

Minute of the Highland Alcohol and Drugs Partnership Strategy Group	
DATE:	28.09.2017
LOCATION:	Board Room, New Start Highland, Carsegate Road
CHAIRPERSON:	James Dunbar

Present:

Debbie Stewart	HADP Co Coordinator
Liz Smart	Public Health Consultant
Geoff Main	SIFU
Philip MacRae	Police Scotland
Carolyn Hunter - Rowe	HADP Research and Information Specialist
Alex Keith	Consultant Psychiatrist, NHH
Gavin Gilray	Finance
Sharon Holloway	HADP Development Manager
Peter Rawlinson	HMP Inverness
Dougie Campbell	Fire Service

In attendance: Alex Wright, Kirsty Baird

Apologies: Debbie Milton, Suzy Calder, James Maybee, Cathy Steer, Lindsay Greene

Item	Discussion	Action
1	WELCOMES / APOLOGIES The Chair welcomed all present to the meeting and asked the group to introduce themselves for the benefit of new members.	
2	MINUTES AND ACTIONS FROM PREVIOUS MEETING	
2.1.	The minutes of the meeting held on 13th June 2017, having been circulated, were approved.	
	ACTIONS FROM 13th June 2017 Ongoing actions were discussed and updated on the action log. We now have the opportunity to invite several MSPs to attend the meeting. It was proposed that we invite a cross party selection of MSPs. James will discuss this with Bill and then invite the relevant MSPs. <i>Action 102</i> Debbie met with Ian Kyle from the council, he would be agreeable to attend the meeting in December and focus on leadership, requiring 2 hours to do the topic justice. Not enough time to have in meeting. Would need a separate meeting. It was suggested that an additional meeting in January might be the best option	

	<p><i>Action</i></p> <p>Debbie and Liz have started a scoping exercise for FASD. They have written out to services, collating feedback.</p> <p>Action: Next action log to only include the actions from the previous meeting.</p> <p>Action: An additional meeting to be arranged for January</p>	<p>AT</p> <p>DS/ AT</p>
3	<p>STRATEGY DEVELOPMENT</p>	
3.1.	<p>Alcohol policy implementation: Key findings</p> <p>Alex was looking at the implementation of Alcohol Policy as research for her PHD. The findings have not been published and are still subject to change. She thanked everyone for taking part. Three local authority areas contributed to the study to look at how Alcohol policy is implemented across Scotland. Alex completed 60 interviews in total, 20 of which were in Highland. Overall there is perceptions of vertical and horizontal accountability both formal and informally. It was also apparent that ADPs are sometimes held accountable for things they have limited or no control over such as ABI's and the waiting times target which can be a source of tension among some partners. There is also a pressure to meet national standards and a deeply held feeling of responsibility to the community. However there are not always the resources available to meet both. The Scottish Government holds the ADP accountable, but also holds the individual organisations accountable, which can cause some confusion to arise as to whether you are doing a piece of work for the organisation or the partnership. It was clear that HADP are doing their best to navigate the systems, however the confusion does exist. It would help if these systems could be streamlined a little bit.</p> <p>If we are going to understand how Alcohol policy is implemented, we need to understand how accountability works.</p> <p>There are multiple factors that affect the use of evidence and how it is gathered. A really impressive array of information and sources of evidence are being drawn on. Evidence is permeating all levels of work both nationally and locally.</p> <p>A copy of the report can be found on the SPICE site,</p> <p>Action: A link has been sent to the group, but will also be resent.</p>	<p>CHR</p>

3.2	<p>Annual Funding letter</p> <p>The funding letter is sent annually from the Scottish Government and sets out the allocation of funding for the HADP. The funding is conditional on the ADP providing evidence of progress against local and national drug and alcohol outcomes. Every year HADP produces an annual report for the Scottish Government, outlining the work that is being implemented, in line with the ministerial priorities highlighted in the funding letter.</p> <p>Action: All group members to familiarise themselves with the content of the funding letter.</p>	All
3.3	<p>Feedback from Safer Highland</p> <p>Safer Highland is looking to review its structure and remit with reference to trying to reduce replication where possible.</p> <p>Police are the only division in Scotland to actively train and carry Naloxone. They are very supportive of the programme and will continue to progress it. The Fire service gave a report to the group on fire deaths, one of the standout stats was that 56% of deaths involve alcohol and only 33% involve smoking. Since the meeting HADP has asked Highland Senior Citizens Network (HSCN) to include fire safety in the peer education sessions on alcohol that they are delivering to other older people.</p> <p>Action: HADP to provide a report to Police Scotland on drug related overdoses to help inform roll out of the naloxone programme to other areas in Highland.</p>	CHR
3.4	<p>Draft Annual Report Template 2016/17</p> <p>Each year HADP set a series of SMART goals that reflect policy and ministerial priorities; then provide an update on progress. Please note that the report needs to be submitted to the Scottish Government no later than 23rd October.</p> <p>Draft Core Indicators</p> <p>For performance management purposes, HADP has a number of indicators to report on to the Scottish Government. The Indicators link in with the annual report. They cover the breadth of work we are involved in from Prevention through to Recovery and include Children and Families, Treatment and Community Safety measures which are RAG'd to demonstrate progress. There are</p>	

	<p>some areas where we just don't have enough data; however there are more green indicators than any other colour which is very positive.</p> <p>Action: Resend the draft annual report template to all group members after the meeting with a two week consultation period.</p>	CHR
4	Quality Principles	
4.1	<p>Quality Improvement Process</p> <p>Following the Care inspectorate visit last year it was determined that we would complete our own improvement process this year. To date we have adapted the Care Inspectorate tools and have agreed a timescale with partners in the Drug and Alcohol Recovery Service for completion. There will be an NHS staff survey around quality principles in November this year. A consultation with service users and workers will take place between November and December this year, whilst a case note audit will take place between January and February 2018.</p> <p>The session to be facilitated by Ian Kyle from Highland Council will form part of the overall process where the HADP Strategy Group will consider improvements to leadership and partnership working.</p>	
5	Strategy Development	
5.1	<p>HADP Progress report</p> <p>Sharon has been delivering the Basic Alcohol and Drugs Awareness training. It is challenging to convince people that minimum unit pricing (MUP), resulting in an increased cost of alcohol, would encourage people to consume less. Services have volunteered to take part in a study with Sheffield University looking at the impact of minimum unit pricing on people with dependency problems.</p> <p>NHS Highland was invited to deliver ABI training in Fife last weekend which was very well received.</p> <p>Carolyn has been working on Drug and Alcohol profiles for the local community planning partnership as part of the community support work we have been involved in and she has produced a pilot profile for Sutherland. The number of over 65's admitted to hospital for alcohol related concerns really stood out.</p> <p><u>Recovery</u></p>	

	<p>In 2015 there were 3 active SMART groups across Highland. There are now nine active groups. There is also now a family and friends SMART group in Thurso area.</p> <p>The prison recovery walk is on Friday. Community members will join staff and inmates to walk round the prison grounds. There are 53 people going down to Dundee for the National recovery walk on Saturday 29th Sept. On Sunday 30th Sept there is a celebration of the walk. This is a huge achievement. Two years ago it was a challenge to get 20 people to go, now we have a waiting list of people wanting a place on the bus and people offering to drive their own cars down. The walk has really helped to make recovery more visible in Highland.</p> <p>The recovery walk also helps build relationships with people in recovery with the aim of encouraging folk to become involved in more focused work around involvement and participation.</p> <p><u>Rapid Improvement Workshop</u></p> <p>Services have recently completed an RPIW. A fair amount of data was collected between February and June with the RPIW week being the week of the 19th June. Services are looking at ways of speeding up access to services, the assessment process and treatment. Initial findings have been very positive with the time from someone presenting at Osprey House to receiving community treatment such as ORT, down to two weeks in some instances. The challenge is now to find the most effective ways to sustain this approach.</p> <p><u>Overprovision Statement</u></p> <p>Three years ago HADP completed an Overprovision statement. Defining what provision looked like for Highland. This sits with the Licensing board and is now due for renewal. There is a lot of preparatory work to be done to inform the renewal, including public surveys. HADP will also do a comparison with the results for three years ago. A short film was produced last time and HADP are exploring how to build on this. The deadline for the report is July next year. With the draft statement out for consultation in May.</p> <p><u>Safer Communities</u></p> <p><u>Prison</u></p> <p>The Prison has the recovery walk tomorrow and will rejuvenate the recovery group on the back of this. The short program for Drug and Alcohol Change is being delivered. It is becoming increasingly difficult to find people who have not completed this course. For the first time there is not a SMART waiting list.</p>	
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	<p><u>Police Scotland</u></p> <p>Police will provide a full report at the next meeting as they are in the process of re formatting it. Work is ongoing on disrupting the supply of drugs and there have been significant seizures in the area over the past months.</p> <p>Action: Liaison with Police Scotland representative to discuss progress reporting.</p>	DS
6	<p>Drug Related Deaths</p>	
6.1	<p>Highland Drug Related Deaths 2016</p> <p>This report has been compiled to summarise some of the facts and statistics from the National report that was published in August. There were 19 drug related deaths in Highland in 2016; this is five fewer than in 2015. However, the overall trend is still increasing. Seven deaths were female which is higher than usual. The average age was just under 40, this fits the national picture of older drug users being at increased risk. Interestingly there were a number of deaths last year which were classified as undetermined intent, meaning there was insufficient information to say whether they were accidental or unintentional self poisoning. Opiates were implicated in three quarters of all the Highland deaths and Benzodiazepines were implicated in about a third of all cases. The report has been placed on the ADP website to provide some local context to the national figures.</p> <p>There is a Drug related death review group, where each death is discussed to determine if it was preventable, if there is any learning to take to help prevent future deaths. There is also a Drug related deaths prevention group looking at a cross-services strategy to help prevent drug related deaths. HADP plans to survey people with experience of overdose or witnessing overdose to find out what more they think could be done to help prevent overdose and drug deaths. The group is aware of issues related to gabapentin / pregabalin.</p> <p>Engaged in services is a protective factor and it should be a priority to get more people vulnerable through overdose, into services and get them to stay there. Scottish Government are keen for ADP's and services to apply a Seek, Treat and Keep</p>	

6.2	<p>approach to those at highest risk of drug related death. Particularly, older chronic drug users that have a history of dropping in and out of services.</p> <p>Housing have requested that they are included in the non-fatal overdose alert system as they may be in a position to provide housing support to vulnerable people that are not engaged with any other service. Assurances have been provided that Housing partners are keen to help people sustain their tenancy and that they would not use information on overdoses to a person's detriment.</p> <p>Action: Housing to be included in non-fatal overdose alert system.</p> <p>Action: James Dunbar to observe the review and prevention groups , Carolyn to send James the dates of the next meetings</p> <p>Drug Related Deaths Review Group</p> <p>There are a number of cases involving multidrug toxicity. The amount of individual drugs in the system is quite small; however it is the cumulative effect of all the drugs together that is fatal. What is fatal to one person may not be fatal to someone else. Especially when alcohol is included. There was a fair amount of discussion about the cumulative effect of pain medication, antipsychotics and anti depressants. Prescribing practices are continuously reviewed locally. The online sale of drugs has contributed by making a broader range of substances easily accessible.</p>	<p>SC/DS</p> <p>AT</p>
7	<p>Budget</p> <p>7.1 Financial Statement</p> <p>The report covers the first three months of the financial year. Gavin is happy to take any questions, and will try to resolve them. It was noted that the ORT budget shows an over spend.</p> <p>Action: Clarification to be sought on the over spent areas of the budget.</p> <p>7.2 Inverness Womens Aid Funding Report</p> <p>£8000 was provided by HADP with a further £8000 provided by the NHS to Inverness Women's Aid to fund substance misuse work for 1 year. The impetus for this stemmed from an increase in drug related deaths among women with a history of being victims of domestic violence. Strategy group members expressed concern and disappointment that despite the investment Inverness</p>	<p>SC</p>

	<p>Women's Aid have struggled to achieve the agreed outcomes. The biggest issue they faced was their substance misuse worker being off on long term sick leave. Despite this, it is still reasonable to expect an organisation to deliver agreed outcomes.</p> <p>It is unfortunate as this has been one of the first occasions where HADP have been able to allocate funding and the outcomes have not been achieved. Nevertheless, it was acknowledged that there has been some learning.</p> <p>HADP will request a response outlining what the monies were actually spent on if they were not spent on delivering the agreed outcomes. It was agreed that a letter from the HADP Chair would be drafted requesting information on what the monies had been spent on.</p> <p>It was suggested that for future learning that delivery of outcomes needs to be included as a condition of the money with a statement that if the outcomes are not met the money will be withdrawn. Although HADP has requested quarterly reports which IWA have provided and have been included in the HADP progress report, a more robust and standardised monitoring process requires to be developed. The progress report provided by IWA for each strategy group meeting this year appears to be positive with little indication that the outcomes would not be met.</p> <p>The post has now been done away with; it would be interesting to see what has changed over the course of a year that this post is no longer required.</p> <p>Action: HADP Chair to write to the Chair of Inverness Women's Aid expressing disappointment with a request for feedback on how the funding was spent.</p> <p>Action: Development of a robust / standardised monitoring process for future contracts.</p>	<p>JD/DS</p> <p>LS/DS</p>
8	For Information and Noting	
8.1	<p>Alcohol and Drug Bulletin</p> <p>Interesting and quick read giving an overview of what is happening in ADP's across Scotland. To read click the following link: National Bulletin</p>	
8.2	<p>Faculty of Public Health Conference</p> <p>This year the Public Health Annual Conference will be in Aviemore. Information can be circulated to anyone wishing to attend. There is a great line up including 5 papers being presented by the support team. Alcohol related deaths in Highland – Carolyn,</p>	

	<p>Liz is presenting with Ian MacNamara from the Highland Senior Citizens Network on an Alcohol Peer Education Project for Older People . The Persistent Offenders Project – Carolyn and James Maybee. Catalyst Project Debbie and Sharon MacIver Action for Children and Building Mutual Aid for recovery – Sharon. James Dunbar is a keynote speaker talking about good practice and Health and wellbeing.</p> <p>Action: Carolyn will send out a number of follow up papers discussed in the meeting</p>	CHR
9	<p>Any Other Business</p> <p>No further business noted</p>	
12	<p>DATE OF NEXT MEETING</p> <p>Tuesday 12th December 2017 1400 hours. Board room, New Start.</p>	