

Minute of the Highland Alcohol and Drugs Partnership Strategy Group

DATE: 05.03.2019

LOCATION: Classroom 1, Centre for Health Sciences, Raigmore

CHAIR:

Present:

Liz Smart	Public Health Consultant (Chair)
Debbie Stewart	HADP Coordinator
Eve MacLeod	Health Improvement Specialist (NHS Highland)
Iain MacLelland	Chief Inspector (Police Scotland)
James Maybee	Criminal Justice
Sharon Holloway	Development Manager (HADP)
Suzy Calder	Head of Drug and Alcohol Recovery Service and Prison Healthcare (NHS Highland)
Frances Matthewson	Research and Intelligence Specialist (HADP)
Pat Griffin	Governor HMP Inverness
Debbie Milton	Children Services Manager (Mid)
Debbie Sutherland	YPeople

In attendance: Aileen Trappitt (Minutes)

Apologies: Stephen Coyle, Cathy Steer, Geoff Main, Derek Wilson, Val Bell, Alex Keith

Item	Discussion	Action
1	WELCOMES / APOLOGIES The Chair welcomed all present to the meeting and round table introductions were made	
2	MINUTES AND ACTIONS FROM PREVIOUS MEETING	
2.1.	The minutes of the meeting held on 4 th of December 2018, having been circulated, were approved.	
2.2	ACTIONS FROM 4th December 2018 1. The chair options were circulated prior to the meeting and are on the agenda for further discussion	
3	Strategy Development	
3.1	HADP Investment Plan Update / Performance Framework The Performance Framework sets out the outcomes and the monitoring and evaluation for all the projects we agreed to fund with the additional monies. So far most projects are progressing. The first jobs have been advertised. There is a vacancy freeze at the council. A request for an exemption for HADP funded posts has been submitted and	

	<p>HADP is awaiting a response. The Criminal Justice job description for DTTO 2 has been created and is in the system, James is awaiting approval.</p> <p>There are two Third Sector projects that need to progress – the CAPSM Coordinator and the Recovery Workers Training Project.</p> <p>Discussions have been ongoing as to whether these projects require to go to tender or the monies can be awarded as a grant.</p> <p>Advice from NHS Procurement is that the monies can be awarded as a grant where there is a clear rationale for this and a robust and fair process is followed that provides an audit trail that is transparent.</p> <p>Members discussed the main distinctions between a grant and tendering and agreed that as the projects are of a highly specialised nature and that funding is in effect only available for 2 years, a grant award is the preferable and most efficient option. Contracts with providers would clearly state that the monies would be paid in blocks and that payments would cease if evidence of outcomes was not provided.</p> <p>Seek further advice from NHS contracts on what a 'letter of interest / submission' should contain. Then write to the Third Sector and other partners, inviting written submissions on why they think they are best placed to provide the particular services.</p> <p>If there are more than one applicant interviews can be conducted.</p>	
3.2	<p>New Chair Appraisal</p> <p>On balance option 2: remuneration was the preferred option. The Violence Against Women Partnership (VAWP) is also considering recruiting a paid chair and is taking a paper to the chief Officers group on 14th March. For accountability, HADP would like to report to the Chief Officers group, but as we are not a statutory responsibility, this has not been possible. VAWP are one of a number of groups having difficulty appointing a Chair and are going down the paid route. HADP will liaise with VAWP to find out the outcome of their move toward a paid chair. This may establish a process that HADP can follow.</p> <p>HADP desperately needs a Chair with the necessary knowledge, skills and time to fulfil the commitment. Consideration has to be given to the grip and control procedures currently in place and vacancy scrutiny. Although HADP has decided on the paid option, in practice it might not be straight forward and there may be a</p>	

	<p>number of hurdles we will need to overcome. HADP will wait and see what the decision is by the Chief Officers group about the VAWP on the 14th and progress a potential appointment after that.</p>	
3.3	<p>ADP Leads Event Report</p> <p>The Scottish Government wrote to Cosla advising that they will be reviewing the Memorandum of Understanding for ADPs as it hasn't been updated since 2009. At present HADP are accountable to the Community Planning Partnership. Although more recent correspondence from SG refers to partnership working and closer alignment with the Integrated Authority (IA) which in Highland is the Health and Social Care Committee. It will be helpful to have greater clarity on the relationship between community planning and integration and accountability routes for HADP.</p> <p>The PADS groups are also going to be restructured</p>	
3.4	<p>DAISy / RO tool Update</p> <p>DAISy was to be implemented in Jan / Feb. However, there are a number of outstanding issues with the specification resulting in roll out being behind schedule. The project is now being undertaken by NHS Scotland. It is hoped that it will be completed by September. Data sharing agreements should be in place by October and training will take place in the Autumn. Implementation should be by the end of 2019. Currently, these are estimates, the group will be kept informed. The outcome tools will be linked to DAISy, however there is further ongoing work regarding the pro's and con's of buying a contractual tool.</p>	
3.5	<p>Intranasal Naloxone Guidance</p> <p>Highland have been using intranasal Naloxone off licence, there have been supply issues and we have been unable to get it recently. There is now a new licensed product on the market. There has been ongoing national work to develop guidance and we have asked to be involved. Financially the licensed product is a better option. We have been given the go ahead to order and Suzy has spoken with the Prison service and Police colleagues about producing a service framework.</p> <p>Interviews are being held this week for HADASS, so the naloxone training programme will continue. We already have a protocol in place locally for the use of intranasal and intramuscular naloxone.</p>	

3.6	<p>HEP C case finding</p> <p>Scottish Government have written to ADPs to request support for the ScotPHO report that makes a number of recommendations on Hep C case finding. Treatments are now extremely effective and non-invasive. The goal is for Hep C to be eradicated in the future. HADP supports implementation of the report recommendations.</p> <p>The Drug and Alcohol Recovery Service and Prison Healthcare have been involved in recording stats, and establishing opt out options. Jenny Wares, Public Health Consultant in Health Protection sits on a group that has been developing an action plan for Highland.</p> <p>Interestingly, there have now been a number of people cured of HIV due to stem cell research. Members welcomed the advances in treatment for BBV's.</p>	
<p>4</p> <p>4.1</p> <p>4.2</p>	<p>Communications</p> <p>Media Protocol</p> <p>The media protocol has been reviewed and updated. It is not drastically different to the previous one agreed several years ago.. Although we recognise that the media can print what they want to, this can sometimes happen regardless of the evidence. However, all partners have agreed via the protocol that their respective communications teams will coordinate to ensure that a consistent approach is taken.</p> <p>The journalist that wrote the article in the Sunday Post was given a statement that provided very different information to that printed in the article.</p> <p>This sort of reporting has a huge impact on a small community and when we are trying to reduce discrimination and stigma, it is deeply disappointing.</p> <p>Alcohol Health Improvement Campaign</p> <p>Scottish Government is about to launch an alcohol marketing campaign entitled Count 14. ADP's have been asked to endorse and help promote it at a local level, including highlighting the link between excessive consumption and cancer.</p>	
5	<p>Progress Report</p> <p>5.1 Fairer Healthier Communities</p> <p>Tickets for Rock Challenge went on sale on the 4th of March and are sold out.</p>	

	<p>ABI – Train the trainers has been discussed with the police and a date will be set in May</p> <p>Festival Welfare - the festival welfare documents have now been updated.</p> <p>Substance Aware School (SAS) Award – The closing date has past and unfortunately there were limited applications. It will still be worth doing the scoring process and feedback. There is currently no one working on prevention in the council for us to link in with, this is being taken to the health and wellbeing group.</p>	
5.2	<p>Safer & Stronger Communities</p> <p>Prison Update - Plans have been submitted, the land secured and an access road built, so everything is place once we get the green light.</p> <p>Police Update – When the drink drive limits were dropped we saw a corresponding drop in the numbers of drink drivers, this is now increasing again especially with younger drivers.</p> <p>Criminal Justice – we will be discussing ABI training for trainers</p>	
5.3	<p>Successful Young People & Families</p> <p>We have had some difficulty progressing the CAPSM post.</p>	
5.4	<p>Quality Support and Recovery</p> <p>There is currently no wait times in Caithness, they are fully staffed and being very creative. There are very well developed services, performing above and beyond.</p> <p>There are still some wait times in Lochaber but these are improving also in west and east Ross, however there are some changes to the teams underway.</p> <p>We have been advised that Alcohol Counselling Ross and Sutherland will be closing as of April. We are working with the team there to help cover some of the service, there are not huge numbers and we have plans in place to help cover the Service.</p> <p>There is currently no staff at HADASS, or Badenoch and Strathspey, the service is being covered by staff at Osprey and within the service. We are recruiting to these posts. We have also recently lost a member of staff from the prison healthcare team.</p>	

6	<p>Drug Related Deaths</p> <p>Drug related deaths have been challenging, especially this year. There are a number that have been clearly suicides, also reflects in keeping with the rest of Scotland.</p> <p>We have received the interim report for NRS and are currently checking and confirming with our own records.</p> <p>We need to strengthen working with local communities and councils on this. We need to inform and educate the public. We also have an aging population with chronic health conditions. Through the DRD review group and prevention group we will continue to review current responses and identify improvements where necessary.</p> <p>A paper will be taken to the next Chief Officers meeting on the 14th of March, asking to do an audit/review of DRD's in under 26's in Highland. Stephanie will feedback to the group</p>	
<p>7</p> <p>7.1</p> <p>7.2</p>	<p>Budget</p> <p>Financial Statement</p> <p>There is an element of under spend but it is lower than in previous years</p> <p>Outcomes Focussed Reporting</p> <p>For a couple of years it has been noted that the way we report on finances could be improved. HADP needs to focus much more on outcomes and not posts. The Public Health department is conducting an exercise on outcomes focussed finance reporting. Findings and recommendations will be fed back to the ADP.</p>	
8	<p>For Information and Noting</p> <p>There have been lots of published articles and good practise guidance relating to the commitments in the new strategy. These will also be uploaded to the website.</p>	
9	<p>AOCB</p> <p>Health Needs Assessment – We have been working on the Health Needs Assessment at the prison, this is still ongoing.</p> <p>Recovery Walk – The recovery walk will be in Inverness this year. The provisional date is the 21st September, we are awaiting confirmation from the council. The prison walk is usually the day before. The route has not been shared as yet or the site of the recovery village. We will be doing social media blogs which will be</p>	

	shared across Recovery communities. The blogs will highlight ways in which Inverness is a Recovery friendly city. It would be great if all strategy group members and their agencies could support the walk and take part on the day.	
11	DATE OF NEXT MEETING The next meeting of the HADP Strategy group will be on the 4th of June 2019 at 2pm, Venue to be confirmed	