



**Meeting of the Highland Alcohol and Drugs Partnership  
Strategy Group held on 8<sup>th</sup> May 2013  
At NHS Highland, John Dewar Building, Inverness**

**Present:** Dr Margaret Somerville, Director of Public Health (Chair)  
 Alasdair MacDonald, Head of SFIU – North  
 Supt. Stephen MacKay, DCU, Police Scotland  
 A/Sgt. Angie Grant-Omosho, DCU, Police Scotland  
 Insp. Archie Henderson, DCU, Police Scotland  
 Dawn Grant, Area Manager, Children’s Services, THC  
 Provost Liz MacDonald, Political Champion for Alcohol and  
 Drugs  
 Dr Duncan Stewart, Consultant Psychiatrist - Addictions  
 Suzy Calder, Substance Misuse Service Manager/Professional  
 Lead  
 Elisabeth Smart, Public Health Consultant  
 Debbie Stewart, HADP Coordinator  
 Sarah Henderson, Research & Intelligence Officer

**Apologies:** Bill Alexander, Director of Health & Social Care  
 David McDonald, Head of Finance, Community Care  
 Karen Carson, Health Improvement Specialist  
 Caroline Johnston, Governor, HM Prison, Inverness  
 Hugh Fraser, Director of Education, Culture & Sport Service

Item	Discussion	Action
1	<p><b>WELCOMES / APOLOGIES</b></p> <p>Dr Somerville welcomed everyone to the meeting and apologies were intimated as above. Round the table introductions were made to introduce Supt MacKay, Insp Henderson and Sgt Grant-Omosho from the new Police Scotland Divisional Coordination Unit, and Alasdair MacDonald Head of SFIU – North. Margaret said it was reassuring to know the valuable contribution by John Darcy and Tom Ogilvie to HADP will continue.</p>	
2	<p><b>MINUTES OF PREVIOUS MEETING</b></p> <p>The minutes of the meeting held on <u>12<sup>th</sup> February 2013</u> having been previously circulated were submitted and approved as accurate.</p>	
3	<p><b>MATTERS ARISING</b></p> <p>To inform new attendees, Margaret summarised the strategy and the role of HADP within the Safer Highland structure of the Community Planning Partnership.</p> <p>Supt Mackay stated the Police were happy with the general structure and that he had been well briefed by Insp Ogilvie prior to his departure.</p>	



	<p>Actions from the 12<sup>th</sup> March meeting were also circulated and noted as follows:</p> <ul style="list-style-type: none"> <li>• <i>Financial Framework</i> – Margaret and David to meet with COO to review elements of framework.</li> <li>• <i>Recovery Pathway</i> - Work is continuing and is reported in the Progress Report</li> <li>• <i>Funding Allocation</i> - The funding allocation letter and updated planning and reporting arrangements for 2013/14 will be discussed as an agenda item.</li> <li>• <i>YAS Post(s)</i> –Suzy and Dawn have not been able to meet. Request for a meeting to be organised and for a progress report to be provided for the next meeting. A meeting is to be arranged with operational directors to assist with progressing the matter.</li> <li>• <i>Harm Reduction Service</i> – Ongoing discussions between services and police to deal with specific issues and concerns related to how the city centre is perceived in areas of the press.</li> </ul>	<p>David/ Margaret</p> <p>Suzy Dawn</p> <p>Suzy/ S MacKay</p>
<p><b>4</b></p> <p><b>4.1</b></p>	<p><b>STRATEGY DELIVERY</b></p> <p><b>Progress Report – Additional Points Discussed</b></p> <ul style="list-style-type: none"> <li>• <b>Recovery</b></li> </ul> <p>Consultation on the proposed DAISy system (Drug &amp; Alcohol Information System) arranged for 18<sup>th</sup> June in Inverness. Services are keen to know how the system will amalgamate with the Patient Management System (PMS) being introduced in NHS Highland and likely to take years to embed within substance misuse services.</p> <p>Current projections suggest 84% of clients have accessed treatment within 3 weeks from referral. The impact from staff vacancies, particularly in smaller teams suggests it is unlikely the target will be met in the first quarter of 2013/14.</p> <p>Work is underway to include Suboxone within the Highland wide agreement with community pharmacy.</p> <p>The Model of Practice paper for HMP Inverness sets out current work being progressed in the prison setting. Although there are still challenges partners are working well to overcome these. Members acknowledged the significant progress made.</p> <p>Margaret was conscious that a process for supporting Drunk and Incapable people required to be established. Suzy reported that a lot of work has been done in this area in relation to changes to health care in custody suites. Further work is</p>	



being progressed to embed consultants and other suitable models of practice aimed at providing a client centred system of care. Suzy is satisfied that this situation is under control.

The Drug Related Deaths CIRG had low attendance at the meeting of 17<sup>th</sup> April and the format may have to be reviewed if this continues. A report from the Chair, Dr Cameron Stark is submitted to this Group. An action from the meeting was that Dr Gordon would assess the risks associated with combining prescribed methadone and alcohol. Margaret reiterated that it is very useful that the main points from the CIRG come to this Group and the most appropriate way is by this format.

The Intranasal Naloxone pilot is well underway. Margaret felt that an Action Plan would make it easier to sign post. Not all overdoses are advised to the Police and it was felt that the Ambulance Service would be a more appropriate service to target.

- **Protecting Communities**

There was a need to ensure clear and consistent messages go out for Rockness festival in terms of legal highs or New Psychoactive Substances (NPS). Supt. MacKay advised that a partnership communication and media strategy is being led by the Police who would be working to promote the usual key messages. Crew 2000 are to deliver welfare at the event.

- **Maximising Health -**

The Group received a presentation from Liz on the findings of the draft overprovision report, a copy of which was circulated to members. Liz explained that both qualitative and quantitative data had been collated. Survey Monkey was used to gauge public opinion and the voluntary sector interface was commissioned to undertake a participatory appraisal exercise.

Quotes have been sought and filmed on expert opinion and are being made in to a short documentary style film. The work will be included in a report for the licensing board. There will be a period of consultation and a need to give some view that is shared by Safer Highland.

There were some comments following the presentation as follows:

*Specific work is needed to get information around the amounts being consumed and how this contributes to liver deaths. e.g. incidence per 100,000 cases.*

*It is difficult to break down statistics for alcohol related deaths in to local areas.*

*There are difficulties with obtaining A&E data. There is a need for discussion with A& E staff on how best to overcome existing difficulties.*



	<p><i>Data from national records office – could break down numbers</i></p> <p><i>Case for making distinction between sales and consumption. e.g. gathering late at night (nightclubs) presents a different public safety concern as people get more drunk than in the home.</i></p> <p><i>It could be argued that there is more drinking alone at home, for example; pre-loading.</i></p> <p><i>Police say that drinking as the main factor in domestic violence incidents.</i></p> <p><i>It is recognised that there is a lot of evidence available with supporting data but from different sources and it is important to utilise as many data sources as possible.</i></p> <p>Margaret requested that members send any further comments or to feedback to Liz. There will also be a further opportunity at the Stakeholder Day.</p> <p><b>Action:</b> <i>Comments and feedback on the draft overprovision report to be forwarded to Liz.</i></p> <ul style="list-style-type: none"> <li>• <b>Children and Families</b></li> </ul> <p>Dawn advised that the CAPSM Improvement Group has been reconvened and will draw on the revised Getting Our Priorities Right (GOPR) guidance to inform the work programme for the group. Ian Kyle will attend the next meeting to support members to develop a clear and focused improvement plan. Donna Munro will also provide an input on the updated GOPR training that is on offer in Highland to all services.</p>	
<p><b>4.2</b></p>	<p><b>Memorandum of Understanding</b></p> <p>Debbie advised that some minor changes had been made to the document reflecting what had been discussed at the last meeting. Clarification has now been received on future Police representation on the Group. Margaret highlighted that there was a need to ratify the process in relation to the tenure of the ADP Chair and a process for someone else to take over the role if and when required.</p> <p><b>Action:</b> <i>It was agreed that this should be discussed further at the next meeting.</i></p>	<p>All</p>
<p><b>5</b></p> <p><b>5.1</b></p>	<p><b>BUDGET STATEMENT AND FINANCE AND COMMISSIONING GROUP</b></p> <p><b>Budget Statement</b></p> <p>A statement giving the position for the 12 months to March 2013 was circulated from David for noting. Albeit reduced from</p>	



	<p>previous years the statement shows significant underspends in the West Area and also in the HADP support team costs.</p> <p>Clarification was sought on the reference contained in the Financial Framework to HADP having capacity to utilise slippage that is over a year old. However, in the absence of David it was decided to defer discussion and the need for clarification until the next meeting.</p> <p>In relation to monies tied to funding posts, Margaret is keen to move to a clearer understanding of how priorities are set and outcomes achieved and also to establish a process for moving money around the system to enable resources to be directed to areas of greatest need. However, In David's absence, the Group were unable to take this further.</p> <p><b>Action:</b> <i>Clarification to be sought from finance on how best to establish the type of process required to facilitate greater flexibility and redirection of monies to areas or priority and greatest need.</i></p> <p><b>5.2 Finance and Commissioning Group</b> The draft minutes of the meeting held on 28/3/13 were circulated for information and comment. Liz reported drafting terms of reference for the group that will go out for consultation.</p> <p>It was also reported that a funding form has been sent out as agreed to get a better understanding of who gets funding and the outcomes being achieved. Suzy enquired as to which individuals had received the form as the deadline for submission was this Friday and she was anxious to know in case they had any problems. Liz explained she was advised by finance to send the forms to operational directors and ask for their assistance with disseminating them to the appropriate statutory and non-statutory services. Liz and Suzy agreed to meet for discussions on this out-with the strategy group meeting. It was emphasised that all those in receipt of funding including the Youth Action Service were being asked to provide the same information. Dawn agreed to complete the form and provide the required information.</p> <p><b>Action:</b> <i>Dawn to arrange for completion of the funding form and feedback to Liz.</i></p> <p><b>Action:</b> <i>Liz and Suzy to arrange to meet to agree a process for collating the funding information being requested.</i></p>	<p>Liz/Debbie/David</p> <p>Dawn</p> <p>Liz S/Suzy</p>
<p><b>6</b></p> <p><b>6.1</b></p>	<p><b>PLANNING AND REPORTING TO SCOTTISH GOVERNMENT</b></p> <p><b>Meeting with Roseanna Cunningham.</b> The second meeting with the Minister in Perth covered similar issues to those highlighted at the first meeting in January. The Minister is keen that every effort is made to achieve the target and emphasised the need to ensure that the data collected will withstand robust scrutiny. The Minister also inquired about the</p>	



	<p>monitoring of DNA rates. HADP reported there is steady progress with the target and the recording of data and that systems are in place to follow up on DNA's.</p> <p>Naloxone intranasal and intramuscular dissemination and training was also discussed.</p> <p>Suzy added that there is likely to be a high level meeting in NHS Glasgow and Clyde in relation to intra-nasal naloxone. Suzy will provide further detail as it emerges.</p> <p><b>ACTION:</b> <i>Information to be provided to members at the next meeting on the focus and content of the proposed meeting.</i></p> <p>Debbie advised that a meeting with John Finnie MSP and Highland Councillors had taken place to discuss issues and proposed actions related to Inverness City Centre. It was an informal meeting with free exchange of views and opinions. Councillors were keen for an update on enforcement activities. They were also interested to learn more about the procedures for methadone prescribing and the types of care and support packages being delivered to assist people to reduce their consumption level or become abstinent.</p> <p>Some discussion also focused on particular issues related to the stigmatising of people with drug and alcohol problems and how this was sometimes perpetuated by the media. This in turn can result in scapegoating by communities with drugs and alcohol being blamed for all societal ills.</p> <p>Liz offered to utilise opportunities to remind her colleagues of the value and impact of supporting development of community led initiatives. The work of Cllr Douglas in encouraging local involvement in Badenoch &amp; Strathspey via the drug and alcohol forum provides a useful example.</p> <p><b>Action:</b> <i>Liz to remind colleague of value of community-led initiatives where possible.</i></p> <p>Liz suggested it would be useful for Councillors to have 1 - 2 sheets of A4 setting out a description of the treatment services and interventions on offer across Highland. The information would also be a useful resource for informing the work of district partnership groups.</p> <p><b>Action:</b> <i>Brief guide to treatment services and interventions offered in Highland to be collated and disseminated to Councillors and district partnerships.</i></p>	<p>Suzy</p> <p>Liz MacD</p> <p>Suzy</p>
<p><b>6.2</b></p>	<p><b>Revised Reporting Cycle</b> ADPs are no longer required to share annual updates on local Delivery Plans at the end of March 2013 and March 2014. Instead of receiving updated ADP Delivery Plans - ADP</p>	



	<p>Annual Reports should contain a summary page which identifies Priorities including key milestones ADPs are planning to achieve over the next 12 months (i.e. April 2013 – March 2014).</p> <p><b>ADP Annual Reports should now be shared with Scottish Government by 16 September 2013, 15 September 2014 and 14 September 2015.</b> (This replaces the previous June deadlines)</p> <p>Standard reporting templates will be developed in consultation with ADPs for ADP Delivery Planning (for Plans April 2015- March 2018) and ADP Reporting (from April 2012 - March 2013). Use of these templates will not be mandatory, they are intended to act as an optional tool to support your local processes</p> <p><b>Action:</b> <i>Strategy Group members are asked to familiarise themselves with the content of the funding allocation. It sets out planning and reporting requirements and also annual priorities for ADP's.</i></p> <p><b>ADP Core Outcome Indicators</b>          ISD are to forward up dated data by the end of May that will enable ADP's to measure progress against the indicators. A summary will be included in the HADP annual report. As yet, there is insufficient data across Scotland to report against the national recovery indicators. The funding allocation letter accords priority to ADP's increasing completion rates of SMR25a &amp; b forms in order to provide sufficient data for a range of indicators including recovery.</p> <p><b>Action:</b> <i>Strategy Group members are asked to familiarise themselves with the national and local drug and alcohol indicators.</i></p>	<p>All</p> <p>All</p>
<p><b>7</b></p> <p><b>7.1</b></p> <p><b>7.2</b></p>	<p><b>SAFER HIGHLAND LEADERSHIP GROUP</b></p> <p><b>Strategic Assessment</b> - Safer Highland had commended the drug and alcohol section in the report as it provides a fairly comprehensive picture. It was useful to learn from the process and take forward issues but it was important that we have the data in place.</p> <p><b>Action:</b> <i>Ongoing liaison with Safer Highland partners on content of SA and focus of subsequent delivery plan.</i></p> <p><b>Significant Case Review</b> – The Safer Highland Leadership Group had circulated the Significant Case Review protocol. Suzy and Duncan had looked over it and considered there is a need to ensure it aligns with other existing case reviews.</p> <p><b>Action:</b> <i>Services to provide further advice on how best to ensure alignment with other SCR processes. Feedback will be given to this meeting.</i></p>	<p>Debbie</p> <p>Suzy/ Duncan</p>





	<p>From the last DRD CIRG meeting Alasdair did not think there were any cases that needed to be escalated.</p>	
<b>8</b>	<p><b>ANNUAL HADP STAKEHOLDER EVENT</b></p> <p>This event will take place on <u>Friday 14<sup>th</sup> June</u> at Smithton and Culloden Church, Inverness. A programme was circulated for members to note this date and to advise Debbie if they wish to attend / contribute to the day.</p> <p><b>Action:</b> <i>Members were also asked to assist in cascading the information as widely as possible within their agencies.</i></p>	All
<b>9</b>	<p><b>ANY OTHER BUSINESS</b></p> <p>Sgt. Grant-Omotosho advised that with effect from 1<sup>st</sup> June the DVLA propose that drivers who have lost their licence due to drink driving require to be assessed as alcohol-free by the NHS prior to their license being reinstated. It was commented that the process is likely to be difficult to implement.</p> <p>Suzy reported on a new drug being licensed for people who are problem drinkers, Nalmefene. This is aimed at reducing their alcohol consumption. A pilot is being done in Lothian.</p>	
<b>10</b>	<p><b>DATE OF NEXT MEETING</b></p> <p><b><u>Thursday 22<sup>nd</sup> August at 2 p.m</u></b> – Ante Room, John Dewar building</p>	