

## Minute of the Highland Alcohol and Drugs Partnership Strategy Group

DATE: 03.05.2016

LOCATION: Board Room, John Dewar Building

CHAIRMAN: Chief Superintendent Julian Innes

*Present:*

Julian Innes	Police Scotland
Debbie Stewart	HADP Coordinator
Liz Smart	Public Health Consultant
Elaine Featherstone	Addictions Counselling Inverness
James Maybee	Criminal Justice Service
Alasdair MacDonald	Head of SFIU North
Sharon Holloway	HADP Development Manager
Cathy Steer	Head of Health Improvement
Cllr Isabelle Campbell	Highland Council

*In attendance:* Aileen Trappitt (Minutes), Paul Garner

*Apologies:* Bill Alexander, Suzy Calder, Alex Keith, Karen Underwood, Natalie Beal and Judy Hill

Item	Discussion	Action
<b>1</b>	<p><b>WELCOMES / APOLOGIES</b></p> <p>The Chair welcomed all present to the meeting and asked the group to introduce themselves for the benefit of new members.</p> <p>Julian advised the group that this would be his last meeting. Julian thanked everyone for their advice and input to the group during his time as chair</p>	
<b>2</b>	<p><b>MINUTES AND ACTIONS FROM PREVIOUS MEETING</b></p>	
<b>2.1.</b>	The minutes of the meeting held on 16 <sup>th</sup> of February 2016, having been circulated, were approved.	
<b>2.2</b>	<p><b>ACTIONS FROM 16<sup>th</sup> February 2016</b></p> <p>Ongoing actions were discussed and updated on the action log.</p> <p><i>Action 33.</i> NHS Finance provided assurance that they will make up the shortfall in funding from the Scottish Government. HADP are appreciative of this guarantee.</p> <p><i>Action 41.</i> Cath King has retired, however the action to compile a report on the Meet the MacPhersons will be taken forward. Health Improvement has had discussions with MFR and is keen to use the Meet the MacPhersons brand to raise awareness of other Health messages including bowel screening. It might also be possible to use the MacPhersons brand for Belladrum. <i>Action 42.</i> Debbie will follow up with Judy Hill when she's back. Special</p>	

	<p>officers from Gartcosh visited Caithness. Will also ask Judy to provide an update at the next meeting</p> <p><i>Action 43.</i> Practitioner's guidance produced for those that work with Children and parents with substance misuse problems.</p> <p><i>Action 47.</i> Initial details around the council spend for Alcohol and Drugs issues have been produced and will be forwarded on by Julian.</p> <p><i>Action 50.</i> Ewan passed on information to Debbie regarding Aberdeen oil industry workers and Aberdeen ADP has been contacted. There are not huge numbers presenting and no further information is available regarding welfare issues at this time. Skills Development Scotland are hosting future career events that may be helpful.</p>	
<b>3</b>	<p><b>STRATEGY DEVELOPMENT</b></p> <p><b>3.1. Needs Assessment</b></p> <p>The strategic needs assessment is a very comprehensive document. Liz expressed her gratitude to everyone that had contributed. The document is both quantitative and qualitative; including feedback from local consultations. It has been difficult keeping it current, especially as there has been a change in legislation e.g. low risk drinking guidance. Please note that prevalence cannot be calculated at this time as a result of this.</p> <p>Julian commented it is an excellent document and useful information re gaps and relevant recommendations. There should be a clear correlation between the Needs Assessment and the updated Strategy. It may be useful to have a small subgroup to work on this. There are also a lot of interesting forums in the Third Sector that could link in with this work.</p> <p><i>Action: Liz to contact Mhairi Wylie from TSI to arrange a meeting to discuss this further.</i></p> <p>The next step is for the group to review and feed back to Liz, either using the feedback form, Liz is also happy to meet individuals one to one or in a small group if preferred.</p> <p><i>Action: Liz will resend the feedback form with the deadline for returns</i></p>	<p>LS</p> <p>LS</p>
<b>4</b>	<p><b>Quality Principles</b></p> <p><b>4.1 Care Inspectorate Programme</b></p> <p>Scottish Government has commissioned the Care Inspectorate to complete a validated self assessment exercise for Alcohol and Drug services. They have asked service users and employees to complete a survey. On the 12<sup>th</sup> of May the Care Inspectorate and ADP members from other areas and some local members will carry out file reading. There is a whole list of criteria to work</p>	

<p>4.2</p>	<p>through including user involvement, family inclusive practice, links with community engagement etc.</p> <p>It has been emphasised that this is not an inspection process; it is about encouraging a culture of self assessment. There will also be a meeting on the 28<sup>th</sup> of June to meet with service users, workers and those involved in the partnership. After which a report will be provided to Scottish Government and HADP.</p> <p>James stated it would be helpful for members to have a glossary produced to assist understanding and interpretation of documents like the Position Statement.</p> <p><i>Action: HADP to produce a glossary for members.</i></p> <p><b>Position Statement</b></p> <p>The Position Statement has focused on the work of the ADP and services, covering items such as waiting times and how do we know people are being treated with dignity and respect. The statement also covers; evidencing outcomes and choice of intervention, do services convey to people that recovery is possible and how do we evidence this? Are assessments strength based? Do people get a copy of their recovery plan?</p> <p>For easier/faster reading refer to the action plan on pages 58-60. An example of a future action is for some terminology to be refreshed in Highland, i.e. we should no longer talk about care plans, instead we should talk about recovery plans.</p> <p>It was suggested that going forward each service should have a Quality Principles template to complete each year. This information would then be used to evidence progress of implementation and to bench mark against other ADP's. Julian recommended that relevant service managers in Highland receive a copy of the Position Statement for information and to lay the groundwork for further self-evaluation and continuous improvement.</p> <p><i>Action: Debbie to liaise with Suzy to arrange dissemination of Position Statement to relevant services.</i></p>	<p>DS</p> <p>DS/SC</p>
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5	<p><b>Strategy Development</b></p>	
5.1.1	<p><b>Maximising Health</b></p> <p><u>Substance Misuse Toolkit</u>  The Toolkit is getting a lot of use. In March there were almost 2000 hits. Month on month the number of Hits has been steadily increasing. We need to consider ways to make it more appealing to parents. There are lots of teachers and some young people already using the toolkit, but not many parents. Possible solutions could be modernising / refreshing the look.</p> <p><i>Action: Debbie to discuss with Ailsa the potential for updating the look of the Toolkit.</i></p> <p>A request had been received to include mental health issues in the Toolkit. However, the current decision is, it is still early days as a Substance Misuse Toolkit and rebranding to include other information could overly complicate it. We should use the website to signpost to mental health resources and other relevant information. It is extremely positive that other professionals are using the toolkit.</p> <p><i>Action: Debbie to feedback to requestor that the Toolkit will continue to focus primarily on substance misuse.</i></p> <p><b>Training</b>  We have a lot of training going on and we are getting better at capturing the data, especially with the ABI's. An online training module on Learn Pro was launched in December, it is currently only available to NHS staff, but we are looking to add bolt ons.</p> <p>There are 10 trainers recruited across Highland to deliver 2 courses each per year on <i>Discussing Drugs and Alcohol with Young People</i>.</p> <p><u>Rock Challenge</u></p> <p>Rock Challenge, organised by the Be Your Best Foundation, aims to encourage young people to utilise the performing arts and make positive life choices to be their best without the use of alcohol, drugs or tobacco. This year's event was held in Eden Court Theatre from the 19<sup>th</sup> of April to the 21<sup>st</sup> of April. There were 20 schools and over 1000 pupils taking part over the three days to a sell out audience. Previous evaluations have shown reductions in; truancy, use of alcohol and drugs and improved self esteem and relationships with teachers and other young people for those taking part. The young people talked about reduced bullying and improved relations with teachers as well as increased self confidence and breaking down the barriers between year groups.</p>	<p>DS</p> <p>DS</p>

	<p>Teachers also noticed renewed energy in classes. We hope to have an evaluation of this year's event available for the next meeting</p> <p><i>Action: Produce an evaluation report of the 2016 Rock Challenge event for the next meeting</i></p> <p>For the first time, Highland has 5 schools in the Scottish Final. This is a fabulous achievement for the young people.</p> <p>One issue which was raised over the event was there were noticeably more girls taking part than boys. We need to find ways to involve more boys.</p> <p><i>Action: Debbie to contact BYB for a breakdown on gender balance and to learn from practice in other areas for involving boys. Sharon and the steering group will undertake exploratory to work to identify inclusion options.</i></p> <p>Feedback from the Marketplace was generally positive; there was a good mix of creative and informative stalls. The children were interacting and asking questions more. There was better engagement than in previous years. We now have footage from the diary room and it was suggested that the strategy group should provide a clip to play in between performances next year. We have invited the winning Primary School Smithdon to do a surprise performance at the stakeholder day. Two of the Academies will be selected to perform at Belladrum on the Thursday. Belladrum is seen as a rite of passage and is popular with local kids. It is hoped that by performing on stage and delivering positive drug and alcohol prevention messages that this might help influence the behaviour of the young people.</p>	<p>DS/SH</p> <p>DS/SH</p>
<p><b>5.1.2</b></p>	<p><b>Protecting the Community</b> Carried forward to next meeting</p> <p><u>Criminal Justice Update</u> The DTTO team is undergoing a period of change; they are losing a full time social worker- it will take some time to recruit to the post. There is a new part time CPN.</p> <p>The Criminal Justice Partnership will meet for the first time on the 2<sup>nd</sup> of June; it will consist of 6 elected members – 2 NHS, 2 Police, Victim Support and the Third sector interface.</p> <p>The Officer group supports the partnership and will be meeting tomorrow</p> <p>Margaret McShane, the Project Officer will lead on the development of the first strategic plan, which needs to be submitted to the Scottish Government by 1<sup>st</sup> December. There will</p>	

	<p>be local events throughout Highland to get local Criminal Justice groups together to discuss what should be in the plan.</p> <p>National Performance Framework – The framework has personal and strategic outcomes. The framework should draw on what is already in place to improve access to alcohol and drug treatment services. The strategy and framework should be ready for July. Year 1 will be fairly basic.</p> <p>Alcohol bracelets – A meeting was held on the 29<sup>th</sup> April. The final recommendations are due at the end of May. The pilot group is looking at how the information might be used to evaluate the use of the bracelets and how it could be used as a voluntary scheme. There has been strong anecdotal evidence that the programme is successful. James to bring an update to the next meeting</p> <p><i>Actions: James to ask the officers meeting for guidance on how the new framework will fit in with what already exists in Highland.</i></p> <p><i>James to bring an update on the alcohol bracelets to the next meeting.</i></p>	JM
5.1.3	<p><b>Children and Families</b></p> <p><u>Children Affected by Parental Substance Misuse (CAPSM)</u></p> <p>CAPSM has been up and running for a few months now and there has been 3 meetings to date. There is a need to widen the membership of the group and encourage new members. There is a core group overseeing the implementation of GOPR.</p> <p><i>Action: Debbie M will lead on producing a presentation which can be used in various settings and can be put on the HADP and For Highland Children website.</i></p> <p>There was also a presentation on the new health visitor pathway. There will now be 10 visits to a child within the first 2 years. Eight of which will be home visits.</p> <p>The Driver Diagram has been produced and the group is now working on an improvement plan. At the last meeting we had an overview of the Catalyst project. They have held 5 community events. One of which was a community clean up event where 65 members of the community turned up. There have been benefits to working together, such as making tea and lunch together getting people talking to each other. There will be a Catalyst Project event in June which anyone is welcome to attend.</p> <p>It took time to develop relationships with vulnerable families and is now offering parents in the area drug and alcohol awareness</p>	DM

	<p>sessions and one to one work with families.</p> <p><i>Action: Debbie S and Debbie M will jointly lead on organising a consultation event with local workers to feed in to the next phase of the Catalyst Project.</i></p>	DS/DM
6	<p><b>Drug Related Deaths</b></p> <p>The DRD RPG group decided to try and get an overview of cases to look at the bigger picture. In a breakdown of the type of drugs that featured in DRD's, Benzodiazepines were in the top 10. Substantial quantities are being sourced online. However a protocol has been put in place between Royal mail and the Police. Inverness has the highest numbers as expected as the largest centre of population. Wick is higher than all the rest in towns per 10,000 population. There was a prevalence of Valium and Benzodiazepines in Caithness.</p> <p><u>Cases</u></p> <p>We have been effectively overwhelmed with DRD's at the last meeting.</p> <p>Flubromazepam was a feature. They are particularly popular as they can be obtained online and are not detected by traditional benzo testing because they are synthetic and relatively new. There are a lot circulating and available in Caithness.</p> <p>There was one death in an HMO – one explanation is association with other drug users.</p> <p>We discussed the death of a 16yr old. YAT had been contacted regarding a review of the case.</p> <p>Two deaths were attributed to methadone toxicity. However, there was professional query regarding the findings. Dr Gordon was discussing reassessing the cause of death with the pathologist as both of the deceased had underlying health issues.</p> <p>NFOD is moving forward. The Data systems that SAS used were changed and there has been issues running all the reports. They are working on this and hope to have a solution soon. It has been difficult to get a commitment from SAS to attend the meetings.</p> <p><i>Action: Julian to look into SAS representation</i></p> <p>Debbie went to meet with Steven re the NFOD list and it was agreed that although Steven could not attend the next DRD meeting, there would be a representative.</p>	JI

	DR Gordon has written to the GP's and Pharmacists regarding Gabapentin and Pregabalin. They have now said that if we have anything we need to inform the GP's about we should go through the GP sub group. Dr Gordon has been asked to take on this role.	
<b>7</b>	<b>Budget</b>	
<b>7.1</b>	<b>Financial Statement</b>  The year-end position is £319 910 under-spent, which includes NHS core monies. This is non-recurring and due to vacant posts that will be filled in the future.  The chair expressed the gratitude of the group to the finance team for producing the reports as they have enabled us to obtain a better understanding on how the money is being spent.	
<b>7.2</b>	<b>Funding Letter</b> Scottish Government produced a letter advising that there would be a 20% cut in the previously earmarked drug and alcohol monies for 2016/17. The monies will now be paid along with the NHS baseline budget. This means they may be subject to an element of uplift. The letter also stated that there was an expectation that NHS Highland will make up the 20% shortfall. NHS Highland has confirmed that they will do so.	
<b>8</b>	<b>HADP Support Team</b>	
<b>8.1</b>	<b>HADP Stakeholder event</b> The programme for the Annual Stakeholder Day was circulated to the group with the papers. All members are invited, please complete and return a booking form. There are several speakers lined up including Cathy Steer, Natalie Beal, Khuldarini and Patricia Compston. There are also workshops and discussion groups, a short film and performance	
<b>8.2</b>	<b>HADP Bulletin</b>  This is the next step in raising awareness of HADP and the work we do. It has a local feel.  <i>Action: All to feedback any ideas or information you want included to Aileen: <a href="mailto:aileen.trappitt@nhs.net">aileen.trappitt@nhs.net</a></i>	AT
<b>8.3</b>	<b>Research and Information specialist</b>  We have appointed Carolyn Hunter – Rowe to the post of Research and Information Specialist. Carolyn will start with HADP on the 4 <sup>th</sup> of July. Carolyn is very experienced and will make a big impact on the quality and quantity of reports and research we can	



	output. Carolyn will be invited to the next meeting and will attend the Stakeholder Day..	
<b>9</b>	<p><b>Election of HADP Chairperson/ Vice Chair</b></p> <p>Julian has spoken with Bill Alexander who is the vice chair. Bill is interested in continuing the role but has difficulty in attending meetings. Julian asked that everyone think about the vice chair role by the next meeting</p> <p>Julian Innes is stepping down as Chair of the HADP as he is retiring at the end of May. Natalie Beal is willing to take on the role. Julian asked if anyone in the room would like to stand for chair. There was no show of interest. James nominated Natalie, seconded by councillor Campbell. The vote was unanimous and agreed by the Police, NHS, Third sector, and Criminal Justice.</p>	
<b>10</b>	<p><b>For Information and Noting</b></p> <p>Nothing to note</p>	
<b>11</b>	<p><b>AOCB</b></p> <p>Mr Garner noted that he was totally impressed by the knowledge and dedication of the HADP. He suggested getting local sports personalities involved to talk to young people. Worldwide the suicide rate is spiking, one contributory factor is economical pressures – people don't feel like they have hope. We need more education and to give people an alternative and hope.</p> <p>It was noted that the GP's have been advised about prescribing Gabapentin. Do we know if they are prescribing Baclofen? This is becoming more mainstream. It would be a new use of the drug to prescribe for people with alcohol issues. It should be noted that it is not a magic bullet and people still need therapy.</p> <p><i>Action: Debbie to discuss with Dr Gordon</i></p> <p>On behalf of the strategy group Debbie thanked Julian very much for his contribution to the ADP. Although it has been a quick two years, Julian's contribution has been significant. The monies are now more accountable and transparent. Julian was a driving force behind the Substance misuse toolkit and Meet the MacPhersons. Julian has also been a strong advocate of Rock Challenge and has represented the ADP and many National and local events. These are just a few of Julian's achievements as chair. Julian has been a big influence on the ADP and we have learnt a lot from working with you. We hope you have enjoyed your time as chair.</p>	DS

<b>12</b>	<b>DATE OF NEXT MEETING</b> Tuesday 2 <sup>nd</sup> August 2016 1400 hours in the Board Room at John Dewar Building	
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