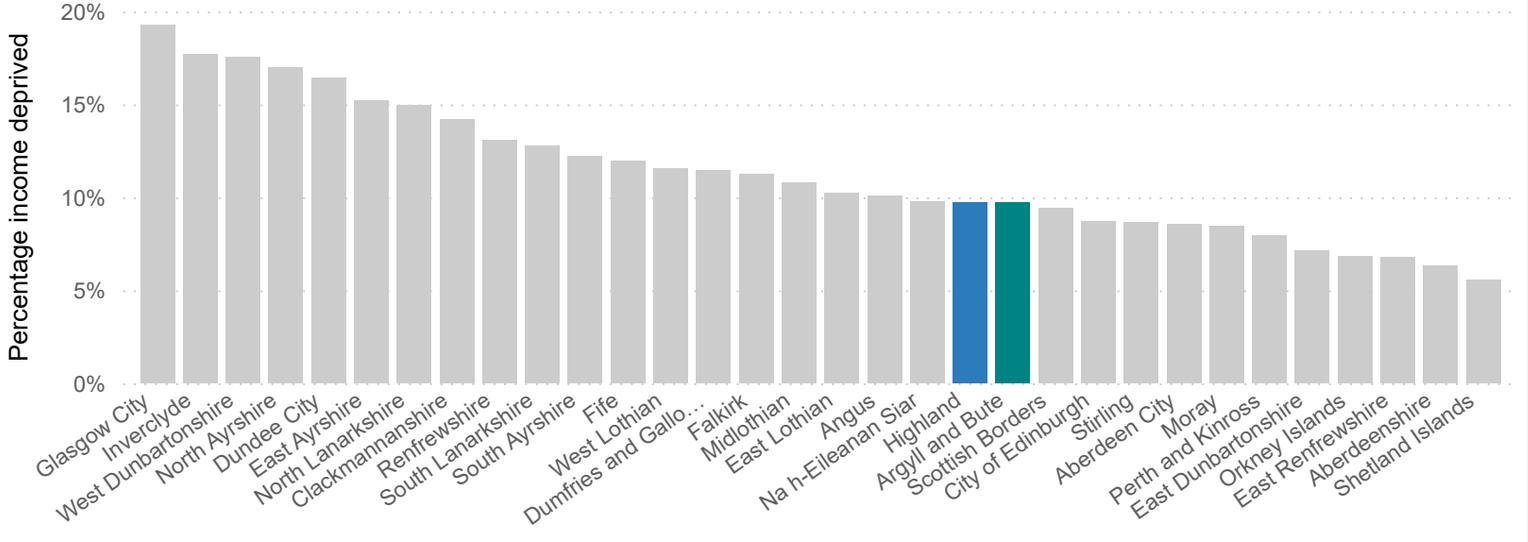


SIMD 2020v2

Scotland 12.1%

Highland 9.7%

3) by local authority



Rationale

Income is a fundamental determinant of health. Adequate individuals and households to meet basic needs such as safe housing, nutritious food, transportation and energy for heating and cooking, but also supports access to digital services, social participation and independence. Insufficient income is associated with with chronic stress, reduced life expectancy, and higher rates of physical and mental illness. Scottish Index of Multiple Deprivation (SIMD) measures income deprivation using administrative data on means-tested benefits and/or tax credits. It is important to note that SIMD 2020 (the most recent) is based on pre-pandemic data and does not reflect changes due to the rollout of Universal Credit, the COVID-19 pandemic, and the cost-of-living crisis.

Inequalities

Those living in SIMD quintile 1 (most deprived areas) in Highland are most likely to be income deprived. However, income deprivation exists in all quintiles, and not all individuals in quintile 1 are income deprived. East Ross is the Highland Community Partnership Area with the highest proportion of people who are income deprived (2). Compared to the Scottish average, Highland has a lower percentage of people considered income deprived (3), but this does not consider higher cost of living in rural areas.

Sources

1,2,3) Scottish Government. SIMD 2020v2. https://www.gov.scot/collections/scottish-index-of-multiple-deprivation-2020/

2) Public Health Scotland. Sub-HSCP geographies https://www.opendata.nhs.scot/

Further information

Highlands and Islands Enterprise. Minimum Income Standards https://www.hie.co.uk/research-and-reports/our-reports/2016/november/30/a-minimum-income-standard-for-remote-rural-scotland-a-policy-update/

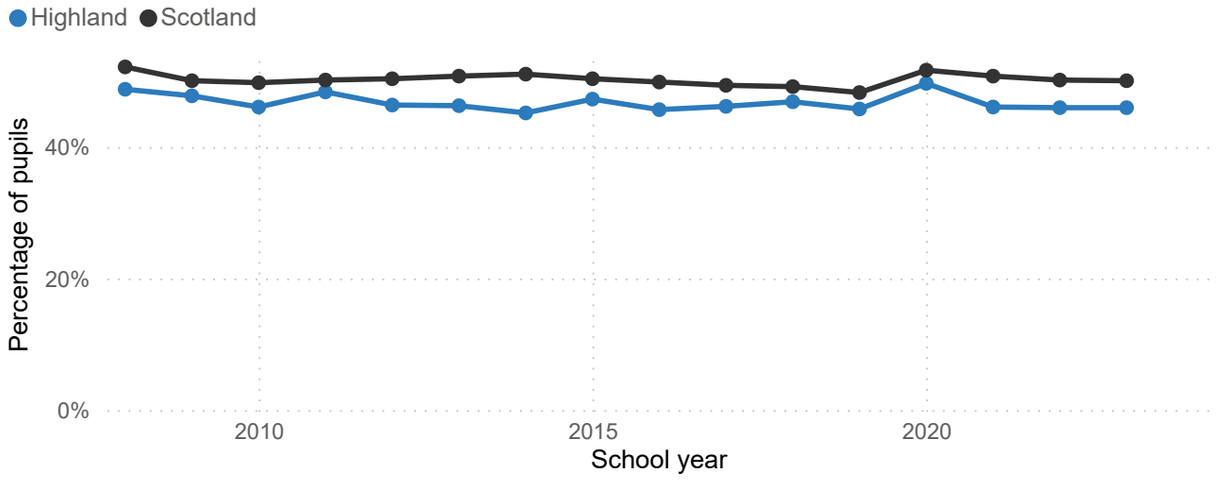
Scottish Government. Poverty in rural Scotland: evidence review https://www.gov.scot/publications/poverty-rural-scotland-review-evidence/

5. Create and develop healthy and sustainable places and communities

Text summarising this Marmot principle will be added here.

Active travel to school

1) by area, over time



Latest year

2023

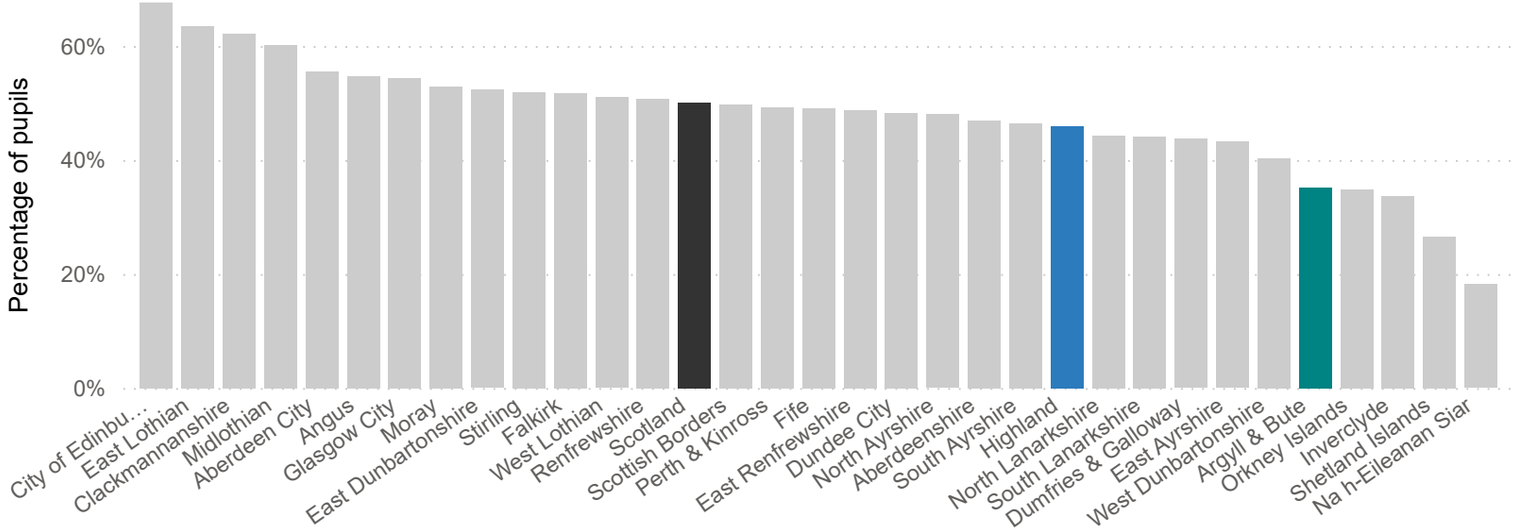
Highland, latest year

46%

Scotland, latest year

50%

2) by local authority, latest year



Rationale

Regular physical activity is strongly linked to a reduced risk of morbidity and mortality. Physical activity also plays a role in reducing symptoms of anxiety and depression, enhancing sleep quality, and boosting self-esteem and concentration. Active travel is defined as walking, cycling, or other forms of non-motorised transport and offers benefits for physical and mental health and well as contributing to environmental sustainability. Inequalities in active travel are known to be influenced by factors such as gender, age, income, and disability.

Inequalities

The proportion of pupils using active travel to school is consistently lower in Highland than the Scottish average (1,2). The dispersed settlement pattern and long travel distances in rural Highland mean that many pupils rely on motorised transport, including buses and private vehicles, to reach school.

Source

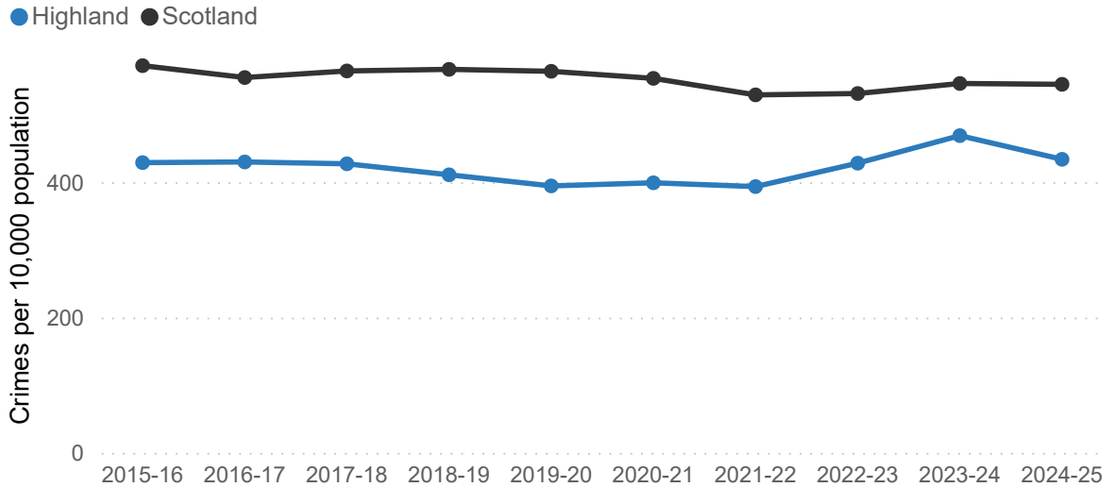
1,2) Scottish Public Health Observatory
https://scotland.shinyapps.io/ScotPHO_profiles_tool/

Further information

Public Health Scotland. Health Impact Scoping of Active Travel Strategy Guidance.
https://publichealthscotland.scot/media/17878/health-impact-scoping-of-active-travel-strategy-guidance-feb23.pdf
Gale A, Teuton J. Place and Well-being Outcomes Briefing: Movement Theme.
https://www.improvementservice.org.uk/__data/assets/pdf_file/0024/51873/Place-and-Wellbeing-Outcomes-Briefing-Movement.pdf
Scottish Public Health Observatory. Physical activity.
https://www.scotpho.org.uk/risk-factors/physical-activity/key-points/
World Health Organization. Physical activity.
https://www.who.int/news-room/fact-sheets/detail/physical-activity

Crime rate

1) total crime by area, over time



Latest year

2024-25

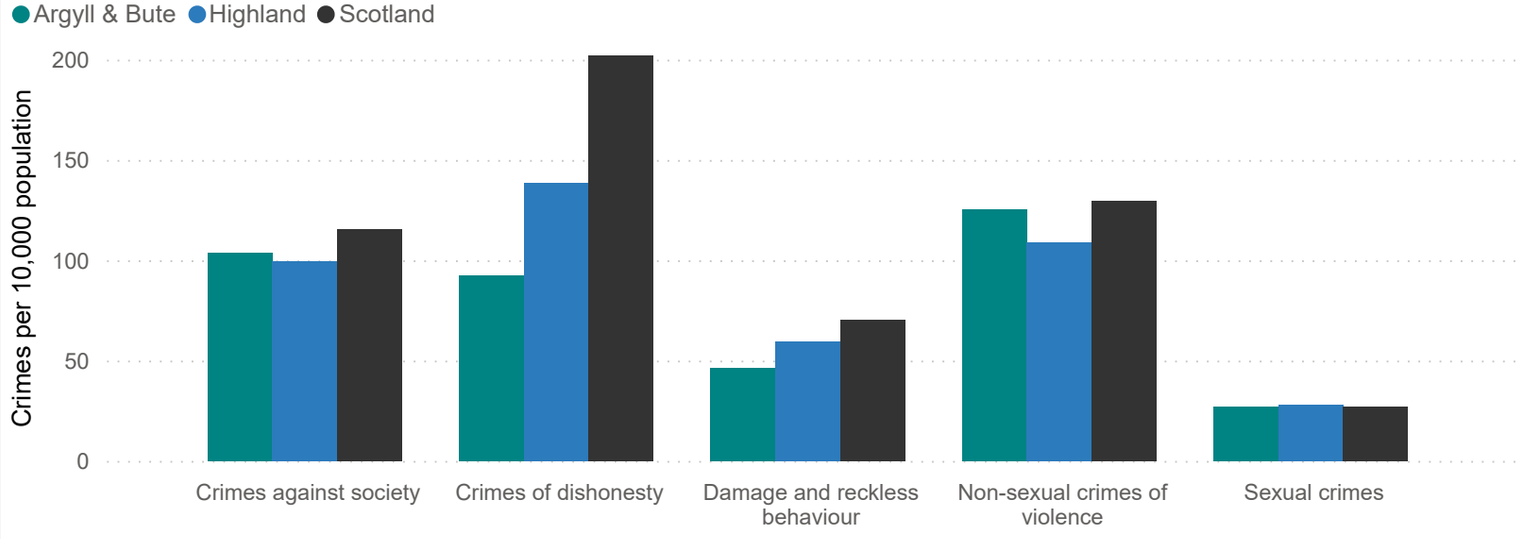
Highland, latest year

434.0

Scotland, latest year

544.8

2) by area and crime group, latest year



Rationale

Crime affects health both directly and indirectly. Violent crime can lead to physical injury, long-term disability, and psychological trauma. Exposure to violence, particularly in childhood, is associated with increased risk of mental illness, substance misuse, chronic diseases, and social problems such as poverty and further violence. Non-violent crime, such as anti-social behaviour, can significantly impact mental health and well-being.

Victims and witnesses often report fear, anxiety, sleep disturbances, and avoidance behaviours, which can reduce quality of life and community cohesion. Fear of crime can lead to reduced physical activity, social isolation, and lower trust in institutions, all of which are linked to poorer health outcomes. These impacts are often more severe in deprived areas and among individuals with existing health conditions.

Inequalities

Overall, Highland has consistently lower rates of recorded crime than the Scottish average (1).

Rates of recorded crimes of dishonesty (which includes theft and fraud) were notably lower in Highland compared to Scotland (2). However, rates of sexual crimes and violent crimes were similar to the Scottish average (2).

Source

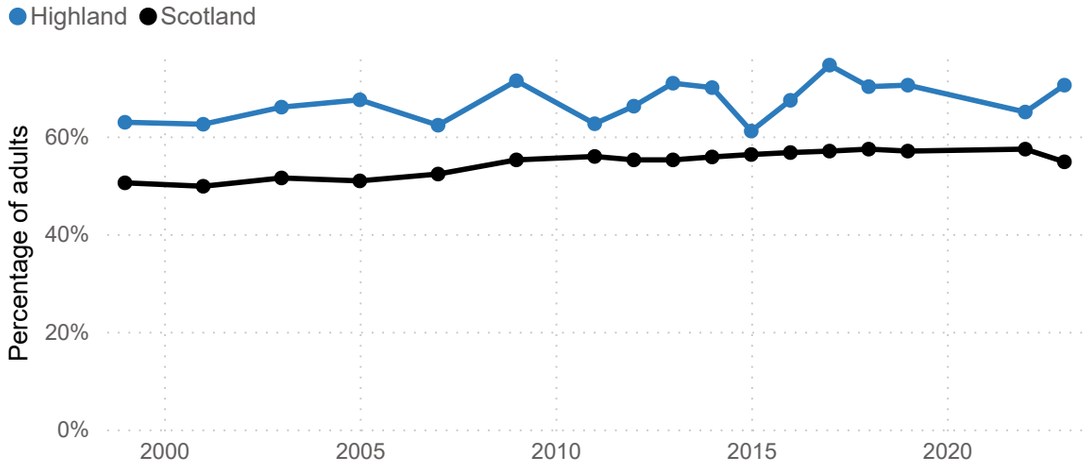
1,2) Scottish Government. Recorded Crime in Scotland
https://www.gov.scot/collections/recorded-crime-in-scotland/

References and further reading

Scottish Public Health Observatory. Crime and Violence
https://www.scotpho.org.uk/wider-determinants/crime-and-violence/introduction/
World Health Organization. Violence and health.
https://www.who.int/news-room/fact-sheets/detail/violence-against-women

Adults rating neighbourhood as a very good place to live

1) by area, over time



Latest year

2023

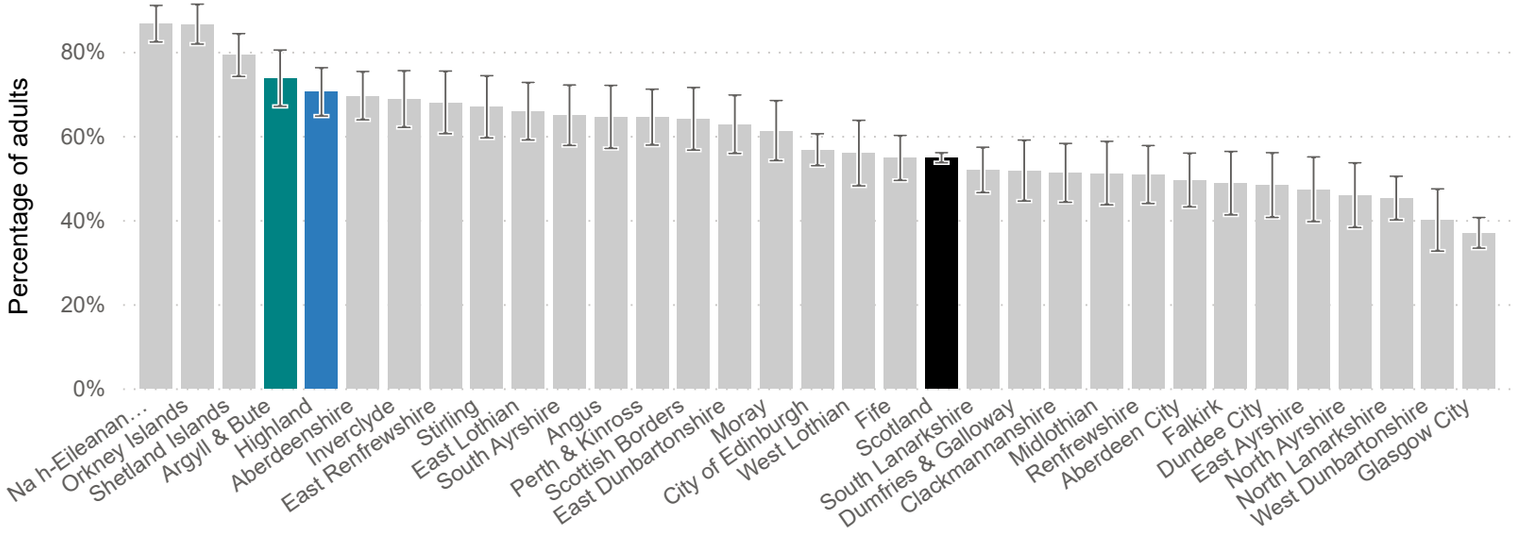
Percentage adults, Highland, latest year

70.5%

Percentage adults, Scotland, latest year

54.8%

2) by local authority, latest year



Rationale

The neighbourhoods in which people live have a profound impact on health and well-being. The Scottish Government's place-based policy approach recognises that improving the quality of places can reduce health inequalities and support healthier lives. Neighbourhoods that lack safe walking routes, accessible services, or green spaces are associated with lower levels of physical activity, poorer mental health, and reduced social interaction. These environmental deficits disproportionately affect low-income and marginalised groups, contributing to a gradient of health disadvantage across Scotland.

Inequalities

In Highland, adults are more likely than the Scottish average to rate their neighbourhood as a very good place to live (1,2).

Data published for Scotland shows that people living in the most deprived quintile are less likely to rate their neighbourhood as a very good place to live.

Sources

1,2) Scottish Household Survey data provided via Scottish Public Health Observatory https://scotland.shinyapps.io/ScotPHO_profiles_tool/

Further information

Scottish Government. Scottish Household Survey 2022 https://www.gov.scot/publications/scottish-household-survey-2022-annual-report/

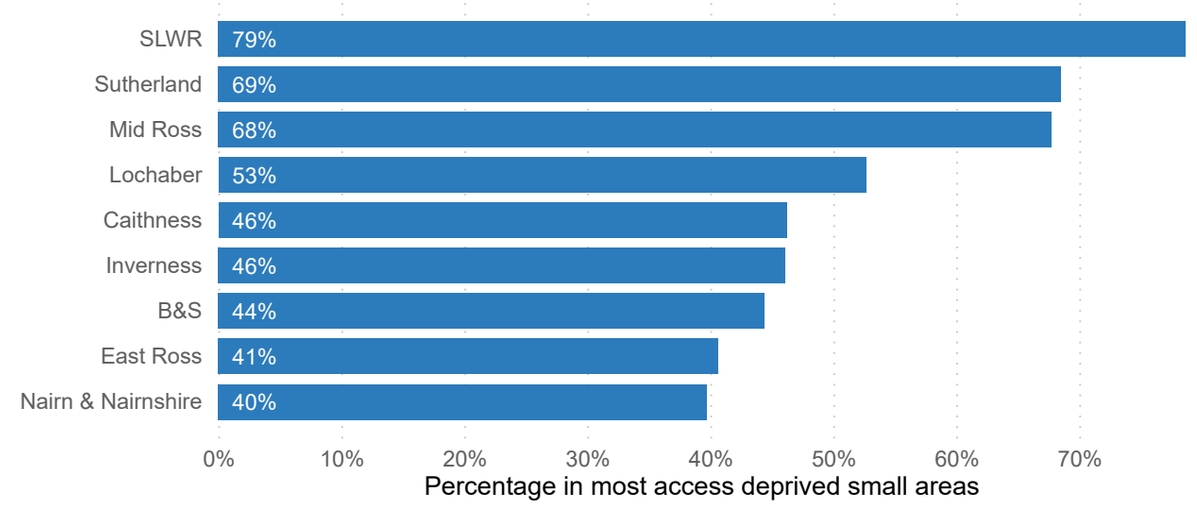
Scottish Government. Place Principle: Shared understanding to improve outcomes and reduce inequalities. https://www.gov.scot/publications/place-principle/

Scottish Public Health Observatory. Community Wellbeing. https://www.scotpho.org.uk/archive/community-wellbeing/data/data-introduction/

Scottish Government. Local living and 20 minute neighbourhoods: planning guidance https://www.gov.scot/publications/scottish-government-planning-guidance-local-living-20-minute-neighbourhoods/pages/1/

Access deprivation

1) by Community Partnership Area

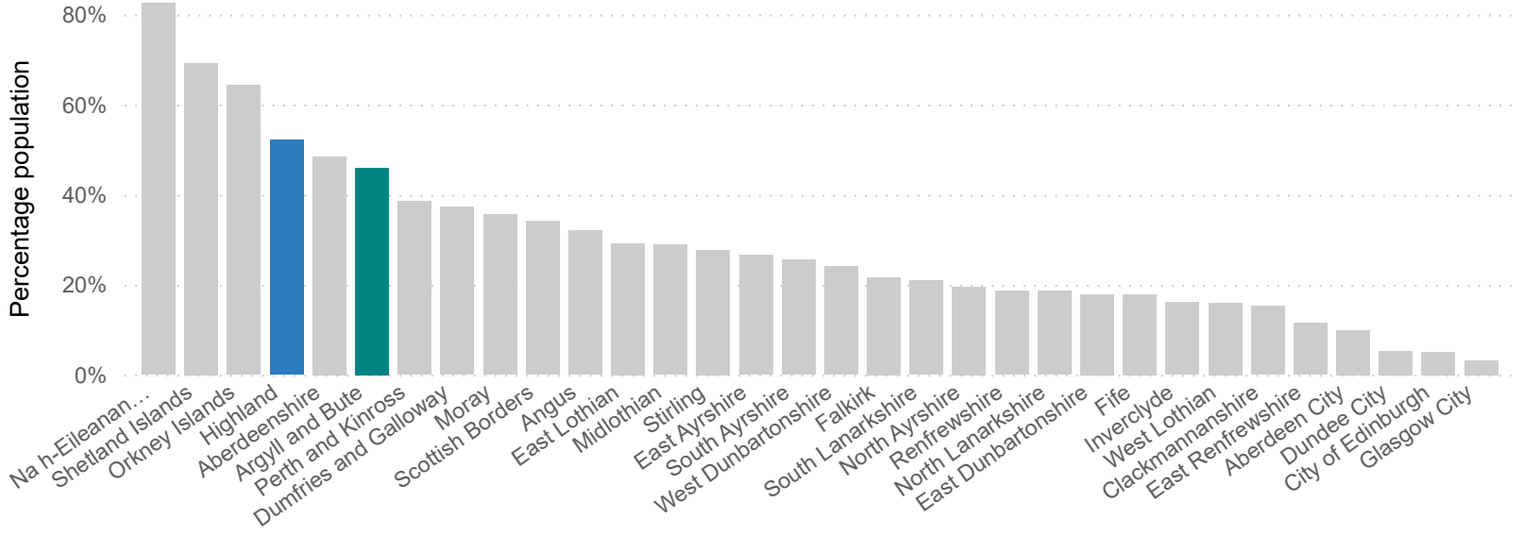


SIMD 2020v2

Highland 52%

Scotland 22%

2) by local authority



Rationale

Access to essential services is an important determinant of health and wellbeing. The Scottish Index of Multiple Deprivation (SIMD) includes an “Access” domain that measures drive and public transport times to key services including GP practices. In rural areas geographic isolation, dispersed settlements and limited infrastructure significantly affect service accessibility. Higher transport costs also contribute to higher cost of rural areas and rural poverty. The Scottish Government recognises the contribution of local living (within 20 minute neighbourhoods) to reduction in health inequalities. This indicator measures the percentage of people living in areas within the most access deprived quintile in Scotland.

Inequalities

Skye, Lochalsh and West Ross is the Community Partnership Area with the highest proportion of people in the most access deprived areas. However, all Community Partnership Areas in Highland have a higher proportion of the population living in access deprived areas than the Scottish average (1). Highland has a far higher proportion than average of its population living in areas classified as the most access deprived (2).

Sources

1,2) Scottish Index of Multiple Deprivation (SIMD) 2020v2 https://www.gov.scot/collections/scottish-index-of-multiple-deprivation-2020/ (within Scotland access deprivation quintile) and National Records of Scotland 2022 mid-year population estimates via Public Health Scotland open data https://www.opendata.nhs.scot/

1) Public Health Scotland. Sub-HSCP geographies https://www.opendata.nhs.scot/

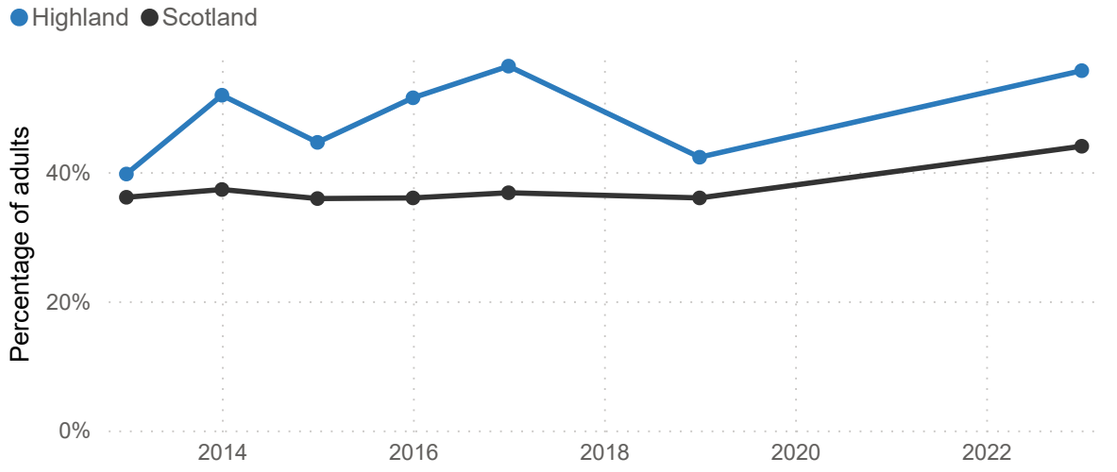
Further information

Scottish Government. Poverty in rural Scotland: evidence review https://www.gov.scot/publications/poverty-rural-scotland-review-evidence/

Scottish Government. Local living and 20 minute neighbourhoods: planning guidance https://www.gov.scot/publications/scottish-government-planning-guidance-local-living-20-minute-neighbourhoods/pages/1/

Access to open space

1) by area, over time



Latest year

2023

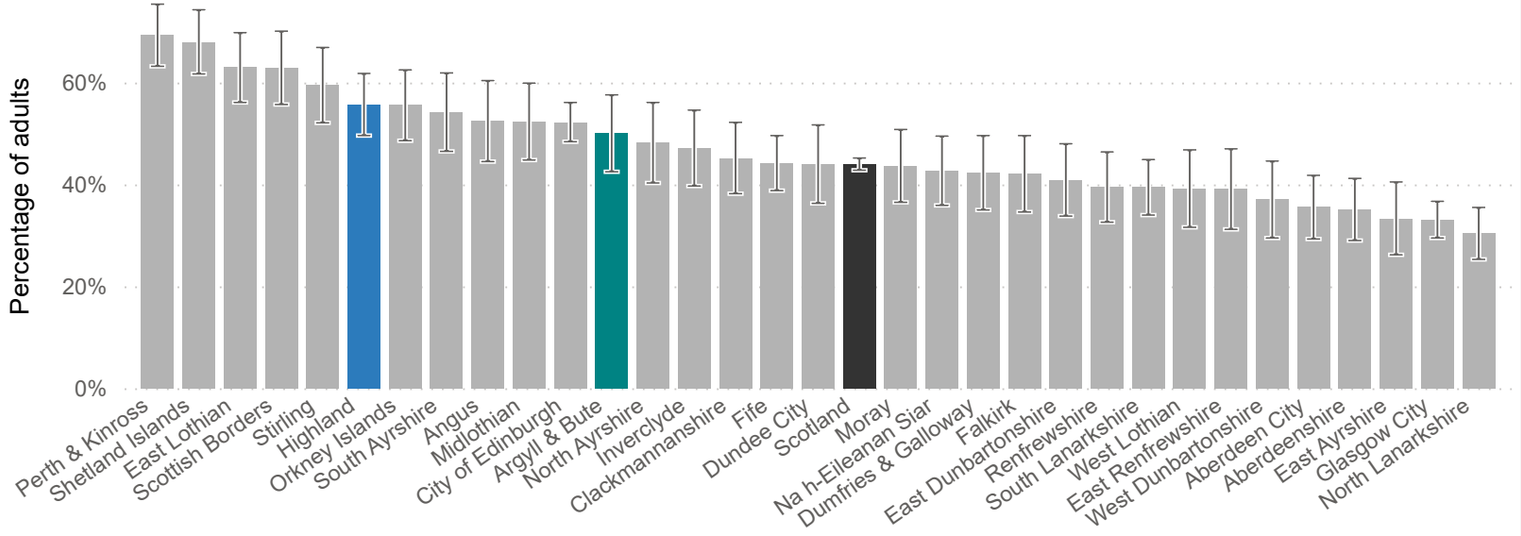
Percentage adults in Highland, latest year

55.7%

Percentage adults in Scotland, latest year

44.0%

2) by local authority, latest year



Rationale

Access to open space is a key determinant of both physical and mental health. Regular interaction with green and blue spaces is associated with reduced stress, improved mood, increased physical activity, and enhanced social cohesion.

The Highland Outcome Improvement Plan (HOIP) highlights the role of place in shaping well-being. The plan commits to improving access to green spaces and active travel routes, particularly in areas of deprivation and rural fragility.

This indicator is based on survey data. Respondents are asked how far they live from public green, blue or open space and then how often they use or pass through this space. Regular use of open space was defined as more than once a week.

Inequalities

Adults in Highland report higher regular use of open space than the Scottish average (1,2), but many adults in Highland do not regularly access open space.

Scottish Health survey data shows that, in Scotland, those in the most deprived SIMD quintiles were least likely to regularly use open spaces.

Source

1,2) Scottish Health Survey via Scottish Public Health Observatory
https://scotland.shinyapps.io/ScotPHO_profiles_tool/

Further information

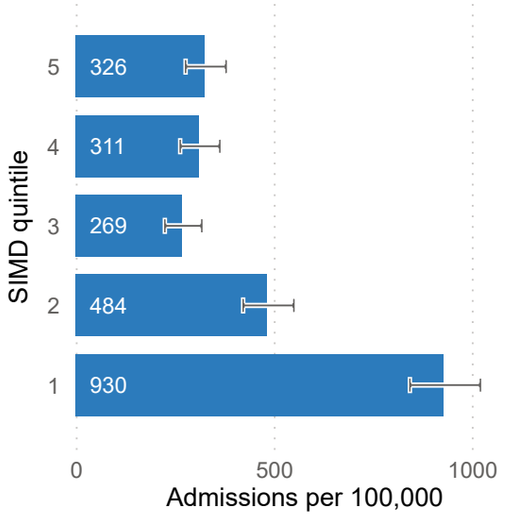
Scottish Public Health Observatory. Physical environment.
https://www.scotpho.org.uk/wider-determinants/physical-environment/introduction-and-policy-context/
Public Health Scotland. Place and Well-being Outcomes Briefing: Movement Theme.
https://www.improvementservice.org.uk/__data/assets/pdf_file/0024/51873/Place-and-Wellbeing-Outcomes-Briefing-Movement.pdf

6. Strengthen the role and impact of ill health prevention

Text summarising this Marmot principle will be added here.

Alcohol-related hospital admissions

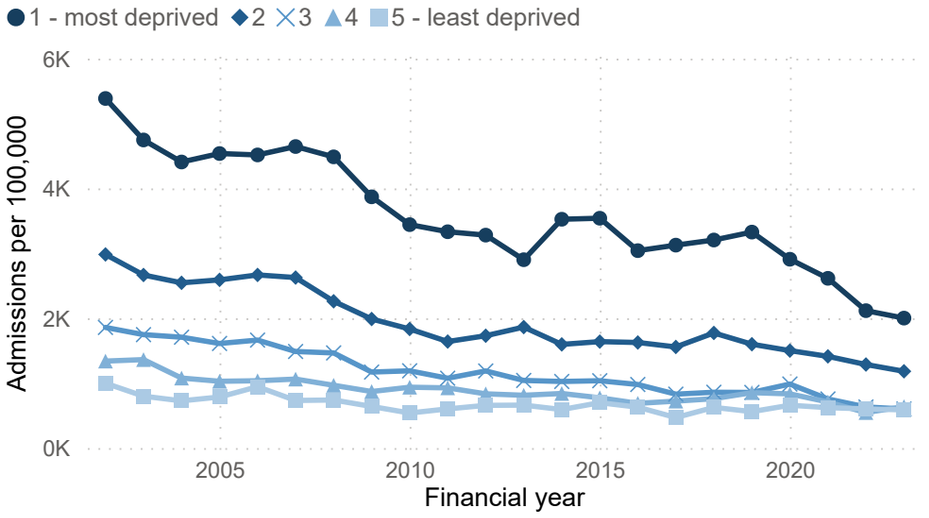
1) by SIMD quintile (latest year)



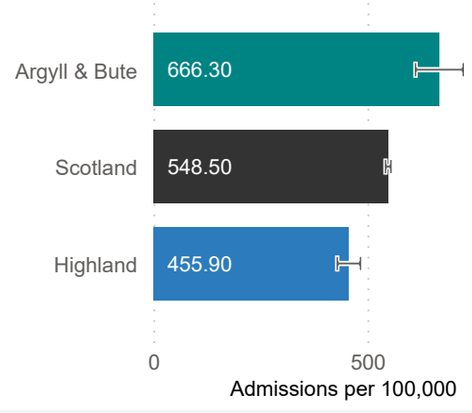
Latest year

2023

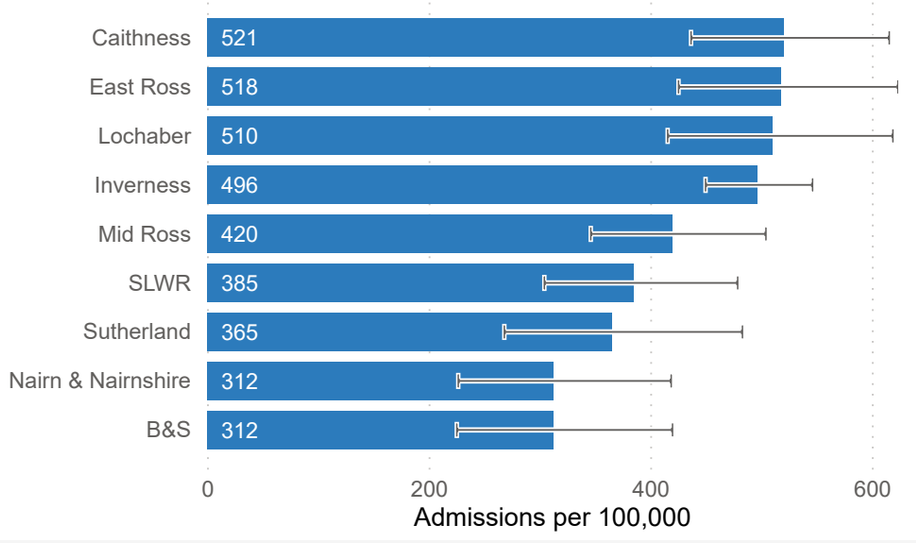
2) by SIMD quintile, over time



3) by area (latest year)



4) by Community Partnership area (latest year)



Rationale

The harmful use of alcohol is a major driver of health inequalities. Harms due to problem alcohol use include reduced quality of life, hospitalisations, early deaths, and social harms such as violence and domestic abuse. The harmful use of alcohol impacts upon individuals, children, families and communities. Hospital admissions include records where an alcohol-related diagnosis was recorded during admissions to acute care in Scotland. These admissions include the short-term effects on health of acute intoxication and alcohol poisoning and longer term effects such as alcohol dependency and damage to the liver and brain.

Inequalities

Alcohol-related hospital admissions in Scotland and Highland have declined. Admissions are highest in the most deprived areas, with rates nearly five times higher than in the least deprived (1,2). Rates in Highland are lower than the national average (3). They vary across Highland CPP areas, but these differences should be interpreted with caution due to the wide confidence intervals and smaller number of admissions (4).

Source

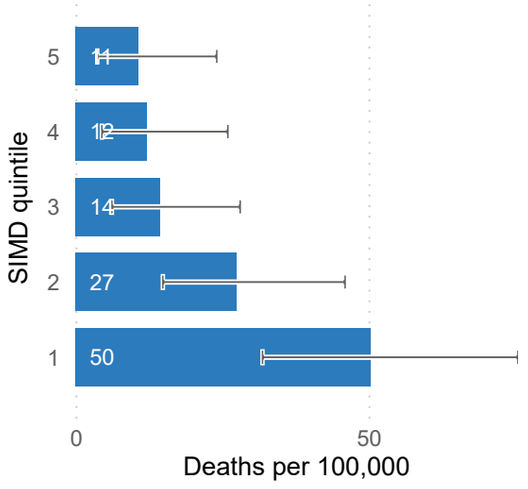
Scottish Public Health Observatory
https://scotland.shinyapps.io/ScotPHO_profiles_tool/
Rates are age-sex standardised.

Further information

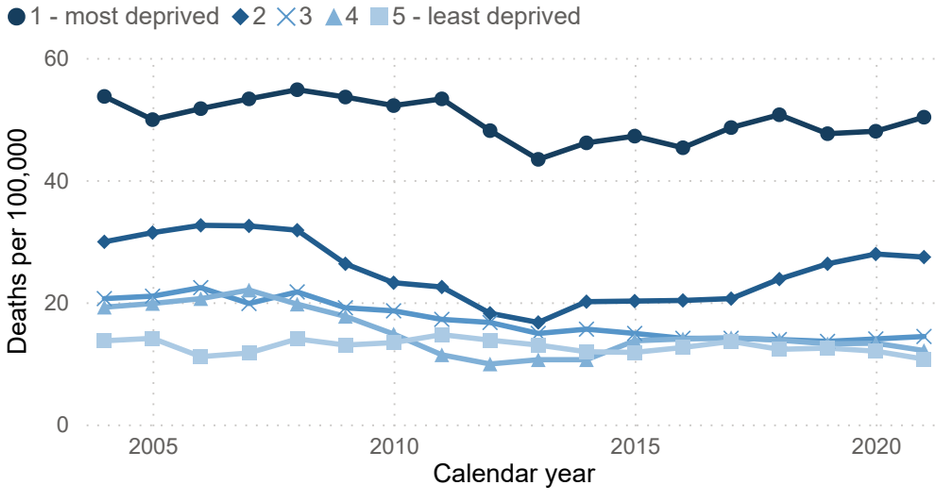
Public Health Scotland. Alcohol consumption and harms dashboard.
https://publichealthscotland.scot/publications/alcohol-consumption-and-harms-dashboard
Alcohol Focus Scotland. Alcohol harm profiles.
https://www.alcohol-focus-scotland.org.uk/harm-profiles

Alcohol-specific deaths

1) by SIMD quintile, latest period



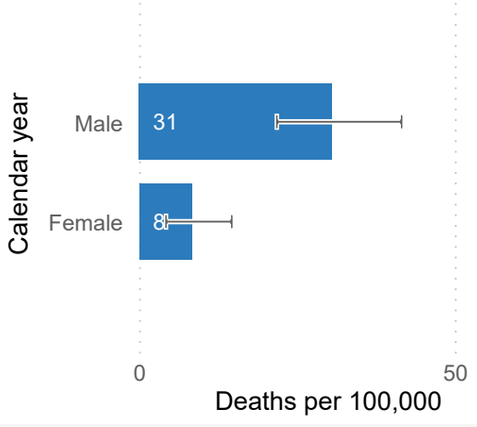
2) by SIMD quintile, over time



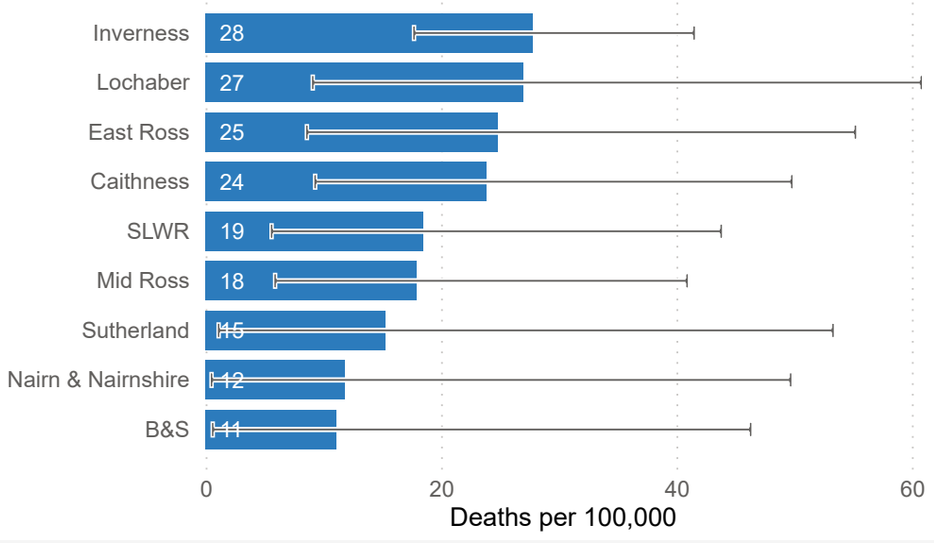
Latest period

2019-2023

3) by sex, 2023



4) by Community Partnership area, latest period



Rationale

The harmful use of alcohol is a major driver of health inequalities. Harms due to problem alcohol use include reduced quality of life, hospitalisations, early deaths, and social harms such as violence and domestic abuse. The harmful use of alcohol impacts upon individuals, children, families and communities. Alcohol-specific deaths are those where the cause of death is considered wholly attributable to alcohol.

Inequalities

Alcohol-specific deaths occur across all deprivation quintiles and are consistently higher in the most deprived areas (1,2). Rates of alcohol-specific deaths are higher in males than in females (3). Rates also vary by more than two-fold across Highland CPP areas. These differences should be interpreted with caution due to the wide confidence intervals and relatively small numbers of deaths (4).

Sources

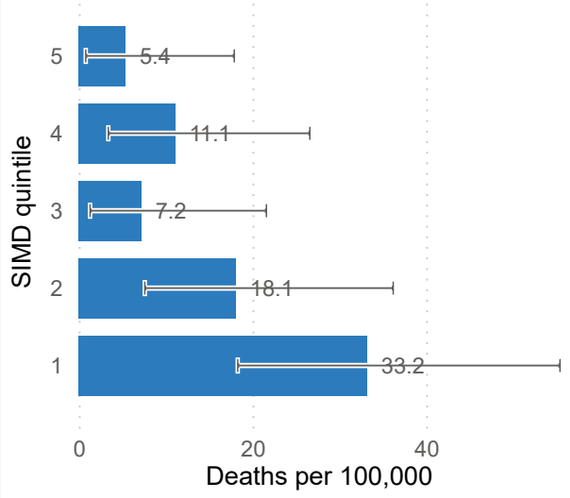
1,2,4) Scottish Public Health Observatory
https://scotland.shinyapps.io/ScotPHO_profiles_tool/
3) Public Health Scotland. Alcohol consumption and harms.
https://publichealthscotland.scot/publications/alcohol-consumption-and-harms-dashboard
Year relates to year of death registration.

Further information

National Records of Scotland. Alcohol-specific deaths.
https://www.nrscotland.gov.uk/publications/alcohol-specific-deaths-2023/
Alcohol Focus Scotland. Alcohol harm profiles.
https://www.alcohol-focus-scotland.org.uk/harm-profiles/

Drug-related deaths

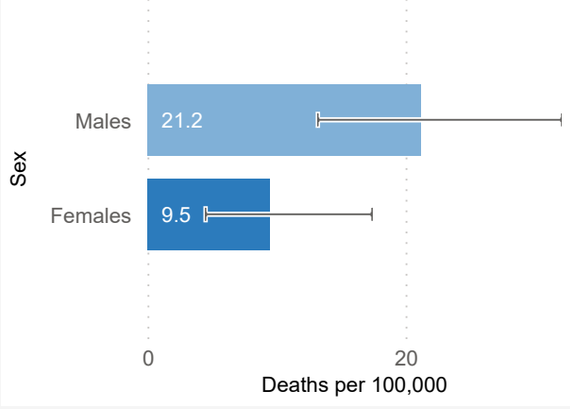
1) by SIMD quintile, latest 5-year period



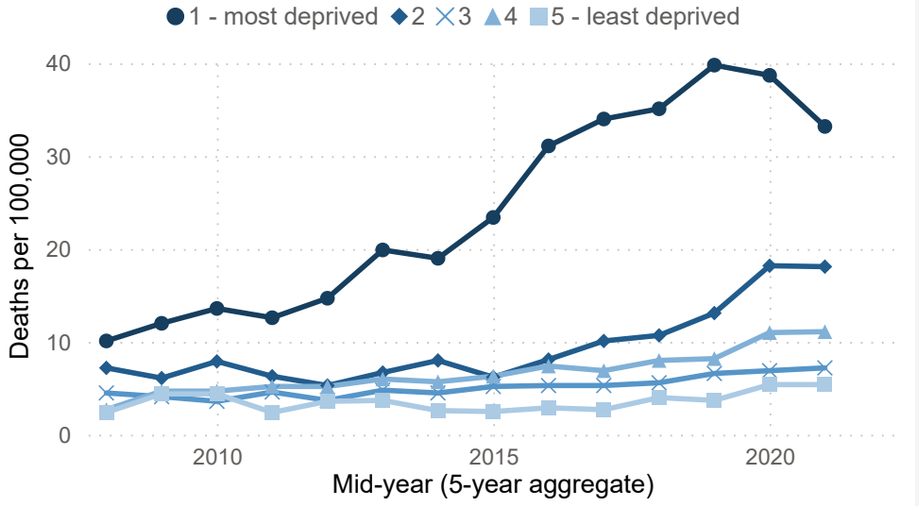
Latest period

2019-2023

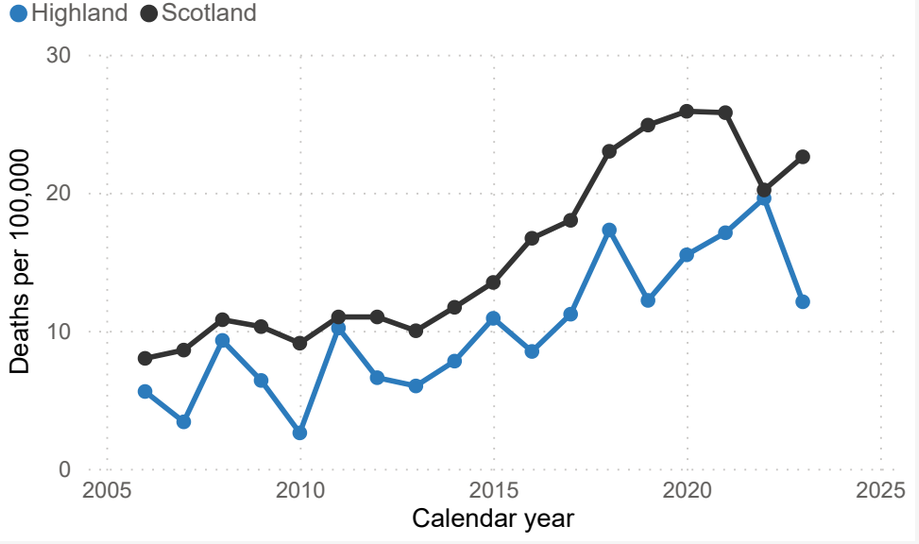
3) by sex, latest 5-year period



2) by SIMD quintile over time



4) by area, by calendar year



Rationale

Problematic use of drugs and other substances is a significant issue in Highland and across Scotland. A National Mission was announced by the Scottish Government in 2021 to reduce deaths and improve lives impacted by drugs. Problematic substance use and drug-related deaths are associated with multiple risk factors and vulnerabilities. Evidence highlights multiple disadvantage (early years trauma, poor housing, crime, poverty) contributes to substance use, which in turn contributes to further disadvantage. The drug-related deaths data shown refer to a specific definition of a drug death while avoiding the use of stigmatising language.

Inequalities

Drug-related deaths occur across all socioeconomic groups but are disproportionately concentrated in the most deprived areas in Highland (1,2). Rates of drug-related deaths are consistently higher in males than in females (3). Rates of drug-related deaths have increased since 2005, although recent data suggest a small decline. Highland's rates remain below the Scotland average (4).

Source

1,2,3,4) Scottish Public Health Observatory
https://scotland.shinyapps.io/ScotPHO_profiles_tool/
Rates are age-sex standardised. Year relates to year of death registration.

Further information

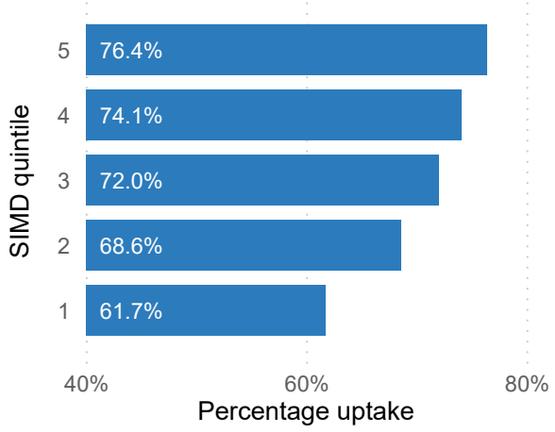
National Records of Scotland. Drug-related deaths
https://www.nrscotland.gov.uk/publications/drug-related-deaths-in-scotland-in-2023/
Scottish Government. National Mission.
https://www.gov.scot/publications/national-drugs-mission-plan-2022-2026

Bowel Screening uptake

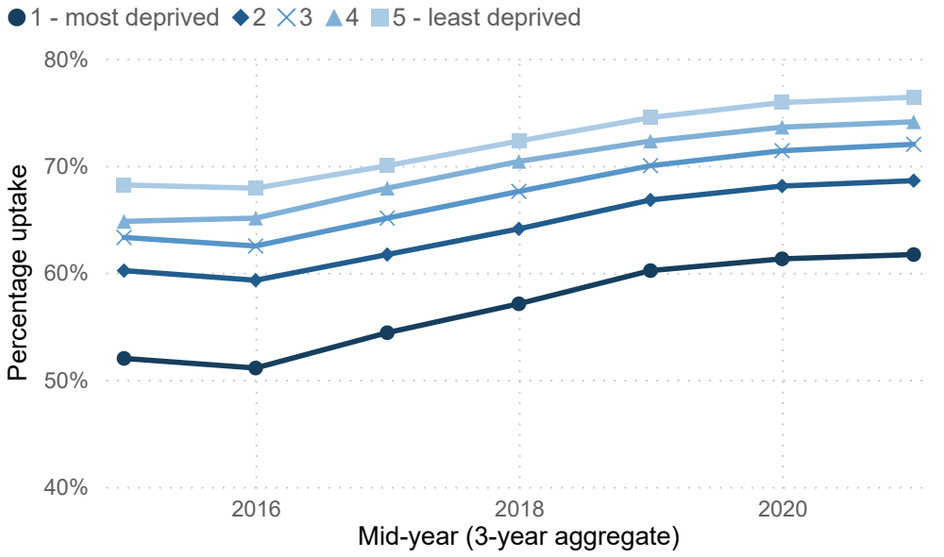
Latest year

2020-2022

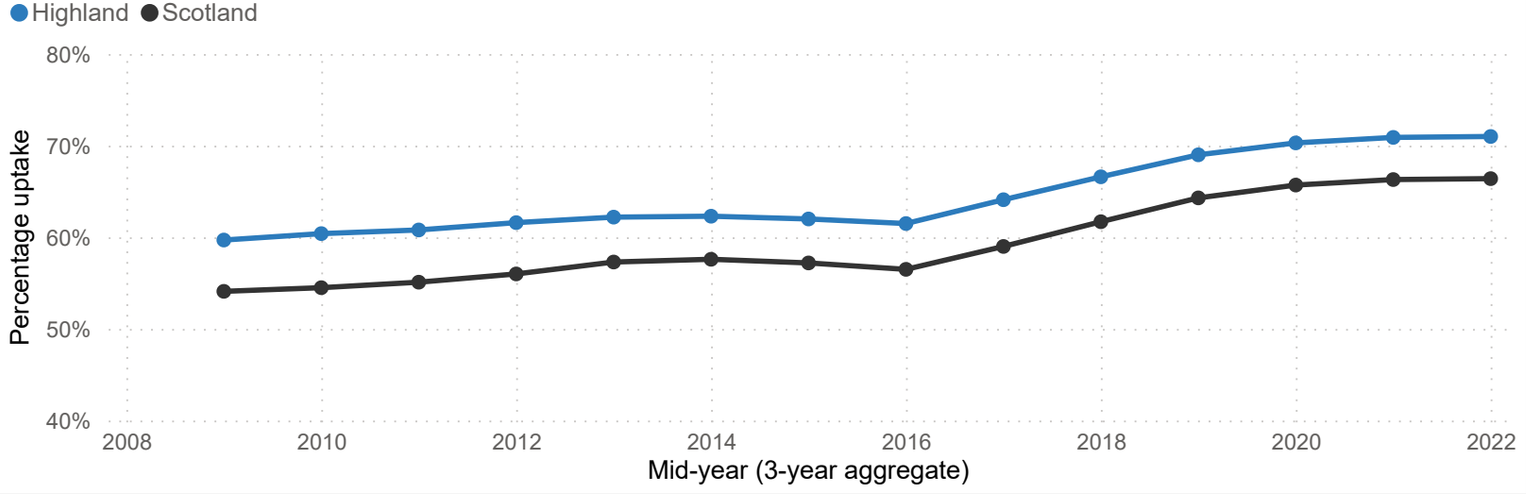
1) by SIMD quintile, latest 3-year period



2) by SIMD quintile over time



3) by area, over time



Rationale

Bowel screening is a key form of secondary prevention aimed at detecting cancer early, when treatment is more likely to be effective. In Scotland, the national bowel cancer screening invites those aged 50-74 to participate every two years. The introduction of the faecal immunochemical (FIT) test in 2017 improved acceptability and uptake, particularly among men. Barriers to bowel screening include low health literacy, cultural beliefs and stigma.

Inequalities

Uptake of bowel cancer screening for bowel cancer is not equal across the NHS Highland area. People living in the most deprived SIMD quintile are consistently less likely to participate in screening compared to those in the least deprived areas (1,2). Overall uptake in NHS Highland has improved since the introduction of FIT and has stabilised around 70% in recent years, which is higher than the Scotland average (3).

Source

1,2,3) Scottish Public Health Observatory
https://scotland.shinyapps.io/ScotPHO_profiles_tool/

Further information

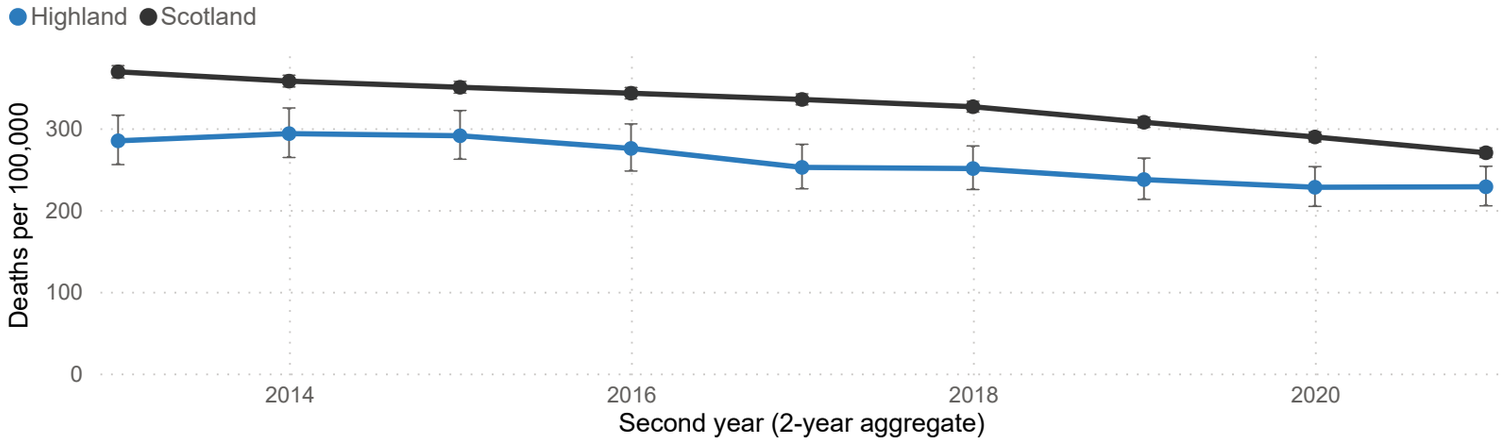
Public Health Scotland. Scottish bowel screening programme statistics. https://publichealthscotland.scot/publications/scottish-bowel-screening-programme-statistics/

Scottish Government. Scottish Equity in Screening Strategy 2023–2026. https://www.gov.scot/publications/scottish-equity-screening-strategy-2023-2026/

Smoking

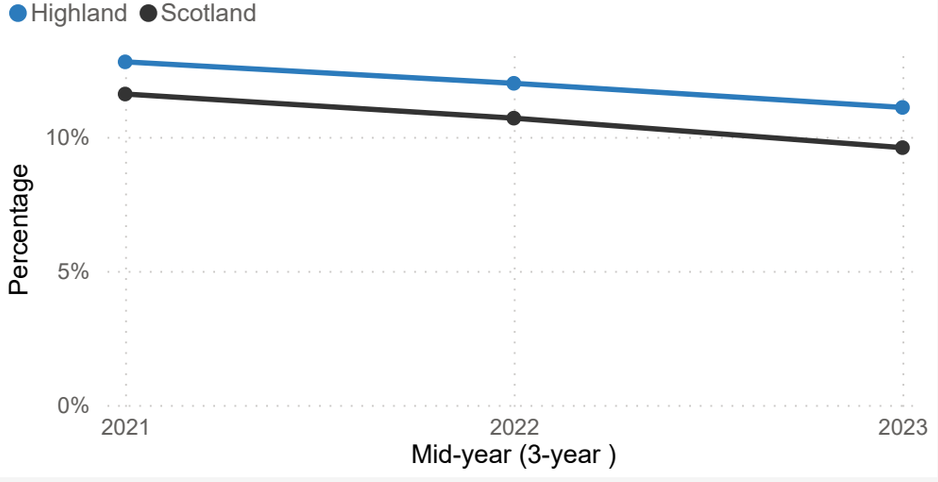
Smoking attributable deaths

1) smoking attributable deaths by area, over time



Women smoking in pregnancy

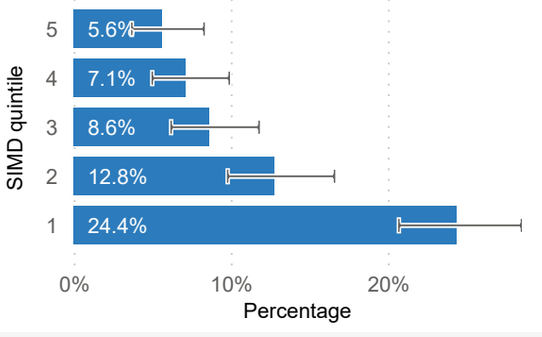
2) women smoking in pregnancy over time



Latest period

2021-2023

3) Women smoking in pregnancy by SIMD quintile, latest 3-year period



Rationale

Tobacco smoking remains the leading preventable cause of ill health and early death in Scotland. It is estimated that half of all people who smoke regularly will die early because of smoking-related diseases. Tobacco use is one of the largest drivers of health inequalities, with the highest rates of smoking and smoking-related illness found in the most deprived communities. Tobacco smoking in pregnancy is a significant preventable risk of harm to pregnant women and their babies.

Inequalities

Smoking attributable death rates are lower in Highland than Scotland and have fallen over time (1). In Scotland, rates of smoking attributable deaths were over four times higher in the most deprived quintile than in the least deprived quintile. Smoking in pregnancy is more common in Highland than Scotland and is highest in the most deprived areas (2,3). Smoking also drives further inequalities in other groups of society, with some of the highest smoking rates seen among people with mental health conditions and LGBTQ+ communities.

Source

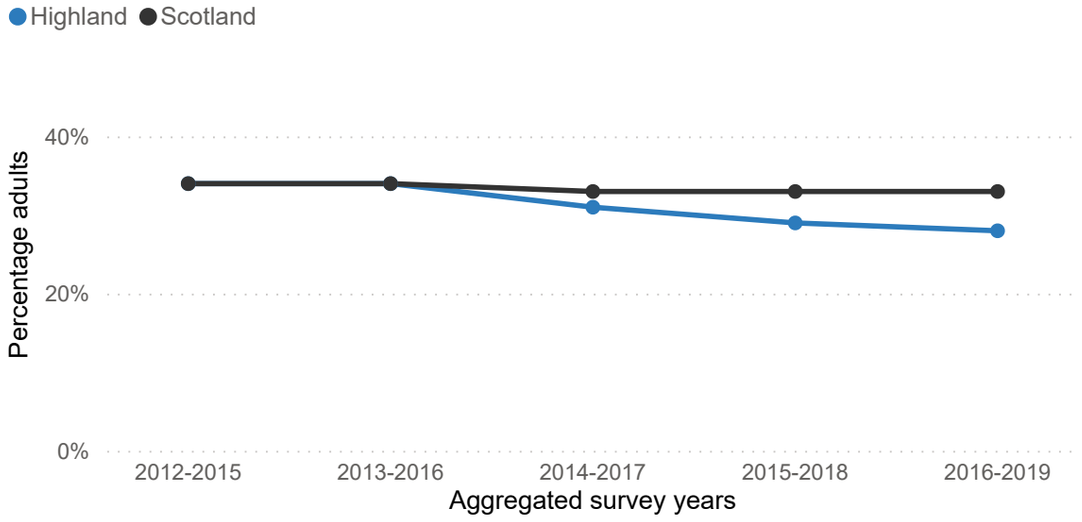
1,2,3) Scottish Public Health Observatory
https://scotland.shinyapps.io/ScotPHO_profiles_tool/

Further information

Scottish Government. Tobacco and vaping framework.
https://www.gov.scot/publications/tobacco-vaping-framework-roadmap-2034
ASH Scotland. Smoking in Scotland.
https://ashscotland.org.uk/briefing/smoking-in-scotland/

Adult healthy weight

1) by area, over time



Latest period

2016-2019

Percentage healthy weight, Highland, latest period

28%

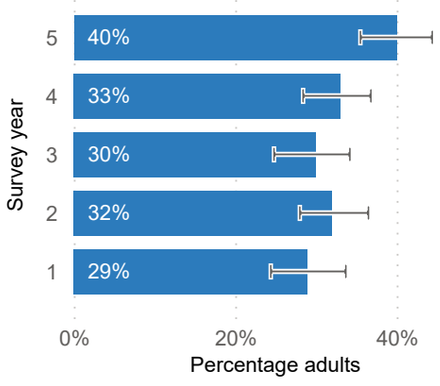
Percentage healthy weight, Scotland, latest period

33%

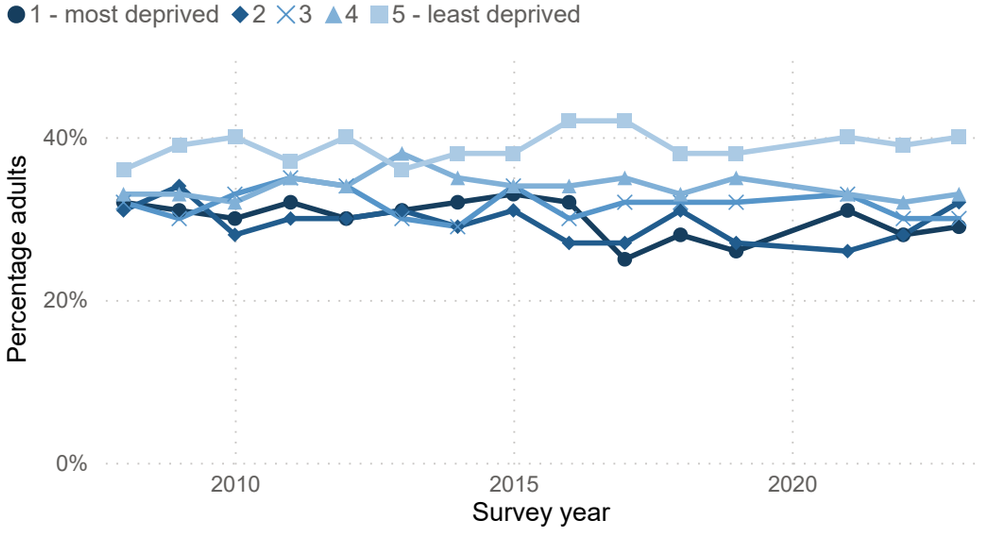
Latest single year

2023

2) Scotland, by SIMD quintile, latest single year



3) Scotland, by single year



Rationale

Improving healthy weight is a key evidence-based priority in Scotland's Population Health Framework. Obesity is recognised both as a complex disease and as a risk factor for health conditions including type 2 diabetes, cardiovascular diseases, cancer and dementia. The framework recognises that a whole system approach to improve food environments and access to a healthy balanced diet is needed to improve population levels of healthy weight.

Inequalities

Nationally, around two thirds of adults are living outside of healthy weight. Highland has a lower prevalence of healthy weight than Scotland, although this difference is not statistically significant (1). Males are less likely to be of healthy weight than females. Overweight and obesity are strongly linked to deprivation. In Scotland, the least deprived areas consistently had the highest percentage of the population of healthy weight (2,3). Adult healthy weight data are sourced from a national population survey and are limited breakdowns are available by council area.

Source

1,2,3) Scottish Public Health Observatory
https://scotland.shinyapps.io/ScotPHO_profiles_tool/

Scottish Health Survey data from 2020 are excluded due to changes in survey methods during the COVID-19 pandemic. SIMD quintiles are within Scotland.

Further information

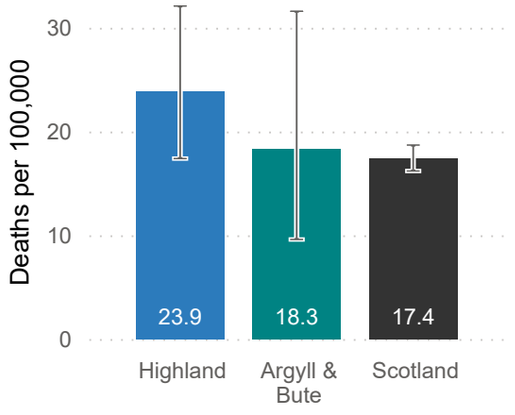
Scottish Government. Scotland's Population Health Framework
https://www.gov.scot/publications/scotlands-population-health-framework/
Scottish Government. Scottish Health Survey
https://www.gov.scot/collections/scottish-health-survey/

Probable suicide deaths

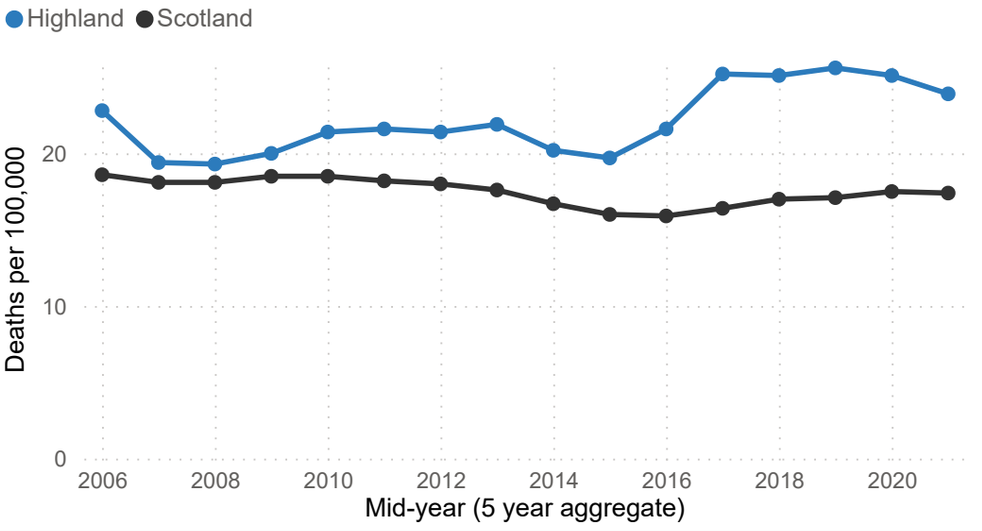
Latest period

2019 - 2023

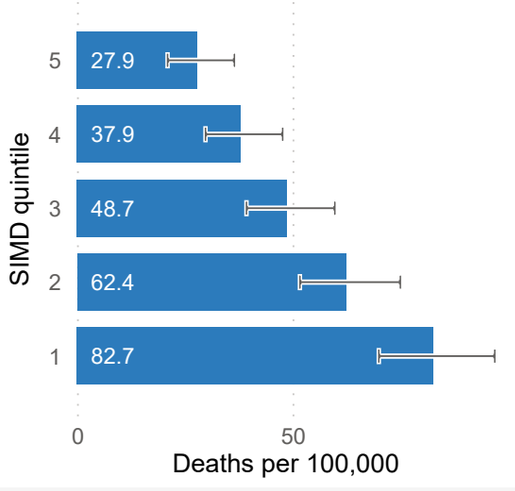
1) by area (latest 5-year period))



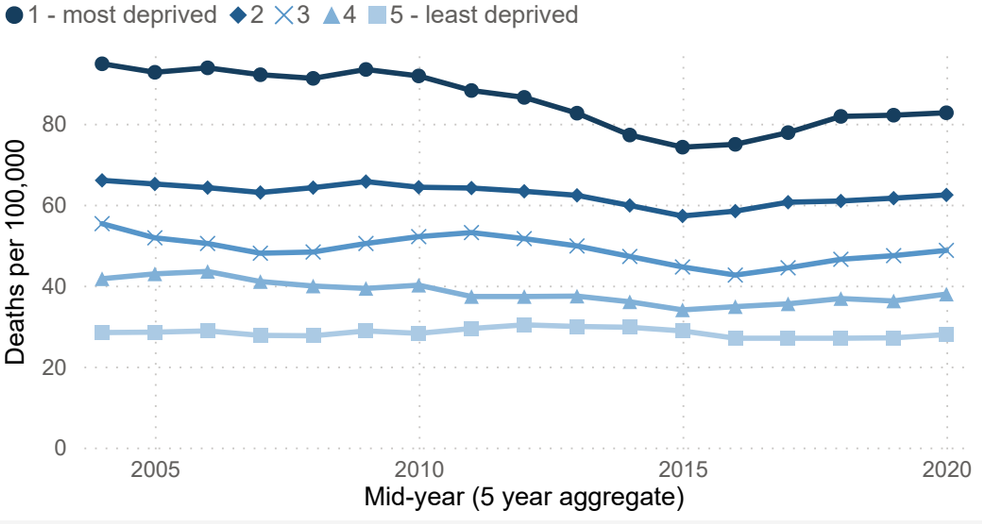
2) by area, over time



3) Scotland, by SIMD quintile, latest 5-year period



4) Scotland, by SIMD quintile, over time



Rationale

Suicide is a significant public health concern in Scotland. There is no single explanation of why people die by suicide and suicide affects all age groups and communities. There are very substantial socio-economic and socio demographic inequalities in suicide risk. Demand for mental health services continues to rise, driven by wider societal pressures and increased awareness and reduced stigma around mental health issues. Suicide prevention requires a coordinated, collaborative and integrated approach across all partners in Highland.

Inequalities

In 2023, Highland had the second highest suicide rate in Scotland. Suicide rates in Highland have been consistently higher than the Scotland average (1,2). Nationally, suicide is more common among people living in the most deprived areas compared to those in the least deprived (3,4). While men are more likely to die by suicide, suicide rates among women have also increased.

Sources

1,2,3,4) Scottish Public Health Observatory
https://scotland.shinyapps.io/ScotPHO_profiles_tool/

SIMD quintiles are within Scotland. Rates are age-sex standardised. Year relates to year of death registration.

Further information

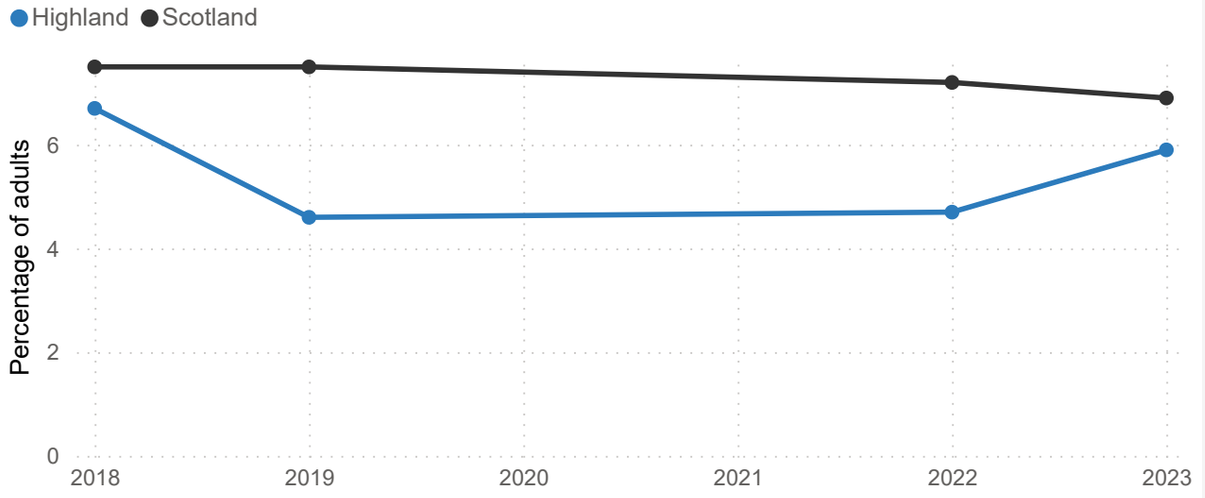
National Records of Scotland. Probable Suicides
https://www.nrscotland.gov.uk/publications/probable-suicides-2023
Scottish Government. Creating Hope Together: Scotland's Suicide Prevention Strategy 2022–2032.
https://www.gov.scot/publications/creating-hope-together-scotlands-suicide-prevention-strategy-2022-2032/

7. Tackle racism, discrimination, and their outcomes

Text summarising this Marmot principle will be added here.

Adults experiencing discrimination in the past year

1) by area, over time



Latest year

2023

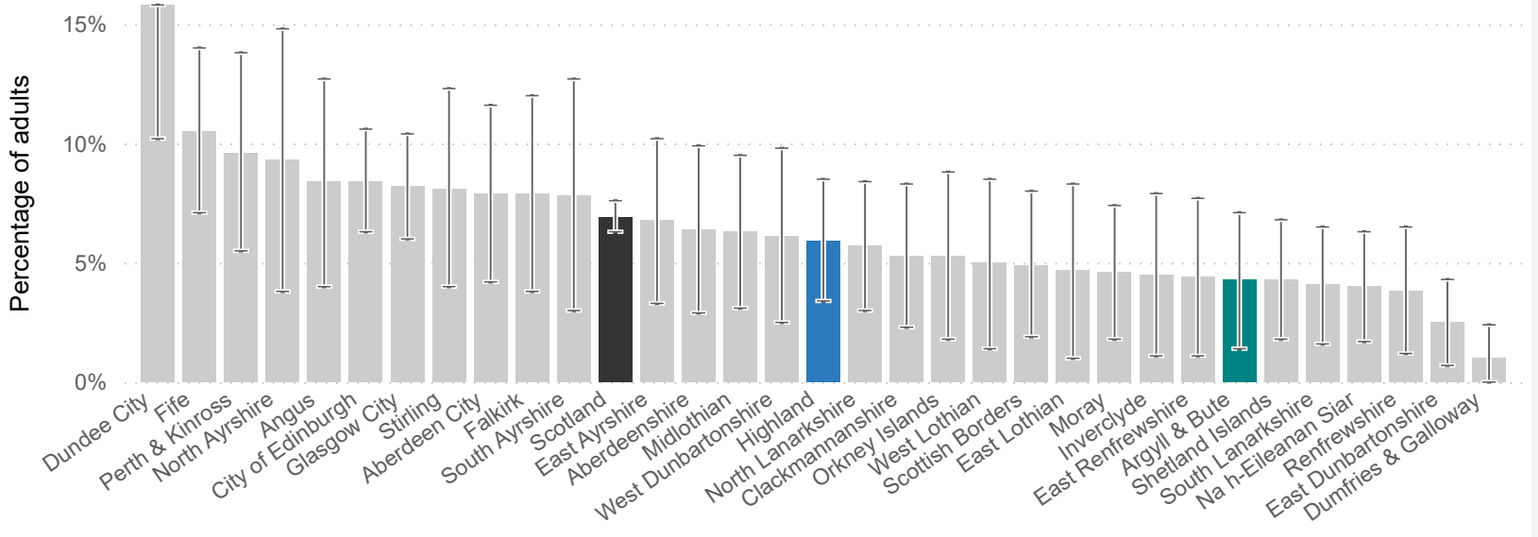
Adults experiencing discrimination, Highland, latest year

5.9%

Adults experiencing discrimination, Scotland, latest year

6.9%

2) by local authority, latest year



Rationale

Discrimination has both immediate and lasting impacts of health. It can affect access to services, increase exposure to trauma, and contribute to chronic stress, all of which are associated with poorer physical and mental health outcomes. Discrimination undermines trust in institutions, reduces help-seeking behaviour, and can lead to social isolation and economic disadvantage.

Inequalities

Adults in Highland are less likely to report experience of discrimination that the Scottish average (1,2). This may partly reflect the area's lower proportion of ethnic minority residents. However, national data from the Scottish Household Survey shows that certain groups are significantly more likely to experience discrimination, including ethnic minorities, disabled people, gay, lesbian or bisexual individuals and young people aged 16 to 24. Discrimination is also more commonly reported, nationally, by those those living in the most deprived SIMD quintile.

Source

1,2) Scottish Household survey data via Scottish Public Health Observatory
https://scotland.shinyapps.io/ScotPHO_profiles_tool/
Data from 2020 and 2021 are excluded due to changes in methodology during the COVID-19 pandemic.

Further information

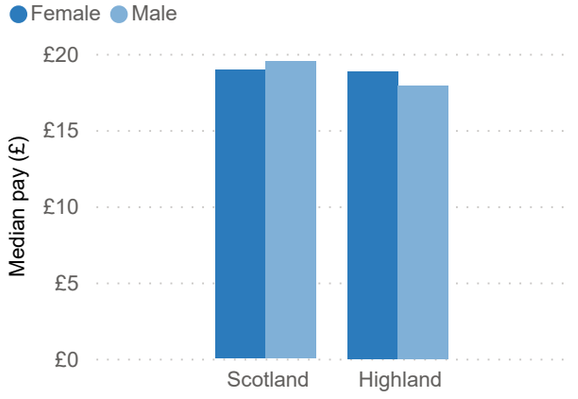
Scottish Government. Scottish Household Survey
https://www.gov.scot/publications/discrimination-and-harassment-in-scotland-results-from-the-2023-scottish-household-survey/
Marmot M. Health equity in England: the Marmot review 10 years on. BMJ. 2020;368:m693.
https://www.bmj.com/content/368/bmj.m693

Gender pay gap

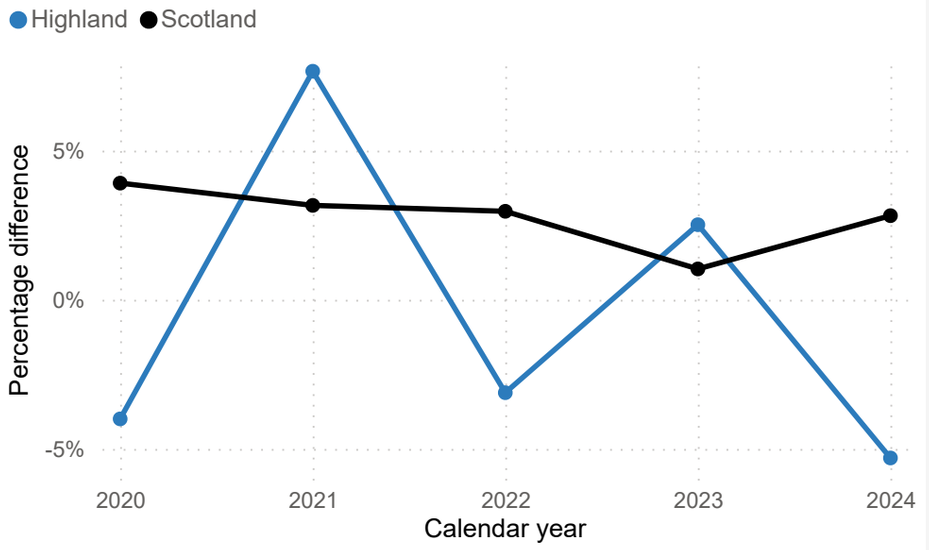
Latest year

2024

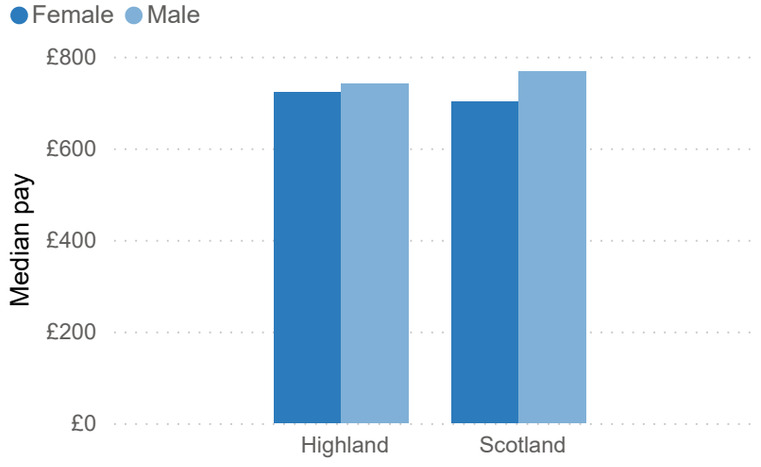
1) hourly full-time weekly pay by area and sex, latest year



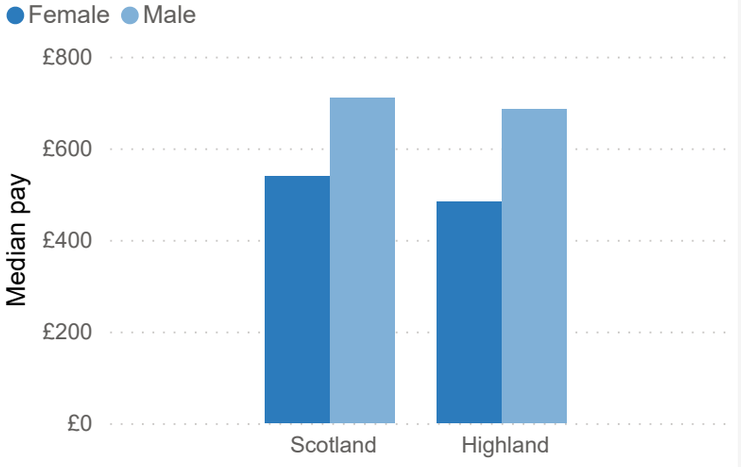
2) gender pay gap by area, over time



3) median full-time weekly pay by area and sex, latest year



4) median total weekly pay by area and sex, latest year



Rationale

The gender pay gap reflects a persistent and unfair difference in average earnings between males and females, with significant implications for health equity. Income and employment conditions are key social determinants of health. The Fairer Scotland Duty places legal responsibility on public bodies to actively consider how they can reduce root causes of health inequalities, including the gender pay gap.

The gender pay gap is defined as the difference in average full time hourly pay between men and women, expressed as a percentage of male earnings. Positive values indicate higher average pay for men and negative values higher average pay for women.

Inequalities

In Scotland, men are paid more than women on average (1,2). Variation in the gender pay gap from year to year is likely to be an artefact of the smaller survey sample for Highland (2).

The Office for National Statistics report that the gender pay gap has decreased over time in all UK nations. It widens for those earning higher incomes, those aged over 40, for those in skilled trades occupations and in England compared to other UK nations.

Females are more likely to work part time or fewer hours and the difference in average weekly pay between men and women is higher than for those working full-time (3,4).

Source

1,2,3,4) Nomis. Annual Survey of Hours and earnings https://www.nomisweb.co.uk/

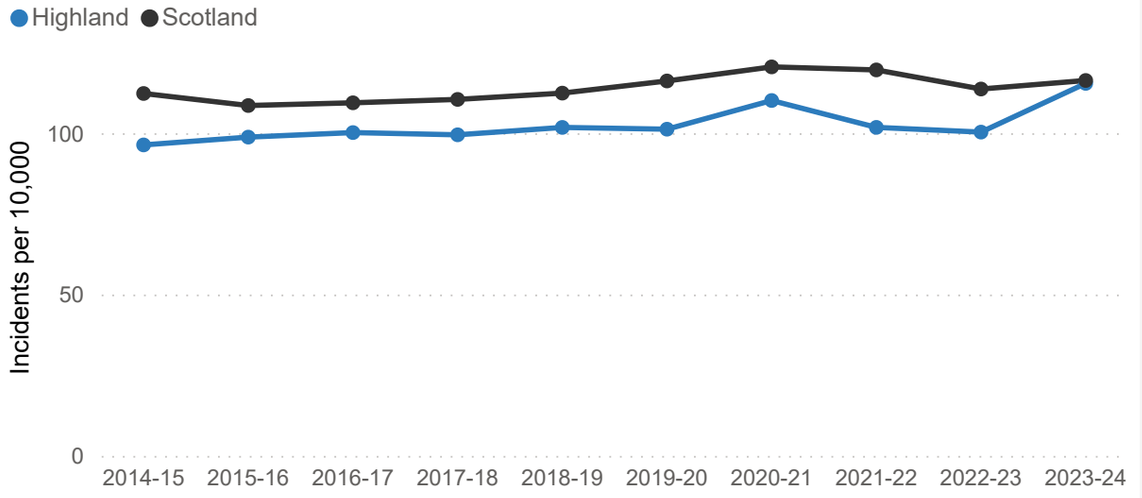
Further information

Office for National Statistics. Gender gap in the UK. https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/earningsandworkinghours/bulletins/genderpaygapintheuk/2024

Scottish Government. Fairer Scotland Duty: guidance for public bodies https://www.gov.scot/publications/fairer-scotland-duty-guidance-public-bodies/

Domestic abuse

1) by area, over time



Latest year

2023-24

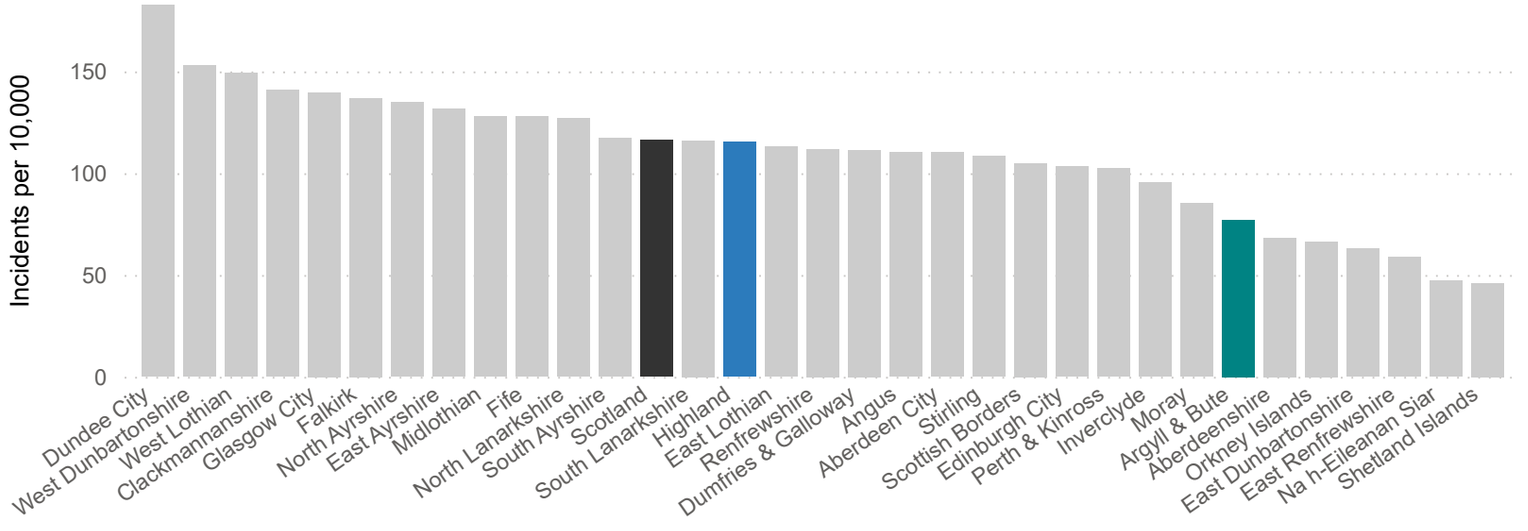
Rate in Highland, latest year

115.4

Rate in Scotland, latest year

116.3

2) by local authority, latest year



Rationale

Domestic abuse has profound and lasting effects on both physical and mental health. Victims often experience trauma, anxiety, depression, and physical injuries, with long-term consequences for well-being. The impact extends beyond the direct victim to others in the household, particularly children, who may experience emotional harm, developmental disruption, and increased risk of future victimisation or perpetration. Domestic abuse is a leading concern for those on the child protection register and is recognised as a key adverse childhood experience (ACE) that contributes to poorer health outcomes across the life course.

Inequalities

In the most recent year, the rate of domestic abuse recorded by Police Scotland in Highland was similar to the Scottish average (1,2).

Domestic abuse disproportionately affects women and children, with around eight out of ten recorded incidents involving a male perpetrator and female victim. Women living in more deprived areas are more likely to experience domestic abuse and face greater barriers to accessing support services, safe housing, and financial independence.

Source

1,2) Scottish Government
ttps://www.gov.scot/publications/domestic-abuse-statistics-recorded-police-scotland-2023-24

Further information

Highland Violence Against Women Partnership
https://hvawp.scot.nhs.uk/

Scottish Government. Equally Safe: Scotland's strategy for preventing and eradicating violence against women and girls
https://www.gov.scot/policies/violence-against-women-and-girls/equally-safe-strategy/

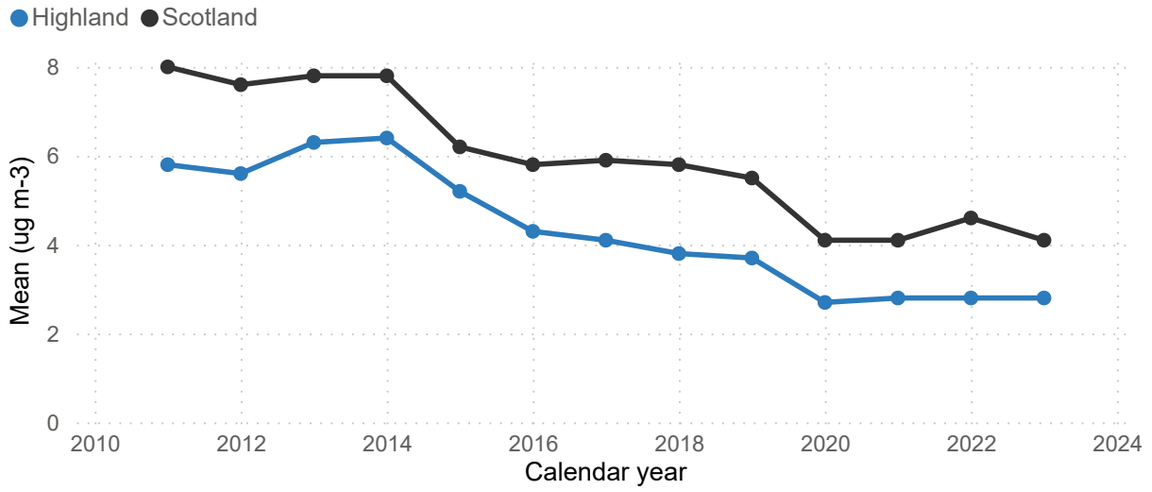
Public Health Scotland. Gender-based violence: a public health issue. https://publichealthscotland.scot/population-health/social-and-economic-impacts-on-health/equity-and-justice/gender-based-violence/

8. Pursue environmental sustainability and health equity together

Text summarising this Marmot principle will be added here.

Air quality (Particulate matter)

1) by area, over time



Latest year

2023 calendar year

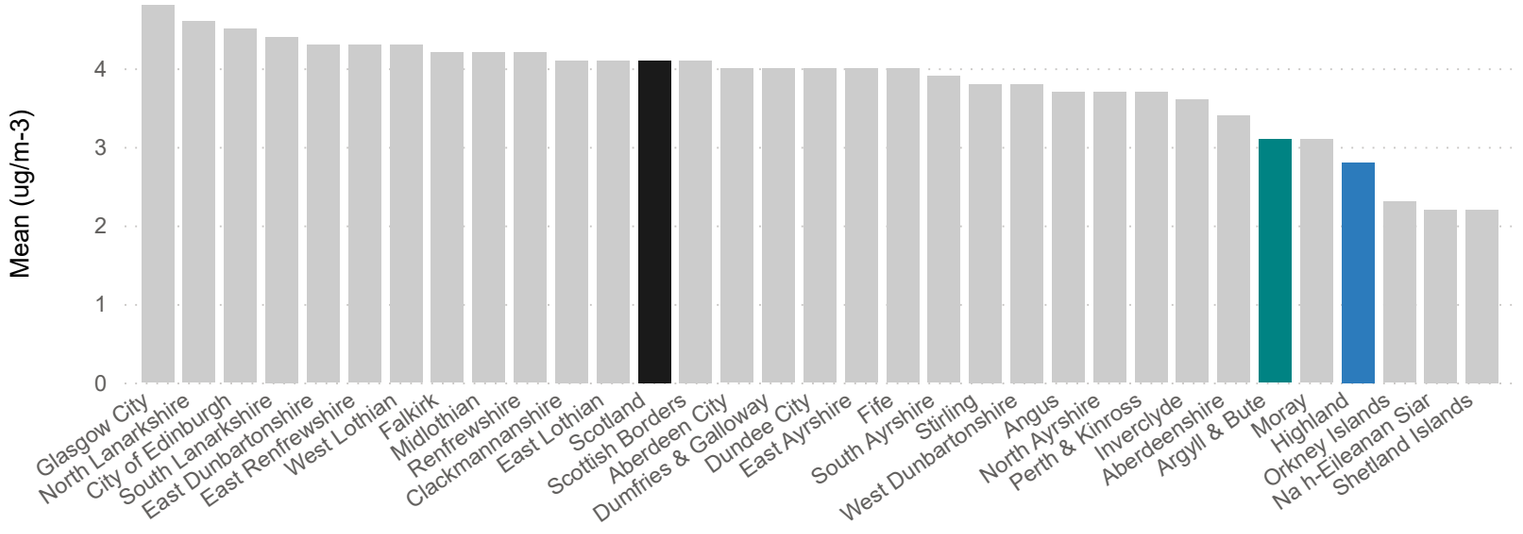
Highland concentration, latest year

2.80

Scotland concentration, latest year

4.10

2) by local authority, latest year



Rationale

Exposure to particulate matter (PM), especially fine particles of 2.5 um or less) may harm health through entry to the bloodstream and be transportation to vital organs and is associated with respiratory conditions (such as asthma), cardiovascular disease (CVD), and lung cancer as well as dementia, low birth weight and type 2 diabetes. The young, elderly and those with respiratory problems are most vulnerable to these effects. Human activity in the UK is estimated to contributes to around half the PM in the air e.g. through burning wood, brake and tyre wear, industrial processes and reactions between pollutants in the air.

Inequalities

Improvement (reductions) in PM have stalled following an improvement since 2011 (1). Highland has one of the lower mean PM concentration in Scotland with only the island boards having lower concentrations (2).
Socioeconomically disadvantaged communities often experience higher exposure levels due to proximity to major roads, industrial sites, and poor housing quality, compounding existing health inequalities.

Source

1,2) Scottish Public Health Observatory https://scotland.shinyapps.io/ScotPHO_profiles_tool/ Data are population weighted.

Further information

Department for Environment, Food and Rural Affairs https://uk-air.defra.gov.uk/data/pcm-data#population_weighted_annual_mean_pm25_data
Air quality in Scotland. About air quality https://www.scottishairquality.scot/air-quality
Environmental Standards Scotland https://environmentalstandards.scot/our-work/our-monitoring-and-analytical-work/particulate-matter-in-scotland-an-assessment-of-the-evidence-ambition-and-prospects/
Public Health Scotland. Outdoor air pollution and health https://www.publichealthscotland.scot/population-health/environmental-health-impacts/outdoor-air-pollution-and-health/overview/

Agenda Item	9.
Report No	CPPB/18/25

Highland Community Planning Partnership | Com-pàirteachas Dealbhadh Coimhearsnachd na Gàidhealtachd

Highland Community Planning Partnership Board – 19 September 2025

Highland Community Justice Partnership
Revised Terms of Reference and Annual Return 2024-25

Report by: Kevin Flett (HCJP Manager)

Summary
The Board is asked to approve:
1. The HCJP Terms of Reference, revised June 2025 (reflecting changes in the partnership's structure);
2. The HCJP Annual Return 2024-25, prior to submission to Community Justice Scotland by 26 September 2025.

1. Background

1.1 The Community Justice Scotland Act (2016), delegated responsibility for the implementation of Community Justice to Community Planning Partnerships and as a consequence the Highland Community Justice Partnership (HCJP) was established in April 2016.

Following publication of the Highland Community Justice Outcomes Improvement Plan (HCJOIP) in June 2024 the HCJP undertook a review of its structures with a view to better support the delivery of outcomes. A process of development with HCJP partners resulted in a revised structure where two delivery groups would be formed, reporting to a Strategic Group which would continue to be directly accountable to the HCPP Board. The delivery groups bring together a wider range of partners involved operationally in delivering justice services across Highland. In addition to supporting delivery of the HCJOIP, the new structures align to the Aims and Actions of the National Strategy for Community Justice, and support reporting to Community Justice Scotland (CJS).

The revised Terms of Reference reflect these new structures, as well as aligning to the HCPP Board Terms of Reference, updated in February 2024 (including the appointment of Independent Chairs).

1.2 On behalf of the HCPP Board, the HCJP provides an annual return to CJS. The requirement is not for detailed statistical information, but a descriptive narrative highlighting aspects of partners' activities during the year.

It is also a requirement for the CJP to produce and publish a public facing Annual Report, this will be completed for publication before the end of December 2025. The Annual Report is more focussed on local delivery, and draws on information provided by CJS in the Indicator Report produced by them at the end of November each year.

2. Highlights

2.1 Whilst the revised Terms of Reference build on the previous terms (February 2022), and do not alter the existing lines of accountability within HCPP, the most obvious change relates to the creation of the two delivery groups. The Diversions and Interventions Group focuses on the delivery of diversions, early interventions, community interventions and public protection arrangements. The Transitions and Communities Group focuses on the delivery of services to address the needs of individuals accused or convicted of an offence, in particular those who are moving back to their communities having completed a sentence.

The Strategic group comprises a membership representing the statutory partners set out in the Community Justice Scotland Act (2016), with additional representation from the Department of Work and Pensions, the Highland Alcohol & Drugs Partnership, the Highland Violence against Women and Girls Partnership and Victim Support Scotland.

As regards the appointment of an Independent Chair, the wording was amended to reflect the updated HCPP Board Terms of Reference.

> "The HCJP (through its Strategic Group) will appoint an Independent Chair following the processes agreed by the Highland Community Planning Partnership Board. The role will be remunerated. The appointment will be agreed by the HCPP Board."

2.2 The Annual Report outlines significant work being done by justice partners across Highland, key features of which include:

- Delivery of comprehensive justice services across Highland by statutory and third sector partners;
- Progress towards better public understanding of a 'community first' approach to justice through the use of local and social media, where the evidence is presented that community sentences are more effective that custodial sentences;
- Increased partnership working, especially in terms of operational delivery and cooperation;
- Willingness to identify and find solutions for challenging issues. This is evidenced in strong partnership approaches in custody settings, in the delivery of a wide range of interventions to address offending behaviour and in addressing identified weaknesses and gaps in what is offered in Highland (for example Restorative Justice and listening to the voices of Victims and others with lived experience of the justice system);
- A commitment to embrace innovation and fresh approaches (for example use of Albyn Housing Society's FitHome technology to support individuals integrating back in to their communities and working in partnership with industry to create opportunities for employment).

3. Challenges

3.1 Not all partners fully engage with the activities of the HCJP, and this inhibits progress in particular areas and limits full collaboration. This is particularly true at a strategic level.

3.2 Each year the HCJP highlights the precarious financial position of third sector activities. As we seek to develop new initiatives (for example around Restorative Justice and engagement with people who have lived and living experience of the justice system) the question has to be faced, how such initiatives will be resourced on a sustainable basis going forward.

3.3 Though significant work has been done over the year to promote community justice, public awareness and understanding is often shaped by negative stereotypes, reinforced by an unsympathetic media.

These challenges, among others, have been identified, and are among the priorities which shape the delivery plans of the HCJP groups going forward.

Recommendation

The Board is asked to:

i. Approve the HCJP Terms of Reference (revised June 2025)
ii. Approve the HCJP Annual Return 2024-25, for submission to Community Justice Scotland

Author: **Kevin Flett**

Date: **11 September 2025**

Appendices: **1. Terms of Reference (revised June 2025)**
2. HCJP Annual Return 2024-25

Appendix 1.

Community Justice Outcome Activity Across Scotland
Local Area Annual Return Template

Community Justice Scotland

Ceartas Coimhearsnachd Alba

Community justice outcome activity across Scotland: Local area annual return template Reporting year April 2024 – March 2025

April 2025

1. Background

This reporting template has been developed in discussion with community justice representatives from local areas. This template is designed to enable local areas to gather information and report on progress towards the community justice outcomes.

2. Statement of Assurance and Data Usage

The information submitted to CJS using this template will be used by CJS in its role to monitor, promote and support improvement in, and keep the Scottish Ministers informed about, performance in the provision of community justice.

In line with provisions in the Data Protection Act 2018 and the General Data Protection Regulation (GDPR), CJS will use appropriate data to ensure that there is continuous reporting, development and progress towards the national outcomes. By providing data to CJS you are consenting to its use by CJS as indicated. Community Justice Partnerships should be aware that any information held by CJS is subject to statutory Freedom of Information obligations.

Completion of the template can help local partnerships to fulfil their requirements under s23 (1b) of the Act by using the developed content to inform the production of the publicly facing summary statement of annual progress.

3. General principles of the template

The template and guidance have been developed using the following principles:

- Support CJS in developing the evidence base for local community justice activity and progress across Scotland within the reporting year
- Support CJS to comply with their duties set out in the Act, Sections 26-30
- Support local partners to comply with their local reporting requirements set out in section 23 of the Act.

4. How to fill in the template

The return should be completed and consulted on with partners involved in community justice in your local area. In line with the Act this includes statutory partners, third sector bodies involved in community justice in the area, and such community bodies or other persons as partners consider appropriate. CJS expects that completion of this template will be a collaborative effort.

This template incorporates guidance to support completion, with the text *(in blue)* providing reflective prompts to consider when developing your answer, which can be deleted and replaced with your response. These should be considered together through the development of your answer rather than addressed individually.

There is no expectation that areas will return substantial numerical data. It is likely that local areas will not have the national data indicators set out by the Community Justice Performance Framework at the time they are completing this template. **It is not anticipated that CJS will routinely use or refer to local level national indicator data in the context of the national outcome activity annual report.** If in developing the national report it becomes apparent that local-level data may support further analysis of particular outcomes, for example in identifying potential recommendations, exploring data outliers, or areas for further development, we expect this to be taken forward in discussion with the relevant local areas and partners.

Instead, we want partners to focus on the qualitative evidence drawn from their activity and insights about impact. Relevant local supporting evidence from the CJS improvement tool that will supplement the national indicator data has been specified under each national outcome in this template. We would encourage partners to develop the response to this template in conversation with each other and view it as an opportunity to reflect on your strengths and needs in partnership.

Where the template asks for evidence, a written response will suffice and there is no expectation that you send additional supporting documentation – if there are any aspects CJS is unclear on, it will be our responsibility to request clarification where necessary.

If any response or evidence requires details about people with lived experience (e.g. evidence in respect of someone's life story) please DO NOT include any identifiable personal or sensitive information (as outlined in Schedules 2 & 3 of the Data Protection Act 1998) as CJS does not require such information. If this is unavoidable then please ensure that the data is fully anonymised.

If you have any queries about completing the template, then please email CJSImprovement@communityjustice.scot.

1. Community Justice Partnership / Group Details

Name of local authority area/s	**Highland**
Name and contact details of the partnership Chair	Name: James Maybee Email: CJPChair@highlandtsi.org.uk Telephone: 01349 864289
Contact for queries about this report	Name: Kevin Flett Email: kevin.flett@highlandtsi.org.uk Telephone: 07454983516

2. Template Sign-off from Community Justice Partnership / Group Chair

I can confirm that this is an accurate record of the activity of the Highland Community Justice Partnership over this reporting period, and confirm that it has been ratified by the partnership members, and the wider Highland Community Planning Partnership Board.

Date: 10 September 2025

Name: James Maybee

3. Governance Arrangements

Last year, we asked partnerships to describe their governance structure for community justice arrangements and include links to wider community planning. Please describe any substantive changes since your previous answer.

The Highland Community Planning Partnership (HCPP) Board provides oversight and scrutiny of partnership activities, including those of the Highland Community Justice Partnership (HCJP).

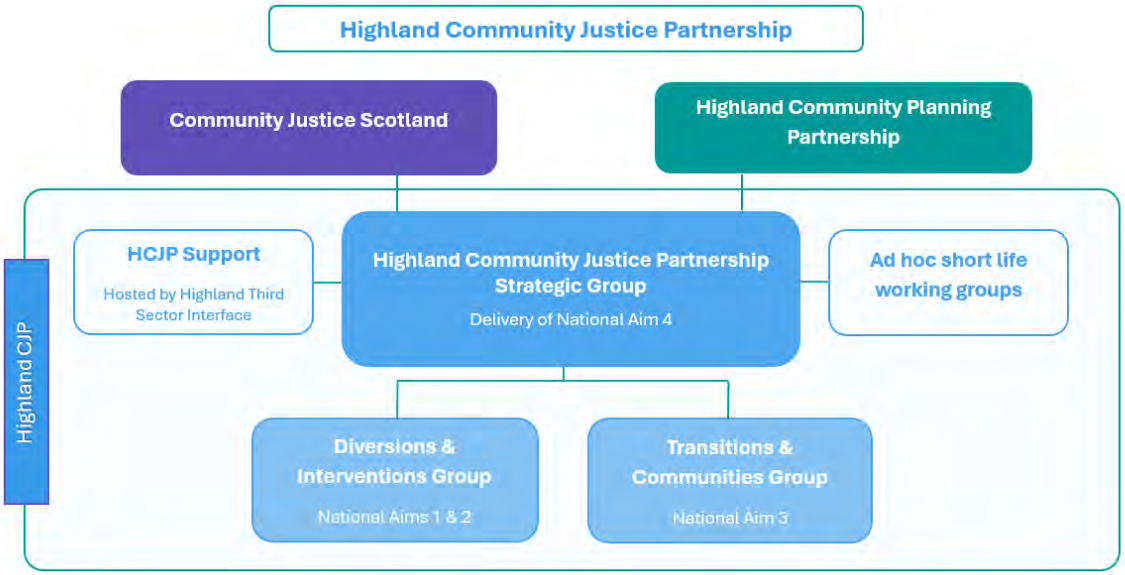
The first half of the year 2024-25 brought significant change in the leadership of and support for the CJP. The new manager was appointed in June 2024 and the new Independent Chair in September 2024.

Following the publication of the Highland Community Justice Outcomes Improvement Plan (CJOIP) in June 2024, the focus shifted to the creation of new structures for the HCJP and the development of outcomes focussed delivery plans.

There have been significant changes to the structure of the HCJP over the period 2024-25. As indicated in last year's annual return, there was a planned development process which allowed for all partners to fully engage. Many contributed positively to the process with the outcome being a partnership with the potential to support a renewed focus on delivery.

The overarching purpose was to align the work of the HCJP to the Aims and Actions of the National Strategy for Community Justice so as to support delivery improvement and clearer accountability in reporting, whilst still recognising the place of the HCJP within local planning and delivery structures.

The HCJP remains locally accountable to the HCPP Board. The HCPP Board take an active interest in the work of the HCJP, with clear channels for communication in place which provide opportunities to update on progress. The HCJP Independent Chair attends and reports to the Board, providing assurance on the implementation of the Highland CJOIP. Functionally the HCJP continues to be hosted by the Highland Third Sector Interface, which supports the HCJP staff and independent chair in fulfilling their responsibilities.



In addition to its statutory membership, the HCJP have elected to include representation on the Strategic Group from:

- Department of Work and Pensions
- Highland Alcohol & Drugs Partnership
- Highland Violence against Women and Girls Partnership
- Victim Support Scotland

To support outcome delivery, two standing (Delivery) groups have been formed.

i. The **Diversions & Interventions Group** focuses on the delivery of diversions, early interventions, community interventions and public protection arrangements.
ii. The **Transitions and Communities Group** focuses on the delivery of services to address the needs of individuals accused or convicted of an offence, in particular those who are moving back to their communities having completed a sentence.

In addition to the two standing groups, short-life working groups are created ad hoc to take forward defined pieces of work on behalf of the Strategic Group.

The two delivery groups met for the first time in February / March 2025, with the original HCJP meeting for the last time in its then current form in March 2025, before convening in its strategic role in June 2025.

4. The year overall

This section should be used to reflect some of the a) challenges/negative implications and b) opportunities/positive implications from the reporting year on the community justice partnership. This can include impact on the improvement activity, partner collaboration, delivery of services, or other as relevant.

Challenges / Negatives

Geographic and Service Delivery Barriers

Highland's vast and rural geography presents an enduring challenge. The sheer size of the area makes it difficult to ensure consistent service delivery, particularly in remote communities. This impacts almost every stage on the continuum of an individual's justice journey from their initial contact with justice services to the availability of support for individuals transitioning from custody back into the community.

There is significant impact on those who are the victims of crime, particularly around the degree of vulnerability experienced by victims in remote communities, where support can be many hours away. Changes in personnel has made engagement with victims' organisations difficult, but this has been identified as a strategic priority for the coming year.

Also identified is the impact of geography on the families of those who are imprisoned. Visting prisons in the central belt as well as HMP Grampian can be as challenging (in some situations more challenging) for families in peripheral Highland communities than in some parts of Scotland's island communities. Whilst the number of women from Highland in prison is small, the distances involved mean that family life can be severely disrupted and maintaining family links are particularly difficult.

Workforce and Recruitment Pressures

Difficulties in recruitment, especially in more remote areas, persists. This can contribute to gaps in provision, which in turn affects the ability of partners to deliver consistent support and maintain engagement across the partnership area. This is true for both statutory and third sector partners. For example, in the course of the year Justice Social Work has moved towards being fully staffed, but the process of achieving and maintaining such a status is challenging.

Financial Uncertainty

Uncertainty over funding, particularly for third sector partners continues to be acute. The uncertainty facing the Custody Link Project was referred to last year, and though funding was identified to sustain the service for a further year, the

lack of continuity undermines the ability of the service to deliver, with an ongoing need to review if referrals may need to be suspended at times.

Engagement and Partnership Participation

Whilst there has been some improvement in attendance at Partnership meetings, lack of active participation in Partnership activities by a number of statutory partners limits collaboration and development. Early indicators are that the restructured partnership will support a more focussed approach, especially for partners in an operational context. Maintaining and developing this early potential will require continued attention and effort. However, the challenge of engaging with some partners at a strategic level remains.

Complex Needs of Individuals

Many individuals who come into contact with the justice system face overlapping challenges—mental health, drug and alcohol use, housing instability, and trauma. Previous HCJP needs assessments have identified health and wellbeing as requiring action, and there is evidence this continues to be so. For example, the recent Health Needs Assessment undertaken by the Highland Alcohol and Drugs Partnership highlighted the mental and physical health challenges faced by many in the care of the prison service.

Female Offending and Trauma-Informed Approaches

Following on from HCJP commissioned research, highlighted last year, further work has been undertaken to identify options for the reinstatement and redevelopment of a JSW woman's programme. This included some research on the availability of and approaches taken across Scotland undertaken by the HCJP Senior Development Officer. Gaps in the JSW team have made it difficult to progress plans to develop activities which address the particular needs of women within the justice system.

Reporting cycles

The lag in issuing performance information by Community Justice Scotland made meeting deadlines difficult especially in fulfilling the need for local accountability. There had been some confusion and anxiety across a number of CJPs as to the format and content of the 2023-2024 Annual Report.

However, the HCPP Board were able to be flexible in their approach to agreeing publication of the report, and there was support and understanding from CJS colleagues around the timing of publication, yet it remains a challenge to ensure that the HCJP meets its obligation to report within local and national cycles.

Positives / Opportunities

Describe some of the positive impact(s) / opportunity(ies) your community justice partners/hip faced in the reporting year. You may include how the partners responded to these.

1. **Custody-centred services**

As will be evidenced later in this return, there is a well-developed approach to custody based services in Inverness. Partnership working between Police Scotland, NHS Highland and the Third Sector Custody Link Project continues to be strong. The presence of the Third Sector within the custody setting facilitates improved access to support for individuals who present with a range of vulnerabilities.

2. **Public Understanding and Stigma**

As a consequence of the initiative to widen opportunities for unpaid work and support the continued development of Community Payback Orders in more distant parts of Highland, opportunities emerged to develop positive links with local press which has progressed alongside the wider use of social media to inform public understanding and present positive stories of the benefits brought to local communities through unpaid work teams. This has been of tremendous benefit, but sits against wider societal perceptions that remain largely negative towards any form of ‘punishment’ which is not custodial and therefore perceived to be ‘soft’.

3. **Organisational and structural transition**

As outlined above, the Partnership has undergone significant structural changes to align with the National Strategy for Community Justice. The process of development in itself was helpful in terms of bringing a number of partners together to reflect on the purpose of the partnership and its effectiveness or otherwise, resulting in a deepening understanding of the impact of the partnership approach.

There was also value in broadening the reach of the partnership. With focus moving beyond a single group, to include the delivery groups for partners who wish to proactively engage with the HCJP, there is opportunity to widen representation, especially at an operational level. For comparison, the invitation list to the original HCJP meeting sat at around 22 (with an average of 14 attending each meeting), now the combined lists for the strategic and delivery groups sits at over 30 (with an average combined attendance of 26 [omitting duplicate attendance] at the three group meetings). Included in this broader attendance is representation from NHS (custody and prison based services), housing and employability services (including Housing association provider and

large employers) and third sector organisations involved in a range of justice focussed activities.

4. Strengthened partnership links

In the course of developing the partnership, links with other partnership bodies has been strengthened.

We have always been fortunate to have positive and supportive links with the Highland Alcohol and Drugs Partnership (HADP). Not only do the HADP commission or fund justice focussed services (for example the Custody Link Project and the Harm Prevention Officer post within Police Scotland), there are well developed strategic links between the HADP and the HCJP.

There are clear links with MAPPA. The HCJP independent chair is also the independent chair of MAPPA in Highlands and Islands. There is cross representation on the HCJP and Highland Community Safety and Resilience Delivery group, and the independent chairs of the Highland Violence Against Women and Girls Partnership and the HCJP are members of each other's partnerships. Links have also developed with the Adult Support and Protection service.

Priority Action One

Enhance intervention at the earliest opportunity by ensuring greater consistency, confidence in and awareness of services which support the use of direct measures and diversion from prosecution

Nationally determined outcome:

More people successfully complete diversion from prosecution[1]

Local Evidence

- Mechanisms are in place to understand the views of people undertaking diversion from prosecution and are used to support improvement.
- Mechanisms are in place to understand the views of people supporting the delivery of diversion from prosecution and are used to support improvement.

5. What activity has taken place to increase successful completion of diversion?

Justice Social Work continue to complete diversion suitability reports based on the assessment of individual needs in order to identify priorities to be addressed and the interventions which may be appropriate.

Interventions have included the use of in-house programmes such as Decider Skills and SMART (Self-Management and Recovery Training) which people can access if required. Individuals residing in the inner Moray Firth area can also complete their diversion while continuing work and receive support from third sector organisations where appropriate.

Young people aged 16 to 17 would normally complete their diversion with the Highland Council's Youth Action Service using their expertise in provision of interventions to young people. The Diversions and Interventions Delivery Group at their March meeting identified the implementation of the Children (Care and Justice) (Scotland) Act 2024, as presenting issues which will need to be addressed particularly around the impact upon the interface of Youth Action and JSW. The Scottish Children's Reporter Administration is also involved in this discussion in terms of the potential impact on the Children's Hearings system.

Within the Diversions and Interventions Delivery Group, there has been the opportunity for partners to reflect on the way that Diversion from Prosecution works within the Highland context. Discussion about the length of time it can take for Diversions to come through to JSW and the use of Diversions for people with a significant history of offending and non-compliance with orders etc. There is also the

[1] National Indicator:
Number of diversion from prosecution:
- assessments undertaken
- cases commenced
- cases successfully completed

opportunity to seek clarification of how the central marking process works, and how this sits alongside local processes.

Police Scotland report continued use by officers of alternatives to prosecution and direct measures as disposals for offences and monitors the use of these regularly. The publication of the Lord Advocate's guidance on the use of direct measures for adult offenders was particularly welcomed by Police Scotland colleagues.

What impact has there been as a result?

The wider range of interventions aimed at addressing individual needs more effectively enables delivery to be much more person centred and focused.

The opportunity to reflect on the use of Diversion from Prosecution will continue to be helpful, especially as it relates to the continuing high number of diversion suitability reports for individuals already sentenced to Community Payback Orders or even custodial sentences as well as individuals with significant offending histories.

JSW continue to find that diversion works best for individuals who have some or no prior convictions, especially young people and women.

Police report that the numbers of people being kept in custody to appear before the court continues to reduce, freeing up court time and providing better outcomes for both victims and accused persons.

Priority Action Two

Improve the identification of underlying needs and the delivery of support following arrest by ensuring the provision of person-centred care within police custody and building upon referral opportunities to services including substance use and mental health services

Nationally determined outcome:

More people in police custody receive support to address their needs[2]

Local Evidence:

- There is an effective relationship between community justice partners, Alcohol and Drug Partnerships (ADPs) and police custody centre for local population.
- Referral pathways and support are in place from police custody centre for local population

6. What activity has taken place to support people in police custody to access support?

The continued partnership working between Police Scotland, the NHS and the Third Sector presents unique opportunities to engage with individuals who find themselves in police custody. This is focused in the custody suite at Burnett Road in Inverness, which has the additional benefit of proximity to the Inverness Justice Centre.

The Custody Link Worker Project (CLink) continued to support individuals throughout the year, often addressing issues which are complex and multi-layered, as evidenced in the summary report below.

Custody Link Project

Anticipated Activity	**Actual**
The target was to engage with over 100/120 referrals in the 12 month period.	144
Regular 1:1 contact with individuals to understand what is going on in their life as explained and experienced by them, this will repeat as often and for as long as required within the span of the project – there is no time limit to this service	144
Where necessary to ensure safety and stabilisation, we will seek emergency interventions for food, electricity, housing and other basic needs.	65 interventions
Organisations and community groups will feel more supported and enabled to understand the needs and opportunities connected to supporting people with experience of custody	52 organisations
Existing services will make changes to better suit people with experience of being in custody and where required to develop new ways of working	Unable to quantify

[2] National Indicator:

- Number of referrals from custody centres

Anticipated Outcomes
1. Reduce the instances that someone comes into custody, including reducing the likelihood that the pattern of behaviour that could become escalated and lead to a custodial sentence is reduced.
2. Enable, encourage and motivate individuals to make positive changes to their life circumstances i.e. reducing or stopping problematic use of drugs or alcohol, by engaging with appropriate services.
3. Individuals access support services that they would otherwise not be aware of or inclined/confident to engage with as a result of social inequality of opportunity, stigma or lack of trust in statutory services.

Custody Healthcare

Within the custody setting, NHS nursing staff continued the development and implementation of the MATPACT tool (**M**edication **A**ssisted **T**reatment **P**revention **A**nd **C**are **T**oolkit). Supported by the HADP, the aim was to increase number of referrals to appropriate health services, support a reduction in the number of drug related deaths for those who have been in custody within 6 months, increase the number of referrals to outreach teams, increase number of take-home naloxone kits distributed and increase the number of blood borne virus testing. These aims fitted into the organisational strategic vision and that of the national MAT standards. The impact and outcome of this work would improve user experience allowing for a person-centred focus and would ultimately reduce the number of drug related deaths.

Police Custody staff continue to value the close cooperation and partnership working with the CLink project, as well as the positive relationship that exists with NHS colleagues in the custody setting.

There is a high degree of trust and mutual respect which underpin close working practices and improved outcomes for individuals experiencing this part of the justice system. Police colleagues have noted the positive benefits (including health benefits) of increased referrals and the reduction in the risk of individuals returning to police custody.

Harm Prevention Officer (HPO)

The HADP fund this post, which covers mainland Highland. The aim of the HPO role is to identify those deemed to be at substantial risk of death due to alcohol or drug use and to collaborate with relevant partners and individuals to reduce this risk. Target population is primarily adults, although young people have been supported when appropriate.

During the year the HPO has reviewed police systems and engaged with partner agencies and affected individuals to reduce risk. Interactions have been mainly self-generated or from partner agencies. Total number of engagements for the reporting period is 97, broken down as follows:

Drug and Alcohol Recovery Service : 27
Community Mental Health Team : 10
Housing : 5
Direct contact with vulnerable people : 13
Inverness Engagement Service : 16
Custody Link Project : 3
Scottish Ambulance Service : 1
Social Work : 4
Addictions Counselling Inverness : 1
Royal Northern Infirmary : 5
Salvation Army : 3
New Craigs : 2
HMP Inverness : 1
Housing First : 1
Highland Third Sector Interface : 2
Education : 1
Criminal Justice Social Work : 1
University of Highlands & Islands : 1

What impact has there been as a result?

Mutual trust and respect continues to be high, and police colleagues report better understanding of the impact of arrest and custody on individuals, as well as a growing understanding of the impact on Victims of release from custody. All contributing to more reflective practice and better informed decision making.

For the CLink project, during the period April 2024 to March 2025, 47 individuals completed their engagement and at 31 March, 72 individuals remained as active cases. Over 70 individuals were supported with substance use with referrals made to a range of local residential and community alcohol and drug services. In addition, individuals were encouraged to self-refer and seek assistance. The CLink project continues to note that around 70% of referrals seek help with substance use.

The project has continued to reflect on and develop its processes. For example, individuals have greater control over identifying their priorities and how they wish to address them. They also have greater choice and control over how they engage with their link worker and the frequency of this contact. There is no set programme or length of time specified and any actions or referrals made by a Link Worker are agreed in advance with the individual. These key aspects of the approach ensure that at all times the service is trauma informed and person-centred.

The CLink project has also engaged with Police Scotland in the review of the national arrest referral process for all custody centres in Scotland. The process aims to improve access to support for detained individuals with a “vulnerability”.

Also worth noting is that the CLink project was recognised as the Chief Constable’s Partner of the Year for 2024, which was testimony to the hard work and commitment of the team, as well as to the value of the partnership approach which has developed within the Inverness custody setting in recent years.

Custody Link Case Study

‘The individual had been arrested on suspicion of driving whilst under the influence of drugs. Analysis of their blood sample confirmed a significant presence of drugs in their system. The individual also had serious long term health conditions and was estranged from family support. There was a history of drug use for 4 years and unemployment for 3 years.

Following referral from police custody staff, support was arranged with a CLink worker. When initially in contact with their CLink worker the individual had little optimism about the future and believed they would be dead in six months.

Counselling and support were offered by the Highland Alcohol and Drug Advice and Support Service (NHS). The CLink worker remained in contact, helping with a number of issues prior to the case coming to court. The individual’s health improved through the support and treatment received. They managed to find full time work, and at court, evidence was presented to the Sheriff of their positive engagement, including a letter of support from their employer.

The individual received a one year driving ban and a fine. Subsequently, family relationships have been re-established, they remain substance free and in full time employment.

The CLink worker received the following message:

“thank you for all your help you truly have saved my life I think I would be dead if you didn’t reach out to me….thank you so much for everything, I’m delighted I took the help when it was offered”.’

NHS custody Healthcare staff report increasing access to the right services for individuals. There is also a sense that there is a cultural shift in reducing stigma, as well as positive benefits for the staff team. Police perspectives have changed as data results have helped reframe drug-related harm to police, facilitating discussions about the underlying reasons why people use drugs, and showing drug related harms are not just about health.

There has been generally positive feedback from individuals who have experienced the service -



The Harm Prevention Officer reports:

1. Increased number of individuals being diverted into treatment/support.
2. Pro-active engagement with those believed to be cuckooed by organised crime groups.
3. Improved police engagement with members of the public affected by alcohol and drugs.

The main benefit has been early intervention for vulnerable people as many incidents are reviewed within 24 hours of police attendance.

Incidents involving drug overdoses are referred to the NHS for consideration of assertive outreach (area dependant) so that the appropriate support can be discussed and risk reduced. The family of the affected person are often included in this support and availability of naloxone is heavily promoted.

Police report that a 'byproduct' of this pro-active police involvement is the improved relationships that police have with partners as well as those who may have previously been hostile towards police.

Priority Action Three

Support the use of robust alternatives to remand by ensuring high quality bail services are consistently available and delivered effectively

Nationally determined outcome:

More people are assessed for and successfully complete bail supervision[3]

Local Evidence

- Mechanisms are in place to support a high quality bail assessment.
- Referral pathways are in place that support identified needs of people on bail supervision.

7. What activity has taken place to increase the use of bail, and support people to access services to address needs while on bail?

Having a dedicated team of Justice Social Work Officers and a Social Worker means that completing assessments and providing Bail Supervision Services has been more consistent over the year.

Some of the challenges around the use of Bail Supervision have been identified by the Diversions and Interventions Delivery Group as needing to be addressed in coming months. The lack of clear risk assessment and the potential impact on victims of individuals being released on bail need to be better understood as well as the perception that breaches are not always responded to timeously.

What impact has there been as a result?

JSW team members continue to find that Bail Supervision works very well for young people and for women. However, the issues identified above will be a focus for this coming year.

[3] National Indicator:
Number of:
- assessment reports for bail suitability
- bail supervision cases commenced
- bail supervision cases completed

Priority Action Four

Strengthen options for safe and supported management in the community by increasing and widening the use of electronic monitoring technologies

No nationally determined outcome.

Progress in delivering this priority action should be evidenced with reference to any relevant local activity.

8. What activity has taken place in your area to increase the use electronic monitoring technologies? What impact has there been as a result?

This priority action was identified by Scottish Government as requiring nationally-driven actions as set out by the community justice strategy delivery plan. Given this is a developing area that does not have a national outcome set by the National Strategy and Performance Framework, there is no statutory obligation to report on progress and CJS do not expect many local areas to have driven priority activity in relation to progressing it as part of their community justice duties. However we recognise that some local areas, for example those involved with any pilot projects, may have information that is relevant and useful to share with CJS and others. If relevant, please use this question to inform us about any significant local activity to undertaken progress this area, and any associated impact.

Priority Action Five

Ensure that those given community sentences are supervised and supported appropriately to protect the public, promote desistance from offending and enable rehabilitation by delivering high quality, consistently available, trauma-informed services and programmes

Nationally determined outcome:

More people access services to support desistance and successfully complete community sentences[4]

Local Evidence

- Availability of local programmes to support desistance from domestic abuse and sexual offending.
- Availability of referral pathways to support the needs of local population on community disposals.
- Mechanisms are in place to understand the views of people with experience of community disposals to support improvement.
- Mechanisms are in place to understand the views of the community justice workforce with regard to supporting the needs of people subject to community disposals to support improvement.

9. *What activity has taken place that will support people serving sentences in the community to desist from offending, address their needs, and help them successfully complete their sentence?*

Justice Social Work continues to offer a wide range of interventions across the Highland area. In the course of the year the following programmes have been offered:

Moving Forward 2 Change
The Caledonian Project
Drug Testing & Treatment Orders (DTTO) (and DTTO 2)
SMART Recovery
Decider Skills
Community Payback Orders (CPOs)
Management of Unpaid Work

Justice Social Work operates across Highland, seeking to offer the full range of interventions regardless of the geographical challenges.

For example though the team delivering Caledonian and MF2C is based in Dingwall, these interventions have been offered at a number of locations from Caithness in the far north to Lochaber and Skye in the south and west.

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[4] National Indicator:
Percentage of:

- community payback orders successfully completed
- drug treatment and testing orders successfully completed

There continue to be some limitations around CPO requirements that could be employed, particularly around treatment for Mental Health and for drug and alcohol use which could be of real benefits to individuals.

There are also referral pathways to third sector providers whose input could be beneficial to individuals.

All people completing a statutory order would normally be offered the opportunity to provide anonymised feedback, but this has proved to be a challenge, and is currently being reviewed. Partnership working is underway between JSW, HCJP and the Scottish Drugs Forum (SDF) to consider fresh approaches to collecting lived experience / user views and establishing user involvement.

Over the year, the HCJP Senior Development Officer post has been funded, with part of the remit being to support the development of CPOs across Highland, with a focus on opportunities for unpaid work.

Awareness raising efforts have increased the community uptake of the unpaid work squads. Communities have responded very positively and tangibly to the news stories that have been pushed out on social media and the local press. The increase in demand has at times stretched the Community Payback teams especially when coupled with the increase in numbers of clients, also with higher tariffs. CPO Officers express concern over young and first-time offenders mixing with more seasoned offenders. Questions have been raised about offering opportunities for personal development to individuals completing unpaid work requirements, but there seems to be a lack of clarity about how this might be achieved within current processes and constraints. Over the past year there has been resources put into training the CP Supervisors, and also a Senior CPO role has been created to strengthen the delivery of the service across Highland.

A further piece of research was done to conduct a desktop study compiling examples of Women’s Programmes around Scotland. This was circulated to JSW/ CJS/ COSLA/ SG and the National Women's Justice Network, and is being used to support the design of a women’s programme in Highland.

Though the DTTO team is based at the Justice Centre in Inverness, the intervention and accompanying support is offered across Highland. Central to the DTTO criteria is that the individual has a history of offending because of substance dependence and is also at risk of receiving a custodial sentence. The DTTO2 (funded by HADP) is a form of early intervention, aimed at people who are not dependent on drugs and are more likely to respond to intervention, for example, individuals aged 16 and older who may be facing their first drug charge and females with less entrenched drug use.

For DTTOs there is one social work and two health appointments each week, whilst for DTTO2 it is one social work and one health appointment each week. The DTTO team have a more focussed caseload – this is true for social work and health staff,

who report the positive benefits of more regular and consistent engagement with individuals as well as the benefits of working in partnership.

The service seeks to build on a process of risk and needs assessment, a co-produced support plan and review as well as ongoing support for individuals in attending court to report on progress. Beyond the completion of the order, ongoing support to address drug use is offered by the Drug and Alcohol Recovery team.

What impact has there been as a result?

Over the past year the Senior Development Officer has worked across Highland to raise awareness and develop relationships. Under the direction of the JSW manager and CP officers in more rural areas there has been engagement with community groups through presentations, conversations and preparation of social media information.

Trips to CPO workshops and projects have been followed up with Facebook posts and press articles which have generated a lot of local interest, raised awareness, built trust and generated CPO projects and placements for the teams. The individuals completing orders have also spoken of the benefit they feel from this coverage and appreciate the visibility. This activity clearly boosts the Facebook following and demonstrates that it is a useful tool for spreading positive news stories around community justice and engaging communities in all parts of Highland.

With the role being based within the HTSI this offers links in to third sector and community organisations, providing a way in to make initial contact and supporting more collaborative approaches. With the increasing demand for community sentences, however, Community Payback teams are stretched. It was also identified that though some clients move on positively after their order is completed, many clients are at a loss afterwards.

Raising public awareness of the benefits of community payback helps to increase public awareness and to reduce stigma.

The impact of DTTOs is wide and varied. The DTTO team point to a reduction in drug use and offending and improved health and wellbeing in most, if not all, clients. There is clearly marked improvement in how individuals cope and deal with Care and Protection issues with the support of the team.

It is envisaged that there will be continued work to strengthen relationships with housing partners, particularly with Housing First and FitHome. (See Priority Actions 7 & 8 below for further information).

Priority Action Six

Ensure restorative justice is available across Scotland to all those who wish to access it by promoting and supporting the appropriate and safe provision of available services

No nationally determined outcome.

Progress in delivering this priority action should be evidenced with reference to any relevant local activity.

10. What activity has taken place to make restorative justice available to people and support them to access it, and what impact has there been as a result?

This priority action was identified by Scottish Government as requiring nationally-driven actions as set out by the community justice strategy delivery plan. Given this is a developing area that does not have a national outcome set by the National Strategy and Performance Framework, there is no statutory obligation to report on progress. CJS do not expect many local areas to have driven priority activity in relation to progressing it as part of their community justice duties. However we recognise that some local areas, for example those involved with RJ pilot projects or who commission their own RJ services locally, may have information that is relevant and useful to share with CJS and others. If relevant, please use this question to inform us about any significant local activity to undertaken progress this area, and any associated impact.

During the year exploratory work has been undertaken by the Senior Development Officer to assess the level of interest across Highland for the provision of Restorative Justice (RJ).

A real interest has been identified across a range of statutory and third sector partners resulting in a working group being established including Justice Social Work, Action for Children, Victim Support Scotland, Custody Link Project and HCJP with the aim to research, raise awareness, train up and collaborate with partners to explore what model of provision might be achievable and sustainable in the Highland context. Support has been received from CJS and from Space to Face, a RJ organisation based in Shetland.

Both HMP Inverness and Action for Children have, in the past, explored RJ with some of their clients. Four organisations have agreed to fund a staff member to attend RJ facilitator training in 2025. And plans are in place to offer a unique event in autumn 2025 at University of Highlands & Islands including CJS, Space to Face Shetland and The GEESE Theatre Company to deepen understanding and to build momentum. This will be reported on next year.

Priority Action Seven

Enhance individuals' access to health and social care and continuity of care following release from prison by improving the sharing of information and partnership-working between relevant partners

Nationally determined outcome:

More people have access to, and continuity of, health and social care following release from a prison sentence[5]

Local Evidence

- Health and social care circumstances/care plans are reflected in collaborative plans for release.
- Referral pathways and information sharing arrangements are in place to support timely access to health and social care supports upon release.

11. What activity has taken place to support people to access health and social care support after release from prison?

The Highland Community Integration Plan (HCIP) continued to be delivered as a partnership approach involving Scottish Prison Service, NHS Highland and Justice Social Work, along with a number of third sector agencies who provide community support. The focus of the model is on those living in the inner Moray Firth area who have known drug and alcohol issues. It continues to be successful in terms of supporting those who are returning to the community from prison to assess their needs and tailor plans to support them on their release.

For those opting to engage with the HCIP, planning normally begins at 6 weeks prior to release, attended by partners including NHS, Social Work (prison and community based), local authority housing, New Routes, and other third sector agencies

As part of the risk assessment process, there is particular attention to the risk of suicide. Should such a risk be identified a case conference will be held to clarify the relevant factors relating to the release that need to be addressed. The case conference will involve relevant partners to shape the direction of the plan and the support required.

Also in use within HMP Inverness is the locally developed assessment and outcomes tool, *My Compass* broadly based on the Justice Outcomes Star.

Throughout the year Families Outside have highlighted the issues faced by the families of those who are imprisoned. These are particularly acute in Highland, especially in more remote parts of Highland. There is also the impact on the families

[5] National Indicator:
Number of transfers in drug/alcohol treatments from:
- custody to community

of women from Highland who are imprisoned, who face long journeys to visit and to maintain family contact.

Under priority Action Eight, there is further description of the FitHome initiative developed by Albyn Housing Society. However, at this point it is worth noting the work done to support individuals who have a history of substance use issues who would be at higher risk of reoffending and drug-related harm. As part of pre-liberation planning and assessment, work is done to identify individuals who may benefit from the use of technology. Support is given to identify housing and to familiarise them and support workers with the FitHome technology which underpins continuity of care and support for vulnerable individuals following release from prison.

The creation of the Transitions and Communities Delivery Group has provided a forum for partners to come together to share thinking and explore opportunities for collaboration. The group will also support the transition to the new Voluntary Throughcare service.

What impact has there been as a result?

The HCIP model and the My Compass tool have continued to support a structured approach to preparation for liberation from prison, which aims to avert the uncertainties often faced by those re-entering their communities.

The use of the FitHome technology has demonstrated:

- Significant drop in substance use related ICU visits.
- Early detection of overdose via the use of FitHome sensor monitoring by a client's drug & alcohol nurse.
- No clients returning to prison on charges brought against them during their stay in a FitHome equipped property.
- Increase in partnership working and development of new partnership framework with partner organisations across Highland.

Priority Action Eight

Ensure that the housing needs of individuals in prison are addressed consistently and at an early stage by fully implementing and embedding the Sustainable Housing on Release for Everyone (SHORE) standards across all local authority areas

Nationally determined outcome:

More people have access to suitable accommodation following release from a prison sentence[6]

Local Evidence

- SPS admissions and liberations information is shared with relevant partners to support suitable accommodation planning.
- Proportion of admissions where housing advice was provided.
- Percentage of people leaving prison who have been housed by the local authority and have maintained tenancy for more than 1 year

12. What activity has taken place to support people to access suitable accommodation following release from prison?

As part of using the Highland Community Integration Plan (HCIP), Housing partners (including local authority housing) play a central role in its delivery. For people on licences, Justice Social Work and the Highland Council's Housing Department work very closely together when liberations are taking place. Both services normally plan ahead of time where the person is likely to present as homeless, etc. For cases where the individual is a Registered Sex Offender, Police, Housing and Justice Social Work, work together compiling Environmental Risk Assessments. The *My Compass* assessment tool used in HMP Inverness identifies housing issues at an early stage, and how to address these.

HMP Inverness has good links with housing providers and with the local CAB which supports planning for liberation. Upcoming planned liberations (Home Detention Curfew, parole etc) are communicated to relevant partner agencies to support suitable accommodation planning. Liberation meetings are held 6 weeks prior to release to ensure any potential issues are communicated with partners.

An example of innovative practice has been the ongoing development of the use of FitHome technology by Albyn Housing Society:

> 'Albyn Housing Society has worked with partner organisations, the Scottish Prison Service, Justice SW, Police Scotland, NHS Highland, and the Highland Council to provide vulnerable individuals leaving prison with Scottish Short-term Secure Tenancies and installing FitHome suites into those properties.

[6] National Indicator:
Number of:
- homelessness applications where prison was the property the main applicant became homeless from

The technology includes non-invasive sensors that monitor movement, door and window usage, kitchen usage, and toilet use. Additionally, and unique to this client group, the package includes a ring doorbell camera that enables individuals to manage their door, minimising the risk of unwanted visitors. The FitHome technology requires a minimum of two carers/support staff to have access to it. These need to be agreed with the client prior to release.

The ring door bell is an additional service that was requested by clients who have already tested the technology. The data from this door bell is for the use of the client only and is not shared.

The data is presented on a live interface and enables the viewer to recognise daily patterns and changes from normal behaviour. This technology and associated support provide vulnerable clients a secure and safe environment that encourages a reduction in reoffending and risk-taking behaviour.

Employment, training, and/or educational opportunities are also offered to the clients after a period of adjustment.

Albyn have worked with partners to develop an allocation process that works to identify individuals who are leaving prison or are at risk of returning to prison. Through a consensus approach to allocation, Albyn identifies these individuals and works to find them housing, and equip it with the FitHome technology.

The inclusion of the ring doorbell allows the individual to monitor their doorway from their TV and/or mobile device, which helps improve door keeping skills especially for those who may be taken advantage of by county lines. At the beginning of their tenancy Albyn also work with the Highland Council and third sector partners to ensure individuals' new homes are equipped with new furniture and other necessities.

Every effort is made to allocate individuals homes in neighbourhoods where reintegration will be as smooth as possible, reducing the risk of reoffending and helping them to adjust to life in mainstream society. Throughout their tenancies, there is regular communication between partners to ensure the needs of the tenants are met and any issues are addressed promptly. Additionally, the FitHome technology offers individuals a sense of security and comfort that properties without the technology lack.'

What impact has there been as a result?

Implementation of the HCIP has contributed to better partnership working, improved communication across a range of partners, more personalised approaches to planning and improved staff knowledge and understanding.

The impact of the FitHome initiative includes anonymous feedback:

- "I think the project is brilliant, I feel safer in my flat, and also when I've been out as I know if anyone has broken in"

- “My friend recently died of an overdose as he had nothing like this to support him”
- “It has helped to settle me back into living on my own, I feel safer especially with the ring doorbell. I now have a few support workers and that helps too”

More generally there is evidence of:

- Improved tenancy sustainment and reduction in reoffending.
- Increased partnership working has benefitted the tenants through an enhanced housing allocation partnership and more coordinated support practices.
- The presence of FitHome technology has provided a sense of safety and stability for clients that normal properties/tenancies lack. This has resulted in life saving interventions, reduced offending, and sustained tenancies for longer.
- 8 of the 10 original clients remained in their homes and have not re-offended. They are over 2 years in their homes now. 1 of the remaining 2 managed to maintain their tenancy for over 10 months, which was seen as a significant improvement from previous releases. The remaining client went back to prison after 18 months due to an offence that had been committed 4 years earlier, prior to his allocation of a FitHome. He has advised that his return to prison was the first time he saw prison as a punishment.

Priority Action Nine

Enhance individual's life skills and readiness for employment by ensuring increased access to employability support through effective education, learning, training, career services and relevant benefit services

Nationally determined outcome:

More people with convictions access support to enhance their readiness for employment[7]

Local Evidence

- Effective links between the Local Employability Partnership (LEP) and Community Justice Partnership supports:
  i. local employment, education and training providers to respond to the needs of those with convictions
  ii. local employment, education and training providers are confident and competent in providing effective conviction disclosure support
  iii. local employers to develop more inclusive recruitment processes and employ people with convictions.
- Referral pathways are in place to connect people to appropriate services and support:
  i. at commencement of, during and at the end of a CPO
  ii. following release from custody.

13. What activity has taken place to support people to access employability support?

HMP Inverness has a strong relationship with the local DWP team and Job Centre+. This includes the provision of a prison work-based coach, who attends the Links Centre on a regular basis and organises scheduled quarterly employability events.

Café 1668 is a social café in central Inverness operated by HTSI to offer nourishing food and a safe space for all. The Café offers hot food and drinks free of charge to those in need on Monday, Wednesday and Friday and has staff who can support, identify and signpost people to services which are relevant to their needs. The Café has hosted individuals who are fulfilling their Community Payback Orders providing opportunities to learn hospitality and other skills.

One Highland GP writes:

> ‘Cafe 1668 is an invaluable resource for those who are vulnerable for a variety of reasons. For those attending the Homeless Healthcare Service, and those attending the Drug and Alcohol Recovery Service in Inverness, Cafe 1668 forms part of our signposting and also a location for outreach services to

[7] National Indicator:
Percentage of:
- those in employability services with convictions

> make contact with people. Aside from the provision of food, which is a core need for people who are struggling with poverty, there is also the opportunity of social connection, which is vital to the mental health and wellbeing of those who experience severe and multiple disadvantage.'

With regard to employability, HMP Inverness and the Scottish Drugs Forum have worked together during the year to develop a pilot for the SDF National Traineeship programme to be offered within the prison setting.

The prison based pilot will enhance the employability activity of SDF in Highland through a bespoke 12-month programme of training, work experience and vocational learning delivered to prison residents with lived or living experience of substance use that are due for liberation. This provides transitional support while creating a pathway into the existing model of National Traineeship which will equip trainees to be qualified members of the social care workforce.

With the support of HMP Inverness, local placement providers and partners, participants will be equipped with skills, confidence and support to transition into paid roles and manage this while based within the community. It will deliver employment, training, vocational learning, practical experience, and support needed for participants to succeed through these partnerships also.

The programme will provide a level of pastoral support in throughcare for liberated prison residents, provide a meaningful and purposeful focus for their employment and development in the community by providing a pathway to engage these individuals and sustain more positive outcomes including reducing reoffending.

This programme aligns closely the Highland Community Justice Improvement Plan's strategic foci of 'Helping Me Realise My Potential' and 'Helping Me To Avoid Reoffending'. Additionally, it links strongly with National Priority Action number nine to 'enhance individual's life skills and readiness for employment'.

The programme will run into year 2025-2026, and evaluation will take place on completion of the pilot.

What impact has there been as a result?

2024-25 has been a developmental year as regards employability. Working towards the creation of the new Transitions and Communities Delivery Group has engendered renewed engagement with employment/ employability partners. Already there has been active participation from DWP, Skills Development Scotland, Highland Council Employability Service, Justice Social Work, Highland Council Economy and Regeneration, Highland Council Adult Learning, University of the Highlands and Islands, the Scottish Drugs Forum and from industry partners, Amey and Balfour Beatty. Also, the DWP has continued to focus on work coaching, with a number of larger employers (including Balfour Beatty and G&A Barnie Group) offering placements for individuals.

Priority Action Ten

Enhance community integration and support by increasing and promoting greater use of voluntary throughcare and third sector services

Nationally determined outcome:

More people access voluntary throughcare following a short term prison sentence[8]

Local Evidence

- Mechanisms are in place for partners to support people serving short term sentences.
- Proportion of people liberated from short term custody:
  i. made aware of support
  ii. accepting support offer
  iii. with a co-ordinated pre-release plan in place.
- Mechanisms are in place to understand the views of people accessing voluntary throughcare to support improvement.
- Mechanisms are in place to understand the views of community justice partners in delivering voluntary throughcare to support the needs of people leaving short term custody.

14. What activity has taken place to support people to access voluntary throughcare?

HMP Inverness continued to work in partnership with APEX offering specialist Disclosure advice for participants with an offending background, as well as Throughcare Mentoring services, Drug & Alcohol recovery provision through SMART Recovery, SMART Family & Friends and Mental Health provision through Decider Skills and outdoor Greenspace Regeneration projects and Employability upskilling through training courses and job focused practice.

Some Statutory Throughcare provision was also available through the Justice Social Work team.

What impact has there been as a result?

It is recognised that the provision of voluntary throughcare in Highland has been limited and preparation for the delivery of the new National Voluntary Throughcare service is anticipated to significantly improve outcomes in this area of activity.

[8] National Indicator:
Number of:
- voluntary throughcare cases commenced

Priority Action Eleven

Deliver improved community justice outcomes by ensuring that effective leadership and governance arrangements are in place and working well, collaborating with partners and planning strategically

No nationally determined outcome.

Progress in delivering this priority action should be evidenced with reference to any relevant local activity.

Local evidence:

- Mechanisms are in place to support engagement in each local authority, specifically:
  - a community justice outcomes improvement plan (CJOIP)
  - a participation statement
  - an annual report on progress towards nationally and locally determined outcomes.
- Mechanisms are in place to support an effective interface between national partner organisations and their local representatives within Community Justice Partnerships.
- Evidence of mechanisms to engage non-statutory partners in strategic planning
- Use of the Care Inspectorate 'self-evaluation guide to support quality improvement for community justice in Scotland', with focus on Leadership and Direction

15. How has your partnership worked to develop local leadership and enhance strategic planning and collaboration? What impact has there been as a result?

Scottish Government have indicated that activity to delivery in relation to this priority action should be built into the work of partners to progress the 9 national outcomes.

We encourage partners to reflect on what local activity has taken place to develop engagement, collaboration, and demonstrate leadership in community justice partnership working. For example, this could include development as a partnership, engagement and joint working with other local strategic partnerships, or other relevant activity. If any self-evaluation activity has been undertaken, this may support development of this answer.

Please refer to 3. above, Governance Arrangements

Priority Action Twelve

Enhance partnership planning and implementation by ensuring the voices of victims of crime, survivors, those with lived experience and their families are effectively incorporated and embedded

No nationally determined outcome.

Progress in delivering this priority action should be evidenced with reference to any relevant local activity.

16. How has your partnership worked to understand and incorporate the voices of victims of crime, survivors, those with lived experience and their families into partnership planning and implementation?

HCJP has struggled over the past 2-3 years to meaningfully engage with victims' organisations and to ensure participation in HCJP structures and activities.

As part of the restructuring of the HCJP, it was central to the planning process that engagement with victims organisations would be a priority, and that Victim Support Scotland would be named as a strategic partner within the new structures.

It has also been evident that the partnership has struggled to gather the views and perspectives of individuals and their families.

Two strands of work have been undertaken to seek to address this deficit. Our quarterly Community Justice Forums have sought to ensure that organisations and individuals with lived or living experience are encouraged to attend and contribute. For example the in person forum held in November 2024 included lively discussion from a number of people with lived experience (mainly as family members) around the issues of justice, antisocial behaviour and support for individuals who have used drugs and have been in contact with the justice system.

During the year we also engaged with organisations who have an understanding of working with people with lived experience. There has been limited contact with Next Chapter Scotland (who were then invited to speak at our May 2025 Third Sector forum) and also with the Scottish Drugs Forum, who have a strong track record in engaging with those with lived experience of using drug services, and who already have a presence in Highland through a contract with the HADP.

It is envisaged that SDF will offer some support and advice going forward as we seek to develop process to allow the HCJP (including partners in Justice Social Work) to engage with stakeholders who have a range of experiences of the justice system.

One example of a partner learning from and responding to the experiences of victims, was been Police Scotland's 'Operation Anfield' which arose in response to County Lines activities and associated 'cuckooing'.

*Police Scotland report: '*During the course of our interactions with vulnerable victims of crime and exploitation, there are a number of measures we have identified to bolster their home security and enhance their own personal safety. Our officers have enhanced training to identify ways to protect vulnerable properties and individuals, These include providing mobile phones, CCTV doorbells, enhanced locks, personal attack alarms and other security measures.'

Police Scotland presented a proposal to the HCJP for a small pot of funding to purchase 40 safeguarding kits which the team will issue to victims of crime assessed as being particularly vulnerable. These kits include a Pay as you go mobile.

This proposal was agreed to by the HCJP and the initiative will run through into year 2025-2026.

What impact has there been as a result?

The limitations in this area of work is apparent, and has become a priority for the coming year.

Priority Action Thirteen

Support integration and reduce stigma by ensuring the community and workforce have an improved understanding of and confidence in community justice

Nationally determined outcome:

More people across the workforce and in the community understand, and have confidence in, community justice[9]

Local Evidence

- Community justice partner contribution to joint activity across policy areas to tackle stigma.

17. What partnership-driven activity has taken place to improve understanding of and confidence in community justice across the workforce and local community?

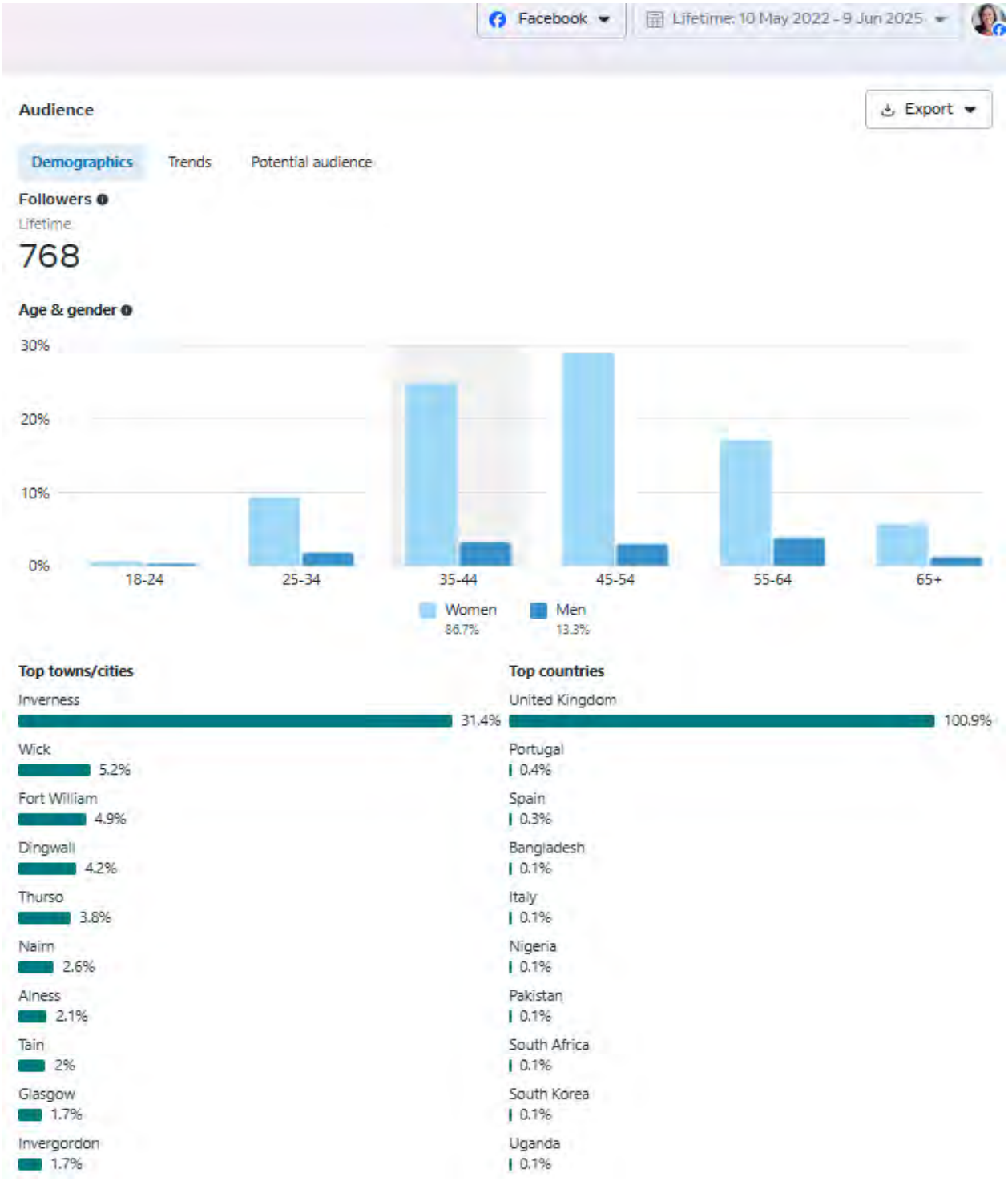
The HCJP Senior Development Officer has undertaken a range of activities to raise public awareness and address issues of stigma.

The HCJP 'Highland Justice Services and Interventions' website continued to expand during 2024-25. It signposts people to organisations who can assist them at whatever stage of the justice journey they are at. It is intended as a place holder for justice services and interventions that can assist those who have offended, those affected by crime and families of either. Click **here** to visit the site.

Our Highland Community Justice information campaign went out on both Facebook and X raising awareness of community justice and highlighting various justice related themes. You can view a pdf of the slides **here**.

The HCJP Facebook presence continues to effectively engage with communities around Highland exceeding 700 followers at the end of the 2024-2025, a 58% increase over the period. For example, in March 2025 after a visit to the CPO team and local beneficiaries in Fort William, the town moved from 9th up to 3rd place in terms of numbers of followers. Partner visits around Highland and coverage of local stories have also added localities to the demographics data which were not previously listed. Only Inverness and Dingwall were listed at the start of 2024 and now there are eight additional places listed.

[9] National Indicator:
Percentage of people who agree that:
- people should help their community as part of a community sentence rather than spend a few months in prison for a minor offence



Following planned visits to CPO workshops / teams and other partners around Highland, press articles were prepared and a number were taken up and published in local papers as well as appearing online. These included: **West Highland Free Press, John O'Groat Journal & Caithness Courier, Ross-Shire Journal, Lochaber Times and Inverness Courier.**

In addition there have been numerous visits to and contacts with community groups, men's sheds, churches and others right across Highland, all of them presenting opportunities to speak about the community first approach to justice.

Amongst the places visited:

Fort William (Lochaber Hope, New Connections, Caol Community Centre, Greenfingers Community Garden)

Skye (St Columba Church, Raasay Heritage Trust, The Lump & Graveyard)

Caithness (Thurso Development Trust, Thurso Grows, Community Hub Café, Staxigoe Hall)

Inverness area (Food Stuff, Newstart Highland, Incredible Edible, Cafe 1668, Inverness Men's Shed)

Ross-Shire (Isobel Rhind Centre, The Field, Kiltearn Community Council, Evanton Development Trust)

18. Look ahead for your local area. Please tell us what the next steps are for your partnership.

Reflective questions to consider in developing your answer:

What are the next steps for your partnership?

What opportunities are there?

What barriers and/or risks?

The next steps for the partnership are reflected in the delivery plans which have been developed for 2025-26 for our Strategic and Delivery Groups, summarised as follows:

Strategic Group Actions

1. Fully implement new HCJP structures and update Terms of Reference.
2. Prepare for a self-evaluation exercise, including review of data and information gathered.
3. Support improved engagement with the Victims of Crime, and victim support organisations, including:
    a. Ensuring that the views and perspectives of victims are present in planning and practice;
    b. Improved awareness of the needs of victims;
    c. Identification of gaps in provision;
    d. Improved information for victims and others.
4. Support the potential roll out of restorative justice,
    a. Deliver a RJ event autumn 2025;
    b. Support a working group to design appropriate models for RJ in Highland.
5. Continue to build on the research into women's experiences of justice in Highland:
    a. Support the development of a women's programme within JSW.
6. Develop processes to gather the views and experiences of those who have experience of the Justice System (including narratives, case studies etc).
7. Create HCJP Communications Plan,
    a. Community focus using media/social media;
    b. Internal communication across partners.

Diversions and Interventions Delivery Group Actions

1. Develop agreed local processes to support the use of DfP and Direct Measures within Highland, especially in regard to the implementation of new National Pathways.
2. Monitor and support developments in Youth Justice (particularly the interface between Youth and Adult Justice services.
3. Review existing processes and pathways for individuals from arrest to potential court appearance, including:
    a. Processes and relationships between partners in custody settings (Police, NHS, CLink);
    b. impact of existing initiatives (e.g. MATPACT, Health assessment, MH services);
    c. Identify and address barriers to services which may exist (e.g. Alcohol and drug services, mental health services).
4. Address perceived challenges in the use of (supervised) bail in Highland, to underpin:
    a. Clarity in terms of expectations and responsibilities;
    b. Agreement around communication and processes.
5. Build on existing pathways and opportunities for community disposals, including:
    a. Review the impact of the Senior Development Officer (SDO) role;
    b. Continue to explore opportunities for women in Highland who are involved with the justice system.

Transitions and Communities Delivery Group Actions

1. Review current use of Highland Community Integration Planning processes to ensure:
    a. pathways are in place which support continuity of health and social care provision for individuals on liberation (Including access to GP's and other primary care settings);
    b. better collaboration between housing providers to support better housing outcomes,
        i. monitor the outcomes linked to the provision of FitHome technology by Albyn Housing Society;
    c. opportunities are maximised for Employability and Training (including links with Employability Partnership and other forums),
        i. Opportunities for learning (literacy and numeracy, adult education, further education;
        ii. Vocational training;

iii. Employment Opportunities (including links to industry);
iv. Access to benefits and financial advice & support.

2. Support the establishment of the Upside Service in Highland,
    i. ensuring strong links with partners;
    ii. establishing clear processes (including relationship with statutory throughcare provided by JSW).
3. Deliver improved engagement with families and dependents affected by imprisonment, using the opportunities presented with the planned opening of HMP Highland to:
    a. Improve awareness of the needs of families;
    b. Identify gaps in provision;
    c. Improve the information available to families and others;
    d. Support improvement in families' experiences of travel to prison.

There are two main risks identified to the implementation of the actions outlined above.

The first relates to lack of buy in from partners. As already noted, not all partners fully engage with the activities of the HCJP, and as this appears to be a problem across many partnership areas, perhaps the solution partially lies in action and leadership on a national basis to ensure fuller participation.

The second relates to resources, particularly the availability of funding.

Every year the HCJP highlights the precarious financial position of the Custody Link project. As we seek to develop new initiatives (for example around Restorative Justice and engagement with people who have lived and living experience of the justice system) the question has to be faced about how such initiatives will be resourced on a sustainable basis going forward.

Appendix 2.

Highland Community Planning Partnership | Com-pàirteachas Dealbhadh Coimhearsnachd na Gàidhealtachd

Highland Community Justice Partnership Terms of Reference

Background

The Community Justice (Scotland) Act 2016 placed new responsibilities on the Highland Community Planning Partnership (HCPP) which came into full effect on 01 April 2017.

As a consequence, the Highland Community Justice Partnership (HCJP) was created as a distinct partnership within the HCPP, with direct responsibility for the development and delivery of the Highland Community Justice Outcomes Improvement Plan (HCJOIP) and for the preparation of annual returns and reports as required by section 23 of the Community Justice (Scotland) Act 2016 for submission to Community Justice Scotland (CJS).

Purpose

The HCJP will be directly responsible for:

i. Producing a Highland Community Justice Outcomes Improvement Plan (HCJOIP) which identifies areas for development of community justice in Highland and activities/actions which contribute towards delivering the outcomes set within the National Strategy for Community Justice, the National Delivery Plan and Performance Framework.
ii. Engaging and consulting with communities, victims, people with lived experience of the justice system, third sector organisations, and public sector agencies on the development, delivery and review of the HCJOIP.
iii. Co-ordinating multiagency planning processes (including the Third Sector) which align organisational resources against the delivery of agreed outcomes.
iv. Identifying opportunities for sharing resources between partners in order to achieve the outcomes set within the National Delivery Plan and Performance Framework.
v. Reporting to provide assurance to the HCPP Board on the progress of the HCJOIP.
vi. Providing guidance and support for the HCPP in respect of all duties as outlined in the Community Justice (Scotland) Act 2016, which, while delegated to the HCJP, are still ultimately retained by the HCPP.

Governance

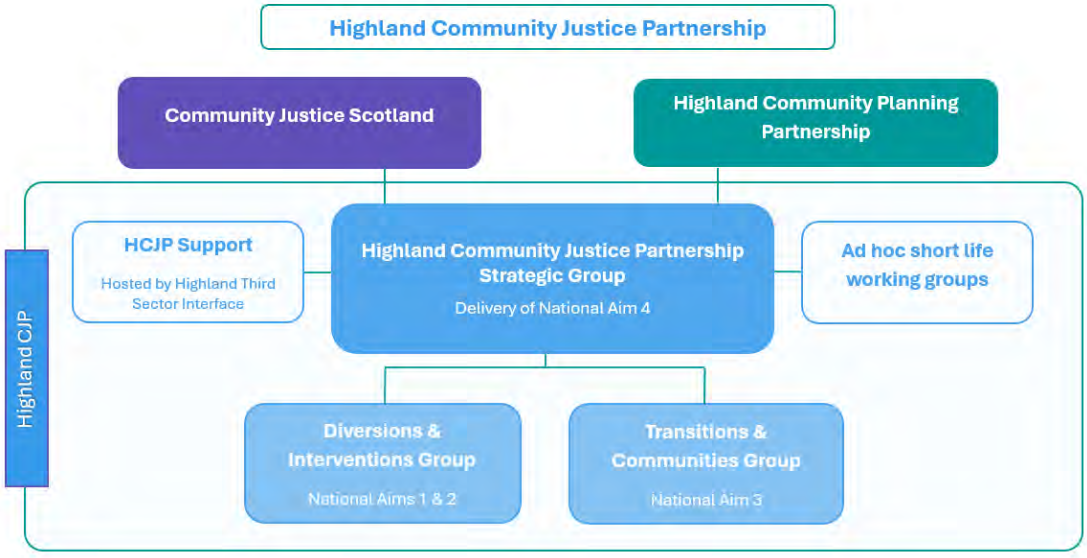
The HCJP as a partnership is accountable to the HCPP and as such will be required to provide assurance to the HCPP on the progression of the HCJOIP. They may from time to time be required to provide assurance in person as well as through written reports.

The HCPP retains ultimate responsibility for the development, implementation and review of the HCJOIP and associated responsibilities as per the Community Justice (Scotland) Act 2016.

The HCJP will be hosted by the Highland Third Sector Interface (HTSI), which will be responsible for the management of finance, personnel and general administration. This will include the recruitment of, and support for the HCJP Chair, Manager and other posts as may be established.

Structure and Membership

The HCJP is a distinct partnership within the HCPP, with agreed structures to better support outcome delivery and strategic accountability.



The HCJP Strategic Group

The HCJP Strategic Group will oversee the work of the partnership as a whole, and be directly accountable to the HCPP for the purposes outlined above.

As a strategic group, membership will consist of representatives nominated by those bodies which are statutorily responsible under the Community Justice (Scotland) Act 2016, namely:

Crown Office & Procurator Fiscal Service
NHS Highland
Police Scotland
Scottish Courts and Tribunals Service
Scottish Fire and Rescue Service
Scottish Prisons Service
Skills Development Scotland
The Highland Council – Elected Member
The Highland Council – Housing Services
The Highland Council – Justice Social Work

In addition, the following partners will nominate members:

Department of Work and Pensions
Highland Alcohol & Drug Partnership
Highland Violence against Women and Girls Partnership
Victim Support Scotland

The chairs of both the Delivery Groups will also be full members.

Members may send a substitute if they are unable to attend a meeting.

As host agency for the HCJP, the HTSI, will attend Strategic Group meetings, reporting on matters of finance, personnel and administration as required.

Delivery Groups

To support outcome delivery, two standing groups (Delivery Groups) will be formed.

i. The **Diversions & Interventions Group** will focus on the delivery of diversions, early interventions, community interventions and public protection arrangements.
ii. The **Transitions and Communities Group** will focus on the delivery of services to address the needs of individuals accused or convicted of an offence, in particular those who are moving back to their communities having completed a sentence.

The terms of reference for both groups will be reviewed by the Strategic Group on an annual basis.

In addition to the two standing groups, short-life working groups may be created to take forward defined pieces of work on behalf of the Strategic Group.

Leadership and administration

The HCJP (through its Strategic Group) will appoint an Independent Chair following the processes agreed by the Highland Community Planning Partnership Board. The role will be remunerated. The appointment will be agreed by the HCPP Board.

The Chair will provide leadership and guidance to the HCJP and act as their public representative, as well as providing assurance to the HCPP and CJS as required and appropriate.

In addition, on an annual basis the HCJP Strategic Group will appoint one or more Vice Chairs, who will deputise in the absence of the Chair and represent the HCJP when necessary.

The HCJP strategic and delivery groups will normally meet quarterly, with additional meetings or short life working groups arranged as required.

The Community Justice Partnership Manager and other members of the HCJP support team will attend meetings called by the HCJP and its constituent groups. Their role will be to provide administrative support as well as ongoing information on the Partnership's developments and responsibilities.

Review

These terms of reference will take effect from the 01 July 2025 and be reviewed annually.

11 June 2025

Agenda Item	10.
Report No	CPPB/19/25

Highland Community Planning Partnership | Com-pàirteachas Dealbhadh Coimhearsnachd na Gàidhealtachd

Highland Community Planning Partnership Board – 19 September 2025

Highland Alcohol and Drugs Partnership (HADP) Draft Annual Report 2024/25

Report by: HADP Coordinator

Summary
HADP has developed an annual report, including updates on programmes of work, and quantitative and qualitative data in the form of infographs.

1.	**Background**
1.1	The CPP Board provides oversight and scrutiny of partnership activities and priorities, including oversight of the Highland Alcohol and Drug Partnership (HADP).
1.2	A new annual report (2024/25) has been drafted. It was considered at the most recent meeting of the HADP strategy group, in August. It is attached for CPP Board information. It is designed for use as a digital version and will be embedded into the HADP website. The annual report includes updates on key programmes of work, infographs on alcohol and drug indicators in Highland, and insight from people with lived experience.
1.3	HADP submitted an annual reporting survey to the Scottish Government, following sign-off by the HCPP on 6 June 2025. This annual report will showcase achievements in a more user-friendly manner.

Recommendation

The Board is asked to:

i) Note the HADP annual report 2024/25, before publication online.

Author: Eve MacLeod, HADP

Date: 09.09.25

Appendices: HADP Draft Annual Report 2024/2025

Highland Alcohol and Drugs Partnership (HADP)

Annual Report 2024/2025

HADP Annual Report 2024/2025

The Highland Alcohol and Drugs Partnership (HADP) remains committed to reducing the harms caused by alcohol and drugs across Highland through collaborative, evidence-informed action. This annual report reflects our shared progress, challenges, and learning over the past year as we continue to work towards a healthier, safer, and more resilient Highland.

In a landscape shaped by evolving needs, policy developments, and funding pressures, our focus has remained on delivering person-centred support, strengthening prevention and early intervention, and striving to ensure that services are accessible, inclusive, and responsive. The achievements outlined in this report are a testament to the dedication of our partners, communities, and those with lived and living experience who continue to shape and guide our work.

As we look ahead, we reaffirm our commitment to partnership working, innovation, and advocacy to ensure that every person affected by substance use can access the support they need to thrive.

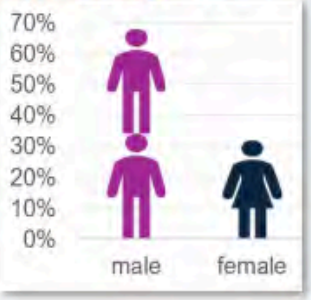
Highland ADP Alcohol and Drug Summary to September 2025

21 drug-related deaths this is a sustained reduction in 2024 in Highland.



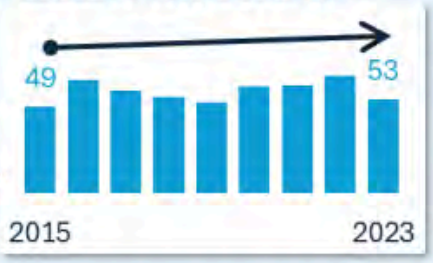
In 2019-2023 people who experienced a drug death in Highland were **13 times more likely** to have lived in the most deprived areas (SIMD 1) than in the least deprived areas (SIMD 5).

For drug deaths in 2019-2023 average age was 35-44 years, 68% male and 32% female.



Scottish Ambulance Service responded to **210 incidents to prevent fatal overdose**. In addition, **630 Naloxone kits** were distributed in the community. in Highland in 2024

53 alcohol specific deaths in 2023 shows a stable trend in Highland.



In 2019-2023 people who experienced an alcohol death in Highland were **20 times more likely** to have lived in the most deprived areas (SIMD 1) than in the least deprived areas (SIMD 5)



Prevention work shows that from young people in Highland surveyed in 2023:-



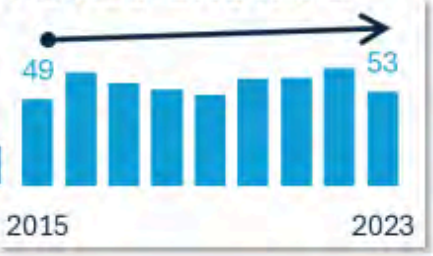
53% say they **get alcohol from a member of their family**



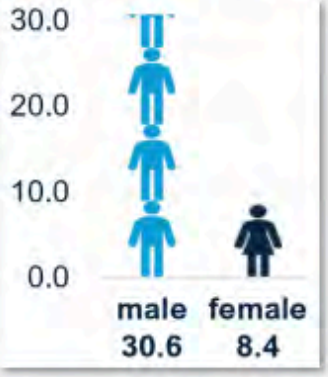
60% say they **had consumed alcohol in their home.**

Highland Alcohol and Drugs Partnership Alcohol Summary

53 alcohol specific deaths in 2023 shows a stable trend in Highland



The alcohol mortality rate per 100,000 population in 2023 was **3.6 times higher for men than women** in Highland.



All people were ages 45 years and over at time of death with half of deaths at ages 65 years and over.

In 2019-2023 people who experienced an alcohol death in Highland were **20 times more likely** to have lived in the most deprived areas (SIMD 1) than the least deprived areas (SIMD 5).

In 2023/24 people who had an alcohol–related hospital admission in Highland were **4 times more likely** to have lived in the most deprived areas (SIMD 1) than in the least deprived areas (SIMD 5). Annual number of hospital stays = 1140.

Alcohol Treatment in 2023



Prevention work shows that from young people in Highland surveyed in 2023:-



53% say they **get alcohol from a member of their family**



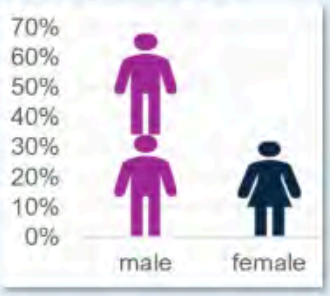
60% say they **had consumed alcohol in their home.**

Highland Alcohol and Drugs Partnership Drug Summary

21 drug-related deaths this is a sustained reduction in 2024 in Highland.



For deaths in 2020-2024 average age was 35-44 years, 68% male and 32% female.



In 2019-2023 people who experienced a drug death in Highland were **13 times more likely** to have lived in the most deprived areas (SIMD 1) than in the least deprived areas (SIMD 5).

Scottish Ambulance Service responded to **210 incidents to administer Naloxone** in 2024 to help prevent fatal overdose.

In 2024, **266 near-fatal overdose alerts** received by Assertive Outreach teams



Drug Treatment in 2023



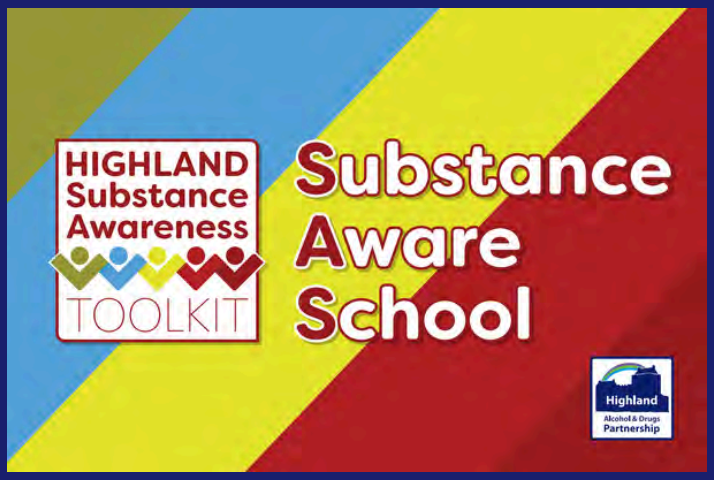
In 2021/22-23/24 people who had a drug–related hospital admission in Highland were **8 times more likely** to have lived in the most deprived areas (SIMD 1) than in the least deprived areas (SIMD 5). Annual average number of stays = 210.

630 Naloxone kits were distributed in 2024 in the community in Highland. This was a 12% decrease on the previous year.

Updated September 2025

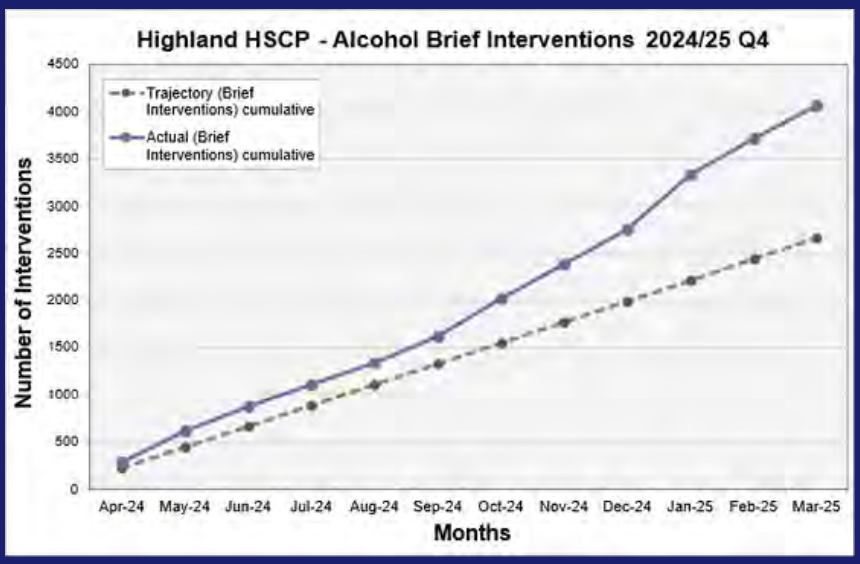
Substance Aware School Award

The Substance Aware School Award, which was developed to recognise and reward consistent, ongoing approaches to prevent substance use among young people across the Highlands, is now in its sixth year. More information, including the Gold, Silver and Bronze level winners, is available here: Substance Aware School Award | NHS Highland



Alcohol Brief Intervention

In 2024/2025, Highland exceeded the target number of Alcohol Brief Interventions (ABIs). The target is set at 2660, and 4062 were recorded. This is a marked improvement on the previous year, with the improvement supported by the updated Primary Care Locally Enhanced Service Agreement, and Health Improvement training provided to support delivery of ABIs in primary care and in wider settings.



Planet Youth

Planet Youth in Highland achievements during 2024/2025 include;

In April 2024, a Planet Youth in Highland virtual learning event was held to highlight the importance of applying a primary prevention approach to prevent and delay substance use, with a view to improving health and wellbeing outcomes for young people in Highland. 84 people attended the webinar, with all who completed the evaluation form highlighting that their knowledge about the Planet Youth approach improved. The event included a call to action, for people to become involve in their local Planet Youth in Highland Local Action Group. Inputs from the various speakers from a range of partner agencies is available on the Highland Substance Awareness Toolkit, here: Planet Youth – Planet Youth in Highland Event – Highland Substance Awareness Toolkit.

School reports shared with all 5 schools, and community reports shared with all 5 communities. Each of the 5 Local Action Groups (LAGs) developed an Action Plan, informed by the data. Schools used data to support improvements in health outcomes with young people.

HighLife Highland continued to deliver additional diversionary provision via the Youth Sport Coaches, supporting hundreds of young people into activity, in addition to existing provision.
Monthly newsletters have been created and disseminated, with significant and consistent audience.

Raising Teens with Confidence was delivered to a small group of parents with Action for Children.Safe, Strong and Free delivered a Bullying webinar Local Action Groups, and Parents Cafes were successfully trialled in one area. Health and Wellbeing events were held in each school for pupils and parents.Integration with local Community Planning Partnerships was achieved. Information from surveys was used to inform other work, including via a report for the Child Poverty in Highland subgroup, and a Vaping Toolkit for parents. A Parent and Carer Information Padlet was also created.

Licensing

Highland has an alcohol over provision statement, that recognises supply of alcohol in off-license premises in Highland is sufficient. Therefore, to limit supply, no more off-sales licenses are agreed where the sales capacity is above a certain area. At the most recent statement review, it was agreed that Highland would reduce the area allocated for alcohol in off-license premises, from 40 square metres to 30 square metres, although options that could facilitate a reduction in inequalities were not approved, including targeting SIMD 1 areas and areas with higher-than-average alcohol-related admission rates. Since introduction of the reduced allocation, a license application has been successfully declined.

Highland Local Early Warning System (LEWS) established

Public Health Scotland (PHS) have developed Rapid Action Drug Alerts and Response
(RADAR) to deliver a drug early warning system (EWS) for Scotland. RADAR aims to reduce the short, medium and long term harms associated with drugs in the Scottish population by:

- Identifying trends, risks and clusters of overdose and intoxication.
- Responding to new and emerging substances, changing harms and other relevant scenarios.
- Advising on and implementing immediate harm prevention and control measures.
- Providing high quality current public health information.

To complement this national early warning system, local areas have been encouraged to create local early warning systems (LEWS), acknowledging that communities are at the heart of a local early warning system (LEWS).

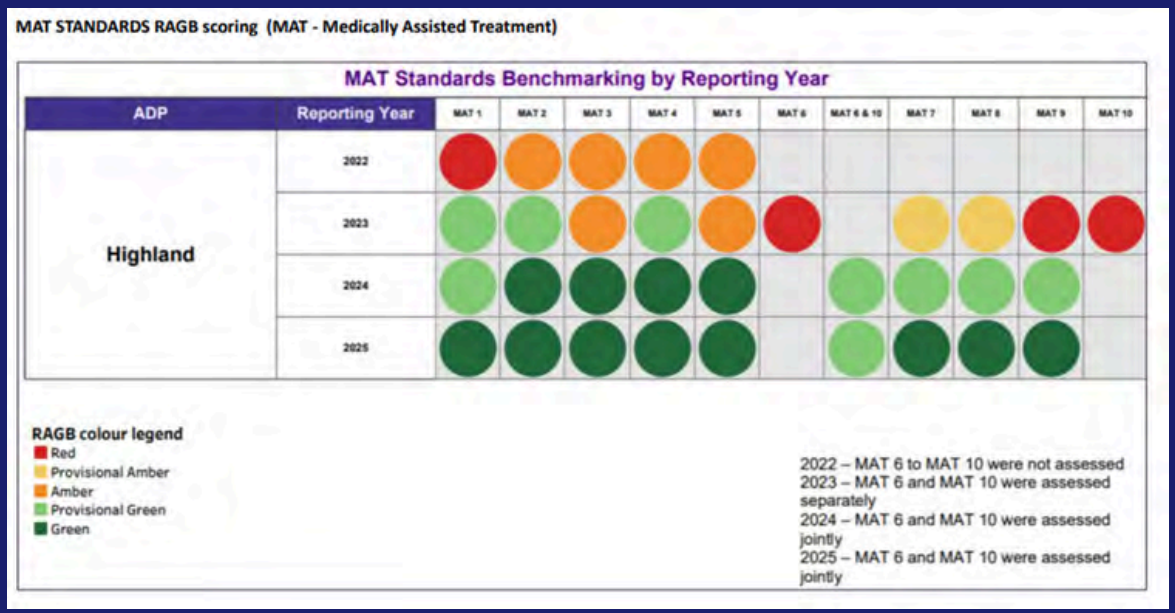
HADP and partners created a LEWS in response to a drug related harm cluster in May 2024. This has been in place since, and has incorporated continual development, including an evaluation and tabletop exercise. The Highland LEWS will continue to operate, develop in order to respond to drug related harm clusters in a timely, strategic manner.

Residential Rehabilitation

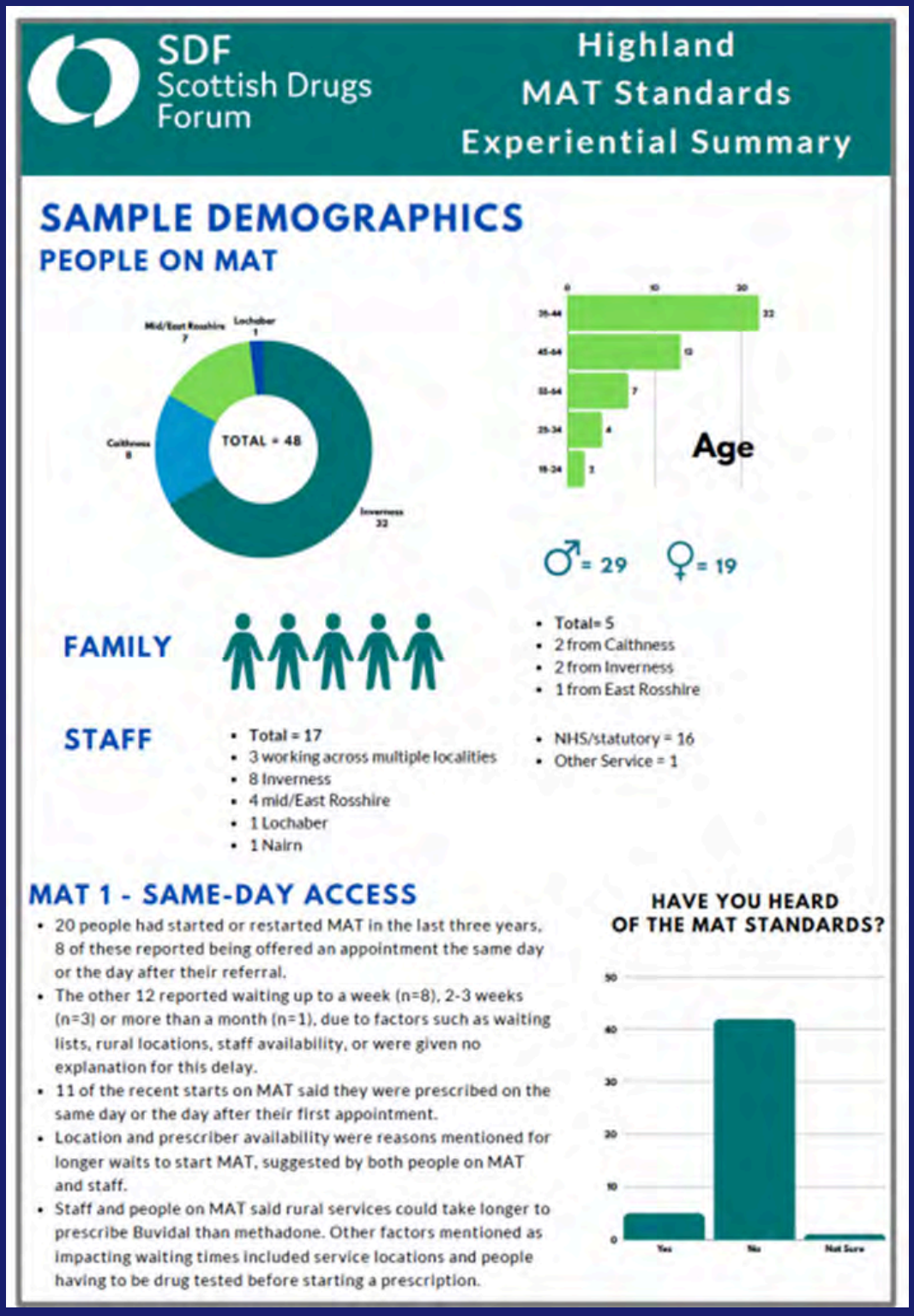
HADP are engaged with Healthcare Improvement Scotland (HIS) to develop a Residential Rehabilitation action plan. To aide development of the plan, HADP hosted a workshop with HIS, Scotland Excel, local partners and people with lived experience, in November 2024. This workshop also supported further clarifications and updates to our residential rehabilitation pathway.
There are many routes to residential rehabilitation in Scotland, and HADP will continue work to clarify processes to all of these.

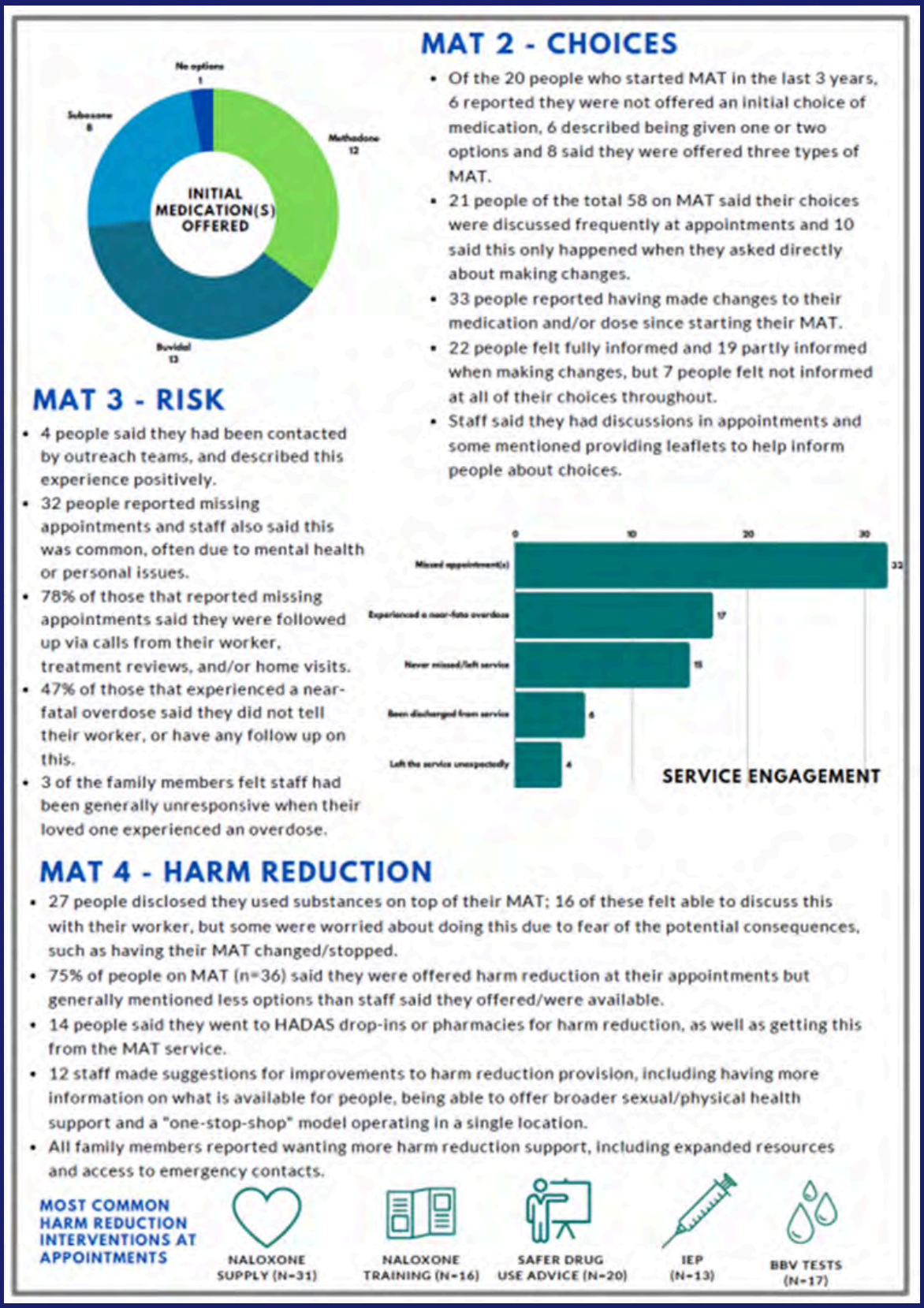
Medication Assisted Treatment (MAT) Standards Progress and Insight

Medication Assisted Treatment (MAT) standards aim to achieve delivery of 10 evidence based standards to enable consistent delivery of safe, accessible, high quality drug treatment across Scotland. In 2024, all Medication Assisted Treatment Standards were assessed as being green, or provisional green, and reporting on these was reduced from monthly to quarterly, recognising the improvement.



Scottish Drugs Forum are commissioned by HADP to gather experiential data from individuals, family members, and staff members regarding the MAT standards. Experiences gathered in 2023/2024 are shown in infographics;




MAT 2 - CHOICES
No options 1
Subsoone 8
Methadone 12
INITIAL MEDICATION(S) OFFERED
Buvidal 13
Of the 20 people who started MAT in the last 3 years, 6 reported they were not offered an initial choice of medication, 6 described being given one or two options and 8 said they were offered three types of MAT.
21 people of the total 58 on MAT said their choices were discussed frequently at appointments and 10 said this only happened when they asked directly about making changes.
33 people reported having made changes to their medication and/or dose since starting their MAT.
22 people felt fully informed and 19 partly informed when making changes, but 7 people felt not informed at all of their choices throughout.
Staff said they had discussions in appointments and some mentioned providing leaflets to help inform people about choices.
MAT 3 - RISK
4 people said they had been contacted by outreach teams, and described this experience positively.
32 people reported missing appointments and staff also said this was common, often due to mental health or personal issues.
78% of those that reported missing appointments said they were followed up via calls from their worker, treatment reviews, and/or home visits.
47% of those that experienced a near-fatal overdose said they did not tell their worker, or have any follow up on this.
3 of the family members felt staff had been generally unresponsive when their loved one experienced an overdose.
0
10
20
30
Missed appointment(s)
32
Experienced a near-fatal overdose
17
Never missed/left service
15
Been discharged from service
6
Left the service unexpectedly
4
SERVICE ENGAGEMENT
MAT 4 - HARM REDUCTION
27 people disclosed they used substances on top of their MAT; 16 of these felt able to discuss this with their worker, but some were worried about doing this due to fear of the potential consequences, such as having their MAT changed/stopped.
75% of people on MAT (n=36) said they were offered harm reduction at their appointments but generally mentioned less options than staff said they offered/were available.
14 people said they went to HADAS drop-ins or pharmacies for harm reduction, as well as getting this from the MAT service.
12 staff made suggestions for improvements to harm reduction provision, including having more information on what is available for people, being able to offer broader sexual/physical health support and a "one-stop-shop" model operating in a single location.
All family members reported wanting more harm reduction support, including expanded resources and access to emergency contacts.
MOST COMMON HARM REDUCTION INTERVENTIONS AT APPOINTMENTS
NALOXONE SUPPLY (N=31)
NALOXONE TRAINING (N=16)
SAFER DRUG USE ADVICE (N=20)
IEP (N=13)
BBV TESTS (N=17)



85%

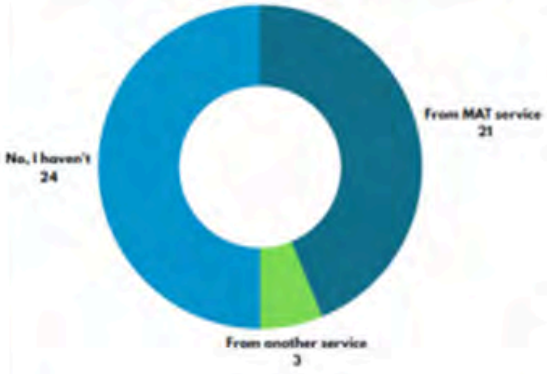
HAVE A POSITIVE OR VERY POSITIVE RELATIONSHIP WITH MY WORKER

MAT 5 - RETENTION

- 31 individuals attributed their retention in the service to positive relationships with workers, which was said to enable people to engage and have trust in the service.
- Negative experiences with workers were reported by 6% (n=3) of the sample, and they related these to inconsistencies in treatment, feeling unheard, or feeling there was an overall lack of care from workers.
- Family members' interactions with workers varied: 2 described negative experiences, 1 said they had lost contact with the service entirely due to their own experiences with workers, and 2 described positive relationships.
- All staff described having mostly positive relationships with people they supported.
- Most people said they had monthly appointments with their workers.
- Reported travel distances varied, but 8 people mentioned they may have to travel further to start/access a prescription of Buvidal, which could be a barrier for them. This potential issue was also highlighted by 2 staff.
- 14 people on MAT said they were aware of having a care plan, 7 said they did not have one and 26 people were not sure if they did.
- Most staff suggested that they reviewed someone's treatment at every appointment but people on MAT described having informal discussions about their MAT rather than regular, formal reviews.

MAT 6 - PSYCHOSOCIAL SUPPORT

HAVE YOU RECEIVED PSYCHOSOCIAL INTERVENTIONS?



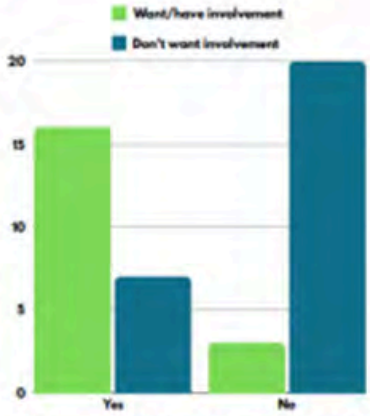
- The most common psychosocial interventions people reported being offered/having received were relaxation techniques (n=16), one to ones (n=8), coping strategies (n=6) and group work (n=6).
- Staff said they could offer a broader range of interventions than reported by people on MAT, but noted challenges implementing tier 2 interventions due to case load sizes and limited resources.
- Staff said they addressed psychosocial needs through workforce development and training plans but again highlighted implementation could be limited by time and capacity.
- 34 people said staff were sensitive to their emotional well-being and showed empathy and care.
- 14 participants felt their emotional well-being was not considered by workers, highlighting they attended appointments mainly to get their medication with little other support offered.

MAT 7 - PRIMARY CARE

- 65% (n=31) of people said they did not engage with their GPs for anything related to their MAT, but 29% (n=14) people reported having their GP involved and 86% (n=12) of these felt this was helpful.
- Staff mentioned communication challenges with GPs but reported wanting to improve collaboration and partnership working.
- Family views on GP involvement varied, but some felt a need for more support and communication from/between GPs and addiction services in order to improve their loved one's care.
- There is a new post of 'outreach GP' being piloted in Highlands to reach those who are currently homeless, in order to provide support which may involve engaging in MAT treatment.

MAT 8 - ADVOCACY & FAMILY SUPPORT

- 34 people in treatment said they did not have access to independent advocacy but 14 reported accessing it, mainly for support with benefits, housing, and appointments.
- Staff reported only offering advocacy support at first appointments or when asked about it directly, and some noted more information and promotion about advocacy was needed in Highlands.
- 3 family members reported feeling involved in their loved ones care, mainly through attending appointments, but some described negative experiences of involvement, so described supporting their loved ones in other ways.
- 2 family members felt there was a lack of direct support for them, but 1 mentioned receiving support from the MAT service and 2 from the Caithness Family Group, SFAD and Families Campaign for Change.
- 4 family members reported wanting more family-based support, suggestions for which included community groups, combating stigma, initial referral to family support groups and harm reduction information.

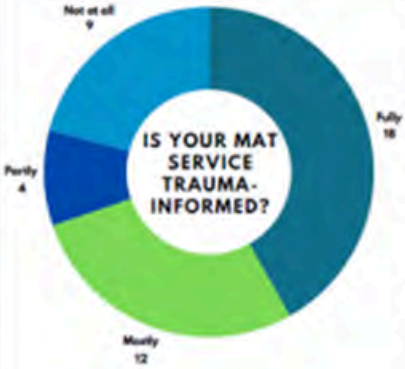


HAVE YOU BEEN OFFERED FAMILY INVOLVEMENT?

MAT 9 - MENTAL HEALTH

- 34 people on MAT said they discussed their mental health with their worker; 85% of these felt this was beneficial and that they were listened to, but the other 15% said they were not taken seriously about this.
- 29 people on MAT reported accessing mental health support either via their GP or the MAT service and 6 people said they had accessed this on their own or through other services.
- Mental health services people reported using/having used included psychiatrists, counselling, psychologists, GP's and CPNs, with mixed experiences of support described and barriers including accessibility, long waiting lists, too much of a medication focus, and lack of available appointments mentioned.
- Staff said they were able to offer various supports for mental health, including referrals to specialists and low-intensity interventions.
- Staff mentioned they had experienced barriers when trying to access specialised support for someone, particularly for individuals using drugs or alcohol.

MAT 10 - TRAUMA-INFORMED CARE



- Those who felt the service was trauma-informed said this was due to feeling safe, having compassionate workers, being treated with respect and/or feeling listened to.
- The majority of staff reported some indicators of burnout, most commonly through emotional exhaustion (n=7) and on occasion cynicism towards work or clients (n=3) at least a few times a month.
- The majority of staff (n=11) said they felt a sense of achievement in their roles at least a few times a month which acted as a buffer to feelings of burnout.
- Staff reported varying levels of support for their own well-being, which was mostly through internal supervision (n=14), informal support from colleagues (n=9), appropriate breaks (n=7) or forums/meetings with colleagues (n=5).

Drug-related and Alcohol-specific Deaths

In 2024, statistics on alcohol specific deaths and drug related deaths registered in 2023 are reported.53 deaths were directly attributed to alcohol in Highland in 2023, a decrease of 13 deaths on the 2022 figure of 66 deaths.

26 drug related deaths were registered in Highland in 2023, a decrease of 14 deaths on the 2022 figure of 40 deaths.
NHS Highland's Public Health team hosted a mortality review session in April, with HADP providing insight from the drug-related death review process.

Recovery Walk

HADP took part in the HMP Inverness Recovery Walk, with coverage available here: INSIDE HMP INVERNESS: 'Recovery gives you things and addiction takes them away,' says prisoner.

The following day a bus of people from Highland attended the national Recovery Walk, which was in Glasgow.

Watch this video to see the 2024 Recovery Walk highlights: https://youtu.be/CJ-KIpA3Ero?si=MiOlGuGYc4iQ4sgZ.

The weekend ended with a celebration lunch at Beechwood House.

Scottish Drugs Forum (SDF) Engagement Group and Lived Experience Panel

The Scottish Government commission Scottish Drugs Forum (SDF) to support a Living Experience Engagement Group. The Engagement Group is a forum whose membership is people who use drugs or alcohol. The Engagement Group is self-directed by group members, with support from SDF.

The Highland Living Experience Engagement Group enables people who actively use drugs in Highland to express their views, amplify their voice with support of a safe space, and to ensure they have the opportunity and necessary support to participate within the Highland Alcohol and Drugs Partnership. This acknowledges the skills and experience within the group, and promotes a better understanding of the experiences of people who actively use drugs in Highland. During 2024, a multi-agency Management Group was established to address the issues raised at the Engagement Group.

In addition, Highland Alcohol and Drugs Partnership (HADP) commission SDF to support a Lived Experience Panel. The Panel enables HADP to hear voices experience to develop, design and deliver treatment and recovery services, interventions and approaches, and work with experts to address stigma, improve connections, and reduce inequalities.

The Experience Group and Panel were held frequently throughout 2024/2025, contributing feedback regarding intervention developments and strategic priorities.

Maternity Comfort Packs

Identifying a need to support women affected by alcohol and drug use in pregnancy that enter maternity care without essential person items, the Specialist Midwives (Alcohol and Drugs) were awarded a small grant from Police Scotland which was used to create x6 Maternity Comfort Packs. These packs were filled with items including pyjamas, underwear and toiletries, which could be provided to women where required, providing a trauma-informed approach that supports dignity and addresses stigma.







Money Matters & Commercial Determinants of Health webinars

HADP hosted two webinars in 2024/2025. The first was in October 2024, Money Matters. Problematic drug and alcohol use and poverty are connected, with significantly higher drug and alcohol related harms experienced in areas of deprivation. The Poverty Alliance highlights drug deaths can't be tackled without tackling poverty. Stigma is experienced by people with money problems, and people with drug and alcohol problems. We all have a role to play in addressing these issues.

Further information from the webinar is available here.

The second was held in March 2025, and focused on the Commercial Determinants of Health.

The Dahlgren Whitehead (1991) model depicts the Determinants of Health; the non-medical aspects of people's lives that influence health. This includes elements such as lifestyle, social and community networks, living and working conditions, and wider cultural and environmental influences. Commercial Determinants of Health build on these, focusing on the ways in which private sector companies can impact our health in various ways; positive and negative.

Further information from the webinar is available here.

Together We Can

Four Together We Can community engagement events were held in partnership with the Scottish Recovery Consortium, with other organisations actively participated in the planning, delivery and reporting of the events. The events aimed to map recovery support across Highland. Through personal testimonies and conversation café discussions, rich insights were gathered from around 200 individuals with lived experience, professionals, and representatives from third sector organisations. These findings will inform future developments within the Highland Alcohol and Drugs Partnership (HADP) Strategy.

Key Themes Identified included:

- **Relationships & Community Connection: Trust, empathy, and person-centred approaches are vital. Families play a key role and need support. Safe spaces and networking opportunities can strengthen community ties.**
- **Access & Services: Flexible, holistic support is needed, including community hubs, online resources, and low-threshold services. Barriers such as travel, service hours, and stigma must be addressed. Suggestions included assertive outreach, peer support, and integrated care.**
- **Early Intervention & Prevention: Education for young people, parents, and professionals is essential. Interventions should be tailored and delivered by appropriate individuals, with a focus on whole-person care.**
- **Communication & Messaging: Support exists but is often hard to find. Improved visibility through diverse media—podcasts, adverts, QR codes, and word of mouth—was recommended. Better inter-service communication is also needed.**
- **Partnership Working: A whole-system approach was advocated, with stronger collaboration across sectors like healthcare, justice, housing, and education. Workforce pressures were noted as a challenge.**
- **Lived Experience & Recovery: Peer support, mutual aid, and visibility of recovery are crucial. Long-term funding and stigma reduction are needed to sustain progress.**

Specific support for women, families, and underserved groups was highlighted. Gaps in mental health, out-of-hours care, and detox services were noted, alongside ideas for future development and improved data use.

HADP is extremely grateful to all involved, who gave their time and expertise, which will be used to inform future work.





Health Needs Assessment

Collaborative work by the Highland Alcohol and Drugs Partnership (HADP), NHS Highland's Health Intelligence team, and a Public Health Registrar shaped a Health Needs Assessment (HNA), which evaluated the impact of alcohol and drug use across Highland. This assessment will inform the development of a responsive and effective Highland Alcohol and Drugs Partnership (HADP) Strategy for 2025/26–2029/30, guiding priorities, resource allocation, and tailored interventions to improve outcomes and reduce inequalities.

The HNA combines data from multiple sources, with consultation with people with lived and living experience enriching data with community perspectives. Key findings include that 14% of women and 26% of men in Highland exceed recommended alcohol limits. Among young people, 72% had tried alcohol by age 15, and 14% reported cannabis use. Heroin remains the most common drug used among adults seeking treatment, though use of cocaine and benzodiazepines is rising.

In 2023, Highland recorded 53 alcohol-specific deaths and 26 drug-related deaths. Harm reduction services are active, with over 3,000 attendances at Injection Equipment Provision sites and increasing distribution of Take-Home Naloxone kits.

Stigma emerged as a major barrier to accessing care. Participants in surveys and focus groups called for expanded services and support, and highlighted the cultural normalisation of substance use.
The HNA also examined impacts on vulnerable groups, including those in prison, survivors of domestic violence, and people experiencing homelessness. Recent initiatives such as the Residential Rehabilitation programme and MAT implementation are helping to address these challenges.

Recommendations from this assessment will shape HADP's strategic planning going forward.

The HNA will support development of the upcoming HADP Strategy 2025/2026 – 2029/2030.

HADP Strategy Group Development Plan

Following recommendations from the Report from the Chair, improvements were planned across three themes;

Partnership Performance - Improvements were made to the progress reporting process, providing more rigour in performance measurement, particularly around outcomes from HADP investment. Deep dives into National Mission outcomes 1 and 2 were showcased at meetings, with further deep dives planned. A Risk Register was developed following workshops, with risks and mitigations identified.

Partnership Governance - Summary report from progress reports now available. All groups HADP report to are now standing items on the agenda. Plans for subgroups are in development. Support from NHSH Contracts and NHSH Finance teams has supported improvements.

Stakeholder Engagement and Culture of Working Together - Continue involvement of people and families with lived and living experience has been support via SDF, and inclusion in the HNA. Together We Can events included mapping of services and hearing voice of lived experience. HADP Strategy Group induction pack is in development.

Progress Report process improvement

Partners with programmes of work funded by HADP are required to provide progress reports each quarter.The process has been improved on to provide greater rigour and diligent progress, and oversight of all funded programmes. The progress report template was updated, including considerations for system pressures and service gaps. Completed reports are reviewed by the HADP support team, and a RAG status is applied.All progress reports are shared with papers in advance of the quarterly Strategy Group, and are now preceded by a summary sheet that showcases the RAG status for each programme of funded work across the annual quarters. The summary sheet is then shared for HADP reporting to other forums.

Risk Register

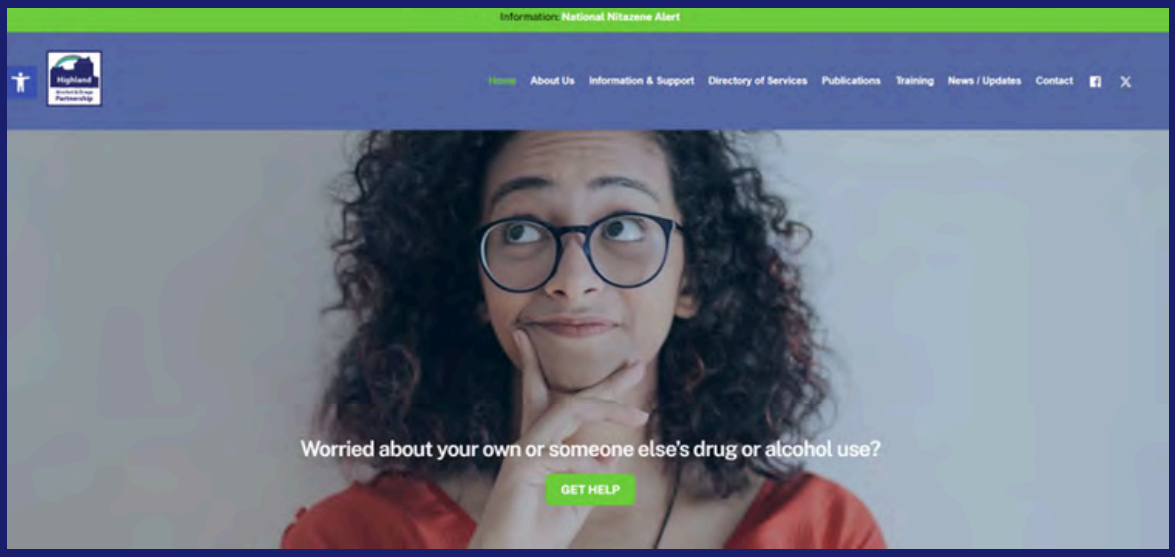
Following to development workshops, facilitated by Highlands and Islands Enterprise (HIE), HADP developed a Risk Register. Eleven risks were identified;

·In-year financial challenges
·Med-to longer term financial planning environment
·Strategic alignment and direction
·Effective partnership working, including for support to recover
·Underlying causes of dependence
·Harm prevention and early intervention
·Resourcing, delivery and workforce planning
·Data provision and analysis
·Identifying and taking action in regard to emerging trends
·Governance
·Information, data governance and cyber security

Controls and actions were also identified, with the risk scores reducing or remaining constant during 2024/2025.

HADP Website Update

The Highland Alcohol and Drugs Partnership website update was completed, to improve user experience and provide a refreshed look.



Financial Clarity

With support from NHS Highland Finance team, HADP is now clear about the financial position. In 2024/2025, all but £478 of available £1,872,340 HADP allocation was spent to reduce alcohol and drug related harms in Highland.

Full Complement of Staff

For most of 2024/2025, HADP support team had a full complement of staff.

Eve MacLeod, HADP Coordinator
August 2025

Agenda Item	11.
Report No	CPPB/20/25

Highland Community Planning Partnership | Com-pàirteachas Dealbhadh Coimhearsnachd na Gàidhealtachd

Highland Community Planning Partnership Board – 19 September 2025

Highland Alcohol and Drugs Partnership (HADP) Draft Strategic Plan 2025/26-2029/30

Report by: Independent Chair HADP

Summary
A new draft 5-year strategic plan has been developed and approved in the HADP. The Board is asked to consider and approve the new plan. This report highlights the various sections in the new plan and the alignment with the HOIP and CPP processes.

1.	**Background**
1.1	The CPP Board provides oversight and scrutiny of partnership activities and priorities, including oversight of the Highland Alcohol and Drug Partnership strategy.
1.2	A new five-year strategic plan has been drafted. It has been considered in the last two meetings of the HADP Strategy Group and agreed in the August meeting. It is attached for CPP Board consideration and approval. It is designed for use as a digital version using hyperlinked information and for ease in incorporating updates.
2.	**HADP Draft Strategic Plan 2025/26 – 2029/30**
2.1	The strategic plan covers a five year period. HADP grant funding from the Scottish Government is provided annually so annual updates will be needed at least to the investment appendix. The National Mission ends in May 2026 and revisions are likely to be required for after that period. The Scottish Government has been engaging with ADPs and stakeholders to support new policy development and options.
2.2	Feedback from the living experience panel requested a plain English summary and this is provided on the first page. The partnership welcomed this inclusion at its last meeting.
2.3	To enable a quick overview, a plan on a page is included. It shows the actions planned across the six priorities and outcomes.
2.4	The policy drivers for ADPs and the purpose of HADP are described briefly along with the range of partners and services involved across statutory and third sectors. The

	HADP connects with many other partnerships across Highland including those overseen by the CPP Board. Short guidance on how everyone can help to support people with alcohol and drug problems is included with hyperlinked information.
2.5	An overview of the strategic plan shows the plan vision, six priorities and outcomes and outcome measures.
2.6	A partner workshop was held in August 2025 to identify partnership indicators and to understand the touchpoints across partner issues and data around alcohol and drugs. It was supported by the Head of Public Health Intelligence in NHS Highland. It was a useful session to share what data partners gather while acknowledging gaps and reliability issues. It concluded that more work was needed to have robust partnership data. This is particularly the case for the priority of whole system support and innovation. Therefore this section of the draft strategic plan also highlights where measurement and indicators need to be developed. The ADP will take forward what it can and engage with national forums where data improvements are also under consideration.
2.7	Alignment between the draft strategic plan and the HOIP and CPP Board is included and detailed further in section 3 below.
2.8	Infographics are included, summarising the alcohol and drug use context for the draft strategic plan. These include trends in deaths, treatment and deprivation impacts. Updated figures for 2024 for the alcohol summary are due to be published nationally later in September and this infographic can be updated then.
2.9	Further detail on the actions planned under each of the 6 priorities and outcomes is provided. This section describes the rationale and includes differentiating the actions that: • are continuing because they work and are needed or they are a national directive; • need improvement, in scale or performance; or • they are new for this strategic plan, because circumstances are changing, there are new directives or policies or new evidence supports the need for them.
2.10	The draft strategic plan includes definitions of primary, secondary and tertiary prevention. Preventative actions planned are categorised where appropriate.
2.11	The draft strategic plan includes a section on values and principles and how they are being put into practice.
2.12	The final section of the plan covers review and evaluation, including the annual reports, and a description of the governance and accountability arrangements.
2.13	Five appendices are provided. These are: 1. a summary of the key achievements of the previous strategy 2020-23; 2. the new strategic plan actions in more detail with additional process measures;

	3. the investment plan agreed with partners for the current year as at August 2025, based on the ADP grant from the Scottish Government and the directives on how that is to be deployed; 4. the policy drivers for the new strategic plan; and 5. how the HADP supports delivery of the HOIP.
2.14	The draft strategic plan is still to be assessed for equalities impacts and partners have been invited to undertake that together. Some adjustments may be required as a result of that impact assessment. The needs of children and young people and women are included in the draft.
2.15	Climate-related risks or opportunities arising from the draft strategic plan have not yet been considered and are not immediately obvious, but assistance from Highland Adapts and/or the Natural Capital short life working group would be welcome if the Board considers this appropriate.
3.	**Alignment with the CPP and supporting the HOIP**
3.1	Care has been taken to ensure the HADP draft strategic plan aligns with the CPP's requirements and supports the Highland Outcome Improvement Plan (HOIP). The Board's attention is drawn to the content below. • The health needs assessment (hyperlinked in the plan) was developed in partnership and utilised available partner data. • Inclusion of the HOIP indicators relating to drug related deaths and alcohol specific deaths, noting action to develop reporting on alcohol-related deaths. The latter was raised at the CPP Board meeting in June 2025, but will require national development. • The first priority and outcome relates to prevention; a theme previously discussed and supported in the CPP Board following the Director of Public Health's reports and recommendations in 2024 and 2025. • Partnership data support is required both at sectoral and geographical levels. • The HADP can demonstrate accountability and complying with reporting requirements for governance, including to the CPP Board. This includes sharing the HADP risk assessment with the HPPCOG and notifying the CPP Board of the HADP self-assessment process and plans. • A page in the draft strategic plan shows the mapping of the six priorities and outcomes to the three cross-cutting actions of the HOIP on people, place and prosperity. This is further detailed in Appendix 5 of the new strategic plan, where all of the actions in the draft plan are shown against the HOIP priorities of: connecting people and places; whole family and community based approaches; employment, employability and housing; data and intelligence; and shared approaches to commissioning and funding and joint opportunities. • Support and expansion of Planet Youth is included, aligned to Integrated Children's Service Planning (ICSP) and subject of an earlier presentation to the CPP Board. • Support for targeted interventions for young people at risk of harm is included and aligned to ICSP.

	• Targeting of some actions to areas of deprivation is included and this is a theme in the HOIP. Working with the CPP to support people in areas of deprivation and challenge the causes of inequality are also included. • An action of building knowledge of drug and alcohol issues in the 9 community partnerships is included to understand local needs more fully and tailor service design and provision. This aligns with the HOIP. • The importance of hearing and being influenced by lived and living experience is included. This is also a community planning theme. • Commitments are made to trauma informed practice, an approach endorsed by the CPP Board. • An action to develop approaches to joint commissioning and coordinating various partnership funds is included. This supports a HOIP action. • An action is included to work with public protection partners to ensure effective use of data across the partnership for service redesign and delivery. • The values and principles set out in the draft strategic plan align with the HOIP values.

Recommendation

The Board is asked to:

i) Consider the appended draft HADP strategic plan for 2025/26-2029/30;
ii) Note the alignment with the HOIP and CPP processes as summarised in section 3 above;
iii) Agree whether any CPP support is available or required in relation to climate and environmental impacts; and
iv) Approve the strategic plan for publication on-line after two updates are completed. These are the updated figures on alcohol-related deaths in 2024 which will be published later this month and any further adjustments required from impact assessment (equalities and potentially climate/environment).

Author: Carron McDiarmid, Independent Chair of the HADP

Date: 11.9.25

Appendices: HADP Draft Strategic Plan 2025/26-2029/30

Highland Alcohol and Drugs Partnership

2025/2026 – 2029/2030 Draft Strategic Plan

Working in partnership to prevent and reduce alcohol and drug related harm in Highland.

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Plain Language Summary

The Highland Alcohol and Drugs Partnership (HADP) has a new plan for the next five years. The goal is to help people in Highland stay safe and healthy by reducing problems caused by alcohol and drugs.

Our Aim
We want to make Highland a place where fewer people are harmed by alcohol and drugs. We will do this by working together, using kind and smart ways that are proven to help.

What We Will Focus On
We have six main goals:

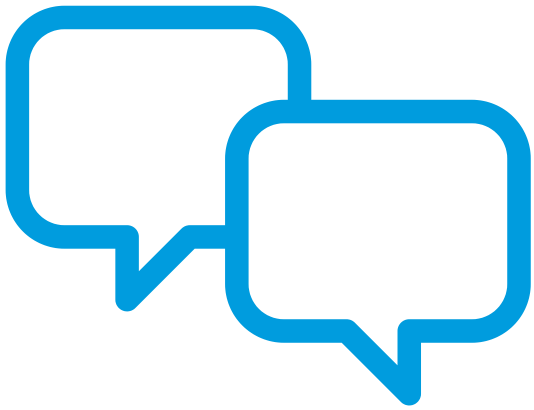
1. **Stop problems before they start or get worse**: Help people avoid alcohol and drug problems through information and support.
2. **Make services easier to use**: Make sure people can get help quickly and easily, in ways that suit them.
3. **Reduce harm**: Give people tools and support to stay safer, even if they are still using alcohol or drugs.
4. **Work together better**: Make sure all services, like health, housing, schools, and police, work as a team.
5. **Support staff**: Train and support the people who help others, so they can do their jobs well.
6. **Listen and improve**: Listen to people with lived experience and use their ideas to make services better.

How We Will Do It

- Share clear and helpful information alcohol and drugs with children, young people, families, schools and communities.
- Offer more choices for treatment and recovery.
- Give out Naloxone to help save lives.
- Help families affected by alcohol and drugs.
- Use data to understand what's working and what needs to change.
- Work with local groups, services, and people with lived experience.

Working Together
We believe that everyone has a part to play. We will work with:

- Local communities and families, including people with lived and living experience
- NHS Highland and health services
- Schools, housing, and justice services
- Police, fire, ambulance, and prisons
- Third sector and support groups.



Our Values
We believe in:

- Kindness and fairness
- Listening to people
- Supporting recovery
- Working together
- Respecting everyone's rights

We will work in ways that show these values.

Foreword from HADP Independent Chair

Highland and Scotland face key socio-economic challenges underpinning harmful alcohol and drug use. More than ever we need to work together to achieve our vision of a Highland with reduced alcohol and drug harm. The drug market is increasingly unpredictable, potent and risky. Stigma remains a barrier to people getting the support they need.

This five year strategic plan sets out the priorities for the Highland Alcohol and Drugs Partnership (HADP). It includes the actions we plan to take together, the difference we intend to make (our outcomes) and the resources we have to invest annually. We have included how we will measure progress together, reporting to the Highland Community Planning Partnership Board and Scottish Government.

Our plans are based on evidence from three key sources. Learning from the previous strategy on what works and what more we need to do. Learning from our new assessment of needs which includes feedback from those with lived experience. Learning about the risks we need to manage in the partnership.

Our partnership outcomes are to:

- Prevent, delay onset and reduce problem alcohol and drug use;
- Improve access to and benefits from effective, integrated, person-centred, quality and recovery-oriented systems of care;
- Reduce harm and risk experienced by people using alcohol and drugs by increasing the availability and access to harm reduction approaches;
- Make better use of the whole system to meet the needs of people with problem alcohol and drug use;
- Develop a resilient, skilled, trauma-informed workforce that work in trauma-informed places; and
- Ensure effective engagement, governance and reporting arrangements.

We are determined to adapt to changing circumstances and continue to improve as a partnership to prevent harm and support recovery. We have new opportunities to work together even more.

We ask that all stakeholders engage with our plans, contribute their insights and knowledge to make sure we prevent harms and develop support, based on evidence and with compassion.

Carron McDiarmid
HADP Independent Chair

HADP Strategic Plan 2025-2030 Plan on a Page

Values & Principles:
Asset & Strengths Based: Recovery | Lived and Living Experience | Peer Support & Mutual Aid | Whole Family Approach
Public Health Approach: Partnership | Ethical | Remote & Rural Lens | Quality Improvement
Challenge Stigma: Language Matters | Positive Communication | Human Rights Approach

Prevention and Early Intervention

- Encourage consistent and evidence-based prevention practice via the Highland Substance Awareness Toolkit
- Support and expand the Icelandic Prevention Model, Planet Youth.
- Support whole population approaches, such as Minimum Unit Pricing
- Scope and support further work with young people to address their concerns about alcohol and drugs
- Implement upcoming Public Health Scotland Prevention Consensus Statement
- Establish a Prevention Subgroup to coordinate and maximise the impact of primary and secondary prevention
- Endeavour to challenge and address stigma and discrimination
- Support ABI trend monitoring, and any national recommendations for ABI development
- Promote the public health licensing objective via the Licensing Forum / Board to reduce the overprovision of alcohol
- Support targeted interventions to address young people who are at increased risk of harms associated with alcohol and drugs, including exploitation
- Support further work relating to opioid and analgesic prescription, including needs assessment and development of alternative programmes for chronic pain
- Increase awareness of the impact of alcohol on mental health

Access to quality alcohol and drugs support and care services

- Support the delivery of the Medication Assisted Treatment (MAT) standards and the increased choices offered to individuals through the Opioid Substitution Therapy programme
- Implement the Residential Rehabilitation Action Plan developed with Healthcare Improvement Scotland (HIS)
- Hear and be influenced by lived and living experience
- Further support efforts to reduce drug related deaths, targeting areas of deprivation
- Further develop the drug related death review process
- Map services and supports to help people with alcohol and drug problems. Highlight gaps and consider options to address these
- Develop hospital discharge processes and community provision to ensure effective support for people admitted with alcohol or drug related harm
- Scope and implement support for people with non-opioid drug problems, for example cocaine use.
- Review alcohol-specific deaths in Highland, and identify areas for service improvement, taking the alcohol paradox into account.
- Establish commission of new service to deliver alcohol and drug support digitally across Highland
- Consider and address barriers to treatment from Audit Scotland Alcohol and drug services report.

Harm Reduction

- Scope options for harm reduction vending machines
- Increase access to Naloxone
- Support initiatives to address Blood Borne Viruses (BBVs)
- Further develop assertive outreach
- Consider and implement further harm reduction options, informed by Together We Can events
- Continually consider options for harm reduction to respond to the changing drug market

Supporting the workforce

- Develop trauma informed practice with practitioners whose roles are not specific to alcohol and drugs
- HADP will recommend completion of Smoking and Problematic Substance Use elearning developed by ASH Scotland to further address inequalities associated with smoking prevalence among people who use substances
- Undertake workforce profile, starting with NHSH and detail recruitment and retention issues across Highland
- Develop succession plans

Whole system support and innovation

- Develop a Housing First model of practice
- Develop the Local Early Warning system, with support from Public Health Scotland RADAR
- Develop family inclusive practice in a Whole Family Approach
- Support positive opportunities for people in recovery
- Involvement with the Crisis Intervention, Recovery and Support workstream, a sub-group of the Mental Health Delivery Group, that is working, in part, to ensure that people in Highland have consistent access to crisis services
- Further develop support for healthy pregnancies, in relation to alcohol and drug use, and where children, young people and families are affected by alcohol and drug exposed pregnancies, identify support that is accessible and appropriate
- Seek to further understand FASD prevalence in Highland
- Consider options and further support children, young people and families in child protection processes affected by alcohol and drugs, and the intersection with neglect and poverty
- Consider and implement the most effective and efficient ways to reduce the harms and health inequalities caused by alcohol
- Endeavour to provide more equitable alcohol and drug support across Highland
- Improve planned support for people released from custody
- Support further development of Recovery Communities in Highland
- Further develop effective transitions to ensure people continue to be supported
- Consider and apply options to challenge the availability of drugs
- Celebrate practice made possible via the Local Improvement Fund
- Consider and implement ways to further support women experiencing harms from alcohol and drugs.
- Develop effective referral pathways for specific vulnerable groups
- Implement the four recommendations from the Review of Drug Related Deaths (2012-2019) In Younger People in Highland report.
- Apply the Charter of Rights toolkit to identify and support further areas for improvement
- Develop an Innovation Subgroup to the HADP Strategy Group

Effective engagement, delivery and governance

- Develop collaborative partnership working to achieve more integration and cohesion
- Review processes for hearing, and acting on, lived and living experience
- Embed Risk Management and Self Evaluation practice
- Improve data collection were possible locally, and in line with national developments
- Improve the evidence base for informing change, measuring improvement and monitoring performance
- Provide budget oversight and scrutiny
- Maximise the use of available linked data.
- Develop a Communications Plan to highlight support options and topical issues or events.
- Develop an accessible version of the Health Needs Assessment.
- With Highland Community Planning Partnership, further support people in areas of deprivation and challenge causes of inequality.
- Build knowledge of drug and alcohol issues in the 9 HCPP areas to understand local needs more fully and tailor service design and provision.
- Implement improvements suggested in the Commercial Determinants of Health webinar, March 2025.
- Develop a HADP Data Sharing Agreement
- Develop approaches to joint commissioning and coordinating various partnership funds
- Transition from reactive finance provision to partnership commissioning, with increased allocation to prevention
- Work in conjunction with public protection partners to ensure effective use of data across the partnership, for service redesign and delivery.

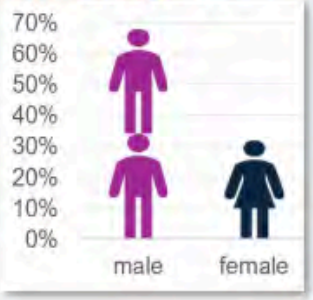
Highland ADP Alcohol and Drug Summary to September 2025

21 drug-related deaths this is a sustained reduction in 2024 in Highland.



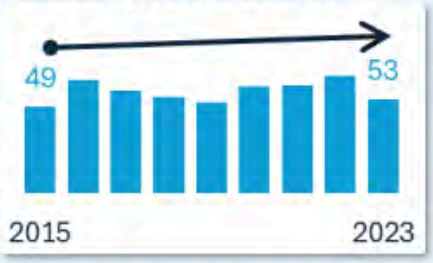
In 2019-2023 people who experienced a drug death in Highland were **13 times more likely** to have lived in the most deprived areas (SIMD 1) than in the least deprived areas (SIMD 5).

For drug deaths in 2019-2023 average age was 35-44 years, 68% male and 32% female.



Scottish Ambulance Service responded to **210 incidents to prevent fatal overdose**. In addition, **630 Naloxone kits** were distributed in the community. in Highland in 2024

53 alcohol specific deaths in 2023 shows a stable trend in Highland.



In 2019-2023 people who experienced an alcohol death in Highland were **20 times more likely** to have lived in the most deprived areas (SIMD 1) than in the least deprived areas (SIMD 5)



Prevention work shows that from young people in Highland surveyed in 2023:-



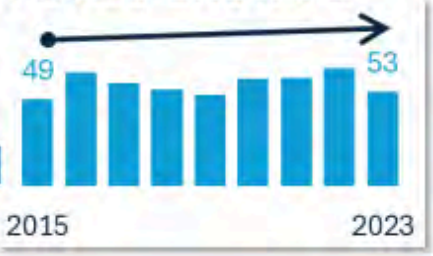
53% say they **get alcohol from a member of their family**



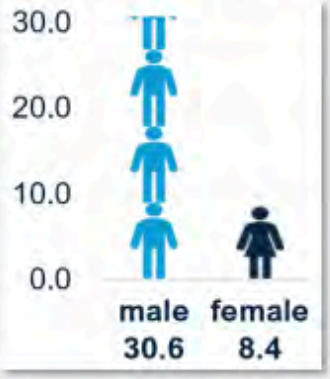
60% say they **had consumed alcohol in their home**.

Highland Alcohol and Drugs Partnership Alcohol Summary

53 alcohol specific deaths in 2023 shows a stable trend in Highland



The alcohol mortality rate per 100,000 population in 2023 was **3.6 times higher for men than women** in Highland.



All people were ages 45 years and over at time of death with half of deaths at ages 65 years and over.

In 2019-2023 people who experienced an alcohol death in Highland were **20 times more likely** to have lived in the most deprived areas (SIMD 1) than the least deprived areas (SIMD 5).

In 2023/24 people who had an alcohol–related hospital admission in Highland were **4 times more likely** to have lived in the most deprived areas (SIMD 1) than in the least deprived areas (SIMD 5). Annual number of hospital stays = 1140.

Alcohol Treatment in 2023



Prevention work shows that from young people in Highland surveyed in 2023:-



53% say they **get alcohol from a member of their family**



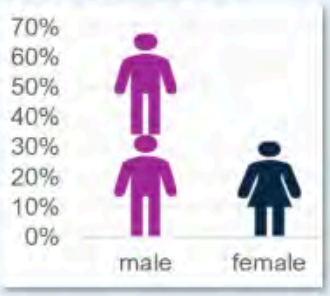
60% say they **had consumed alcohol in their home.**

Highland Alcohol and Drugs Partnership Drug Summary

21 drug-related deaths this is a sustained reduction in 2024 in Highland.



For deaths in 2020-2024 average age was 35-44 years, 68% male and 32% female.



In 2019-2023 people who experienced a drug death in Highland were **13 times more likely** to have lived in the most deprived areas (SIMD 1) than in the least deprived areas (SIMD 5).

Scottish Ambulance Service responded to **210 incidents to administer Naloxone** in 2024 to help prevent fatal overdose.

In 2024, **266 near-fatal overdose alerts** received by Assertive Outreach teams



Drug Treatment in 2023



In 2021/22-23/24 people who had a drug–related hospital admission in Highland were **8 times more likely** to have lived in the most deprived areas (SIMD 1) than in the least deprived areas (SIMD 5). Annual average number of stays = 210.

630 Naloxone kits were distributed in 2024 in the community in Highland. This was a 12% decrease on the previous year.

Updated September 2025

Purpose of HADP

The Partnership Delivery Framework to Reduce the Use of and Harm from Alcohol and Drugs states that Alcohol and Drug Partnerships (ADPs) will continue to lead the development and delivery of a local, comprehensive, evidence-based strategy to deliver local outcomes. This should be achieved through applying a whole system approach to deliver sustainable change for the health and wellbeing of local populations. The purpose of HADP is therefore to achieve improved outcomes for individuals, families and communities by preventing and reducing alcohol and drug related harm.
The HADP is to include the following key features in partnership delivery:

- A clear and collective understanding of the local system, in particular its impact, how it is experienced by local communities, and how effectively it ensures human rights are met.
- Informed by the above understanding, a locally agreed strategic plan, which sets out the long term measurable outcomes and priority actions for the local area, focussing on preventing and reducing the use of and harm from alcohol and drug use and the associated health inequalities.
- People with experience of problem alcohol/drug use and those affected are involved in the planning, development and delivery of services. This will require a shared understanding of the roles of duty holders and duty bearers in the context of a human rights based approach.
- A quality improvement approach to service planning and delivery is in place.
- Clear governance and oversight arrangements are in place which enable timely and effective decision making about service planning and delivery; and enable accountability to local communities.
- A recognition of the role played by the third sector and arrangements which ensure their involvement in the planning, development and delivery of services alongside their public sector partners.

Policy Drivers

ADPs provide an effective means of ensuring that strategic planning is a product of a range of expert voices, conscious of their respective expertise and resources.
ADPs are guided by a range of policies and other supporting documents, from national and local levels. Summary detail of these drivers is available in Appendix 4.



Delivery in Partnership



Delivering the best outcomes for people can only be achieved in partnership. Success of this strategic plan depends on the ability and willingness of partners to take an asset-based approach to working in collaboration. More can be achieved through collective action, by sharing skills, knowledge and resources.

HADP partners include:

- Communities: Community organisations, Families, Lived and Living Experience organisations, networks and individuals,
- Health Board: Drug and Alcohol Recovery Service, Health Care Services, Mental Health Services, Primary Care, Public Health
- Local Authority: Health and Social Care Services, Education and Youth Service, Employability Service, Housing Service, Justice Service, Whole Family Wellbeing Programme
- Public Protection: Adult Protection Committee, Child Protection Committee, Community Justice Partnership, Violence Against Women Partnership
- Public Services: Police Scotland, Scottish Prison Service, Scottish Ambulance Service, Scottish Fire and Rescue Service
- Third Sector: Highlife Highland, Local Organisations, National Organisations

Everyone has a role in supporting people with alcohol and drug problems



Some practical things we can all do include:

- Report any drug related information into RADAR: RADAR Reporting Form
- Download the HOPE app and/or encourage people who use drugs to do so. The HOPE app contains harm reduction advice, support contacts, and other information.
- Android: https://bit.ly/3tawMkA Apple: https://apple.co/39XfjEi
- To promote the HOPE App, resources are available from HIRS for free. Search ‘HOPE’. Our Save a Life. How to respond to a drugs overdose leaflet will come up in a ‘HOPE’ search.
- Naloxone can temporarily reverse an opioid overdose providing time for emergency services to attend. Anyone can legally administer Naloxone in an emergency to save a life. HADASS, DARS and SFAD all offer Naloxone training and supply.
- Support people into recovery services; this is a protective factor for overdose. Encourage people to engage with DARS or HADASS. In addition, details of other drug and alcohol services in Highland are available in our Service Directory.
- A Living Experience group is available, in Inverness, for people using drugs and alcohol, and is run by Scottish Drugs Forum. For more information contact peerengagement@sdf.org.uk
- Visit HADP’s website, sign up to the newsletter, engage in any available training. Follow us on social media: Facebook: @HighlandADP, X: @HighlandADP
- Visit the Highland Substance Awareness Toolkit at www.h-sat.co.uk

HADP Strategic Plan

The Strategic Outcomes will be part of an ongoing, evolving process that adapts to changing patterns of drug use, national directives and resource allocation beyond 2025/2026, advances in research, and evolving attitudes towards options for addressing problem alcohol and drug use.

1. Prevent, delay onset, and reduce problem alcohol and drug use
2. Improve access to and benefits from effective, integrated, person-centred, quality, and recovery-orientated systems of care
3. Reduce harm and risk experienced by people using alcohol and drugs by increasing availability and access to harm reduction approaches
4. Make better use of the whole system to meet the needs of people with problem alcohol and drug use
5. Develop a resilient, skilled, trauma-informed workforce that work in trauma-informed places
6. Ensure effective engagement, governance and reporting arrangements

HADP Strategic Outcomes 2025/2026-2029/2030					
Prevent, delay onset, and reduce problem alcohol and drug use	**Improve access to and benefits from effective, integrated, person-centred, quality, and recovery-orientated systems of care**	**Reduce harm and risk experienced by people using alcohol and drugs by increasing availability and access to harm reduction approaches**	**Make better use of the whole system to meet the needs of people with problem alcohol and drug use**	**Develop a resilient, skilled, trauma-informed workforce that work in trauma-informed places**	**Ensure effective engagement, governance and reporting arrangements**

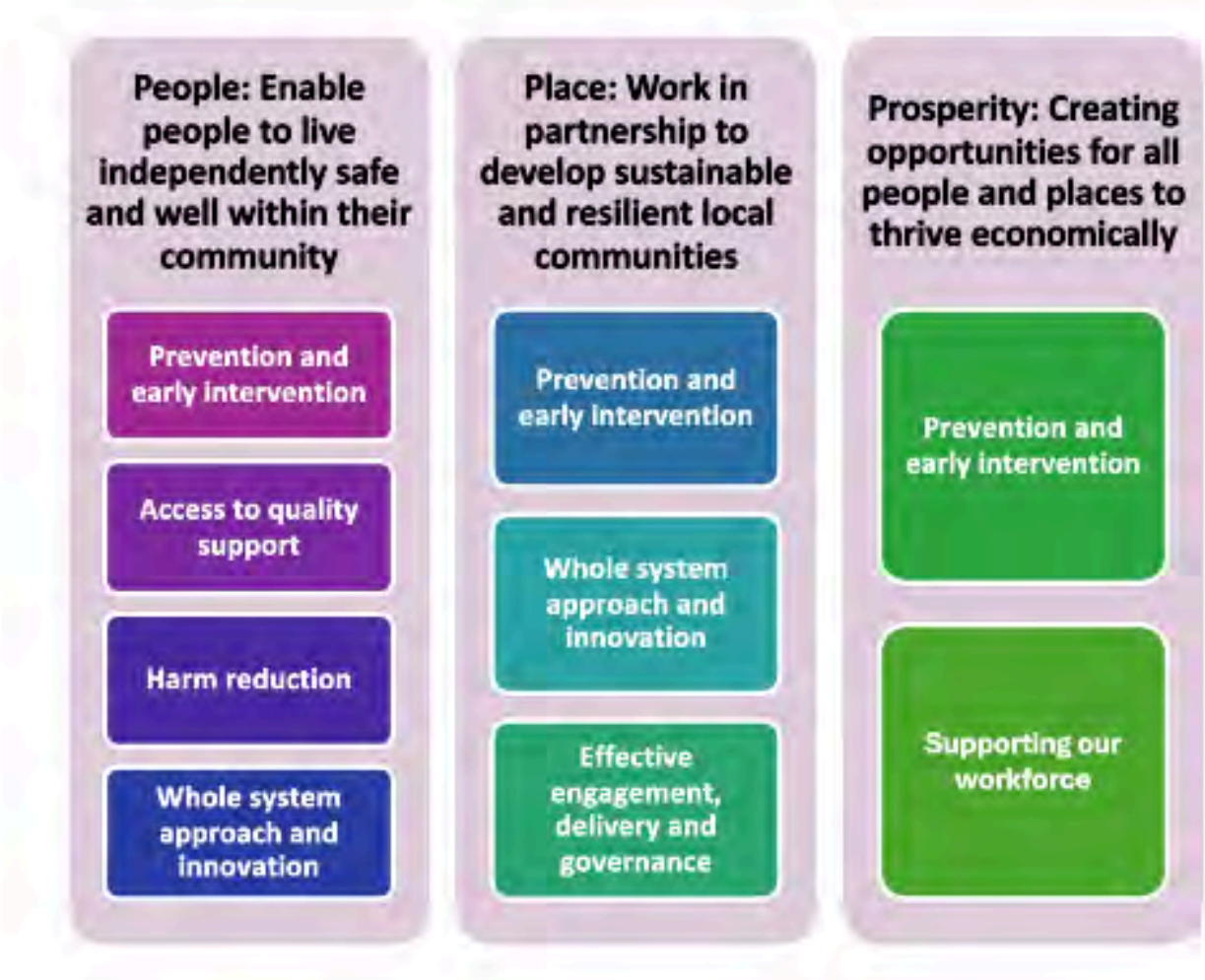
HADP has six overarching strategic outcomes, with aligned actions. All actions within the strategic plan have been developed following the Health Needs Assessment, guided by a decision matrix, which considered findings in terms of impact of the issue (in size and severity), changeability of the issue, acceptability of changes, and resource availability to support change. In addition, actions have been informed by other drivers that inform the work of HADP, for example Scottish Government strategies and NHS Highland Director of Public Health Annual Reports. Recommendations of actions were cross-referenced with focus group themes and feedback from the consultation survey.

Actions have been grouped into three categories;

1. actions to continue or sustain, as they are impactful or are a directive, for example nationally, e.g. Scottish Government directive
2. actions to improve or expand, in order to increase performance or reach
3. begin new actions, as they are a directive for, for example from the Health Needs Assessment, will have positive effect, or there is an evidence base for.

Highland Outcome Improvement Plan

Following a health needs assessment, Highland Alcohol and Drugs Partnership (HADP) have developed a set of ambitious actions in collaboration with partners to support communities across Highland. These actions have been carefully aligned with the Highland Outcome Improvement Plan (HOIP) cross cutting actions to ensure that HADP plays an active role in helping achieve its goals. See Appendix 5 for further detail.



Strategic Plan Overview

Vision: To reduce the harm caused by alcohol and drug use in Highland, through a comprehensive, compassionate, and evidence-based approach.

HADP have identified six key priorities, with six outcomes. Outcome measures will provide structure to access progress, evaluate interventions, and improve services.

In addition to the priority outcome measures, there are five cross-cutting indicators:
Continue to report on:

- Drug related hospital admissions
- Drug related deaths
- Alcohol related hospital admissions
- Alcohol specific deaths

Develop reporting on:

- Alcohol related deaths

Priority: Prevention and Early Intervention
Outcome: Prevent, delay onset, and reduce problem alcohol and drug use
Outcome Measures:
Continue to report on:

- Planet Youth data, for example individual measures; alcohol use in the last 30 days, drug use in the last 30 days, and family measures; access to alcohol, and where alcohol use takes place
- Number of schools engaged in Planet Youth
- Update to the overprovision statement
- Individuals exceeding weekly drinking guidelines
- Delivery of Alcohol brief interventions

Develop reporting on:

- Measures relating to experience of stigma and discrimination
- Measures relating to alternative programmes for managing chronic pain
- Measures relating to shifting more resource into prevention

Priority: Access to quality alcohol and drugs support and care services
Outcome: Improve access to and benefits from effective, integrated, person-centred, quality, and recovery-orientated systems of care
Outcome Measures:
Continue to report on:

- Delivery of MAT Standards
- Drug and alcohol treatment waiting times

Develop reporting on:

- Measures related to people who have experienced a near fatal overdose engaging with services
- Measures related to drug and alcohol treatment recovery outcomes
- Measures related to residential rehabilitation

Continue to and develop reporting on hearing and being influenced by lived and living experience.

Strategic Plan Overview

Vision: To reduce the harm caused by alcohol and drug use in Highland, through a comprehensive, compassionate, and evidence-based approach.

Priority: Harm Reduction
Outcome: Reduce harm and risk experienced by people using alcohol and drugs by increasing availability and access to harm reduction approaches
Outcome Measures:
Continue to report on:
- Individuals issued with naloxone in the community
- People who inject drugs and have Hepatitis C

Develop reporting on:
- Measures related to implementation of harm reduction options recommended by Together We Can events
- Measures related targeting of people most at risk of harm

Priority: Whole system support and innovation
Outcome: Make better use of the whole system to meet the needs of people with problem alcohol and drug use
Outcome Measures:
Continue to measure:
- Child protection cases with parental drug or alcohol use concerns
- Uptake of Drug Treatment and Testing Orders
- Driving under the influence of alcohol and drugs

Develop reporting on:
- Measures relating to housing, women, children and families, and people in prison
- Measures relating to implementation of the Charter of Rights

Priority: Supporting the workforce
Outcome: Develop a resilient, skilled, trauma-informed workforce that work in trauma-informed places
Outcome Measures:
Continue to report on:
- Staff experiential MAT Standards data

Develop reporting on:
- Measures relating to training and practice
- Measures relating to recruitment and retention

Priority: Effective engagement, delivery and governance
Outcome: Ensure effective engagement, governance and reporting arrangements
Outcome Measures:
Continue to report:
- Budget and allocation
- Partnership risks and mitigations
- To relevant governance structures as per requirements, demonstrating accountability

Develop reporting on:
- Measures relating to self-assessment
- Improve availability of information of deprivation and at locality level
- An enhanced suite of indicators from across the partnership that will demonstrate progress of the strategic plan

1. Prevent, delay onset, and reduce problem alcohol and drug use

HADP will work to prevent, delay onset, and reduce problem alcohol and drug use. Alcohol and drug prevention, along with early intervention, are essential components of public health and social well-being. Addressing substance use proactively offers numerous benefits, including health preservation, economic savings, social stability, reduction in trauma, and improved quality of life.

There are three types of prevention, central to addressing outcomes.

- Primary prevention is action that tries to stop problems happening.
- Secondary prevention is action which focuses on early detection of a problem.
- Tertiary prevention is action that attempts to minimise the harm of a problem through careful management.

Most preventative action focuses on finding people with health problems and helping them before the problem gets worse. Only primary prevention tries to stop the problems from happening[1].

With commitment to further focus on prevention, HADP will allocate more budget to prevention during this strategic plan than previously. In addition, a Prevention Subgroup of the HADP Strategy Group will be established to provide a community of practice and further accountability.

Key Actions: Primary:

Continue to;

a. Encourage consistent and evidence-based prevention practice via the Highland Substance Awareness Toolkit
b. Support and expand the Icelandic Prevention Model, Planet Youth
c. Support whole population approaches, such as Minimum Unit Pricing

Begin to:

d. Scope and support further work with young people to address their concerns about alcohol and drugs
e. Implement upcoming Public Health Scotland Prevention Consensus Statement
f. Establish a Prevention Sub group to coordinate and maximise the impact of primary and secondary prevention

Secondary:

Continue to:

g. Endeavour to challenge and address stigma and discrimination
h. Improve the delivery of antenatal Alcohol Brief Interventions (ABIs)
i. Support Alcohol Brief Intervention (ABI) trend monitoring, and any national recommendations for ABI development
j. Promote the public health licensing objective via the Licensing Forum / Board to reduce the overprovision of alcohol

Improve:

k. Support targeted interventions to address young people who are at increased risk of harms associated with alcohol and drugs, including exploitation

Begin to:

l. Support further work relating to opioid and analgesic prescription, including needs assessment and development of alternative programmes for chronic pain
m. Increase awareness of the impact of alcohol on mental health

Tertiary: See Harm Reduction.

2. Improve access to and benefits from effective, integrated, person-centred, quality, and recovery-orientated systems of care

HADP will work to improve access to, and benefits, from effective, integrated, person-centred, quality, and recovery-orientated systems of care. Access to quality alcohol and drug support and care services is essential for promoting individual well-being, public health, and societal benefits. Comprehensive and effective treatment and support services offer numerous positive outcomes, including health improvement and disease prevention, integrated care for co-occurring issues, economic benefits, social stability and community wellbeing, support for families, a reduction in stigma and promotion of recovery, especially where the voice of lived experience at the heart.

Key Actions

Continue to:

a. Support the delivery of the Medication Assisted Treatment (MAT) standards and the increased choices offered to individuals through the Opioid Substitution Therapy programme
b. Implement the Residential Rehabilitation Action Plan developed with Healthcare Improvement Scotland (HIS)
c. Hear and be influenced by lived and living experience

Improve:

d. Further support efforts to reduce drug related deaths, targeting areas of deprivation
e. Further develop the drug related death review process
f. Map services and supports to help people with alcohol and drug problems. Highlight gaps and consider options to address these

Begin to:

g. Develop hospital discharge processes and community provision to ensure effective support for people admitted with alcohol or drug related harm
h. Scope and implement support for people with non-opioid drug problems, for example cocaine use
i. Review alcohol-specific deaths in Highland, and identify areas for service __ improvement, taking the alcohol paradox into account.
j. Establish commission of new service to deliver alcohol and drug support digitally across Highland
k. Consider and address barriers to treatment from Audit Scotland Alcohol and drug services report

3. Reduce harm and risk experienced by people using alcohol and drugs by increasing availability and access to harm reduction approaches

HADP will work to reduce harm and risk experienced by people using alcohol and drugs by increasing availability and access to harm reduction approaches. Harm reduction is an essential tertiary prevention approach in addressing the complexities of alcohol and drug use. It focuses on minimising negative health, social, and legal impacts associated with substance use, acknowledging that while some individuals may not be ready for recovery, risks to health and well-being can be mitigated against through compassionate support that respects autonomy and builds collaborative relationships.

Key Actions:

Continue to:

a. Scope options for harm reduction vending machines
b. Increase access to Naloxone
c. Support initiatives to address Blood Borne Viruses (BBVs)

Improve:

d. Further develop assertive outreach
e. Consider and implement further harm reduction options, informed by *Together We Can* events
f. Continually consider options for harm reduction to respond to the changing drug market

4. Make better use of the whole system to meet the needs of people with problem alcohol and drug use

HADP will make better use of the whole system to meet the needs of people with problem alcohol and drug use. A whole system approach is essential to HADP because it addresses the complex, interconnected nature of substance use and its impacts on individuals, families and communities. By integrating services across health, social care, housing, criminal justice, children and families, third sector and community support, a whole system approach ensures that individuals receive comprehensive, coordinated care tailored to their unique needs. A whole system approach also supports understanding of underlying causes and aspects of challenges for groups of people. In addition, applying a whole system approach aims for sustainable, long-term change, addressing root causes. A whole system approach allows for innovation, enabling solutions to barriers from a range of perspectives.

Key Actions:

Continue to:

a. Develop a Housing First model of practice
b. Develop the Local Early Warning system, with support from Public Health Scotland RADAR
c. Develop family inclusive practice in a Whole Family Approach
d. Support positive opportunities for people in recovery
e. Involvement with the Crisis Intervention, Recovery and Support workstream, a sub-group of the Mental Health Delivery Group, that is working, in part, to ensure that people in Highland have consistent access to crisis services

Improve:

f. Further develop support for healthy pregnancies, in relation to alcohol and drug use, and where children, young people and families are affected by alcohol and drug exposed pregnancies, identify support that is accessible and appropriate
g. Seek to further understand FASD prevalence in Highland
h. Consider options and further support children, young people and families in child protection processes affected by alcohol and drugs, and the intersection with neglect and poverty
i. Consider and implement the most effective and efficient ways to reduce the harms and health inequalities caused by alcohol
j. Endeavour to provide more equitable alcohol and drug support across Highland
k. Improve planned support for people released from custody
l. Support further development of Recovery Communities in Highland
m. Further develop effective transitions to ensure people continue to be supported

Begin to:

n. Consider and apply options to challenge the availability of drugs
o. Celebrate practice made possible via the Local Improvement Fund
p. Consider and implement ways to further support women experiencing harms from alcohol and drugs.
q. Develop effective referral pathways for specific vulnerable groups
r. Implement the four recommendations from the Review of Drug Related Deaths (2012-2019) In Younger People in Highland report.
s. Apply the Charter of Rights toolkit to identify and support further areas for improvement
t. Develop an Innovation Subgroup to the HADP Strategy Group

5. Develop a resilient, skilled, trauma-informed workforce that work in trauma-informed places

HADP recognises the highly committed, experienced and skilled staff that work to support people with alcohol and drug problems in Highland. HADP wishes to support the workforce by further developing resilience, skills, and trauma-informed workforce in trauma-informed places. Supporting the alcohol and drug workforce and fostering innovative practices are fundamental to enhancing the effectiveness of substance use treatment and recovery services. A well-equipped, motivated workforce, coupled with forward-thinking approaches, not only leads to improved outcomes for staff, but also individuals, families and communities affected by substance use.

Key Actions:

Begin to:

a. Develop trauma informed practice with practitioners whose roles are not specific to alcohol and drugs
b. HADP will recommend completion of Smoking and Problematic Substance Use elearning developed by ASH Scotland to further address inequalities associated with smoking prevalence among people who use substances
c. Undertake workforce profile, starting with NHSH and detail recruitment and retention issues across Highland
d. Develop succession plans

6. Ensure effective engagement, governance and reporting arrangements

HADP will work to ensure effective engagement, governance and reporting arrangements. Effective governance and delivery practices are essential to HADP to ensure that interventions are safe, equitable, and impactful. These practices provide a structured framework for accountability, quality assurance, and continuous improvement, ultimately leading to better outcomes for individuals, families and communities affected by substance use.

Key Actions:

Continue to:

a. Develop collaborative partnership working to achieve more integration and cohesion
b. Review processes for hearing, and acting on, lived and living experience
c. Embed Risk Management and Self Evaluation practice

Improve:

d. Improve data collection were possible locally, and in line with national developments
e. Improve the evidence base for informing change, measuring improvement and monitoring performance
f. Provide budget oversight and scrutiny

Begin to:

g. Maximise the use of available linked data
h. Develop a Communications Plan to highlight support options and topical issues or events
i. Develop an accessible version of the Health Needs Assessment
j. With Highland Community Planning Partnership, further support people in areas of deprivation and challenge causes of inequality
k. Build knowledge of drug and alcohol issues in the 9 Highland Community Planning Partnership areas to understand local needs more fully and tailor service design and provision
l. Implement improvements suggested in the Commercial Determinants of Health webinar, March 2025
m. Develop a HADP Data Sharing Agreement
n. Develop approaches to joint commissioning and coordinating various partnership funds
o. Transition from reactive finance provision to partnership commissioning, with increased allocation to prevention
p. Work in conjunction with public protection partners to ensure effective use of data across the partnership, for service redesign and delivery

Values and Principles

Values are core beliefs and ideas that guide practice and decision making.

Principles translate values into action, by applying practical ways of behaving in practice.

HADP values the assets and strengths in Highland, recognising the value that comes of groups and organisations in Highland that support people who experience problematic alcohol and drug use, and the value that comes from all people who experience harm from problematic alcohol and drug use. To honour this value HADP will champion recovery, listen to and act upon lived and living experience, promote peer support and mutual aid, and apply a whole family approach.

HADP opposes discrimination and marginalisation, and values equity and addressing inequalities.

Valuing a Public Health Approach, one that focuses on prevention, addressing root causes of issues, and promotes equitable access to supports to improve overall health and quality of life, addresses inequalities. To honour this value, HADP will work in partnership, work ethically, with a remote and rural lens, and by applying a quality improvement approach.

Challenging stigma and discrimination fosters inclusion. To honour this value, HADP will highlight that language matters, encourage positive communication and apply a human rights approach.





Values and Principles

Values	Principles	
Asset and Strengths Based Asset based approaches facilitate community action that can achieve positive social change by using local knowledge, skills and personal experience. A strengths-based approach values the capacity, skills, knowledge, connections and potential in individuals and communities.	**Recovery**	HADP genuinely believes that people can and do recover, to become active and contributing members of society, and that this is fundamental to alcohol and drug service, and policy, development.
	Lived and Living Experience	HADP believes that people and families with personal experience of alcohol or drug problems should be actively involved in planning, delivering and evaluating service provision, because this strengthens accountability, ensures genuine responsiveness to needs, and fosters a sense of ownership and trust. Equally, HADP recognises that not all people with lived experience will want to share their experiences, and that's ok too.
	Peer Support and Mutual Aid	HADP recognises that sustained recovery and positive outcomes are associated with mutual aid and peer support. Mutual aid can make a significant contribution to aftercare, particularly in remote and rural areas where service provision may be limited. This further strengthens recovery communities.
	Whole Family Approach	HADP recognises and supports the value and strengths within the family, support from various services that address family members' needs, which support positive outcomes for the whole family.

Values and Principles

Values	Principles	
Public Health Approach Focus on preventing poor health, improving health and wellbeing at a population level, using evidence-based approaches to address inequalities connected with social determinants of health, in collaboration with partners and communities.	**Partnership**	HADP believes that together, we will benefit from improved outcomes for people, with combination of resources, expertise, and skills.
	Ethical	HADP acknowledges that practice must be professional and ethical. Therefore, it is against policy of HADP to work with companies that create poverty and harm from substances.
	Remote and Rural Lens	HADP believes that equal access to high quality alcohol and drug services should be achieved regardless of geographic location. This requires development of new service models and a significant shift in skill mix across the remote and rural health and social care workforce.
	Quality Improvement	HADP recognises that quality Improvement practices should be applied to allow for continuous progress, creating better, safer and more effective, more person-centred, services.

Values and Principles

Values	**Principles**	
Challenge Stigma Viewing problem alcohol and drug use similarly to other health issues will help to address prejudice and marginalisation. Challenging discriminatory attitudes and practices is essential for building equality and addressing inequality.	**Language Matters**	HADP recommends 'People First' language; that focuses first on the person, not the behaviour (e.g. people who use drugs). People First language reminds us to be compassionate and that we are talking about human beings. People with Rights, who deserve Respect, and should be supported in their Recovery.
	Positive Communication	HADP recommends the use of positive images and stories of recovery to provide hope and inspiration to others, whilst challenging stereotypes, stigma and discriminatory attitudes.
	Human Rights Approach	HADP believes everyone's human rights must be upheld, and we need to ensure this is the case for people, adults and children, who experience alcohol and drug problems.

Review and Evaluation



Reviewing and evaluating an alcohol and drug strategy is crucial to ensure its effectiveness, relevance, and impact. An annual delivery plan and annual report will be developed, in addition to the Scottish Government Annual Report requirement, to showcase progress.

The annual delivery plan will include a monitoring and evaluation framework, including clear outcomes, with aligned Key Performance Indicators (KPIs) to determine impact of reducing alcohol and drug related harm. These will include numerical information from key data sources, and consultative information from key stakeholders, including people with lived and living experience. The strategic plan's effectiveness will be measured by health and wellbeing outcomes, service use and provision, social outcomes, resource allocation and cost-effectiveness; where possible to determine.

Governance and Accountability

As a non-statutory partnership, HADP is hosted by NHS Highland, Public Health, and is subject to NHS Highland's operational procedures. NHS Highland receives funding from the Scottish Government for alcohol and drug services, including HADP funding which the partnership invests in a range of preventative and recovery services.

The HADP:

- reports to the Scottish Government on the use of this funding; an Annual Report, informed by Progress Reports submitted quarterly by partners; and Medication Assisted Treatment (MAT) Standards, and NHS Local Delivery Plan (LDP) standards for Alcohol Brief Interventions (ABI) and Drug and Alcohol Waiting Times;
- reports to the Highland Community Planning Partnership Board as it provides oversight and scrutiny of the HADP activities and priorities, including statutory oversight of the HADP strategy and;
- reports to relevant NHS Highland committees and Board when required;
- is accountable to the Integrated Children's Service Planning Board for work related to children and young people
- reports to the Highland Public Protection Chief Officer Group as it takes cognisance of the HADP activities and outcomes.

HADP has a small support team. All partners hold their peers to account for fulfilling their respective commitments under the mutually agreed ADP Strategic Plan. HADP has an Independent Chair.

As part of ongoing developments, HADP will undergo self-assessment with support from the Local Authority Improvement Service. HADP's risk assessment processes will mature during the timeframe of this strategic plan. HADP will continue to evolve performance reporting of commissioned services. HADP will engage fully with the new National Mission Delivery Group.

Appendices

Appendix 1 - A summary of key achievements of the 2020-2023 Strategy

Appendix 2 - HADP Strategic Plan 2025-2030 Actions with suggested additional detail

Appendix 3 - Investment planning 2025/2026

Appendix 4 - Policy Drivers (page 26)

Appendix 5: How the HADP supports delivery of the HOIP (page 28)

Appendix 4: Policy Drivers

ADPs provide an effective means of ensuring that strategic planning is a product of a range of expert voices, conscious of their respective expertise and resources.
ADPs are guided by a range of policies and other supporting documents, from national and local levels.

National Policy Context

Alcohol Framework (2018) is the national alcohol policy, with three key themes;

- Reducing consumption
- Positive attitudes, positive choices
- Supporting families and communities

Rights, Respect and Recovery (2018) aims to improve health by preventing and reducing drug and alcohol related harm and associated deaths. The national strategy is recovery focused, and has a human rights and public health approach at its centre. It recognises the essential need to reduce inequalities and tackle stigma. It acknowledges that people with personal experience of drug and alcohol problems should be meaningfully involved in service and policy development. There are four key priorities;

- Prevention and Early Intervention,
- Recovery Orientated Systems of Care,
- Getting It Right for Children, Young People and Families and
- A Public Health Approach to Justice.

Public Health Scotland's A Scotland where everybody thrives: Public Health Scotland's three-year plan: 2022–25 includes actions, milestones and impacts on drugs, alcohol, and tobacco. It also highlights that addressing commercial factors will play an important part in addressing health inequalities.

Partnership Delivery Framework to Reduce Use of and Harm from Alcohol and Drugs (2019) states that ADPs will continue to lead the development and delivery of a local comprehensive and evidence-based strategy.

NHS Local Delivery Plan (LDP) Standards (2019) are priorities set and agreed between the Scottish Government and NHS Boards. There are two LDP Standards related to alcohol and drugs; Alcohol Brief Interventions, and Drug and alcohol treatment waiting times.

Medication Assisted Treatment (MAT) standards (2021) aim to achieve delivery of 10 evidence based standards to enable consistent delivery of safe, accessible, high quality drug treatment across Scotland.

The Standards are:

1. Same Day Access	2. Choice	3. Assertive Outreach and Anticipatory Care	4. Harm Reduction	5. Retention
6. Psychological Support	7. Primary Care	8. Independent Advocacy and Social Support	9. Mental Health	10. Trauma Informed Care

Drug and alcohol services – improving holistic family support (2021) provides a framework for the development of a consistent approach for families affected by substance use.

National Drugs Mission (2022) aims to reduce drug deaths and improve the lives of those impacted by drugs. It has six outcomes;

1. Fewer people develop problem drug use
2. Risk is reduced for people who take harmful drugs
3. People at most risk have access to treatment and recovery
4. People receive high quality treatment and recovery services
5. Quality of life is improved by addressing multiple disadvantages
6. Children, families and communities affected by substance use are supported

There are also six cross-cutting priorities;

- Lived Experience at the Heart
- Equalities and Human Rights
- Tackle Stigma
- Surveillance and Data Informed
- Resilient and Skilled Workforce
- Psychologically Informed

The Drug Deaths Taskforce was established by Scottish Government and tasked with examining the key drivers of drug deaths and exploring ways to help save lives and reduce harm. Following three years of consideration, the Drug Deaths Taskforce published their final report, Changing Lives (2022). In response, Scottish Government published Drug Deaths Taskforce Response: A Cross Government Approach (2023), containing three sections; a Cross Government Action Plan, responses to the Taskforce recommendations, and a Stigma Action Plan.

Scottish Government's Programme for Government (PfG) 2024-2025 highlights that prioritising prevention and tackling health inequalities unlocks benefits for people and public services.
A Charter of Rights for People Affected by Substance Use was launched in December 2024.

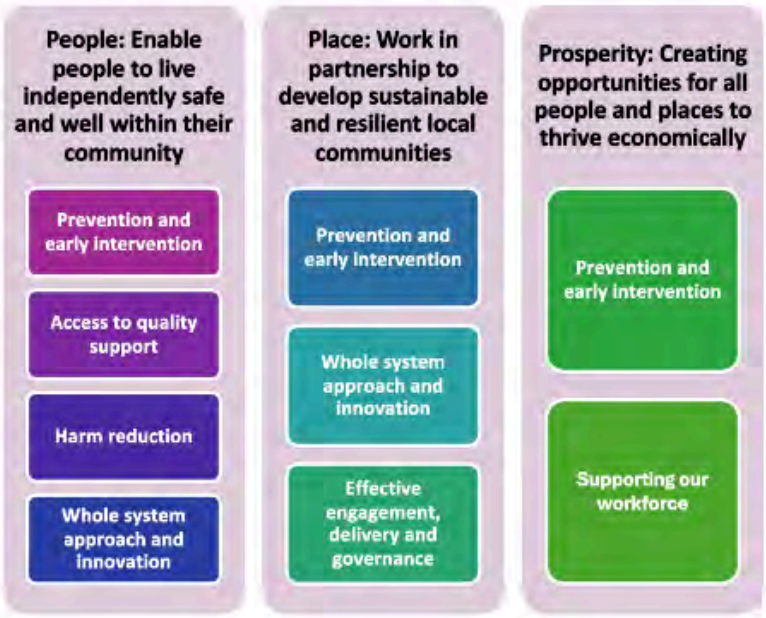
Scotland's Population Health Framework was launch in June 2025 and sets out Scottish Government's and COSLA's long-term collective approach to improving Scotland's health and reducing health inequalities for the next decade.

Local Policy Context

NHS Highland's Together We Care Strategy 2022-2027 includes strategic outcomes, underpinned by an Annual Delivery Plan.

The Highland Integrated Children's Service Plan 2023-2026 takes a life course approach, and includes Drugs and Alcohol as a key theme. It also includes Child Protection as a key theme, with some shared actions with the Child Protection Committee; one of our Public Protection partners.

The Highland Community Planning Partnership (HCCP) works to the Highland Outcome Improvement Plan 2024-2027. It includes three key themes of People, Place and Prosperity. One subgroup of HCCP is the Highland Community Justice Partnership, and HADP are part of the membership. HADP priorities are linked to the HOIP.



The Director of Public Health produces an annual report. The 2024 annual report focused on health inequalities, and included a recommendation regarding alcohol (see action 4i). The 2023 annual report focused on medication and public health, and included a recommendation regarding opioid and analgesic prescription (see action 1l).

The Highland Adult Protection Committee (APC) has responsibilities to review local policies, procedures and guidance, ensure staff development, raise awareness of Adult Protection and undertake Learning Reviews. The APC are one of our Public Protection partners.

The Highland Violence Against Women Partnership aims to prevent all forms of violence against women, identify people affected and provide services and support to increase safety and wellbeing. They are one of our Public Protection partners.

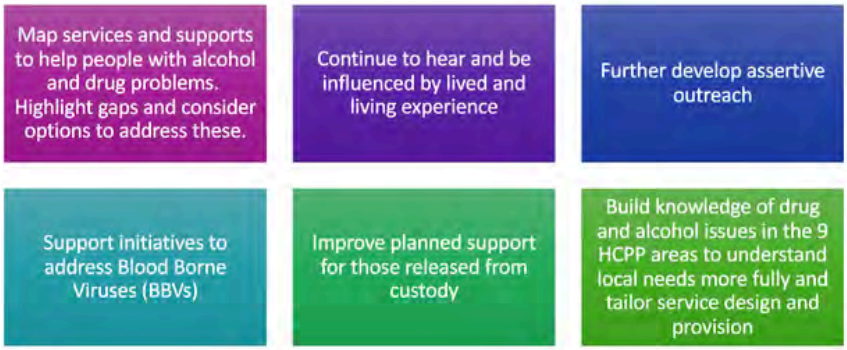
Scottish Prison Service Alcohol and Drug Recovery Strategy applies to HMP Inverness, and HADP will support actions within this strategy where required.

HADP will continue to work to these drivers, and workstreams associated with Scottish Government funding; Programme for Government, National Mission, Stabilisation, Residential Rehabilitation, Whole Family Approach Framework, and Lived and Living Experience. HADP will endeavour to use full allocation of available funding.

In addition, HADP recognises that there will be upcoming alcohol and drug related drivers during the timescale of this strategic plan, and will include their requirements in our practice. An example includes alignment with the next iteration of the National Mission.

Appendix 5 - How he HADP supports delivery of the HOIP

Connecting People and Places



Whole Family and Community Based Approaches



Employment / Employability & Housing



Aligning Partnership Practices: Data and Intelligence



Shared approaches to commissioning & funding and joint opportunities



Agenda Item	12.
Report No	CPPB/21/25

Highland Community Planning Partnership | Com-pàirteachas Dealbhadh Coimhearsnachd na Gàidhealtachd

Highland Community Planning Partnership Board – 19 September 2025

Highland Public Protection Chief Officers Group (HPPCOG)
Annual Report 2024-2025

Report by: HPPCOG Chair, Derek Brown

Summary

The Highland Public Protection Chief Officer Group (HPPCOG) was established in December 2018. It is an autonomous body comprising legally accountable Chief Officers, Independent Chairs of relevant Committees and Partnerships and other key Officers. The remit is based in legislation and national guidance in respect of public protection matters.

It is recognised that public protection has a key role in wider community planning considerations, and it has been agreed that an annual report to the Community Planning Partnership Board is an appropriate mechanism to update Community Planning Partnership about progress, risks and future plans for the various groups and Committees that report to the HPPCOG.

This report summarises key progress and achievements of each Committee and Partnership during 2024 - 2025, highlights key risks for delivery and outlines priorities for future development.

1. Background

1.1 The HPPCOG was developed in response to national reviews of Child Protection and Adult Support and Protection leadership and governance arrangements and responsibilities. Additionally, recommendations were made in relation to governance of Violence Against Women Partnerships, Multi-Agency Public Protection Arrangements (MAPPA) for Offender Management and Alcohol and Drugs Partnerships.

1.2 The HPPCOG first met in December 2018 and agreed a Terms of Reference that included a schedule of quarterly meetings with extraordinary meetings to consider findings from initial and significant case reviews.

1.3 In 2020, the Community Justice Partnership was added to the HPPCOG structure in recognition of its links to the wider public protection agenda. In 2025, the Prevent Multi-Agency Panel (PMAP) was also added to the HPPCOG structure. The Terms of Reference were reviewed in July 2025 to take account of other key national drivers.

2. Governance

2.1 The HPPCOG provides formal oversight and governance for:

- The Highland Child Protection Committee
- The Highland Adult Protection Committee
- Offender Management (MAPPA)
- The Highland Violence Against Women Partnership, including Multi-agency Risk Assessment Conference (MARAC)
- Prevent Multi-Agency Panel (PMAP)

2.2 In recognition of the links between public protection and alcohol and drugs and criminal justice, the HPPCOG receive reports from, and monitors delivery of partnership plans from:

- The Highland Alcohol and Drugs Partnership
- The Highland Community Justice Partnership

2.3 Formal oversight and governance of these two partnerships is directly to the Highland Community Planning Partnership Board.

Recommendation

The Board is asked to note:

i) The progress of the work of the Committees and Partnerships that report to the Highland Public Protection Chief Officer Group
ii) The risks to delivery of the public protection agenda
iii) The priorities for future action

Author: HPPCOG Chair, Derek Brown

Date: 12 September 2025

Appendices: Appendix 1 Highland Public Protection Chief Officers Group Annual Report 2024-2025

Highland Community Planning Partnership | Com-pàirteachas Dealbhadh Coimhearsnachd na Gàidhealtachd

Highland Public Protection Chief Officers Group

Draft Annual Report 2024-2025

POLICE SCOTLAND Keeping people safe

NHS Highland

The Highland Council Comhairle na Gàidhealtachd

Our values

We are here to serve the communities of the Highlands and Islands and will do this with fairness, integrity and respect. We will challenge each other constructively when necessary to ensure we deliver beyond expectations for these communities.

Highland Public Protection Chief Officer Group Chair is Derek Brown, Chief Executive, The Highland Council.

Introduction

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Recommendations

The Community Planning Partnership Board is asked to note:

- The progress of the work of the Committees and Partnerships that report to the Highland Public Protection Chief Officer Group
- The risks to delivery of the public protection agenda
- The priorities for future action

Background and Governance

The HPPCOG was developed in response to national reviews of Child Protection and Adult Support and Protection leadership and governance arrangements and responsibilities. Additionally, recommendations were made in relation to governance of Violence Against Women Partnerships, Multi-Agency Public Protection Arrangements (MAPPA) for Offender Management and Alcohol and Drugs Partnerships.

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This report summarises key progress and achievements of each Committee and Partnership during 2024 - 2025, highlights key risks for delivery and outlines priorities for future development.

Highland Violence Against Women Partnership (HVAWP) 2024 - 2025

Progress and Achievements

- Annual HVAWP Development Day held which focussed on how we obtain and use available data to identify trends and local issues that can be addressed.
- Development and launch of new website and social media platforms.
- Continued delivery of the MARAC process.
- Completion and submission of the Equally Safe annual return to Scottish Government providing high level of local achievement.
- Purchase of ring doorbells for those affected by domestic violence to provide safety and reassurance.
- Full review of MARAC operating protocol.
- Reviewed and updated the HVAWP Priority Action Plan following the launch of the reviewed National Equally Safe Strategy and the Quality Standards and Performance Framework.
- Launch of ‘Spider in the Glass’ poem in collaboration with a local artist who designed leaflets to promote the poem and enhance the story through illustration.
- Review of the structure, format and achievable outcomes of each of the four HVAWP Delivery Groups.
- Formation of a Highland Safety on Public Transport Group to identify any safety issues for women and girls and identify steps to alleviate any fear and concerns through media campaign.
- Continued delivery of training including MARAC Level 2 and MARAC Chair, GBV Level 1, GBV Trauma and Abusive Relationships.
- ‘Reclaim the night’ march through the streets of Inverness was well attended and supported.
- ‘Imagine’ poem and video was released and shared nationally.
- Delivery of Safe and Together Core Practitioner and Manager/Supervisor training across Highland to over 300 practitioners.
- NHSH Public Health undertaken to deliver GBV Level 1 training.
- Procurator Fiscal attendance and involvement as a member of Addressing Perpetrators Delivery Group and HVAWP meeting.

Impact

- Ring doorbells provide added safety and security for victims of domestic abuse and provide evidence in relation to criminal cases.
- Improved support to women and children affected by domestic abuse.
- ‘Spider in the Glass’ webinars have been delivered and attended by over 3000 people across Scotland and from a wide range of professions.
- Through an enhanced communications strategy and improved website and social media platforms, increased awareness of violence against women and the support available.
- Continued support to families affected by domestic abuse.
- ‘Imagine’ poem adopted nationally and used by Scottish Government and COSLA to launch the reviewed Equally Safe strategy.
- Improved networking and sharing of information across the partnership.
- Alleviate fear and encourage safe use on public transport for women and girls.
- Positive impact that Safe and Together training has on local workforces by assisting professionals who undertake domestic abuse assessments, engagements, and interviews.
- Recorded improvement in practitioners dealing with domestic abuse cases who have undertaken Safe and Together training.
- Opportunity for practitioners from different agencies and services to learn and train together.
- Improved knowledge and skills through delivery of the GBV training programme.

Next Steps

1. Explore the possibility of identifying an elected member as a Women’s Champion to promote women’s rights and gender equality in Highland.
2. Review and update the HVAWP Learning and Development Strategy.
3. Formation of a sub-group to focus on national campaigns.
4. Further develop responses to keep women and girls safe in relation to commercial sexual exploitation.
5. Ensure that the membership of the delivery groups includes relevant partners and people who can make a difference.
6. Further chapters of ‘Spider in the glass’ highlighting the intersectionality of Gender Based Violence and its connection to all areas of Public Protection.
7. Explore opportunity of progressing and supporting the establishment of a Highland White Ribbon forum, which will look to support male voices opposing violence against women in Highland.
8. In partnership with Police Scotland, continue to support the Disclosure Scheme for Domestic Abuse Scotland (DSDAS) and promote “Don’t be that guy” campaign.
9. Work with CPC and other delivery groups to provide input to support the Highland Safe and Together Model.
10. Commencement to develop a National VAWG Needs Assessment Tool which is seen as an important aide in bringing together partners from across

different services and policy areas to raise awareness of everyone's role in tackling VAWG.

11. Continuing to roll out the Safe and Together training programme which will include co-operation with partners across the North of Scotland.

Emerging Risks

- Ensure continued funding available for Safe and Together future training in Highlands through discussion with Scottish Government, COSLA and Social Work Scotland.
- Sustainability of community services to support women and families affected by Violence Against Women including risks in relation to security of funding impacting on the ability to deliver services.
- Ensuring Developing Equally Safe funding continues to support service providers to deliver support.
- Capacity to undertake all HVAWP functions with existing resources.
- Increase in MARAC referrals adding additional strain on existing staffing levels.
- Ensure attendance from all relevant partners at MARAC meetings to ensure all risks are identified and actions can be put in place.
- Identify issues for women and children who need access to safe accommodation, identify any gaps in Highland provision working jointly across agencies to resolve issues.
- Implementation of the National Strategic Commissioning and Funding Review of VAWG services.

CPP Considerations

1. Note progress and achievements
2. Note the continued risk in relation to insecure funding for services and support continued investment in VAWG
3. Note risk in relation to increase of MARAC referrals.

Highland Alcohol and Drugs Partnership (HADP) 2024 - 2025

Progress and Achievements

- With partners in Public Health, HADP produced a Health Needs Assessment (HNA), providing a systematic process to identify and evaluate health requirements of the population of Highland, in relation to alcohol and other drug use. Informed by the HNA findings, Highland Alcohol and Drugs Partnership (HADP) will develop a strategy for 2025/2026-2029/2030.
- Four ‘Together We Can’ events were hosted in partnership to may recovery support across Highland and hear voices of lived experience.
- Living Experience Engagement Group and Lived Experience Panel continue to develop.
- HADP attended the HMP Inverness Recovery Walk and the national Recovery Walk in Glasgow.
- HADP website was updated, improving user experience.
- HADP hosted two webinars, Money Matters and Commercial Determinants of Health.
- The Substance Aware School Awards were presented for the sixth year.
- Planet Youth primary prevention approach continued (Year 2 of Cycle 2), supported by a Learning Event.
- A Local Early Warning System (LEWS) was established.
- The Alcohol Over Provision Statement reduced allocated area for off-sales from 40sqm to 30sqm.
- HADP hosted a Residential Rehabilitation Action Plan Development Workshop with partners.
- Specialist Midwives tested Maternity Comfort Packs.
- HADP Strategy Group Development Plan was delivered, and a Risk Register developed.
- Alcohol Brief Intervention target was exceeded.
- Medication Assisted Treatment (MAT) Standards were assessed as green, or provisional green.

Impact

- HNA provides understanding of key issues and priorities from numerical data and lived and living experience. Responding to challenges informed by the HNA can improve health and wellbeing outcomes and reduce health inequalities for people who are affected by alcohol and other drugs.
- Local understanding of risks associated with problematic alcohol and drug use are further understood as are effective ways in which to respond in partnership.
- Process, oversight and governance have improved, providing greater rigour.
- Harms from alcohol and other drugs are reduced. 53 deaths were directly attributed to alcohol in Highland in 2023, a decrease of 13 deaths on the 2022 figure of 66 deaths.

26 drug related deaths were registered in Highland in 2023, a decrease of 14 deaths on the 2022 figure of 40 deaths.

Next Steps

1. HADP Strategy 2025/2026-2029/2030 is to be agreed
2. Progress the actions within, that are mapped across six strategic priorities
3. Prevent, delay onset, and reduce problem alcohol and drug use
4. Improve access to and benefits from effective, integrated, person-centred, quality, and recovery-orientated systems of care
5. Reduce harm and risk experienced by people using alcohol and drugs by increasing availability and access to harm reduction approaches
6. Make better use of the whole system to meet the needs of people with problem alcohol and drug use
7. Develop a resilient, skilled, trauma-informed workforce that work in trauma-informed places
8. Ensure effective engagement, governance and reporting arrangements.

Emerging Risks

- There are 11 risks on the HADP Risk Register
- In-year financial challenges
- Med-to longer term financial planning environment
- Strategic alignment and direction
- Effective partnership working, including for support to recover
- Underlying causes of dependence
- Harm prevention and early intervention
- Resourcing, delivery and workforce planning
- Data provision and analysis
- Identifying and taking action in regard to emerging trends
- Governance
- Information, data governance and cyber security

- Controls are in place, and actions planned, to reduce the risk rating for all risks. Improvements were achieved during 2024/2025.

CPP Considerations

1. To note progress and achievements
2. To support the upcoming HADP Strategy and priorities
3. To note implications of emerging risks

Highland Adult
Protection Committee

Highland Adult Protection Committee 2024 - 2025

Progress and Achievements

- A comprehensive review and refresh of the Adult Protection Committee's (APC) action plan and improvement framework has been completed, integrating recommendations from learning reviews and improvement actions from the inspection.
- Quality assurance work has progressed with a rolling programme of individual agency self-audits, including thematic audits on participation in case conferences, use of chronologies, quality of risk assessments and protection plans in Adult Support and Protection (ASP) work.
- Completion of the Highland Information Sharing Agreement (ISA) which has been signed off by APC and therefore progression with multi-agency audit work can commence.
- A new performance report for the APC has been developed using the national minimum dataset (with which Highland is compliant), enhancing data analysis and benchmarking.
- The Learning and Development (L&D) sub-group has progressed significantly with a refreshed interagency training programme. There is a well-established suite of available and accessible ASP training including Level 1 Awareness, Level 2 Advanced and Level 3 Specialist Courses (Council Officer and Nominated Officer, Crossing the Acts).
- Awareness-raising activities have been expanded, including a successful event held for ASP Day 2025 and regular updates to the website and between agencies to share campaigns and public messages.
- The LSI (Large Scale Investigation) procedure has been updated in line with national guidance and IRISS resources.
- A new learning review governance group has been established, with a greater link to clinical governance, increased frequency of meeting and clear procedures to ensure that national guidance is being implemented locally.
- Completion of two Highland learning reviews and consequential dissemination of learning nationally. Meetings with the Care Inspectorate have taken place with excellent feedback from the Care Inspectorate. Both our local ASP Day and national learning conference have been utilised to present the McCulloch brothers learning review.

- Successful recruitment to the ASP Project Officer Post which includes a portfolio of Co-ordination of the Appropriate Adult (AA) Service. A full review and improvement actions relating to AA have been undertaken.
- The APC continues to support national reporting requirements and inspection readiness, including implementation of the Inspection Improvement Plan.

Impact

- Improved understanding of practice quality through regular audit and evaluation, particularly in relation to risk assessment, protection planning, and application of the three-point test.
- Increased practitioner confidence and competence through targeted training and development sessions.
- Enhanced multi-agency collaboration and shared learning through sub-groups and forums.
- Participation from individuals with lived experience is increasingly informing practice improvements (though further development is required).
- Stronger national and local networks are supporting delivery of adult protection work.
- Learning from reviews is being embedded into policy and practice, improving outcomes for individuals at risk of harm.

Next Steps

1. Continue the rolling programme of audit, evaluation and analysis of data, including thematic audits, multi-agency audits and performance data.
2. Finalise and implement the revised L&D programme, including practitioner development sessions, updated training materials and roll out of ‘Investigative Interviewing Skills’ and ‘Second Interviewer’ training.
3. Strengthen participation work through the development of a good practice guide, feedback-informed improvement planning and a lived experience group.
4. Complete a review of ASP procedures in Highland.
5. Maintain inspection readiness through ongoing improvement updates and monitoring of the HAPC Action Plan.

Emerging Risks

- Increased demand for learning reviews, placing pressure on resources and limited availability of trained professionals internally to undertake reviews.
- Challenges in engaging individuals with lived experience in a meaningful and trauma-informed way.
- Capacity constraints across social work and partner agencies impacting delivery of audit, training, and improvement work.

CPP Considerations

1. Note the progress and achievements of the HAPC in strengthening adult protection practice across Highland.

2. Support the implementation of improvements (as monitored by the HAPC Action Plan) and associated audit, quality assurance and evaluation work.
3. Acknowledge the resource, capacity and financial implications of increased demand for ASP work, particularly within Social Work teams as the lead agency, and learning reviews.
4. Endorse the development of participation and community awareness strategies to ensure adult protection is inclusive and responsive.

MAPPA Strategic Oversight Group 2024 – 2025

The Multi-Agency Public Protection Arrangements (MAPPA) are a set of statutory partnership working arrangements introduced in 2007 by virtue of Sections 10 and 11 of The Management of Offenders etc. (Scotland) Act 2005 https://www.legislation.gov.uk/asp/2005/14/section/10.

The fundamental purpose of MAPPA is public protection and managing the risk of serious harm. National guidance is issued by Scottish Government under section 10(6) of the 2005 Act and provides the Responsible Authorities with Ministerial guidance on the discharge of their functions Scottish Government Multi-Agency Public Protection Arrangements (MAPPA): National Guidance.

Section 11 of the 2005 Act https://www.legislation.gov.uk/asp/2005/14/section/11 requires the Responsible Authorities to monitor the operation of MAPPA, making changes to improve effectiveness where required. As well as providing local leadership, the Strategic Oversight Group is responsible for performance monitoring and quality assurance of MAPPA, and for the co-ordination and submission of the annual report for their respective area.

Progress and Achievements

- For the first time, an experienced Independent Chair was appointed by the Highland & Islands Strategic Oversight Group (HIMSOG) in February 2024.
- A Highland & Islands Operational Group (HIMOG) was established in May 2024.
- Terms of Reference were agreed for both the strategic (revised) and operational groups.
- A MAPPA Risk Register was agreed by HIMSOG in late 2023 and revised in June 2025.
- A HIMSOG development day was hosted by Emeritus Professor Hazel Kemshall in September 2024.
- An Annual Report 2023 – 2024 was completed and submitted to Scottish Government in October 2024 as required under the 2005 Act https://www.highland.gov.uk/downloads/file/29593/mappa_annual_report_2023_to_2024.

- A self-assessment exercise was completed by HIMSOG in January 2025 using an adapted Quality Indicator Framework model from the joint HMIPS/Care Inspectorate 2015 joint inspection of MAPPA.
- An Improvement Strategy 2025 – 2027 was agreed by the HIMSOG in June 2025.
- Training for police officers and justice social work managers chairing MAPPA meetings was delivered by Professor Kemshall in November 2024 and by the Risk Management Authority in February 2025.
- Training on Understanding Online Child Sexual Abuse & Child Sexual Abuse Material was delivered by Professor Kieran McCartan was delivered in February 2025.
- Two new orders, the Sexual Harm Prevention Order (SHPO) and Sexual Risk Order (SRO) have been introduced.
- The revised nationally accredited Moving Forward 2 Change (MF2C) sex offender programme has been implemented.
- On 31 March 2025 there were 288 offenders in the community being managed under MAPPA (Level 1 – 274, Level 2 – 8, Level 3 – 0, restricted patients – 6).
- In the period 1 April 2024 – 31 March 2025, all MAPPA key performance indicators were met 100%. Case file audits confirm the effective operation of MAPPA.
- In the same period, the number of registered sex offenders returned to custody for breaching their statutory conditions remains very low at 1.46%.
- No Significant Case Reviews were identified; 1 Initial Case Review was completed in March 2024 – key learning was identified and an action plan implemented and completed.
- The MAPPA office has relocated from Police Scotland’s regional headquarters to local authority accommodation. This establishes independence and establishes a localised hub for representatives of the Responsible Authorities to connect, share information and address any ongoing concerns.

Impact

- The appointment of an independent chair recognised the significant competing demands on the Responsible Authorities. Strategic direction and improvement have been agreed and key strategic and operational risks identified.
- The separation of strategic and operational business has strengthened the oversight and delivery of MAPPA.
- The performance and quality assurance of MAPPA provides confidence that offenders are being effectively managed and held to account for their actions and that communities are being kept safe.
- The new SHPO and SRO strengthens the management of risk as they have a lower risk threshold than the previous orders, allowing both orders to be used to manage risk against adults and vulnerable adults abroad, as well as children.

- Training has improved the confidence of MAPPA chairs and provided insight into assessing the risk of contact and non-contact offenders – in very broad terms, approximately 10% – 13% of non-contact offenders will either be both or will move from non-contact to contact offending. This has implications for risk management and deploying scarce resources.

Next Steps

1. The focus in 2025/26 will be the implementation of the new Improvement Strategy. This will, for example, focus on the provision of forensic psychology, raising awareness of MAPPA and developing a more advanced Performance and Quality Assurance Framework to evidence the fundamental purpose of MAPPA in contributing to public protection and managing the risk of serious harm.
2. Reviewing the HIMOG – it was agreed to undertake a thorough review 12 months' after it was established.
3. Considering the implications and planning for the likely inclusion of Registered Terrorism Offenders (RTOs) into MAPPA.
4. The introduction of the UK Crime and Policing Bill was introduced to the UK Parliament, although the coming into force date is not expected until towards the end of 2025 (date to be confirmed). The main provisions are:

    - Lowering rank of authorisation for warrants – allows for an application for a warrant to search a Registered Sex Offender's (RSO's) home to be made by any Constable, once they have been authorised by an officer of Inspector rank or above.
    - Virtual notification – allows sex offenders to provide virtual notification to the police (other than initial notifications). Virtual notification can only take place once an invitation has been issued by police.
    - Staying away from residence for a period of 5 days or more – this requires RSOs to notify the police in advance if they intend to be absent from their home address for 5 days or more. The notification must be given no later than 12 hours in advance.
    - Advance notification of name change – this amendment provides that all RSOs must notify any new name to the police 7 days before using it or as far in advance as is reasonably practicable. If advance notification is not practicable, notification is required within 3 days of using the new name.
    - Restriction on applying for replacement identity documents in new name – certain sex offenders will be subject to a police notice which means that they cannot apply for official documents such as a passport or driving licence in a new name without first seeking authorisation from the police.
    - Notice required if entering premises where children reside – RSOs convicted of child sex offences (to be defined) or those who in the police's view pose a risk of serious sexual harm to a particular child or

children must give notice to the police if they are entering a premises where children reside.

- Police stations at which notifications may be given – this provision will enable the Chief Constable to update the list of police stations where RSOs can notify (currently secondary legislation is required each time this list needs updated, for instance following the closure of a police station).

5. Continuing to monitor the development and implications for the Responsible Authorities of the Multi-Agency Public Protection System (MAPPS) which will replace ViSOR (Violent and Sex Offender Register) c. 2027.
6. A review of the Level 1 process for managing offenders subject to MAPPA – a revised, more streamlined process is being trialled in 2025 which it is hoped will lead to a more efficient process.
7. Completion and submission of the Annual Report 2024/25 to Scottish Government in Autumn 2025.
8. The MAPPA National Strategic Group will further consider the short-life working group's findings suggesting improvement in the way Significant Case Reviews (SCRs) are conducted. The findings cover: identification and selection of lead reviewers, minimum baseline standards for what is included in a SCR, self-evaluation and implementation of recommendations and revision of the MAPPA National Guidance 2022 SCR Chapter.
9. Following the implementation of the Public Protection Accountability Assurance Framework (PPAAF) within NHS Highland in May 2024, a range of key areas of work were identified. Specific to MAPPA was the decision to further enhance the Adult Support and Protection (ASP) capability and replace the interim MAPPA Health Lead with 3 substantive appointments all with MAPPA as part of their remit. The appointment of the lead role should be complete by end August 2025. Concurrently with this activity the public protection governance structure is under review including the internal reporting processes for MAPPA.
10. Other developments include the roll out of MAPPA notifications and safety alerts via the Medical Records Dept which has improved access for all staff. The notifications and alerts are also shared via Community Managers and Scottish Ambulance Service where required.
11. The Medical Records Dept have also improved their targeted intelligence gathering of MAPPA nominals in support of the MAPPA reviews. The information is requested formally by the interim MAPPA Health Lead from a dedicated team within Medical Records and shared as appropriate with the MAPPA review. The use of a dedicated team has greatly enhanced the turnaround and assures the security of information exchange and governance.
12. The Scottish Government's Electronic Monitoring (EM) Working Group (EMWG) published its recommendations in 2016. To date, only some of the recommendations have been implemented (e.g. EM bail). Currently, only radio frequency EM is available (typically, this means an offender is 'tagged'

within their home for up to 12 hours/day). GPS tracking will shortly (likely early 2026) be trialled by Scottish Prison Service (SPS) for prisoners released subject to a Home Detention Curfew (HDC). This will enable SPS staff to include specific location monitoring as part of licence conditions. This trial will be evaluated by Scottish Government and inform the wider roll-out of GPS tracking which has significant potential to improve risk management of high-risk offenders. In addition, the EMWG recommended alcohol (sobriety) bracelets that detect alcohol use will also be a useful tool in managing risk once available (no timescale).

13. HMP Highland remains on track for opening in 2026. This is a replacement for the existing HMP Inverness and is designed to accommodate 200 prisoners.

Emerging Risks

- Since 1 April 2025 there has been no provision of forensic psychology in Highland & Islands for MAPPA offenders as there is no longer funding available in the MAPPA budget (see below). Discussions are ongoing with MAPPA partners to find a solution – forensic psychology provides crucial additional risk assessments to inform risk management plans and intervention.
- The continued unplanned movement of RSOs, both subject to statutory supervision and post-completion, into Highland & Islands from England & Wales. This impacts on resources and creates risk management concerns and a reactive response.
- The ongoing housing crisis – the limited available manageable housing stock for RSOs leads to challenges in the provision of appropriate accommodation, particularly on release from prison, and the clustering of offenders in particular areas. Realtime oversight of accommodation options and locations will become a focus for the strategic group moving forward.
- The increasing prison population – 8,228 (18/7/25) – is having an impact on the preparedness of prisoners for release. Given the significant pressures related to this, amongst other factors, SPS has taken the decision to suspend some programmes of intervention, and some long-term prisoners are being released without completing sex or violence related programmes such as MF2C and the Self Change Programme (SCP), both of which continue to run. This has an obvious implication for risk management in the community. Considerable efforts are and have been made to address this issue nationally; for example, the emergency release of prisoners and the independent Commission on Sentencing and Penal Policy, established by Scottish Government in February 2025 to review Scotland's current approach to sentencing and penal policy. The Commission will make recommendations by the end of 2025 for improvements to achieve an effective, rehabilitative justice system, meaning less crime and fewer victims. One of the key drivers is the escalating prison population, one of the highest in Western Europe.
- The increasing number of offenders subject to MAPPA – this is a local and national issue. As of 1 June 2025, there were just under 8,000 RSOs being managed in Scotland, a 27% increase over the last 5 years. This has led to enforced changes in the management of RSOs. For example, Police Scotland

are now prioritising resources based on risk, streamlining processes and procedures, while continuing to protect the public, and the pilot of a revised Level 1 process. The indications are that numbers will continue to increase given court backlogs, improved reporting, increased willingness and support for victims coming forward and enhanced media attention to name a few. In addition, the aging demographic and complexity of the prison population is having a concomitant impact on community-based resources. This is particularly acute in terms of the significant care needs of offenders and the extreme difficulty in housing high-risk offenders requiring care home provision.

- In the context of increasing numbers, there has only been one small increase in the MAPPA budget (allocated to local authority justice social work through Scottish Government's annual grant) since 2007 when MAPPA was introduced in Scotland. This issue has been raised at the MAPPA NSG and is acknowledged by all 10 MAPPA areas in Scotland. The wider impact affects both statutory and third sector service providers whose budgets are under increasing pressure. However diplomatically this is put, what this means is that all agencies are 'doing more with less' with a potential risk to keeping victims and communities safe. A SLWG chaired by the chief social work officer in Highland is considering this issue.

CPP Considerations

1. Note progress and achievements
2. Note emerging risks

Agenda Item	13.
Report No	CPPB/22/25

Highland Community Planning Partnership | Com-pàirteachas Dealbhadh Coimhearsnachd na Gàidhealtachd

Highland Community Planning Partnership Board – 19 September 2025

Partnership Development Team
Year 2 Report
Quarterly Update: June to August 2025

Report by: Partnership Development Manager and CPP Senior Officers

Summary
This paper outlines the continued progress of the Partnership Development Team in supporting the delivery of the Highland Outcome Improvement Plan and strengthening Community Planning across Highland. The paper is split into two sections:

- Year 2 Report
- Quarterly Update: June to August 2025

Section 4 focuses on the Scottish Community Planning Network and 5 on Next Steps.

The Board is asked to:

i) Consider the Year 2 Report at Appendix 1
ii) Review the 2025 Third Sector Engagement Outline Plan at Appendix 2
iii) Review the updated Year 2 Milestones at Appendix 3

1. Background

1.1 At the December 2021 Board, a new approach and financial model for resourcing the Community Planning Partnership was agreed. This would involve the appointment of a full time Partnership Development Manager and a team of Partnership Officers who could be appointed on a funded or secondment basis.

1.2 At the April 2022 Board a Community Planning Development Update was discussed. The Board agreed to establish a core central team with the purpose of supporting local partnership working. The rationale for this approach is a central team to support shared learning and develop consistent approaches across Highland. Further to this, a central team would enable mutual aid across partnerships whilst also providing peer support. The size of team proposed balances the level of support required by partnerships with what is considered to be deliverable.

1.3 The aim of the new approach to resourcing was to support the above but embedding the approach to community planning is required across each partner organisation to improve the effectiveness of community planning.

2. Year 2 Report

2.1 The Partnership Development Team took up post in June 2023. The Team consists of:

- 1 x full time Development Manager
- 2 x full-time Partnership Officers (contracted to May 2027)

2.2 The size of the team has decreased during Year 2, the Partnership Officer on secondment from Police Scotland returned to their substantive post at the end of March 2025.

2.3 The Partnership Development Team is hosted by Highland Council but works across the Partnership and the Manager reports to the Senior Officer's Group.

2.4 The allocation of the nine Community Partnerships in Highland is split across the team with the Partnership Officers now being allocated four Community Partnerships each and the Partnership Development Manager taking one.

2.5 Another significant change during Year 2 is the completion of funding for Project Officer support for Caithness and Sutherland Community Partnerships. The funding for these posts came to an end in March 2025. The level of support allocated to these two Partnership from the core Partnership Team has therefore increased significantly since April 2025.

2.6 During Year 2, the Partnership Development Team concentrated on strengthening the delivery of the 2024 – 2027 Highland Outcome Improvement Plan, supporting all nine Community Partnerships, including providing additional support to Community Partnerships transitioning from external funding. The team launched a comprehensive Guidance and Toolkit, advanced frameworks, and coordinated national engagement including responses to key consultations and participation in strategic working groups. They also delivered the second annual CPP Conference, directly supported the existing Delivery Groups, and supported the establishment of Short Life Working Groups, expanded communications, and began preparations for the 2024 – 2025 HOIP Annual Report.

2.7 A report summarising the Year 2 highlights and key achievements can be found at Appendix 1.

3. Quarterly Update: June to August 2025

This quarterly update outlines the continued progress of the Partnership Development Team, between June and August 2025, the team has:

- **Community Partnerships:** Continued to support all nine, including delivering full meetings, arranging external speakers, covering administrative responsibilities and facilitating workshops. The team has begun to co-ordinate the organisation of the 2025 Community Networking Events.

- **Community Partnership Plans:** Advanced the development of the Plans, with a planned launch in Summer/Autumn 2025 incorporating information gathered through the Health Inequalities Short Life Working Group.
- **Caithness and Sutherland Community Partnerships:** Managed the transition of support following the end of Project Support Officer funding, with additional resource applied to progress Priority setting and Action Tracker establishment.
- **CPP Website:** Reviewed the structure and content, including adding additional sections and pages.
- **HOIP Annual Report:** Undertook engagement in preparation for drafting the Report.
- **Community Planning Induction Module:** Completed the Module with a pilot taking place in October 2025 with Elected Members.
- **Short Life Working Groups**: Supported the establishment of the Natural Capital group and continued engagement with the Health Inequalities group.
- **Scottish Government Place Director:** Organised and facilitated a meeting with the Place Director, where partners and colleagues were able to discuss developments and highlight challenges with regards Single Care Model, Highland Property Partnership, Community Wealth Building and the Social Value Charter.
- **Strategic Risk Register:** Following agreement by the Board to establish a sub-group, the nominated representatives from partners will oversee a full review of the Register. The first meeting has been scheduled for October 2025.
- **Board Development:** A further session on the National Community Planning Self-Assessment Improvement Plan was held in August 2025. As part of this discussion it was agreed to hold an in-person Board Development Session which will take place in November 2025.
- **2025 Third Sector Engagement:** Following discussion at the June CPP Board meeting the Partnership Development Manager has drafted an Outline Plan for 2025 Third Sector Engagement to take place. This has been proposed to understand and improve how the third sector experiences and contributes to the CPP, ensuring their voices shape future strategies and lead to meaningful action. A copy of the Outline Plan can be found at Appendix 2.
- **Age-Friendly Communities:** Research underway across SCPN network and with relevant agencies leading the implementation of the World Health Organisations Age Friendly Communities activity to inform Highland's approach.
- **Community Wealth Building:** Supporting the development of the Strategic Investment Plan following the consultation sessions delivered by Centre for Local Economic Strategies (CLES).
- **Heat in the Highlands: Demystifying and Inspiring Heat Decarbonisation Event -Trust and Community Panel Member:** Brought together stakeholders from across sectors to explore coordinated solutions to the unique challenges of heat decarbonisation in the Highlands and Islands, highlighting a shared commitment to collaboration and progress toward net zero targets.

3.1 A copy of the updated Year 2 Milestones for the Partnership Development Team can be found at Appendix 3.

3.2 While the Partnership Development Team has made significant progress, Year 2 has also presented notable challenges. The reduction in team capacity following the end of secondment and external funding particularly affecting support for Caithness and Sutherland Community Partnerships has required a reallocation of resources and increased workload for remaining staff. To mitigate this, the team has prioritised strategic support, streamlined coordination efforts, and strengthened collaboration across partners locally. These adjustments aim to maintain continuity and ensure that partnership working remains effective and responsive despite resource constraints.

4. **Scottish Community Planning Network Update**

The Partnership Development Manager attended two quarterly meetings during this reporting period.

4.1 June 2025 – Safer Communities

Updates received from Scottish Police Authority and Police Scotland; Scottish Ambulance Service; Scottish Fore and Rescue Service; Scottish Community Safety Network.

4.2 September 2025

Updates received from Mental Health and Wellbeing Strategy Delivery Plan Refresh, COSLA; Scotland's Public Service Reform Strategy from Scottish Government; Homelessness Prevention Provisions in the Housing (Scotland) Bill from Scottish Government. CPPs from across Scotland were invited to contribute to the agenda with a Local Housing Focus, with the Chief Officer for Housing and Communities presenting on Highland's behalf.

5. **Next Steps**

- Pilot Community Planning Induction Module.
- Launch Community Partnership Plans.
- Deliver 2025 Third Sector Engagement.
- Support Strategic Risk Register Review.
- Organise Board Development session for November 2025.
- Finalise and publish the 2024 – 2025 HOIP Annual Report.

Recommendation

The Board is asked to:

i) Consider and note the Year 2 Report at Appendix 1
ii) Review and approve the 2025 Third Sector Engagement Outline Plan at Appendix 2
iii) Review and note the updated Year 2 Milestones at Appendix 3

Author: Gail Prince, Partnership Development Manager

Date: 9th September 2025

Appendices: Year 2 Report; 2025 Third Sector Engagement Outline Plan; Year 2 Milestones

Appendix 1.

Highland Community Planning Partnership | Com-pàirteachas Dealbhadh Coimhearsnachd na Gàidhealtachd

Partnership Development Team Year 2 Report

Overview

Year 2 marked a period of strategic delivery and consolidation for the Partnership Development Team, following a successful establishment phase in Year 1. The team continued to strengthen Community Partnerships, embed the 2024 - 2027 Highland Outcome Improvement Plan, and enhance governance, communications, and national Community Planning engagement.

Year 1 Foundations

- **Team Establishment:** Formed in June 2023, comprising a full-time Development Manager and three Partnership Officers.
- **Baseline Mapping:** Initial work focused on understanding the Community Planning and Community Partnership landscape and developing tools such as the Minimum Standards Model, Partner Contacts Database, and Priority Action Trackers.
- **Branding & Communications:** New Highland Community Planning Partnership branding and launched the CPP website as a central resource; Communications Strategy developed.
- **Engagement:** Delivered workshops, coordinated Partnership Coordinating Groups, and organised the first Community Planning Partnership Annual Conference.
- **HOIP Review:** Led engagement sessions with stakeholders and supported drafting of the revised Highland Outcome Improvement Plan and Delivery Plan.
- **Minimum Standards Model:** Developed and implemented across all Community Partnerships, with compliance checklists completed.

Key Achievements in Year 2

Team Structure

- New Partnership Officer joined in August 2024, replacing the one who successfully gained full-time permanent employment within Highland Council, prompting a review of team responsibilities.
- Partnership Officer on secondment from Police Scotland returned to substantive post end March 2025. With no replacement the team has reduced to two Partnership Officers.

Community Partnerships

- **Support Across All Nine Partnerships:** Delivered two full rounds of meetings and facilitated workshops focused on Priority Action Trackers, survey reviews, and structural development.
- **Priority Action Trackers:** 100% of Community Partnerships now have Trackers in place. Workshops were held to review and update these.
- **Community Networking Events:** Successfully delivered in-person events for five Community Partnerships, with strong local partner engagement and demand for continuation. Helped strengthen local collaboration and visibility of local Community Partnership priorities.
- **Guidance and Toolkit:** Officially launched in February 2025, now adopted across several Partnerships. Includes templates for Terms of Reference, Communications Plans, and Role Descriptors.
- **Community Partnership Plans:** Template nearly complete, with data sections being updated. Plans are scheduled for launch in Summer 2025.

- **Support for Caithness and Sutherland:** Additional resource allocated following the end of Project Support Officer funding.

Strategic Planning & Governance

- **HOIP Delivery Plan and Performance Framework:** Finalised and presented to the Board. Indicators are being adapted for Community Partnership Plans.
- **Strategic Risk Register:** Reviewed quarterly, with updates presented to the Board.
- **CPP Reporting Schedule:** Drafted and under review.
- **Community Planning Induction Module:** Developed and ready for pilot with Elected Members.
- **HOIP Annual Report:** Preparation underway for draft to be presented to September 2026 Board.

Communications & Digital Infrastructure

- **CPP Website:** Ongoing updates with a full review completed Summer 2025.
- **Shared Virtual Space:** Platform identified (Egress); business case drafted.
- **Community Briefing:** Expanded circulation and content, plus scope and circulation, enhancing partner communications.

National Engagement & Policy Influence

- **Whole Family Support Working Group:** Represented Highland CPP nationally, contributing to a Shared Vision and Implementation Plan.
- **Your Police Stakeholder Engagement Forum:** Participation to ensure community planning perspectives are reflected in national policing strategies.
- **Scottish Fire & Rescue Service Review:** Input provided on future service delivery, particularly in rural areas.
- **Community Wealth Building (Scotland) Bill:** Coordinated CPP response advocating for strategic, inclusive economic development.
- **Net Zero Energy Developments:** Submitted a CPP statement supporting equitable benefit distribution and alignment with the Highland Social Value Charter.
- **National Islands Plan:** Contributed to discussions on planning coherence across Highland's diverse geographies.

Events & Engagement

- **Annual CPP Conference (April 2025):** Attended by over 100 delegates. Strong feedback highlighted networking, strategic insights, and the need for broader third sector representation.
- **Elected Member Updates:** Delivered across Ward Business Meetings.
- **Calendar of Engagement Events:** Developed and published for August 2024 – May 2025.

Challenges

- **Transition of Support:** Caithness and Sutherland Community Partnerships required additional support following the end of Project Support Officer funding.
- **Digital Switchover:** Supported dissemination of information and coordination with partners including NHS Highland and Age Scotland.
- **Team capacity:** Reduction due to end of secondment.
- **Resource pressures:** Increased support demands.
- **Engagement fatigue:** With additional barriers in some areas.
- **Digital infrastructure delays:** Egress platform not yet implemented.

Year 2 Reflections

Year 2 has reinforced the importance of flexibility, collaboration, and clear communication in delivering effective community planning support. The team has learned that adapting to changing capacity and local needs is essential to maintaining momentum. Learning across Community Partnerships has proven invaluable, enabling shared solutions and mutual support. Additionally, the need for consistent and transparent communication both internally and with partners has emerged as a key factor in building trust and sustaining engagement.

Next Steps

- Launch Community Partnership Plans.
- Pilot the Community Planning Induction Module.
- Organise Board Development Session.
- Finalise HOIP Annual Report.
- Continue national engagement and support for thematic working groups.
- Integration of feedback from the 2025 Third Sector Engagement.

Appendix 2.

Highland Community Planning Partnership | Com-pàirteachas Dealbhadh Coimhearsnachd na Gàidhealtachd

2025 Third Sector Engagement

Outline Plan

Following discussion at the June Highland Community Planning Partnership (CPP) Board meeting, it was agreed to circulate the 2019 SWOT analysis report from Highland Third Sector Interface. This Outline Plan follows up on that action by outlining the proposed approach for Third Sector Engagement in 2025, led by the Partnership Development Team.

The aim is to:

- Gather insights from third sector partners on their experiences with the CPP over the last two years and since the pandemic.
- Inform the development of the 2026 engagement for the 2027–2037 Highland Outcome Improvement Plan.
- Explore the role of Community Partnerships and thematic groups in championing the third sector and ensuring its presence and recognition at local tables.

The aim is to gather insights from third sector partners on their experiences across the CPP over the last two years, and since the pandemic, and to inform the development of the 2026 engagement ahead of developing the 2027 - 2037 Highland Outcome Improvement Plan.

Intended Audience:
Third sector representatives who sit across the CPP structure at a Highland level, including Delivery Groups, Steering Groups, and Delivery Partnerships (e.g. Poverty Reduction Delivery Group, Highland Alcohol and Drugs Partnership, Community Learning and Development).

Note: Consideration will be given to widening participation beyond current representatives to include a broader range of third sector voices if required.

Goals for the 2025 Engagement

- Understand how third sector representatives have experienced engagement with the CPP at Highland level over the last two years, and since the pandemic.
- Identify improvements or challenges in engagement over the last two years, and since the pandemic.
- Explore how engagement translates into action and tangible outcomes.
- Gather ideas for improving engagement locally and at Highland level.
- Test perceptions of the CPP's value, particularly around relationship-building and influence.
- Inform the 2026 engagement for the 2027–2037 Highland Outcome Improvement Plan.

Highland Community Planning Partnership | Com-pàirteachas Dealbhadh Coimhearsnachd na Gàidhealtachd

Suggested Engagement Questions

Section 1: Experience and Impact

- On a scale of 0–5, please rate your experience with the Highland CPP.
- What are your reasons for the score you gave?
- Has your experience improved or worsened since 2023, and the pandemic? Why?
- Have you seen any tangible outcomes or changes because of your organisation's involvement with the CPP?
- Do you feel your organisation's voice is heard and valued within the CPP? Why or why not?

Section 2: Role and Representation

- How is your organisation currently involved in the CPP?
- What role do you believe the third sector plays in delivering CPP priorities?
- How do Community Partnerships and thematic groups champion the third sector's work and ensure its presence at local tables?
- Are there examples of good practice or collaboration you'd like to highlight?

Section 3: Communication and Influence

- Do you feel there is sufficient communication and feedback from the area of the CPP you are involved in to your organisation?
- What support or resources would help your organisation engage more effectively?
- What advice would you give the CPP to build trust and collaboration with the third sector?

Section 4: Perceptions of Value

Please rate your agreement (1–10) with the following statements:

- "The Highland CPP has value as a place to grow relationships."
- "The CPP influences change within individual organisations."
- "Engaging with the CPP is worthwhile for my organisation."

Section 5: Looking Ahead

- What would meaningful engagement look like during the development of the 2027–2037 Highland Outcome Improvement Plan?
- What methods of engagement would work best for your organisation and the wider third sector?
- How can engagement be inclusive of smaller or rural third sector organisations?

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Proposed Timeline for 2025 Engagement

Phase	Timeline	Activities
Planning	August	Finalise questions, identify participants, design survey
Engagement Launch	September	Distribute survey, set closing date
Follow-Up	October	Analysis of responses, identify key insights
Reporting	December	Share findings with CPP Board
Preparation for 2026	January	Use insights/findings to shape 2026 engagement for the development of the 2027 – 2037 Highland Outcome Improvement Plan

Engagement Format Ideas

Online Survey (Microsoft Forms)

- Anonymous to encourage honesty
- Mix of scaled, multiple choice, and open-ended questions
- Streamlined question set

Workshops (if required)

- Especially if engagement is limited to current representatives
- Allows deeper exploration of themes and shared experiences

Appendix 3.

Partnership Development Team Milestones Year 2

On Track
Underway
No Progress

Highland Community Planning Partnership

Milestone	Measures for Success at end of Year 2	Measures for Success Lead	Status	Status Update
Circulate quarterly HCPP Board updates to Community Partnerships	Quarterly updates circulated within 4 weeks of meetings	Partnership Development Manager		Last update circulated July 2025
Complete National Community Planning Self-Assessment	Board members complete and submit individual CCP checklists when circulated Organise a Board Development Session to review the Highland CPP checklist report once available from Improvement Service to identify actions	Highland Community Planning Partnership Board		Further workshop session took place August 2025, updates to Improvement Plan to be circulated Board Development Session to be organised November 2025
Continue to review HCPP Governance: Terms of Reference; Strategic Risk Register; Action Tracker	Strategic Risk Register reviewed quatery ahead of Board meetings Action Tracker monitored and progressed ahead of Board meetings Terms of Reference updated to reflect new HOIP Delivery Structure	Partnership Development Manager & Senior Officers		Strategic Risk Register - agreed to establish Sub-Group, first meeting October 2025
Coordinate involvement in Place Standard Tool for Community Safety	Participate in Informaton Sessions and work with Senior Community Development Manager and Police Scotland Senior Officer to assess opportunities for identified communities in Highland - Spring 2025	Partnership Development Manager & Senior Officers		Finished tool due to be launched at the SCSN Annual Conference in March 2026
Create & implement Performance Monitoring & Reporting Framework	HOIP Delivery Framework and Indicators implemented Framework adapted and implement for Community Partnerships	Partnership Development Manager & Senior Officers		Performance Framework indicators being adapted for Community Partnership Plans with priority localities identified.
Create Community Planning Induction Module	Induction Module created and shared across partners Potential to pilot with Elected Members	Partnership Development Team		Module being finalised with pilot for Communities and Place Committee Members organised for October 2025
Create National/Highland/Local Plans/Policies/Strategies central resource for HCPP Website	Resource created and uploaded to CPP website	Partnership Development Team		Website review completed, Directories and Resources sections updated
Create Quarterly / Annual Reporting schedule for HCPP Board meetings	Schedule to be drafted based on new HOIP Delivery Structure for discussion at December 2024 Board meeting	Partnership Development Manager & Senior Officers		Draft schedule prepared, to be reviewed by Senior Officers
Deliver first round of Community Networking Events: October/November 2024	Partnersip Officers coordinating organisation of in person events Minimum 50% Community Partnerships will deliver events	Partnership Development Team		Successful events delivered for 5 Community Partnerships: Easter Ross, Lochaber, Mid Ross, Nairn & Nairnshire and Badenoch & Strathspey. Excellent local partner engagement, demand expressed for annual events to continue
Deliver HCPP annual update to Elected Members business meetings	Aim to deliver an annual CPP update to all Service Support Business Meetings between October and December 2024	Partnership Development Team		
Develop shared virtual space for CPP network (Aligning Partnership Practices HOIP Cross-cutting Theme)	Platform identified - with support through Highland Council Content developed and use implemented	Partnership Development Team		Potential platform identified - Egress. Business Case drafted, to be reviewed prior to submission to Chief Officer
Finalise Community Partnership Plans: including priority locality areas - thematic community of interest and/or geography	Plans finalised and presented to Community Partnerships January to March 2025	Partnership Development Team		Template almost complete. Data section will be updated to include potential data sets resulting from the work of the Health Inequalities Short Life Working Group. As a result of a number of Community Partnerships reviewing and updating their priorities this section will be updated once this work is complete. The template will be completed and the Partnership Development Team aims to launch the Plans with individual Community Partnerships during the Summer of 2025.
Finalise HOIP Delivery Plan, HOIP Delivery Framework, Indicators	2024 - 2027 HOIP offically published New governance arrangements identified	Partnership Development Manager & Senior Officers		Presented to December 2024 meeting
Identify opportunities to engage seldom heard voices in Community Partnerships: Gypsy / Travellers communities	Ongoing Initial discussions with Gypsy / Travellers communities contacts in Highland Cuncil and NHS Highland	Partnership Development Team		Initial discussion with Gypsy/Travellers communities undertaken
Implement HCPP Communications Strategy	Following agreement of Strategy at September 2024 Board meeting Communication from the CPP will be increased	Highland Community Planning Partnership Board		Agreement in place, Strategy has been adapted for Community Partnerships

	Investigate Age-Friendly Communities framework, including alignment with existing Partnership work	Identified opportunities to include framework in Highland - consider all ages	Partnership Development Team & Senior Officers		Researching across CPPs in the SCPN network their approaches to develop Age Friendly Communities work
	Launch Community Partnerships Guidance & Toolkit	On completion of the HOIP Delivery structure incorporate into document and launch October 2024	Partnership Development Team		Officially launched in February 2025, A number of Community Partnerships have reviewed and signed the template Terms of Reference, for transparency these will be uploaded to their individual webpages.
	Manage, develop & maintain HCPP Website	Ongoing management of CPP website as main point of contact for all community planning information	Partnership Development Team		A full review of the website completed Summer 2025
	Organise Annual CPP Conference: April 2025	Delivery second annual Conference and continue engagement across all partners and the region	Partnership Development Team & Senior Officers		Second annual Conference took place on Friday 25th April 2025, with 100 delegates attending from across Highland representing a number of partner and groups working within the wider Community Planning Partnership.
	Participate in National CPP network & feedback to HCPP Board	Partnership Development Manager to attend quarterly meetings and include updates in quarterly reports	Partnership Development Manager		Scottish Government Whole Family Support Short Life Working Group; Your Police Stakeholder Engagement Forum; online SCPN sessions
	Report on Community Partnerships progress against Minimum Standards Model to HCPP Board	Monitor progression and include updates in quartery reports	Partnership Development Manager		Included in PDT quarterly update report December 2024
	Report Partnership Development Team Year 1 activity to HCPP Board: September 2024	Report submitted to September 2024 Board meeting	Partnership Development Manager		Completed - September 2024
	Schedule Calendar of Partnership Engagement Events: August 2024 - May 2025	Calendar developed for September 2024 to May 2025	Partnership Development Team		Calendar included with Partnership Development Team report June 2025
	Support development of proposals for Highland Alcohol & Drugs Partnership grants across Community Partnerships	Engage with HADP Coordinator to progress Partnership Officers support development of proposals locally	Partnership Development Team & HADP Coordinator		Fund will be managed internally in HADP with applications welcomed from statutory and third sector organisations across Highland. The Fund aims to provide grants for one off funding for small – scale projects up to a value £2500 whose outcomes align with one or more of the National Drugs Mission Outcomes
	Support development of service delivery mapping (Connecting People & Places HOIP Cross-cutting Theme)	Engage with HTSI/NHS re Highland Directory of Services development	Partnership Development Team & Senior Officers		Directories section created on CPP website
	Publish HCPP Annual Report	June 2025 - develop and publish Annual Report - to be presented to Board, and Full Council and published on the CPP website	Partnership Development Manager & Senior Officers & Highland Community Planning Partnership Board		Draft Annual Report submitted to September 2025 Board meeting