Minute of the Highland Alcohol and Drugs Partnership Strategy Group

DATE: 14.02.2017

LOCATION:	Clinical Skills, Seminar room 4, Centre for Health
	Sciences

CHAIRPERSON:

Present.

Debbie Stewart	HADP Co Coordinator
Liz Smart	Public Health Consultant (Chair)
Libby Bligh	Libertie Project
Karen Underwood	Project Accountant, NHSH
Colin Gough	Police Scotland
Carolyn Hunter - Rowe	HADP Research and Information Specialist
Alex Keith	Consultant Psychiatrist, NHSH
Isabelle Campbell	Councillor
Sharon Holloway	HADP Development Manager
Gary Goddard	HMP Inverness
Suzy Calder	Head of Drug and Alcohol Recovery Service, NHSH
James Maybee	Principal Officer, Criminal Justice
Cathy Steer	Head of Health Improvement, NHSH

In attendance: Aileen Trappitt (Minutes), James Dunbar (Observer) *Apologies:* Stella Swan, Debbie Milton, Lyndsay Greene and Robert More

Discussion	Action
WELCOMES / APOLOGIES	
The Chair welcomed all present to the meeting and asked the group to introduce themselves for the benefit of new members.	
MINUTES AND ACTIONS FROM PREVIOUS MEETING	
The minutes of the meeting held on 10 th November 2016, having been circulated, were approved.	
	 WELCOMES / APOLOGIES The Chair welcomed all present to the meeting and asked the group to introduce themselves for the benefit of new members. MINUTES AND ACTIONS FROM PREVIOUS MEETING The minutes of the meeting held on 10th November 2016, having

ACTIONS FROM 2nd August 2016 Ongoing actions were discussed and updated on the action log. Action 72 The briefing paper has been sent to all the chairs of the local community partnerships and some follow up meetings have been arranged. Action 76 The application for additional funding to Lloyds PDI for the Catalyst Project was submitted. Unfortunately it was unsuccessful at this time. The previous HADP chair had agreed funding for Catalyst which will be discussed in the finance section of the agenda. STRATEGY DEVELOPMENT 3.2. Feedback from the Scottish Government on the Annual Report The template for the Annual Report is shorter than usual – much more concise. Scottish Government had commented last year that our goals needed to be SMARTer, this year we have achieved this. We have provided good evidence of remedial processes and have been hugely successful with ABI's. We have also been commended on the Naloxone programme. Scottish Government has recommended the development of an ORT recovery group. They found the report on NPS useful and would like to see more progress on work to tackle alcohol related deaths. They also asked us to revise our financial information as they wanted to see the data in a different format. The information used for the annual report is drawn primarily from the progress reports. Thank you everyone for your input. Overall, this was positive feedback from the Scottish Government. 3.3 **Draft Refreshed Strategy** Debbie presented an overview of the draft refreshed strategy and invited members to make final comments by 3rd March via a template that will be circulated. We are looking to have it agreed for the next three years (2017 to 2020). It was acknowledged that the previous strategy has made a significant contribution to creating a more collaborative and structured approach to preventing and reducing drug and alcohol related harm. It has contributed to improved outcomes in Highland which can be

evidenced. The refreshed strategy is informed by the findings from the strategic needs assessment and reflects national and local policy as well as the ministerial priorities we receive every year.

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Debbie explained that if she had to distil the strategy down to one page, it would be the HADP Production House, or 'Oor Hoose' as it uses improvement methodology to provide a concise visual guide to the strategy. The building blocks or foundations of the house represent the shared values and principles that will underpin all activity e.g. Challenging discriminatory attitudes and practices is essential for building equality and tackling inequality. The roof symbolises the HADP vision that will be achieved by delivering the local outcomes, whilst the four pillars signify a structured approach to prioritising and organising activity. AT Underlying the pillars are the performance indicators that HADP regularly monitors to assess the effectiveness of the strategy, *i.e.* ensure the structural integrity of the house. That is still stands and 3.4 is doing its job. The door at the front represents change and innovation which are linked to all pillars, all our activity. Debbie joked that whilst structuring the production house, she found the following analogy useful: If Oor Wullie or the Broons entered Oor Hoose; what would we want for them in relation to; prevention and 3.5 education, quality support and recovery and so on. As a partnership we aim to promote a more positive outlook. The refreshed strategy builds on the achievements of the previous strategy but there are some key differences. For performance management purposes we would aim to develop a dashboard for reporting back to the strategy group on the outcomes. Action Aileen to circulate the draft strategy and feedback form to the group. Action: All members to provide feedback via the form by 3rd March. Post Budget ADP position A national review on targets and indicators led by Sir Harry Burns is underway and will deliver its first report in March. Feedback from the ADP meeting November 2016 This is an annual meeting for the ADP Coordinators, where the Drug and Alcohol Policy Unit communicate the priorities for the year. The Head of Drug Policy spoke at the meeting advising of even tougher spending rounds to come. There is increasing pressure to demonstrate value for money by evidencing outcomes through improved data compliance. Last year Scotland experienced its highest level of Drug related deaths. The government view is that this is not good enough.

4	Improvement Plan Following the Care Inspectorate review last year, we received the feedback report in August and an improvement plan is still to be compiled. This will be led by the Service Improvement Group (SIG) with support from HADP to provide a template. Action: Improvement plan to be produced by SIG and discussed at the meeting in May. Debbie gave an overview of a paper produced outlining a proposed timetable for a continuous improvement process building on the experience of working with the Care Inspectorate.	SC/DS
	National support team is to be expended with ADP's expected to make good use of the nationally commissioned organisations. SDF can provide a range of support including service user involvement in the development and evaluation of services particularly around establishing policies, procedures, representativeness, review process. Tayside ADP presented an example of good practice where individual services completed improvement plans in response to	
	of deaths. ADP's need to actively challenge service providers to improve practices to reach those disengaged from services / often most vulnerable to death / should be a key consideration for the commissioning of services. Improving data compliance and intelligence gathering is essential for ADP's to evidence outcomes linked to spend as without it, it will be increasingly difficult to justify spend to ministers or argue for maintaining or increasing resources. ADP's unable to fulfil this function may struggle to safeguard spend. It is a priority for SG that the public are entitled to know what is being achieved in return for investment / transparency of the public purse.	
	There is acknowledgement that we have an aging cohort of drug users that may have an increased vulnerability due to combined health problems. The government is looking for ADP's to drive more proactive approaches and innovative practices in this area. Scottish Government stated they are not risk averse and are open to discussing innovative initiatives aimed at reducing the number	

	implementation of the Quality Principles, service user and family	
	involvement, service workers views, case file reading. The group will meet on the 27 th of February.	
	Action Feedback at next meeting on implementing the quality improvement process.	SC
5	Strategy Development	
5.1	Maximising Health	
	Substance Awareness Toolkit There has been a 30% increase in use since the toolkit was first launched. There were just under 12 thousand hits last year. There is evidence that the resources for professionals are those primarily being accessed.	
	There is ongoing work to rebrand the toolkit and improve and update the content. We are running a competition in schools to design a logo and hope that the winner can be showcased at Rock Challenge. The toolkit is also heavily promoted at training and it may be worth developing an app for tablets. The heads of schools may have options for taking this forward also.	
	Action Colin to arrange an off table discussion with Debbie, DCI MacRae, Youth Action Service on responding to current drug use issues in and around schools across Highland.	CG/DS
	Rock Challenge Rock Challenge will be on the 3 rd , 4 th and 5 th of April 2017. There are14 Academies and 7 primary schools taking part this year. A slight increase from last year. There are still guest tickets available, although the Tuesday night is almost fully subscribed.	
	HADP conducted a survey of schools to find out ways to improve the Rock Challenge experience including; whether to continue with the market place and ways to involve more boys. Feedback indicated there is little interest in the marketplace. A smaller but more focused substance use related interactive games area s now planned that will be educational and fun with quizzes and prizes.	
	In return for the £3,000 funding, Choices for life have a remit to provide workshops which are being arranged.	
	Stage coach are not able to provide buses this year. However, they have donated £1500. Schools that are booking buses through Stagecoach have been asked to contact HADP so the monies can be divided evenly in order to maximise discounts.	

	Belladrum will offer two schools the opportunity to perform on the main stage, opening act on the Friday.	
	Sunday night at the Empire theatre have also asked if the winning school would like to perform at their event.	
	Focus groups will also be run with young people to feed back into the toolkit.	
	<u>Alcohol Brief Interventions</u> Unfortunately ABI delivery has decreased lately. It is therefore important engage with other partners and encourage increased delivery in wider settings. There are a good number of returns from the Fire Service. The Police have been trained and this is an action currently sitting with the Safer Highland group. Colin will report back. Criminal Justice are being trained in March. It is essential that a clear plan is put in place to target and evidence delivery in deprived communities and to harder to reach groups.	
	<u>Action</u> Colin Gough to feedback on Police delivery of ABIs	CG
	Action: Debbie and Cathy to meet to plan targeting delivery in deprived communities and to harder to reach groups.	CS/DS
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	have been working together to develop joint worksheets to work through with families and promote a whole family approach.	
5.4	Recovery Service Improvement Group The Substance Misuse Service has been rebranded the Drug and Alcohol Recovery Service. This has a more positive outlook and does what it says on the tin.	
	Action: Suzy would like to put something in the Bulletin to promote the rebranding.	
	The Service improvement group (SIG) meets quarterly and has an extensive portfolio off work including:	
	RO tool /DAISy Scoring for children and families section has been adapted locally. Services will report locally on a quarterly basis, and nationally on an annual basis. DAISy is now being considered by the IT department to be ready for roll out by October 2017. There will then be a 6 month pilot. HADP have asked to be considered for the pilot in partnership with Argyll and Bute ADP.	
	Services have recruited to most of the vacancies now. Caithness is fully recruited and has now hit the HEAT standard. However, this is not the case in Skye, the west coast and Inverness. Services have recruited to the Harm Reduction Service, they are now fully staffed and are working on refreshing the Naloxone service.	
	Services will be involved in a Rapid Process Improvement Workshop (RPIW) in June.	
	A pilot has been completed with the police custody suite. 22 custodies wanted to be seen. A follow up report will be provided at the next meeting. Alcohol was the predominate issue, however most of the custodees hadn't heard of the recovery service and . several referrals were made. The pilot will be extended over the festival period and then further evaluated.	
	Recovery Communities There is another SMART peer mentor training session in partnership with HMP Inverness. Participants are made up of 14 community peers and 6 prison peers. The training is on the 22 nd and 23 rd February with the graduation on the 24 th February. The aim is to build support in rural areas and develop mutual aid groups in partnership with Lochaber Hope and Recovery Services	

	in Skye	
	The groups in Caithness are running well.	
	Suzy and Sharon are going through to Fort William to meet with services.	
	Sharon has contacted SMART regarding family and friends training. Suzy has some staff that are interested in this area of work.	
	Action: Suzy and Sharon will discuss identifying people that are best placed to progress development of mutual aid support for families	SH/SC
	VOX Luminis provided song writing workshops. The prison initiative also had three community peers take part. They will be returning on 29 th March to perform some of the songs that were written. Paul Brannigan has been invited to attend the event.	
	<u>Alcohol Related Deaths</u> HADP are just getting started on this Ministerial priority. Using national data to identify health issues and service pathways prior to death. The work will then inform development of an action plan to reduce alcohol related deaths. It will be important to look at how we support families around this.	
	Action Carolyn to continue with this work and involve relevant partners when required and keep the strategy group informed of progress.	CHR
6	Drug Related Deaths	
6.1	As at the end of October – there had been 12 deaths, this was 7 fewer that the same time period last year. This looks to be a continuing trend for the remainder of the year. Most of the drug related deaths in 2016 appear to be among older men.	
	The report was shared with the drug related death group and now more widely.	
	The Drug Related Deaths Review and Prevention group has been split into a review group and a prevention group. The review group will consist of clinicians and those with direct involvement to review the deaths and the larger prevention group will look at a prevention strategy.	DS/ CHR
	Alex was asked to take on the feedback to the HADP group from the review group.	

	Action: Alex agreed to provide an overview of the DRD Review	
	group to the strategy group	
	Non – Fatal Overdoses	
	The Drug and Alcohol Recovery Service has taken over the non fatal overdose alert system. Shona Urquhart has taken this on. It	
	will link in well with the mental health huddle and ED admissions.	
	We are aiming to make it as robust as we can. Taking it forward,	
	we will be looking at how we can use this information to reduce the	
	risk of further overdose and death. Shona will provide brief quarterly reports to HADP. Shona and Carolyn are currently	
	working on the handover.	
	Action: Carolyn to provide initial support to Recovery Services to provide quarterly reports.	
	provide quarterly reports.	
		AK
		AN
		CHR
7	Budget	
7.1	Financial Statement	
	The information in the summary is up to December 2016. The	
	annual budget spend is predictive of a £120k under spend. This can be attributed to vacancies. This will change with shifts in the	
	can be attributed to vacancies. This will only of with onits in the	

7.2	 management restructure within Drug and Alcohol Recovery Services. Next year's under spend is expected to be significantly reduced as a result. The underlying position for next year is that we will be expected to have the same 7% savings objectives as the rest of the board. <u>Catalyst Project</u> Grahame Cooper from Action for Children attended the last meeting to give a presentation to the strategy group and request sign off on an application for further Lloyds PDI funding. The application was submitted and was unfortunately turned down on a temporary basis. HADP need to work with AfC to evidence what the findings of the project are. Carolyn may work with AfC to progress this. The previous HADP Chairperson had agreed toi contribute funding of £9k on a one off basis to continue the project and support a further bid for funding. Members agreed to uphold and support this decision. Liz also advised that she could discuss this with the director of public health, if required. <u>Action:</u> Debbie to arrange for 9K funding to be transferred to AfC before the end of March. <u>Action:</u> Liz to speak with the DPH on the Catalyst Project funding matter. 	DS LS
8	Office Bearers Natalie has resigned as Chair of the HADP Strategy group as she has taken up a new role as Depute Governor of Polmont YOI. Natalie wrote a letter of thanks to the group and has suggested James Dunbar as Chair. Debbie has had some discussions with James and he has very kindly attended today's meeting as an Observer. The new Chair needs to be nominated by HADP and discussed with the Safer Highland Group. Debbie has requested that any nominations be returned to her by the 7 th March.	
	 HADP Stakeholder event - 21st of June at the Centre for Health Sciences. Elaine Mead, CE, NHS Highland has agreed to do an input. We will also have Frances Warren and our new chair doing an input. The theme this year is "Evidence informed practice" Dr Tessa Parks who is currently working with the national PADS group is to be invited to do an input. Libby advised that she will get feedback from the social enterprise 	

	group on any non confidential items.	
	Sharon advised that we are refreshing the website and our logo and may send round a few ideas for feedback.	
12	DATE OF NEXT MEETING	
	Tuesday 13 th June 2017 1400 hours. Venue to be confirmed.	