



**Minutes of the Highland Alcohol & Drugs Partnership
Strategy Group Meeting held on 6th November 2013
NHS Highland, John Dewar Building**

Present:

Dr Margaret Somerville	Consultant in Public Health & Health Policy (Chair)
Bill Alexander	Director of Health & Social Care (Vice Chair)
Caroline Johnston	Governor in Charge, HM Prison Inverness
Alasdair MacDonald	SFIU – North, Principal Investigator
Dr Duncan Stewart	Consultant Psychiatrist (Addictions)
Suzy Calder	Head of Service - Substance Misuse/Professional Lead
Elisabeth Smart	Public Health Consultant
Dawn Grant	Head of Children’s Services - North
Dr Elspeth Lee	Health Promotion Specialist - Substance Misuse
David McRonald	Head of Finance – Community Care
Sergeant David McAlpine	Police Scotland
Debbie Stewart	HADP Coordinator
Sarah MacKenzie	Research & Intelligence Officer, HADP
Maureen Doig	HADP Administrative Support (Minutes)

Item	Discussion/Decision	Action
1	WELCOMES/APOLOGIES Margaret welcomed everyone to the meeting and introductions were made for the benefit of Elspeth Lee and David McAlpine. Apologies were noted from Cllr Liz MacDonald, Hugh Fraser, Supt. Steve MacKay and Insp. Archie Henderson	
2	MINUTES OF PREVIOUS MEETING The minutes of the previous meeting were read and agreed as accurate.	
3	MATTERS ARISING AND ACTIONS	
3.1	<u>Actions and Matters Arising from meeting 22/8/13</u> <ul style="list-style-type: none"> • <u>Inverness City</u> - Suzy reported the problems around the Harm Reduction Service remain an issue and she will update later on the agenda. • <u>Protocol for Serious Case Reviews in Highland</u> To be discussed at the next DRD CIRG on the 21st November. It was noted that the purpose of the protocol is not to replace existing procedures but to improve consistency and add value. • <u>Volatile Substance Abuse</u> Suzy advised that the on-line VSA training has now been embedded in staff PDP’s. 	

- Margaret has communicated to Police Scotland that Intranasal administration of naloxone is not currently being rolled out in Argyll & Bute.
- NPS / Legal High Scoping Exercise
Debbie reported work was underway and a survey monkey questionnaire, PA tool for services and a flyer had been produced. SDF were currently being consulted.
- Festivals Update
David McAlpine to provide a summary report on the Festivals.
- Suboxone/Subutex
Caroline discussed problems related to suboxone use in HMP Inverness. There are also problems associated with the time taken for the drug to dissolve. Taken under the tongue this is usually 1 minute per mg, which for some people can result in taking over 20 minutes to dissolve. Suzy said that crushing suboxone can reduce diversion. NHS Lanarkshire are to share letter of understanding to this.
- The Annual Reporting Template has been submitted to Scottish Government and was discussed at the Safer Highland meeting on 22nd October.
- Safe storage of methadone is routinely communicated to clients and is embedded in the clinical guidance and practice.
- Discussions are ongoing to resolve the issues related to the Harm Reduction service with work being done through Operation Respect. Suzy is working in partnership with the Chair of NHS Highland to resolve the issues and the service is proactively looking for alternative premises as there is only one year of the lease remaining.
- A Harm Reduction awareness event will take place on 22nd November at Cale Thistle Stadium. Press coverage has been arranged that will tie in with the festive overdose awareness campaign being done around festive time. Margaret said HADP is keen to ensure campaigns and press releases are promoted as partnership initiatives.

There are plans to give a briefing for Independent Councillors at a date to be arranged. Debbie reported that the AA Awareness Raising Day held on 1st November included a large number of attendees who have credited services with contributing to their recovery. It was encouraging to see there is a vibrant recovery community in Highland and that HADP are keen to strengthen links

<p>4</p> <p>4.1</p> <p>4.2</p>	<p>STRATEGY DEVELOPMENT</p> <p><i>Safer Highland Leadership Group</i> Margaret reported that at the meeting of 22nd October it was agreed that Safer Highland would have two sub groups. It was proposed that HADP would be a member of a group alongside Road Safety, Serious and Organised Crime and Anti Social Behaviour. A diagram is being produced.</p> <p><i>Annual Reporting Template</i> The Annual reporting template was circulated and members were thanked for their comments. It is a self assessment exercise using the commissioning cycle and a number of benchmarks to aid self assessment. Feedback from Scottish Government is expected soon. Margaret will await the feedback but asserted the need to progress the improvement goals and shift emphasis to more upstream work.</p> <p>Action: It was noted the RAG process was useful for the reporting template and that it was agreed that it should be phased in to HADP progress reports.</p>	<p>DS</p>
<p>5</p> <p>5.1</p> <p>5.1.1</p>	<p>STRATEGY DELIVERY</p> <p>HADP Progress Report – Key Points</p> <p><i>Children and Families</i></p> <ul style="list-style-type: none"> • A CAPSM Improvement Plan is under development and the revised two-day GOPR training programme is being rolled out to adult and childrens services with very positive evaluations. • “Dealing with Teenage Behaviour” training programmes are being piloted and delivered to parents by Action for Children and the Youth Action Service. <p>The development of more targeted support for CAPSM families with in the proposed family team structure is being explored via the Third Sector Collaborative.</p>	
<p>5.1.2</p>	<p><i>Maximising Health</i></p> <ul style="list-style-type: none"> • The FASD Awareness Day, <i>Pregnant Pause</i> events went well particularly in Skye and got good coverage in the local media. The FASD Diagnostic Clinic in Manitoba, Canada have been commissioned by SG to deliver training seminars throughout Scotland. <p>Action: Debbie to ascertain targeting and uptake of the training within Highland.</p> <ul style="list-style-type: none"> • Elspeth reported that work has been initiated on the social marketing aspect of the Prevention Project and that her hours are being increased to progress the initiative. 	<p>DS</p>

	<ul style="list-style-type: none"> An ABI working group meeting is planned for December to agree a workplan for 2014 and how best to embed delivery in target settings. Margaret highlighted there was wide variation in the delivery of ABIs and that a strategy was required to improve consistency and ensure targeting in areas experiencing health inequalities. <p>Action: A more detailed report setting out progress and costings was requested on the Prevention Project for the February meeting.</p> <p>Action: ABI data (GP practices and the database) to be investigated to establish whether delivery is consistent across Highland.</p> <p>Findings from the Lifestyle Survey will be useful to extrapolate data from the drug and alcohol questions that will help to inform the Prevention Project.</p> <p>Action: Sarah confirmed that she will be seeking to assist Dr Jenny Wares in the analysis of the lifestyle survey.</p> <p>Liz reported that the overprovision statement will be debated by Council at a meeting on the 12th November. Option one targeted off-sales with a capacity of greater than 40 square meters, option two targeted off-sales with a capacity of greater than 40 square meters in areas with a hospitalisation rate higher than the Scottish average. Liz said that the survey had highlighted that 90% of the Highland population are within a 10 minute drive time of an off-sales while 54% within walking distance in the same time.</p> <p>Action: Liz to report back on the outcome of the vote on the overprovision statement at February meeting.</p>	<p>DS / EL / KC</p> <p>LS</p> <p>SM</p> <p>LS</p>
5.1.3	<p>Recovery</p> <ul style="list-style-type: none"> NHS Highland now able to offer buprenorphine prescribing. Local protocols are being reviewed in line with the Orange Book. The lack of performance management system in place makes it difficult to provide rapid access to data on substitute prescribing. Strategies for improvement will be considered as part of the ORT work. HEAT Standard provisionally reported as 78% for the July-Sept quarter. This was a particularly difficult period with significant capacity issues. These are being resolved with two band 5 posts appointed at Osprey House. Members were reminded that this is a big improvement from previously having to wait for weeks. It was noted that HMP Inverness are compliant with target The uptake of Intranasal naloxone has improved through applying the peer model. 	

	<p>Action: Margaret wishes to arrange visits to the main tier 3 and 4 services.</p> <p>Action: A high level view of the recovery pathway is to be provided for the February meeting.</p>	<p>DS/SC</p> <p>SC</p>
<p>5.1.4</p>	<p><i>Protecting Communities</i></p> <p>David McAlpine gave an update on activities conducted through a number of long term Police operations as under-noted::</p> <ul style="list-style-type: none"> • Continuing to target “hotspots” of under age drinking across Highland using a new process Where alcohol letters are sent out to parents/guardians or youth alcohol letters sent to over 16’s. • Alcohol test purchasing operations are to be continued along with joint operations with Trading Standards • Work ongoing to support Pub Watch • Campaign Against Violence (CAV) days are being rolled out. Joint operation at Inverness training station with British Transport officers. Also Operation with SIA officers • Drug seizures in period 18/7/13 to 23/10/13 for Ross Shire, Inverness, Nairn & Lochaber reported as significant. The types of drugs involved were heroin, cannabis, cocaine and amphetamine. <p><i>Diversionary Activities & Community Safety</i></p> <ul style="list-style-type: none"> • Safe Highlander event, talks to schools, Operation Youth Advantage (adventure week) based at Cameron Barracks and Fort George. • Continuing support for Rock Challenge and the new contact is Alan MacRae. • Attendance at drug and alcohol forums • Boxing classes aimed at young people with behavioural issues being piloted. • The Police report on the Belladrum event was that it was well • attended with a limited number of incidents although a many drug searches took place. • A&E attendances, petty assaults and anti-social crime was also low. • Instances of underage drinking were noted by Police who rely heavily on the public to provide information. <p>Underage drinking remains a child protection issue and it was considered important to prevent and tackle instances at festivals such as Belladrum.</p> <ul style="list-style-type: none"> • It is anticipated that the festivals welfare group will meet early in 2014. HADP will ask the group to consider how best to address underage drinking. HADP would request feedback at February meeting. <p>Action: Ensure preventing and tackling underage drinking is a priority for next year’s festivals. This is to include Rockness and</p>	

	<p>also explore how the Stay Safe, Enjoy Summer initiative could be extended. (<i>Bill Alexander left the meeting</i>)</p>	DS, DMcA, KC
6	DRUG RELATED DEATHS	
6.1	<p><i>DRD CIRG</i> - Dr Stark's note of the meeting held on 28th August was omitted from the papers and a copy would be circulated with the minutes. The meeting had discussed that the majority of deaths are not known to services and Gabapentin was increasingly implicated in deaths which is an ongoing issue of concern. There was also discussion on the role of Royal Mail as it is believed that postal workers maybe placed in compromising situations. It was agreed as essential to improve processes for non-fatal overdoses. Cameron has therefore been liaising with the Ambulance Service. Highlife highland library services have agreed to monitor use of computer for on-line ordering of substances.</p> <p>Action: The recommendations from the DRD CIRG are to be progressed and a report provided at the February meeting.</p>	DS
6.2	<p><i>Drug Related Deaths in Scotland 2012</i> – A summary was provided and it was noted that the number of deaths had fallen from 2011. The prevalence rate is lower in Highland than nationally. The most common cause of death reported was accidental poisoning. The report also begins to report on NPS as a contributory factor.</p>	
6.3	<p><i>National Naloxone Report</i> – NHS Highland is performing extremely well in comparison to other areas. It is important to ensure the intranasal figures are included in national reports.</p> <p>Action: Services will monitor national reports and continue to liaise with SG and ISD to ensure intranasal saloon distribution statistics are included in national reports.</p>	SC
6.4	<p><i>Intranasal Naloxone Pilot</i> - Update for October 2013 from Harm Reduction Service circulated. In the last 12 months there have been 16 intramuscular uses and 8 intranasal uses of naloxone. In each group, there has been one use by a professional and all the other uses have been by peers or family members. Reported feedback was that in most instances there was a consistent preference for intranasal naloxone and it was expected that, in due course, the numbers of uses would exceed those of the intramuscular naloxone option.</p> <p>Action: Once completed, the evaluation report for the pilot will be presented for discussion at a future meeting.</p>	SC
7	OPIATE REPLACEMENT THERAPY	
	<p>7.1 <i>ORT Report</i> A copy of the report of the independent expert review group was circulated to members.</p>	

	<p>7.2 <i>Planning for Change event.</i> Suzy felt that ADPs are not structured to take forward the types of recommendations suggested in the report. She had attended the ORT meeting the previous day. Her view was that SG required to take a more proactive role and that the ADP are not responsible for operational issues and that any working group that is established will obviously link in to the ADP but would not be directed by it.</p> <p>7.3 <i>Key Aim Statement.</i> Debbie reported that the ORT key aim statement had been submitted to Scottish Government with the statement that An Improvement Plan will be produced by March next year. Margaret suggested that this remains as an agenda for future meetings.</p> <p>Action: Feedback on the key aim statement to be sought from SG. Once SG has made an official response to the recommendations in the report; HADP and Services are to liaise to consider appropriate representation on a working group</p>	DS, SC
8	<p><i>BUDGET STATEMENT AND FINANCE AND COMMISSIONING GROUP</i></p> <p>Budget Statement - Members noted a budget statement for 6 months to September 2013 submitted by David McRonal. A programme of spend of the budget is almost complete in terms of usage of the funding. Significant cost pressures are reported in South and Mid amounting to £68,000.</p> <p>Suzy and David agreed to meet with Frances Gordon to agree how best to address the current overspend. Margaret reminded member's; that overspends need to be dealt with separately as ADPs are not allowed to carry deficits. Margaret asked members to note the budget as it presently stands as they were not able to make changes at this time. Liz made the point that this is not the direction of travel we should be going at the present time.</p> <p>Action: <i>Suzy and David are to meet with Frances Gordon to agree how best to tackle the south and mid overspend</i></p> <p>8.1 <i>Finance & Commissioning Group</i> - A draft minute of the finance and commissioning group meeting held on 30th October was submitted. The group were asked to note the draft <i>HADP Guide to Commissioning</i>. It is a good starting point for next year when the hope is HADP would be in a better position to undertake more active commissioning. Liz said she was happy to receive any comments on the draft.</p> <p>Action: Members are to forward any comments on the commissioning guide directly to Liz.</p>	<p>SC/DMcR</p> <p>All</p>

9	<p>WELFARE REFORM – UNIVERSAL PATHFINDER</p> <p>9.1 <i>Universal Credit - Drug and Alcohol Conditionality.</i> A meeting has been arranged with members of the DWP for the 29th November. Concerns were expressed about the lack of notice and the potential implications of reducing capacity to achieve the HEAT standard. Margaret stated that although she had been aware of this coming, she was not fully aware of the drug and alcohol conditionality and expressed concern that the information was not disseminated by the welfare reform group. There was discussion related to suggestions that a letter be sent to the Drugs Policy Unit, copied to Roseanna Cunningham expressing concerns about the lack of notice. However Debbie did not agree that this would be productive but she would draft a letter as agreed.</p> <p>Action: A letter to be drafted and sent to the Drugs Policy Unit.</p> <p>9.2 <i>Your Say Initiative.</i> It was agreed to defer discussion on this until the next meeting.</p>	DS
10	<p>FOR INFORMATION AND NOTING</p> <p>10.1 A link to the Annual Report of the Director of Public Health and Health Policy 2013 is given below for information http://www.nhshighland.scot.nhs.uk/Meetings/BoardsMeetings/Documents/Board%20Meeting%201%20October%202013/5.1%20DPH%20Annual%20Report%202013-APP.pdf</p> <p>10.2 The Substance Misuse Service for the HADP area have agreed to hold a SG Drug and Alcohol Improvement Game (DAIG) event on the <u>27th May 2014</u>. Further information will come on this.</p>	
11	<p>CONSULTATIONS</p> <p><i>Alcohol Over Provision Statement</i> – A copy of the HADP response on the Alcohol Over provision statement was circulated for members. It was noted that Public Health and VAW had also submitted a response.</p>	
12	<p>ANY OTHER BUSINESS</p> <p>Suzy advised that she and Caroline had attended a first meeting of the Scottish Prisons Group. An event is to be held in February and Suzy is likely to be asked to contribute to this. It was suggested that the media be used to capitalise on any presentations done for the event.</p>	
13	<p>FUTURE MEETINGS</p> <p>Members are asked to note the next meeting as <u>Thursday 6th February at 2 p.m. in the Board Room, John Dewar Building</u> and proposed meetings for 2014 :</p>	

	Tuesday 13 th May at 2 pm – Board Room, John Dewar Building Tuesday 26 th August at 2 p.m. Venue to be confirmed Thursday 13 th November at 2 p.m. – venue to be confirmed	
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