

**Highland Alcohol and Drugs Partnership – Strategy Group Meeting**

**Tuesday 21<sup>st</sup> November 2023; 2pm-4pm  
Larch House, Inverness and via Microsoft Teams**

<b>Present:</b>	Andrea Broad – NHS Highland
	Andrew Garraway – Highland Alcohol and Drugs Partnership
	Arlene Johnstone – NHS Highland
	Bev Fraser – NHS Highland
	Caroline Robertson - CrossReach
	Carron McDiarmid - Chair
	Cathy Steer – NHS Highland
	David Reid – NHS Highland
	Debbie Delonnette – Highland Council
	Debbie Stewart – NHS Highland
	Elisabeth Smart – NHS Highland
	Frances Matthewson – Highland Alcohol and Drugs Partnership
	Iain Templeton – Third Sector Interface Representative
	Ian Kyle – Highland Council
	Iver Forsyth – Highland Alcohol and Drugs Partnership
	James Dunbar – Housing First
	Katy MacLeod – Scottish Drugs Forum
	Mhairi Wylie - Highland Third Sector Interface
	Ray Buist – Audit Scotland
<b>Apologies:</b>	Denise Stampfer
	Donna Munro – Highland Council
	Cllr Kate MacLean – Highland Council
	Teresa Green – NHS Highland
<b>Notes:</b>	Steph Tyrer – Highland Alcohol and Drugs Partnership

**1. Welcome**

- Carron welcomed everyone to the meeting and thanked Liz Smart for her time spent as interim Chair and the support and patience given to her during her handover.
- Carron also welcomed Steph Tyrer as the new Administration and Communications Officer for the ADP and Iver Forsyth who has started his secondment as Housing First Specialist for the ADP.
- Audit Scotland representative was welcomed as a guest to provide an update on a planned audit and to clarify the expectations from the Partnership.
- A Vice Chair (up to 2 people) will need to be appointed and nominations will be sought at the next meeting.
- Also, a big thank you was given to Debbie Stewart, who is moving on to a new post, for her contribution, help and support to the Partnership over the years.
- It was also noted that this would have been the last meeting for Mark Holloway before Scott Watson takes over as Governor of the Prison in the new year.
- Carron raised a declaration of interest due to her role as a Non-Executive Director with Public Health Scotland. PHS provides intelligence support to all the ADP's in Scotland and PHS is referred to in some of the papers in the agenda but no conflicts of interest were identified requiring her to be absent for any item.

**2. Minutes of Previous Meeting and Actions**

**2.1 Minutes:**

These were accepted as a true and accurate account of the meeting held on the 29<sup>th</sup> of August 2023.

**2.2 Actions:**

Finance – It had been suggested that a finance related sub-group reviews the current systems we have in place, in terms of the allocating and commissioning of services, to see if we can respond more quickly and efficiently. Agreed that a review of systems for funding was needed.

**2.3 Positive developments to highlight since 29<sup>th</sup> August 2023:**Recovery Walk

Over 50 people with lived experience, plus family members, participated in the Recovery Walk. Thanks were given to those involved in organising the event and to Beechwood House for hosting the picnic.

Mental Health Forum Awards – congratulations were expressed.

The Custody Healthcare Team won the Leading in Quality Assurance category for the MATPACT initiative.

The Caithness Assertive Outreach Team were highly commended for their Trigger Checklist approach. The Trigger Checklist will become part of the Highland model for outreach. Recent MATPACT data shows an 89% reduction in DRD within 6 months of being in custody. Looking to combine the trigger checklist and the MATPACT into a harm reduction toolkit for MAT.

**3. Development Session****3.1 Involving People/Families with Lived Experience**

- Thanks were given to Debbie for the covering report which set out a phased peer research approach.
- It was noted that this is an important development as an area for improvement for the Partnership.
- Katy MacLeod from the Scottish Drugs Forum (SDF) gave a presentation on the work they have been commissioned to do by HADP around involving people and families with lived and living experience.
- It was recognised that the Recovery Workers Training Project (RWTP) links in with this.

**Action Points**

- Progress reports to the steering group (template report to be provided)

**Lead/Responsible**

Katy MacLeod

**Timescale**

Each steering group meeting

**4. Performance Reporting and Scrutiny****4.1 Outcomes/Performance Dashboard**

- Frances gave an overview of the Performance Dashboard circulated with the addition of real-time information highlighting Scottish Ambulance Service (SAS) Naloxone administration, Emergency Department (ED) attendances and also admissions.

**4.2 MAT Standards – Progress Report and letter from Scottish Government on monthly reporting**

- The October progress report for MAT standards was circulated along with the letter from Scottish Government.
- The letter from SG states that more work is required on MATs 1, 3-5 and 6-10 and therefore monthly reporting is still required and will likely continue into the next year.
- Carron is meeting with Scottish Government leads on Friday so will have an opportunity to listen to their expectations then.

**Highlights from the October Progress Return include:**

- More nurses have gone through their non-medical prescribing training.
- SDF have started gathering the MAT experiential data.

- One model has been agreed for MAT 3 outreach – the service spec is being written up.
- Raising awareness of the trigger checklist.
- Standardised harm reduction backpacks have been agreed.
- There is a SOP, which includes anticipatory care planning, for MAT 5.
- A baseline has been gathered for psychology regarding staff in DARS about what their availability and confidence is to deliver psychological interventions.
- Quality Improvement (QI) methodology has been used to identify themes and create driver diagrams to display a theory of change and share with our Primary Care colleagues.
- The Specialist GP has taken over the prescribing for some patients stable on Bupropion.
- Partners in Advocacy and Highland Advocacy launched the new advocacy service on Monday, which will support MAT8.

**Challenges**

- Looking to develop the jobs plans of non-medical prescribers to include the need for structured support to provide safer practice.
- There is some mapping work underway to see if some processes can be standardised as there is a lot of variation between teams in their prescribing and outreach provision.
- Harm reduction within MAT4 - MIST have requested that vaccines are delivered within services – need to identify training needs and availability.
- Accommodation is still a challenge in the delivery of all MAT standards.
- Capacity and resourcing of shared care within primary care continues to be a challenge.
- Carron shared more recent communication from Scottish Government about co-occurring mental health and substance use conditions around MAT 9 which advises that Healthcare Improvement Scotland has been commissioned to produce an exemplar interface protocol which sets out how the services should work together. Arlene Johnstone has been nominated to be the lead for Highland and be responsible for its delivery and oversee the progress in both mental health and substance use services. NHS Highland, and not HADP, is accountable for the delivery of the MAT standards.
- Arlene confirmed that the current MAT Oversight Group would be split for Highland and Argyll & Bute, both reporting to the NHSH Senior Leadership Team (SLT) and Mental Health Clinical Governance Group. The Highland MAT Oversight Group will report into HADP. Two events per year will be planned, where North Highland and Argyll & Bute can come together (one on Teams and one event in person).

**Action Points**

- MAT standards monthly reporting to be a standing item on the Steering Group agenda.

**Lead/Responsible**

Chair, Steph Tyrer  
Reports from Arlene

**Timescale**

Each Strategy Group

***4.3 Partnership Funded Services – Progress Reports***

- Carron noted that 23 different HADP funded services are reported on in a long report of 99 pages. This felt difficult to scrutinise in the meeting time available, yet this is essential business for the partnership and for our accountability on how resources are invested. Item 7.2 on the agenda showed all the 23 funded services mapped against the 5 national outcomes and this helped to understand the spread of investment.
- There was some discussion around how we can review the updates on funded services better to give them adequate scrutiny and attention. Suggestions included:

- a rolling programme of topics or a spotlight on different topics each time alongside exception reporting;
  - having a thematic approach along with RAG status which concentrates on problem areas, issues, gaps in service development and delivery;
  - looking at what the ADP needs to come to the Strategy Group and what does not, splitting for operations and strategy;
  - whether we should have sub-groups by theme or outcome for reporting and
  - whether the strategy group should meet more often for scrutiny and support.
- There was consensus that the current format makes outcomes reporting challenging. It was noted that there are a number of one-off projects due to finish relatively soon which will reduce the number of reports.

**Summary highlights of the long-term grants**

- There is good progress with Planet Youth with 5 pilot schools having completed their second biannual survey.
- Action for Children are working with vulnerable families through Parents Under Pressure (PuP) and facilitating input to the Highland Councils Family First strategy.
- The CAMHS psychologist post has been vacant for a while and a senior clinical psychologist is currently covering that work. There has been close partnership working between CAMHS and the Youth Action Service.
- The specialist midwife post has reported that by April next year over 50% of midwives in Highland will be trained in Alcohol Brief Interventions (ABI's) and drug and alcohol supports.
- Drug Treatment and Testing Order 2 (DTTO2) Highland are doing some very good work around supporting fathers in terms of contact with children.
- The harm reduction Police Officer is acting as a bridge into treatment for particularly vulnerable people. He has also been going through relevant cases to identify people who have drug and alcohol related issues and supporting them into treatment.
- Recruitment difficulties seem to be a common theme.
- New Start Highland have given some helpful descriptions on how risks are being managed there.

**Local Improvement Fund (LIF) grants**

- The highlight is the continuing opportunity to progress dialogue with communities.
- The lowlight would be getting the information back from people on time.

**One-off grants**

- There are positive examples of partners working collaboratively e.g. Café 1668 is being used by Action for Children as part of their Parents Under Pressure programme. And the specialist midwives have done awareness raising work with families in those settings.
- Some projects have highlighted that they don't expect to spend their funding allocation by the end of the year. A number of the projects have been delayed starting due to recruitment challenges. The majority are Third Sector partners and they have the facility to extend the life of the project by slipping start dates and carrying over slippage to next year.

**Support team highlights**

- Minimum Unit Pricing has been under consultation and closes tomorrow – a response has been submitted on behalf of HADP. When the overprovision statement was renewed a few weeks ago, off-sales capacity was reduced from 40 square metres to 30 square metres, therefore any applications for off-sales over 30 square metres will not be granted. This is a positive development.
- Iver Forsyth is 2 weeks in to his 6-month secondment. An advisory group has been agreed with DARS, Housing/Homelessness and Third Sector partners who will be contributing to that throughout December. Iver will be looking at the current

caseload of people on Housing First and seeking to recommend a way of operating in Highland for those people at highest risk of drug and alcohol-related deaths as well as identifying who else may benefit from a Housing First service.

<b><u>Action Points</u></b>	<b><u>Lead/Responsible</u></b>	<b><u>Timescale</u></b>
<ul style="list-style-type: none"> <li>Coordinator will liaise with those project leads who don't expect to spend their funding allocation by the end of the year.</li> </ul>	Coordinator	December 2023
<ul style="list-style-type: none"> <li>Annual Report to go to the NHH Board in Jan 2024.</li> </ul>	Coordinator	December 2023
<ul style="list-style-type: none"> <li>To identify improvements in reporting on services/projects HADP invests in to enable better scrutiny and support of HADP funded services. Development session to be planned.</li> </ul>	Chair/Coordinator	Early 2024

#### ***4.4 Public Protection Chief Officers Group Report for 22/11/23***

The update report of HPPCOG was circulated.

- At the last meeting there had been a request for an exception report into drug deaths – thanks to Debbie, Frances, and Liz for providing the report.
- Carron has also produced a short report seeking feedback on how best HADP can support the COG with public protection duties.

<b><u>Action Points</u></b>	<b><u>Lead/Responsible</u></b>	<b><u>Timescale</u></b>
<ul style="list-style-type: none"> <li>HPPCOG to be a standing item on the strategy group meeting agenda.</li> </ul>	Chair/Steph Tyrer	Each meeting

#### ***4.5 Community Planning Partnership Board (verbal feedback from 15/09/23 and verbal update on preparing for 5/12/23)***

Bullet points of discussion from CPP Board meeting 15/09/23:

- The Director of Public Health (DPH) has asked for work to be progressed across the various death reviews – child death reviews, drugs death reviews and suicide deaths - to see if there are any common issues and to share good practice.
- The Annual Report was signed off by the CPP Board at the meeting in September. There was the helpful suggestion that HADP should produce a public facing report.
- The Chair noted that because our accountability is to the CPP Board we should have written feedback on this agenda which we will take forward in future meetings.

Verbal update on preparing for the meeting on 5/12/23:

- CPP Board meets on Thursday this week and will look at how to ensure the Highland outcome improvement plan (HOIP) and the priorities within it, reads across to individual partner priorities and vice versa.
- Debbie will be providing an update on the Partnerships self-assessment action plan. We will need to revisit this at some point or undertake a new self-assessment. This will be based on guidance from the government.

<p><b>Action Points</b></p> <ul style="list-style-type: none"> <li>Written updates from CPP Board meetings to be provided to the strategy group, including actions required of HADP and any issues to escalate to ensure good governance.</li> </ul>	<p><b>Lead/Responsible</b></p> <p>Chair</p>	<p><b>Timescale</b></p> <p>Each strategy group meeting</p>
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**4.6 National Performance Audit of Drug and Alcohol Services**

Bullet points of discussion:

- Ray Buist from Audit Scotland confirmed that the scope of the national audit has been agreed. The main areas are leadership, governance and accountability at both national and localised levels. Also looking at funding models/the amount of investment in drug and alcohol services, where the money is being invested and what scrutiny is being undertaken both nationally and locally to establish what value for money is being achieved. A key line of enquiry is whether investments are going to the right places and what outcomes are being achieved. Audit Scotland will also be looking at inclusion of people with lived and living experience in service development, looking at how accessible services are and what is being done to address the barriers to people accessing them. How people with lived and living experience are informing strategy at a national level as well as looking at how people with lived and living experience are contributing to the design and delivery of services at a local level.
- The audit will also look at how joined up working is in practice- (e.g. between MAT Standards and mental health).
- 4 ADP's have been chosen for audit to see what is happening across different areas and demographics and identify what challenges exist.
- Glasgow, North Ayrshire and Clackmannanshire & Stirling are the other ADP's in scope. Audit Scotland were not aware of capacity challenges with the support team and will explore the possibility of stepping back from Highland as a field work site, recognising the burden that places on the Coordinator role. If they are unable to step back from Highland as a field site, then Audit Scotland will endeavour to have a lighter touch so as not to place unnecessary burden at an already challenging time. Ray will try to work this out as best he can and will speak to Liz and Debbie if they come to a final decision in the coming days.
- Key points raised in discussion were:
  - Health Improvement Scotland (HIS) also have an agenda in relation to residential rehab in terms of involving people with lived experience and there are a number of other pieces of work out there that could be coordinated at a national level.
  - Audit Scotland could utilise some of the data collected through the SDF commission, or add any relevant questions to this, to avoid research fatigue.
  - Public Health Scotland (PHS) are doing an evaluation of the national mission and also want to speak to people with lived experience at a local level.
  - Audit Scotland stated they were keen to involve Highland because of the rural/remote aspect of the HADP area.

<p><b>Action points</b></p> <ul style="list-style-type: none"> <li>Update on audit timescales and implications to be provided.</li> </ul>	<p><b>Lead/responsible</b></p> <p>Coordinator</p>	<p><b>Timescale</b></p> <p>Dec 2023</p>
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**5. Partnership Improvement and Learning**

**5.1 Drug Death Reviews and Prevention**

- Of the cases reviewed at the last meeting, there is a need for more timely service reports on previous contact.
- In some instances, there can be very limited information.
- The need for information regarding access to treatment services to be supplied by sexual health services has been actioned.
- Previously rapid access to treatment could be challenging – MAT Standards and exceeding the waiting times standard are making a difference.
- Part of the discussion at the meeting looked at the function of the review group with the intention of moving to more frequent (bi-monthly), shorter meetings, in a bid to gather information more quickly and ensure reviews are more responsive with learning shared more rapidly.
- With caution, it appears there may be fewer deaths this year in comparison to the same time period last year. However, this may increase when reconciliation with NRS takes place.
- Relevant actions from the webinar report to be used at the next Prevention Group meeting.

<b><u>Action Points</u></b>	<b><u>Lead/Responsible</u></b>	<b><u>Timescale</u></b>
<ul style="list-style-type: none"> <li>• Remain as standing item on steering group agenda to inform practice and strategy.</li> </ul>	Coordinator/Liz Smart	Each strategy group meeting

### ***5.2 Tackling Alcohol and Drug Deaths – Webinar Feedback***

- Debbie circulated the report, thanks to those that helped with delivery of the webinar.
- The presentations and discussions in the workshops were informative.
- The event was very well attended and evaluated.
- HADP are keen to deliver more webinars in the future and the Chair is keen for one in-person event each year.

<b><u>Action Points</u></b>	<b><u>Lead/Responsible</u></b>	<b><u>Timescale</u></b>
<ul style="list-style-type: none"> <li>• Programme of webinars/seminars to be developed.</li> </ul>	Coordinator	Given recruitment timing, by early summer

### ***5.3 National Mission on Drugs Annual Report 2022-2023***

- A link to the National Mission annual report was included in the Agenda for information.

### ***5.4 Drug Consumption Room - Scotland***

- A link on the Agenda provided a news report on progress on the pilot of the Glasgow facility for information.

## **6. Strategy and Partnership Development**

### ***6.1 Chair Feedback – Introductory Conversations***

- Carron has had conversations with 22 people involved in HADP with several more people still to meet. Thanks to all that have provided time to speak to her about HADP.
- There have been many positive comments about the commitment of the people involved in HADP with this being seen as a good forum for having conversations that might otherwise not happen.
- Pressures and gaps have been highlighted with some related to our geography and equity in service provision across the region.
- A recurring theme was questioning whether HADP is only a bank or more than that.
- Everyone has been asked what their expectations of the Chair is.

<ul style="list-style-type: none"> <li>• A request was made about the importance of testing ideas with families and individuals and getting services together to hear about what families have to endure.</li> <li>• There is a desire to make sure we have the right fit with the Third Sector and have a good emphasis on prevention and community resources.</li> <li>• When Carron has met everyone she will produce a written report and share with everyone to highlight how it will shape her approach to chairing the sessions with HADP going forward.</li> </ul>		
<b><u>Action Points</u></b>	<b><u>Lead/Responsible</u></b>	<b><u>Timescale</u></b>
<ul style="list-style-type: none"> <li>• Report for next meeting.</li> </ul>	Chair	February 2024
<b>6.2 ADP Key Requirements 2024</b>		
<ul style="list-style-type: none"> <li>• Debbie has produced a table showing the key requirements of HADP in terms of when reporting is usually due.</li> <li>• This will be included in the Coordinator handover document and for agenda planning and governance needs.</li> </ul>		
<b>6.3 National ADP Annual Survey 2022/23</b>		
<ul style="list-style-type: none"> <li>• There is a link on the Agenda to the national ADP Annual Survey 2022/23 which pulls together information supplied by all of the ADP's across Scotland. This was shared for information.</li> </ul>		
<b>6.4 Future Strategy Development</b>		
<ul style="list-style-type: none"> <li>• Debbie introduced the paper circulate. Bullet points from the discussion:</li> <li>• There is a starter paper for us to consider. We need to build in a revised self-assessment of HADP and also a risk management approach to help us identify our priorities.</li> <li>• PHS are developing a new evaluation framework and it is proposed we have a development session early in new year so we can spend some time looking at this and make a start on a refreshed strategy for Highland.</li> </ul>		
<b><u>Action Points</u></b>	<b><u>Lead/Responsible</u></b>	<b><u>Timescale</u></b>
<ul style="list-style-type: none"> <li>• HADP key reporting requirements to be included in the Coordinator handover document.</li> <li>• Self-assessment to be programmed using Govt. framework.</li> <li>• Risk workshop to be arranged.</li> <li>• New HADP strategy to be drafted drawing on new national evaluation framework.</li> </ul>	Coordinator  Coordinator  Coordinator/Chair Coordinator	Dec 2023  By early Spring '24  By early Spring '24 During 2024
<b>7. Finance</b>		
<b>7.1 Q2 Finance Return and Finance Statement</b>		
<p>Following David's presentation of the report produced for the SG, the main bullet points of discussion were:</p> <ul style="list-style-type: none"> <li>• Our total funding from Scottish Government is £1,816,340 which is a 1% increase on last year and targeted for different developments. A £110k underspend is forecast by year end.</li> <li>• Debbie said the Third Sector drug and alcohol support service that the ADP had agreed to fund, at a cost of £140,000 with the NHS putting £60,000 into that, has been delayed and is a reason for the slippage. Scottish Government normally allow ADP to utilise slippage where there are plans for it.</li> <li>• The Taskforce Response Fund element is spent as yet. The Fund relates to the development of stabilisation services which can take a long time to develop. Although the money comes in under that heading, we have been exploring inclusion of this type of service in relation to Residential Rehab monies.</li> </ul>		



<ul style="list-style-type: none"> <li>• She questioned what could developed around aligning crisis stabilisation, detox and rehab services in this financial year.</li> <li>• Debbie and Teresa have been meeting with Beechwood to look at how we can develop in-house detox facilities within Beechwood. This would require health input and will therefore take longer to organise. There are limited places for detox with New Craigs currently having 2 beds available.</li> <li>• Carron suggested having a conversation with Scottish Government about how the slippage could be redeployed. Scottish Government has indicated it is looking to adjust in year allocations given the huge budget pressures in other health and social care budgets.</li> </ul>		
<p><b><u>Action Points</u></b></p> <ul style="list-style-type: none"> <li>• Contact with SG required to confirm scope to redeploy projected underspend.</li> </ul>	<p><b><u>Lead/Responsible</u></b></p> <p>Chair/Coordinator</p>	<p><b><u>Timescale</u></b></p> <p>December 2023</p>
<p><b>7.2 Investment Plans 2023/24 and 2024/25</b></p>		
<ul style="list-style-type: none"> <li>• Debbie was thanked for arranging the HADP funded services/projects by national outcome. This was discussed under item 4.3 above.</li> </ul>		
<p><b>7.3 Corra Funding</b></p>		
<ul style="list-style-type: none"> <li>• Corra funding is available to community organisations and groups with some of the closing dates coming up soon. Please note the Local Support Fund from Corra is open to existing grant holders only. This means the Custody Link Service is unlikely to be able to access this fund.</li> </ul>		
<p><b>8. Emerging Risks</b></p>		
<p><b>8.1 Coordinator Recruitment and Timeline</b></p>		
<ul style="list-style-type: none"> <li>• The Chair would like to have a discipline of risk management brought into the HADP strategy group, hence the agenda item. Three risks were identified and for the 2<sup>nd</sup> and 3<sup>rd</sup> risk further work is needed on understanding the risk and the mitigation required.</li> <li>• There is a risk of continuity with the coordinator post soon to be vacant. The closing date has been extended to the 11<sup>th</sup> of December with interviews taking place in the new year.</li> <li>• There is a risk of increasing costs. While our allocation from Scottish Government has a 1% uplift, costs have been risen faster, including staffing in some projects and medication costs, especially Buvidal.</li> <li>• There is a possible risk around the delivery of ABI's due to the current review of all locally enhanced services in Highland. A locally enhanced service pays GP's in Highland to deliver the majority of ABI's. Whilst we don't know the impact this will have, it is a possible risk for the future.</li> </ul>		
<p><b><u>Action Points</u></b></p> <ul style="list-style-type: none"> <li>• Emerging risks to remain on the agenda and a risk register to be completed following the workshop planned by early Spring 2024.</li> </ul>	<p><b><u>Lead/Responsible</u></b></p> <p>Chair/Coordinator</p>	<p><b><u>Timescale</u></b></p> <p>Each strategy group meeting</p>
<p><b>9. National Reports and Consultation</b></p>		
<p><b>9.1 Minimum Unit Pricing – Consultation Response</b></p>		
<p>Bullet Points of Discussion:</p> <ul style="list-style-type: none"> <li>• Liz gathered a HADP response and has submitted this on our behalf. Partners can still respond individually to the consultation.</li> </ul>		
<p><b>9.2 National Collaborative – Call for Evidence Findings</b></p>		
<p>Bullet Points for Discussion:</p>		

<ul style="list-style-type: none"> <li>There is a link on the Agenda to the findings of the Call For Evidence. The Charter of Rights will be launched by the National Collaborative on 11<sup>th</sup> December. – Carron will attend to represent HADP.</li> </ul>
<b>9.3 UK Clinical Guidelines for Alcohol Treatment – Consultation</b>
<ul style="list-style-type: none"> <li>There is a current consultation out on UK Clinical Guidelines for Alcohol Treatment with a link to provide feedback. The closing date is 8<sup>th</sup> December.</li> </ul>
<b>10. Date and time of next meeting:</b>
<b>Tuesday 20<sup>th</sup> February 2024; 2pm-4pm</b>
<ul style="list-style-type: none"> <li>The next meeting will also be offered as a hybrid meeting.</li> <li>Carron is happy to take reflections on her chairing of today's meeting by email.</li> <li>Please email feedback to the Chair or Coordinator on anything that has worked well or could be better.</li> </ul>

### Summary of action points

Agenda item	Action	Lead/responsible	Time scale
2.2	Finance sub-group to review the current systems for allocating grants and commissioning services, to enable quicker and more efficient responses. Agreed that a review of systems for funding was needed.	Chair	
3.1	Progress reports on involving people/families with lived experience to the steering group (template report to be provided).	Katy MacLeod	Each steering group meeting
4.2	MAT standards monthly reporting to be a standing item on the Steering Group agenda.	Chair/Steph Tyrer Reports from Arlene	Each strategy group
4.3	Coordinator will liaise with those project leads who don't expect to spend their funding allocation by the end of the year.	Coordinator	Dec 2023
4.3	Annual Report to go to the NHSH Board in Jan 2024.	Coordinator	Dec 2023
4.3	To identify improvements in reporting on services/projects HADP invests in to enable better scrutiny and support of HADP funded services. Development sessions to be planned.	Chair/Coordinator	Early 2024
4.4	HPPCOG to be a standing item on the strategy group meeting agenda.	Chair/Steph Tyrer	Each meeting
4.5	Written updates from CPP Board meetings to be provided to the strategy group, including actions required of HADP and any	Chair	Each strategy group meeting

	issues to escalate to ensure good governance.		
<b>4.6</b>	Update on Audit timescales and implications to be provided.	<b>Coordinator</b>	<b>December 2023</b>
<b>5.1</b>	Remain as standing item on steering group agenda to inform practice and strategy.	<b>Coordinator/Liz Smart</b>	<b>Each strategy group meeting</b>
<b>5.2</b>	Programme of webinars/seminars to be developed.	<b>Coordinator</b>	<b>Given recruitment timing, by early Summer</b>
<b>6.1</b>	The Chair will provide a report for the next meeting following her introductory conversations.	<b>Chair</b>	<b>February 2024</b>
<b>6.2</b>	HADP key reporting requirements to be included in the coordinator handover document	<b>Coordinator</b>	<b>Dec 2023</b>
<b>6.4</b>	Self-assessment to be programmed using Govt. framework.	<b>Coordinator</b>	<b>By early Spring 2024</b>
<b>6.4</b>	Risk workshop to be arranged	<b>Coordinator/Chair</b>	<b>By early Spring 2024</b>
<b>6.4</b>	New HADP strategy to be drafted drawing on new national evaluation framework.	<b>Coordinator</b>	<b>During 2024</b>
<b>7.1</b>	Contact with SG required to confirm scope to redeploy projected underspend.	<b>Chair/Coordinator</b>	<b>Dec 2023</b>
<b>8</b>	Emerging risks to remain on the agenda and a risk register to be completed following the workshop planned by early Spring 2024.	<b>Chair/Coordinator</b>	<b>Each strategy group meeting</b>