

Minute of the Highland Alcohol and Drugs Partnership Strategy Group

DATE: 04.06.2019

LOCATION: Classroom 2, Centre for Health Sciences, Raigmore

CHAIR:

Present:

Liz Smart	Public Health Consultant (Chair)
Debbie Stewart	HADP Coordinator
Eve MacLeod	Health Improvement Specialist (NHS Highland)
Louise Wright	Criminal Justice
Fiona Lorrain-Smith	Youth Action Service
Alex Keith	Consultant, Psychiatrist, NHS Highland
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
Mairi Morrison	Children Services (Mid)
Jill Green	SFRS
Andrea Broad	Liver Consultant, NHS Highland

In attendance: Aileen Trappitt (Minutes)

Apologies: Stephen Coyle, Cathy Steer, Geoff Main, Lewis Hannah, Debbie Milton, Debbie Sutherland, Frances Gordon

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 5 th of March 2019, having been circulated, were approved.	
2.2	ACTIONS FROM 4th December 2018 3.1 There are still 2 outstanding projects from the Additional Monies Investment Plan that have to be progressed – CAPSM Coordinator and the Recovery Worker Training Project. It was agreed it would be more effective for the funding to go to the Third Sector. However, advice from procurement is that the monies could be awarded as grants but that it would be good practice to follow a partial procurement process to ensure agencies have equal opportunity to apply. Debbie will continue to liaise with colleagues in contracts to ensure HADP processes reflect those of the NHS. 3.2 VAWP took a paper to the Chief Officers group as they are	

	<p>a statutory responsibility; regarding the appraisal for a paid Chair. The VAWP and a number of other groups are also struggling to recruit Chair's. The outcome was that a Chair was appointed just before they were about to present. Argyll and Bute ADP have a paid Chair. Learning from their experience and resourcing will be important going forward</p> <p>3.3 There are a number of other challenges. Our Vice Chair has returned to work, so we will consult with him. Hugo van Woerden, Director of Public Health has agreed to be interim Co-Chair with Liz for 6 months. The strategy group agreed that as the new strategy is a public health strategy, this made sense. The group extended their thanks to Hugo for taking on the role and are very much looking forward to working with him.</p> <p>4.1 The Media Protocol has been completed and shared with all partners. The protocol has also been uploaded onto the member's only section of the website.</p> <p>9.0 Sharon is in Glasgow today at the Recovery Walk Meeting. She is keen that HADP members are aware that the walk will be in Inverness on the 21st of September.</p>	
<p>3</p> <p>3.1</p>	<p>Strategy Development</p> <p>Draft Alcohol & Drugs Partnership Delivery Framework The Government are currently updating the Memorandum of Understanding (MOU) for ADP's which was last updated in 2009. A draft partnership delivery framework has been sent to COSLA who has then sent it on to Integrated Authorities (IA's) for comment. The IA in turn asked HADP for comment and a recommendation. The framework is an up to date blueprint of how the government would like ADPs to function.</p> <p>ADPs are to continue, in terms of accountability, procedures should reflect local circumstances. Accountability can be to the CPP or IA depending on local circumstances. Nevertheless;</p> <p>ADP's will continue to have responsibility for providing the overarching policy In light of the new Government strategy (<i>Rights, Respect and Recovery</i>) the HADP Strategy needs to be revised. HADP should work even more closely with the Community Justice Partnership, Child & Adult Protection Committee and the IA. All future developments require an increased role for people with lived experience and the Third Sector. Given the MoU, Hugo's involvement, the need to revise the HADP Strategy it presents a good opportunity to revamp the partnership, looking at membership, accountability, strategy, actions, improvements etc.</p>	

	<p>Action: Send the Partnership Delivery Framework to all Strategy Group members.</p>	DSt /AT
3.2	<p>HADP Stakeholder Conference 2019</p> <p>So far we have 87 people signed up for the conference. Between 100 to 110 people are expected to attend. Please sign up if you have not already done so and encourage colleagues to do likewise.</p>	
3.3	<p>Rights, Respect and Recovery – Next Steps</p> <p>There should be opportunities in the near future to influence the implementation of RRR Hopefully, Highland representatives be able to sit on working groups that will be established to devise action plans. We will communicate more information as we get it.</p>	
3.4	<p>DAISy / RO tool Update</p> <p>We have been advised that the implementation date will therefore be the end of 2019. With training for those using the system to be in the autumn.</p>	
3.5	<p>Audit Scotland Report – Drug and Alcohol Services (An Update)</p> <p>This replaces the last report which was issued in 2009. The key messages at the start are useful. The strategies and roles of the ADP’s may be amended in light of the findings. There has been additional investment in drug and alcohol work since 2009 but drug related deaths are still increasing, albeit not a national indicator. We also have an increasingly, older population of people using drugs, many of whom are over 35 with co-existing health conditions. Stigma remains as an issue and is difficult to reduce despite concerted efforts in this area.</p> <p>Audit Scotland state that service providers we are asked to collect information but there is limited evidence of the information being used to inform strategy. Key areas for review; include improving was we engage with communities, children and families.</p>	
3.6	<p>Public Health Reform</p> <p>The Public Health Reform is being led by COSLA and the Scottish Government. It is a whole systems approach with the aim to set up Public Health Scotland. There are already agreed public health priorities which include reducing drug and alcohol related harm. There has been a consultation on where Public Health should sit e.g. within the health boards or within a new core body or maybe a combination of both. The timeframe has been slightly extended.</p> <p>It is not yet clear how this will affect the ADP- partly because the</p>	

	<p>ADP management is different in different boards.</p> <p>For more information please contact Liz Smart elisabeth.smart@nhs.net</p>	
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<p>4</p> <p>4.1</p>	<p>Additional Monies</p> <p>Investment Plan</p> <p>The ADP was given additional monies from the Scottish Government last year to support the delivery of the new strategy. We have agreed an investment plan and delivered a Local Improvement Fund that has funded 9 community based organisations to take creative approaches to reaching people who are hard to engage.</p> <p>Due to circumstances out with HADP control; for example vacancy freezes, grip and control measures, there are delays in progressing some of the posts and developments within the plan.</p> <p>Additional Monies Update:</p> <ul style="list-style-type: none"> - DTTO 2; the bid was for a nurse and social worker to deliver DTTO 2. Support would be targeted at a younger age group that were not dependent on drugs but where use was chaotic and people would benefit from intensive support. Positions were advertised for 1 part time criminal justice social worker in wick and 1 in Fort William. The posts have not been filled but may be re-advertised in the autumn or next year. The Team Leader is moving on to a new role, and there is a ½ time worker vacancy as well. The nursing role was recruited to and will start in July. - DARS has a number of different posts within the plan e.g. Psychologist, Pharmacist, Learning Disabilities Nurse, Recovery Workers. There have been delays going through the Agenda for Change process. Existing job descriptions for some roles will be used to speed up the process. The Psychologists job description is currently sitting with Agenda for Change. The iPads have now been ordered and all the paperwork has been done for the electronic patient record system that DAISy will run parallel to. - Housing First; the recruitment process is underway for the Nursing Post and a Housing Options Officer and Support Worker. This is the 3rd attempt to recruit a nurse. Interviews will be held on the 17th June. Housing and DARS have been to visit a Housing First project in Glasgow. An Occupational Therapist would appear to be a crucial role, if there was additional funding. We are looking to recruit a support worker from the Third sector. We have agreed an office space in Hilton that has to be fitted out. Underspend will need to be used to pay for the refit. The plan is to 	
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	<p>develop a steering group and we are currently looking for nominations from each of the partners. Lewis and Suzy meet regularly to work on developing the framework. Highland is one of the only areas where the ADP supports Housing First. Reference was made to the pilot in a recent letter from Jeanie Freeman. The biggest challenge is the recruitment process. We may have to review the team and request additional funding for an OT as job share.</p> <p>4.2 Local Improvement Fund (LIF) We had 9 successful bids for the LIF and just under £90k was allocated to a broad range of mainly community based initiatives. Successful applicants include: The Youth Action Team, Lochaber Hope, Vox Liminis, Caithness Drug and Alcohol Forum, Apex Scotland, The Merkinch Partnership, Advocacy Highland, Gateway and Pultneytown Peoples Project. All projects are focused on creative ways to reach hard to engage groups.</p> <p>Debbie and Sharon have met with everyone and received a brief report for the strategy group. It is not long since they received the monies so they are only in the early stages of implementation.</p> <p>Frances is working on a standard reporting template for LIF recipients. A more detailed report will therefore be given at the next strategy group meeting.</p> <p>Action: A full report of progress will be given at the next meeting</p> <ul style="list-style-type: none"> - Youth Action Team will be meeting with Frances next week to look at how to collect and utilise data. There are two strands of the project, one on group work and one looking at diversionary activities for families. YAT are also looking to do Outcome Star (Teen Star) training - Debbie and Sharon visited the Recovery Café in Thurso last week. It is very community based with lots of people in recovery using the café and volunteering there. 	SH / FM
5.	<p>Progress Reports Thank you to everyone for taking the time to complete the progress reports.</p>	
5.1	<p>Fairer and Healthier Communities</p> <ul style="list-style-type: none"> - There was an ABI train the trainers session last week which went really well. - Highland has 6 schools going to the Rock Challenge finals in Dundee on the 14th and 15th of June. 4 Secondary Schools and 2 Primary Schools. - Festivals – There are a lot more events these days, as a result we have developed the festival guidance document 	

	<p>recommending what we would expect in terms of good practice, including harm reduction messages. Belladrum have decided not to promote harm reduction. They have a no drugs policy, and see harm reduction messaging to contradict this. Eve has asked them to reconsider, and Debbie has written to organisers to explain that harm reduction is in-line with the national and local strategy and that there could be risks associated with not including it in the approach taken by organisers. We are waiting for a response. They do seem more than happy to work with us with regards to alcohol, but not drugs. Naloxone was administered twice at Belladrum last year, so we know people are using drugs at the festival. There will be a table top exercise which Eve will attend. It will be suggested to police colleagues that a drug and alcohol scenario be included. It may be worth considering the potential impact on the public's health of granting occasional licenses at large events who do not have sufficient provision to reduce drug related harm.</p> <p><i>Action: Liz to flag as an issue in debrief with the Chair</i></p> <ul style="list-style-type: none"> - The Language Matters guide is complete and is on the HADP Website <p><i>Action: Circulate the Language Matters guide to the group</i></p> <p>5.2 Safer and Stronger Communities</p> <ul style="list-style-type: none"> - Project Fearless is being rolled out across Highland. Fearless was developed by crime stoppers; they had asked the ADP for funding however we declined as some of the drug/alcohol related elements need to better reflect evidence of what works. The chair of crime stoppers has a base in Inverness. However it is felt the package of drug and alcohol content could be improved. <p><i>Action: Debbie to follow up with police and education</i></p> <ul style="list-style-type: none"> - Cuckooing; Reports suggest this is happening in East Ross and in Inverness. It needs to be openly discussed. Services have been doing some work with the police as it affects the client group. There are not high numbers but it has a huge impact. A workshop at the Stakeholder Conference will discuss related issues. <p><i>Action: Discuss this further with police and bring back to the next meeting.</i></p> <p>Prison – SMART completion was achieved in April and we have two more completing next week, which will give us a total of 12 completions. We work with Osprey House on a Tuesday. There</p>	<p>ES</p> <p>AT</p> <p>DSt</p>
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	<p>have also been recruitment issues. The budget will be the same this year, but we have more prisoners so not sure what it's going to look like and what the impact will be</p> <p>5.3 Successful Children, Young People and Families</p> <ul style="list-style-type: none"> - The CAPSM group met recently and has started work on its Improvement Plan. A few actions have been agreed, one of which is looking at alcohol and pregnancy. <p>5.4 Quality Support and Recovery</p> <ul style="list-style-type: none"> - It should be noted that the progress report is difficult to complete and repetitive. <p>Action: <i>We will look at revising the report to make it more user friendly and easier for people to complete</i></p> <ul style="list-style-type: none"> - The Recovery walk will be in Inverness on the 21st of September. We will share any promotional materials with services as soon as we have it. The prison walk will be on the 20th this year, planning is about to get underway for this. - Waiting times- the publication for January to March is due later this month. We expect Highland to hit 90% for the 1st time. This is a significant improvement. - We have had a poster accepted for the improvement work at a national conference as this has been sustained month on month. This is recognition of work that being done in the recovery service. - Naloxone – In order to implement Intranasal Naloxone, we had to redraft the policy. This has now been signed off by the medicines management group. The new devices are tiny; they sit in the palm of your hand and is more likely to be carried. It does cost more than the intramuscular, but less than the previous supply. The Police are still not allowed to carry, but it has gone to their national board for discussion. We will need to update the prison policy / training as it is now a licensed product. Training will continue to be rolled out. We also have some pop up activities planned and we will still be the first place in Scotland to use the licensed product. It's a very impressive product - We have had long term absences and staffing challenges. The nature of cases coming in are also far more challenging. There is a client on service that we cannot safely provide treatment to as the level of violence to staff is too high a risk. Osprey House accommodation now sits as a priority with NHS Highland as it is no longer fit for 	<p>DSt / FM</p>
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purpose, however we are reliant on another service moving and vacating premises.

- There will also be a review around Mental Health management structure due to retirements.
- ISD published the prevalence figures for 2015/16 for problem drug use in March. They are updated every three years. They have changed their methods for this report, so there is no comparison with previous reports. Figures show Scotland's prevalence is 1.62% of their population aged 15 to 64 years old. Highland is 0.095 of their population aged 15-64 years old. When ranked with other council areas. Highland is in the lowest 6. There is a margin of error. Bigger centres will have higher prevalence rates. It should be noted that the Highland prevalence rates are not down significantly. The definition of problematic drug use is also very narrow.
- The recovery walk will be in Inverness this year; this is likely to be the one and only time it is in Highland so it would be good to get as big a turn out as possible. Most of the cost will be met by the SRC but we want it to be bigger and better and to give it a Highland flavour. We would like agreement from the group to set aside an amount for a budget to do additional things like the donation for the pipe band and to fulfil the planning intentions of the local planning group that is made up of people with lived experience. We would like to set aside £5000; it is unlikely we will use it all. It is also normal for the host city to have a civic reception and invite the Provost.

The ADP unanimously agreed to a budget of £5000 to support delivery of the Recovery walk.

6.0 Drug Related Deaths

6.1 Drug Related Death Review Group

The last meeting of the drug related death review group was a month ago. There were 16 deaths to discuss, the majority were male and the cause of death was multidrug toxicity and had co-occurring health issues. There still seems to be a discrepancy between what is considered a drug related death / suicide. The care of children who had lost a parent were also discussed. We have contacted Children and Family Services, they will attend the DRD review group to provide input on the support given to children in these instances. There was also some concern raised around Naloxone use and training. In several cases, loud snoring was mentioned, yet the witness did not appear to recognise this as a risk factor and thought the deceased was 'sleeping' We

<p>6.2</p> <p>7.3</p> <p>7.4</p> <p>8.0</p>	<p>already provide training to users and family members unless declined. We would be looking to expand the training to members of the public too.</p> <p>DRD Prevention Group Suzanne Gallagher from Scottish Families attended the last prevention group and gave an input about the service. Shona has been working on the non-fatal overdose list with the Ambulance service; we have been given a lot more ‘softer’ information about the circumstances and shows a list of overdoses. This has highlighted there are a number of overdoses that wouldn’t necessarily be seen by the Drug and Alcohol Recovery Service; they would be more likely to be seen by mental health.</p> <p>A remembrance tree has been put up in Osprey House and has received lots of messages and is treated with respect.</p> <p>Review of Drug Related Deaths of Younger People in Highland Stephanie and Frances have been undertaking a piece of work that has been approved by the Chief Officers Group, looking at younger deaths between 2015 to date and looking at trends and patterns. They are hoping to do a developmental piece of work using social autopsy and are currently seeking ethics committee approval for this. They have produced a project consultation document, which has been circulated to the consultation group seeking feedback and comments. They are hoping to be able to report on it this year or early 2020 but will continue to feedback to the strategy group at each stage</p> <p>Overdose Prevention Debbie and Frances recently attended a conference in Dundee. There were a couple of Canadian Speakers, they talked about naloxone pop ups they delivered to extent Naloxone training. They would hold these pop up events and invite people with lived experience to come along and help.</p> <p>The Dundee Drugs Commission report on drug deaths is due out soon, it will be interesting to see what the findings are and what we can learn.</p> <p>Budget The budget report doesn’t currently include the additional monies, which has been requested. It is the same report every time. This information still needs to be reported to the Government but it would be better for us to focus on the additional monies and tracking where we are with these funds.</p> <p>Action: Debbie to request that the additional monies spend is included in the budget report.</p>	<p>DS</p>
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<p>9.0</p>	<p>For Noting Please see the links in the agenda for documents that may be of interest to you. We are now on Issue 38 of the news bulletin. If anyone would like to put anything in the bulletin, please just forward to us.</p>	
<p>10.0</p>	<p>AOCB The new build for the Community Justice building is well underway and staff should be in next year.</p>	
<p>11.0</p>	<p>Date of Next Meeting The next meeting will be on the 3rd of September at 2pm. Venue to be confirmed.</p>	