

**Agenda Item 14i.**

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

DATE: 10.11.2016  
LOCATION: Board Room, John Dewar Building  
CHAIRPERSON: Natalie Beal

*Present:*

Natalie Beal	Governor, HMP Inverness
Debbie Stewart	HADP Co Ordinator
Liz Smart	Public Health Consultant
Elaine Featherstone	Addictions Counselling Inverness
Karen Underwood	Project Accountant, NHS
Colin Gough	Police Scotland
Carolyn Hunter - Rowe	HADP Research and Information Specialist
Debbie Milton	Childrens Services Manager (Mid)
Isabelle Campbell	Councillor
Sharon Holloway	HADP Development Manager
Eve MacLeod	Health Improvement specialist, NHS
Grahame Cooper	Action for Children / Catalyst
James Maybee	Criminal Justice

*In attendance:* Aileen Trappitt (Minutes), Alex Wright (PHD Student)

*Apologies:* Bill Alexander, Alex Keith, Cathy Steer, Louise Wright, Peter Rawlinson, Suzy Calder

<b>Item</b>	<b>Discussion</b>	<b>Action</b>
<b>1</b>	<b>WELCOMES / APOLOGIES</b> The Chair welcomed all present to the meeting and asked the group to introduce themselves for the benefit of new members.	
<b>2</b>	<b>MINUTES AND ACTIONS FROM PREVIOUS MEETING</b>	
<b>2.1.</b>	The minutes of the meeting held on 2nd of August 2016, having been circulated, were approved.	

<p><b>2</b></p>	<p><b>ACTIONS FROM 2<sup>nd</sup> August 2016</b></p> <p>Ongoing actions were discussed and updated on the action log.</p> <p><i>Action 18</i> The needs assessment has now been completed and is posted on the HADP website. Liz is happy to re circulate an example of what the commissioning document will look like. It was agreed that the needs assessment and the strategy need to be complete before this work can be progressed.</p> <p><i>Action 41</i> Debbie has started the Meet the MacPhersons report and this should be complete for the next meeting in February</p> <p><i>Action 48</i> Karen has had no response to emails to the council encouraging completion of the financial statement template. Debbie will discuss this when she arranges to meet with the YAS manager.</p> <p><i>Action 59</i> It is still unclear how the new criminal justice framework will fit in with the existing framework in Highland. However there is a Criminal Justice Partnership meeting on the 1<sup>st</sup> of December which will provide some clarity.</p> <p><i>Action 60</i> James will email a brief to the group to update everyone on the alcohol bracelets</p> <p><i>Action 70</i> Scottish Government has extended the deadline to the end of November for returns of the good practice tool (Staying Alive in Scotland) that Suzy will complete on behalf of HADP.</p>	
<p><b>3</b></p> <p><b>3.1.</b></p>	<p><b>STRATEGY DEVELOPMENT</b></p> <p><b>Annual Report</b></p> <p>Scottish government have issued a new template which is different from previous years. We were not asked to provide an update on the Core Indicators due to the level of work that went in to the Position Statement earlier in the year. Nevertheless, HADP has submitted a core indicator update as an appendix. The new template is shorter and more focused on the Ministerial priorities. SG previously asked for our goals to be Smarter, which we have now done. The deadline for the annual report was the 12<sup>th</sup> of September. Thank you everyone for your feedback and comments, these were incorporated in to the annual report where appropriate.</p> <p>Financial framework – Reports on the ADP monies and core budgets of partner agencies. This may be more straightforward for the NHS to identify than for some of the partners. The position has not changed much in the last year.</p> <p>Ministerial Priorities – There has been positive movement on the waiting times. This will take some time to filter through to see the results. The majority of what goes into the annual report comes from the Progress reports, so thank you for everyone for submitting these.</p>	

3.2

**Strategy Development Day**

The strategy development day was held on the 28<sup>th</sup> of September. It was felt this would be a good opportunity to review the membership and discuss what the strategy might look like. There were some clear messages that came out of the day. Carolyn produced a summary report of the day. The priorities we are working on are the right priorities and people like to hear about achievements. The data wall was very well received and got a lot of dialogue going at the different stations. This also highlighted some areas where improvements could be made. The strategy development day also served to strengthen partnership working, as there were representatives from 36 different partners attended on the day.

Debbie and Sharon have been to many of the district partnerships to provide information and encourage greater alignment with the HADP strategy. Amongst a range of issues the partnerships will tackle inequalities. There is currently a state of flux within some of the partnerships which has resulted in them not being as much joined up as they would like to be. It is important that HADP has some linkage to these groups. We need to decide how best to inform/engage with the partnerships and establish good links with them.

**Action:** HADP to write to the chair of each new local partnership to provide information via a briefing sheet and to offer to provide an input.

DS

**Action:** Debbie S to arrange to meet with Cathy steer to discuss how to link with Health improvement proposed attendance at local partnership meetings.

DS

Driver diagram – Information provided from the public consultations, local delivery plan, needs assessment and strategy day have been included as far as possible in setting out our vision, outcomes, strategic priorities, values and principles.

There is a driver diagram for each pillar of the strategy. Primary drivers are the key priorities / areas for consideration. Whilst the secondary drivers are more action orientated.

One of the clear messages from the strategy development day is that almost all resources are focused on treatment and not enough on other parts of the spectrum. Work is ongoing to shift the emphasis in the direction of prevention.

Recovery is not always about lots of resources, it is about

	<p>relationships and alliances. Investing in staff and people.</p> <p>The strategy needs to be agreed by all partners and cohesive with what the government is asking us to deliver.</p> <p><b>Action:</b> Debbie S to meet with lead partners to agree content of driver diagram as the foundation for the strategy refresh.</p>	DS
<p><b>4</b></p> <p><b>4.1</b></p>	<p><b>Quality Principles</b></p> <p><b>Care Inspectorate Report</b></p> <p>The care inspectorate visit was on the 28<sup>th</sup> of June was an all day event. They started by speaking with Debbie, Natalie and Suzy then the members of the Strategy group. The remit was very focused on service delivery. There was not necessarily the opportunity for people to speak about some of the other pieces of work they are involved in. There was also a bit of a mismatch in the questions they expected the ADP to answer. There seemed to be the impression that all members of the strategy group have an oversight of substance misuse services which did not reflect the reality of the HADP role. Nevertheless, the focus was on the quality principles, which are a set of care standards.</p> <p>The report overall, gave positive feedback on the situation in Highland. Comments included that the care commission found effective reporting on waiting times and evidence of quality treatment. They were positive about the development of mutual aid and evidenced good outcomes for service users. They also felt that staff appeared to be motivated and well supported. HADP was described as having a culture of innovation and improvement with good leadership.</p> <p>There were areas for improvement including a more cohesive implementation strategy, with improved accessibility to services and improvements to reducing lengthy waits for treatment, especially secondary treatment. It was also suggested that we should evaluate our DNA rate. It was noted that while clients are often informed about independent advocacy, this should be recorded in the notes. Two key areas for improvement are;</p> <p>1) Service user involvement in the development and evaluation of services 2) Implementation of a quality assurance system.</p> <p>Although, the quality assurance process will improve with the RO Tool and DAISy additional information is required as these will not evidence developments on areas such as service user involvement etc. Templates used by other ADP's have been discussed with substance misuse services and shared with those directly involved in file reading and the SIG.</p> <p>Although, there is good work good work around family involvement and mutual aid this again needs to be written up in the case notes.</p>	

	<p><b>Action:</b> Suzy and Debbie S to meet to devise an improvement plan based on the feedback from the care commission and present this at the next meeting. They will also discuss progress of the quality assurance system and service user involvement as part of the plan.</p>	SC /DS
<b>5</b>	<b>Strategy Development</b>	
<b>5.1</b>	<p><b>Maximising Health</b></p> <p>We recently participated in a health improvement workshop in the prison. This was well received and a successful event.</p>	
<b>5.2</b>	<p><b>Protecting the Community</b></p> <p>In relation to tackling anti-social behaviour, the community beats officers are now situated in the town house and are developing relationships with local business owners and the community.</p> <p>Operation Respect will be running over the festive period, it is an operational/tactical plan for the influx of socialisers to keep people safe.</p> <p><u>Criminal Justice</u></p> <p>There is a small amount of funding for the persistent offenders project (POP). There is a multi-agency team working with individuals to support them to achieve the best possible outcomes and hopefully prevent them from reoffending. There are currently 7 people signed up for the project with substance misuse problems.</p> <p>A Highland Council, ESF funding bid for 3.2 million to be spent over 3 years was successful. It is hoped that some of this funding can be used on projects to help prevent poverty, befriending, mentoring and homelessness.</p>	
<b>5.3</b>	<p><b>Children and Families</b></p> <p>Lloyds TSB have opened up bids for funding for next year. Initial bids have to be in by the 18<sup>th</sup> November. Grahame Cooper from Action for Children attended the meeting to request ADP sign off on their application. Grahame presented the ADP with a young person's family recovery journey in their own words and using graphics drawn by the young person. This effectively demonstrated what the Catalyst project was about. Grahame also provided a report with the Catalyst Projects guiding philosophy to work with young people to promote that their voice is heard in how</p>	

	<p>best to support family recovery processes. The Catalyst Project has received feedback from young people and their parents, and it is important that this is listened to and influences future developments. The project has produced a toolkit with 5 simple questions aimed at encouraging young people to tell their stories.</p> <p>Recovery is not always an individual, adult journey, it affects the whole family particularly young people and we need to improve our practices in a family orientated way. The additional funding if secured would be used to extend the project. We have the capacity to do more with the information we are collecting, the data will help drive changes. HADP agreed to endorse the Catalyst Project funding application to Lloyds PDI.</p> <p><b>Action:</b> Debbie to provide HADP support to pursue the Action for Children funding bid.</p> <p>CAPSM – We have asked Paul Brannigan to attend an event on 30<sup>th</sup> March to coincide with the child protection conference. He is keen to be involved. Hopefully it will be inspiring.</p> <p>The number of people attending the GOPR training. Donna has developed an online module which will be tested by the CAPSM group and should be available in the new year.</p> <p>A presentation has been produced and is on memory sticks for those that can't get the time to attend training. This can be sent out to anyone who wants one.</p>	DS
5.4	<p><b>Recovery</b></p> <p>A debrief has been arranged for the conversation cafe event in Caithness, to discuss taking this forward. It is a good opportunity for partnership working. We have had a request from the Highland Homeless Trust to help them organise a conversation cafe.</p>	
6 6.1	<p><b>Drug Related Deaths</b></p> <p><u>Drug Related Deaths Review and Prevention</u></p> <p>Stella Swan has taken over from Alasdair MacDonald. Stella was unable to attend the last meeting but hopes to be at the next meeting in December.</p> <p><b>Action:</b> Debbie and Carolyn will meet with Stella to brief her about the role of the group and also encourage her participation in the strategy group.</p>	DS/ CHR

<p><b>7</b></p> <p>7.1</p> <p>7.2</p>	<p><b>Budget</b></p> <p><u>Financial Statement</u> The format of the report has not been changed to reflect the lack of ring fencing. The protected budget from the health board has been fed into it and at present we are forecasting an under spend. Although a large percentage of the under spend is the result of vacancies some of which have now been filled, it looks likely there will continue to be a significant under spend.</p> <p><u>Action:</u> Karen offered to accompany Debbie to meetings with HC if this is required.</p> <p><u>Violence Against Women Partnership</u></p> <p>The VAWP approached HADP looking for advice on sources of funding. They have a substance misuse post, but the funding has been withdrawn so they are looking for sources of funding they can apply for, so they can continue the work.</p> <p>As an ADP we don't invest directly in women with substance misuse issues, despite being a particularly vulnerable group. Given the context of the under spend and with the ministerial priorities in mind, it would be possible for us to provide some funding on a strictly one-off basis. Substance misuse services have kindly agreed to provide 50% from the substance misuse under spend HADP will provide 50% from the support team under spend.</p> <p>This is an important service that helps alleviate the pressures on mainstream services.</p> <p>HADP were happy to support this on the basis that it was understood that this was a one off to allow further funding to be sourced.</p> <p><b>Action:</b> Debbie to meet with the VAWP, Women's Aid and Substance Misuse Services to work in partnership to take this forward.</p>	<p>DS / KU</p> <p>DS / SC</p>
<p><b>8</b></p>	<p><b>AOCB</b></p> <p>Third Sector Rep - This was Elaine Fetherstone's last meeting as the Third Sector representative. Marie Wylie from TSI is aware of this and is looking for a new rep.</p> <p><b>Action:</b> Debbie to liaise with Mairi to request TSI identify a representative.</p>	<p>DS</p>

	Criminal Justice - Suzy and Michael Perera were in attendance at the Criminal Justice planning meeting, there was good input. A draft plan will be circulated round the group for comment	
<b>12</b>	<b>DATE OF NEXT MEETING</b>  Tuesday 14 <sup>th</sup> February 2017 1400 hours in the Board Room at John Dewar Building	