



**DRAFT Minutes of the HIGHLAND ALCOHOL AND DRUGS PARTNERSHIP held on Tuesday 13<sup>th</sup> May 2014  
In NHS Highland, John Dewar Building**

**Present:** Dr Margaret Somerville, Director of Public Health (Chair)  
 Bill Alexander, Director of Care and Learning, (Vice Chair)  
 Dr David Alston, Depute Leader, The Highland Council and Political  
 Champion for Alcohol & Drugs  
 Alasdair MacDonald, North SFIU Head  
 Suzy Calder, Head of Substance Misuse, NHS  
 Dawn Grant, Children’s Services Manager – North, THC  
 Inspector Mairi MacInnes, Police Scotland - North Division  
 Debbie Stewart, Coordinator, HADP  
 Sarah MacKenzie, Research & Intelligence Officer, HADP

**Apologies:** Chief Supt Julian Innes, Divisional Commander, Police Scotland – North  
 Division  
 Caroline Johnston, Governor, HM Prison Inverness  
 Elisabeth Smart, Public Health Practitioner, NHS  
 David McRonald, Head of Finance, Community Care, NHS  
 Elspeth Lee, Health Improvement Specialist, NHS  
 Cathy Steer, Head of Health Improvement, NHS  
 Hugh Fraser, Director of Education, Culture & Sport Service

**In Attendance:**

Beverley Francis, Head of Drugs Policy Unit, Scottish Government

Hilary Smith, Team Leader: ADP National Support & HEAT Drug & Alcohol Treatment  
 Waiting Times Standard, Scottish Government

Item	Discussion/Decision	Action
<b>1</b>	<p><b>WELCOMES/APOLOGIES</b></p> <p>Margaret Somerville opened the meeting and extended welcomes to Hilary Smith and Beverley Francis and introductions made. Beverley and Hilary were very pleased to have had the opportunity to meet services during the morning and to gain an understanding of what they do.</p> <p>It was reported that Karen Carson has resigned her post – Elspeth Lee who job shares is likely to take on the post full-time.</p> <p>Bill Alexander advised that he would be the representative from Care and Learning and that Hugh Fraser would no longer attend these meetings.</p> <p>Apologies were noted as above.</p>	
<b>2</b>	<p><b>MINUTES OF PREVIOUS MEETING 6<sup>TH</sup> FEBRUARY 2014</b></p>	

	These were read and agreed as an accurate record.	
<b>3</b>	<p><b>MATTERS ARISING AND ACTIONS</b></p> <p><b><i>Actions from previous meeting 6.2.14</i></b></p> <p><i>Item 4</i> Debbie is to liaise with Cath King to provide a demonstration of the website at a future meeting</p> <p><i>Item 5.2</i> Sarah MacKenzie, Research &amp; Intelligence Officer is to be supported to work on updating the needs assessment to inform a refreshed strategy from 2015 - 18. A report will be made available to the <u>November</u> meeting.</p> <p><i>Item 5.3</i> The ADP minutes have been made available to Safer Highland.</p> <p><i>Item 5.4</i> The Quality Principles have been circulated with a response provided to Scottish Government</p> <p><i>Item 6.1.</i> There was little further to report on Nek Nominations as it would appear to have run its course. No further action is to be made at the present time other than ongoing monitoring.</p> <p>Dawn will report on the CAPSM element of the recent Inspection Report to the meeting when it becomes available. Suzy Calder now represents treatment services on the CAPSM Improvement Group.</p> <p>Suzy and David will arrange a meeting to consider the Lanarkshire model of budget reporting based on outcomes. DPU suggested seeking support from the ADP support team for insight in to approaches used in other areas.</p> <p>Liz and Debbie are planning an event after summer. Debbie and Dawn will continue to work with the Third Sector Collaborative on a future CAPSM bid to Lloyds TSB.</p> <p>Suzy reported that as the Benefit criteria for conditionality is still relatively restrictive there are not many issues for services, although this will undoubtedly change in the future as client groups are extended. Job Centre Plus has reported one client thus far on drug and alcohol conditionality in Inverness. Debbie will continue to participate in the Welfare Reform group.</p> <p>Discussion had taken place at the Safer Highland Leadership Group that has identified alcohol misuse as a cross-cutting issue and should be a priority for all partnerships. This situation could be replicated for drugs also.</p>	<p>DS</p> <p>DS/ SMcK</p> <p>DG</p> <p>SC, DMcR</p> <p>DS, DG</p> <p>DS</p>
<b>4</b>	<p><b>RECOVERY PATHWAY AND DACQ PROGRESS</b></p> <p>Group members were given an informative presentation on current progress</p>	

	<p>with the Recovery Pathway.</p> <p>In addition to the progress on the pathway, Suzy reported on the HEAT waiting time standard: NHSH = 91% at end of March, HADP = 89.3%. From Apr 2013 to Mar 2014 there has been a 23% increase in active clients.</p> <p><i>(See copy of the presentation for information on content)</i></p> <p>Bill asked about the benefits of one senior post coordinating activity across Highland. Suzy clarified that discussions have concluded that this would be very difficult to achieve given that area based service structures are so diverse and that overall management would be a vast task and unrealistic to expect of one individual. However, this is not to say that the current arrangement cannot be improved in the future.</p> <p>Margaret added there was less push for a single Highland substance misuse management post now. The priority was to ensure all services were delivering on the pathway. Margaret thanked Suzy and service staff for the progress achieved on the waiting times standard.</p>	
5	<p><b>STRATEGY DEVELOPMENT</b></p> <p><b>5.1 Safer Highland Leadership Group Meeting – 26<sup>th</sup> March 2014.</b></p> <p>The minutes of the Safer Highland Leadership group meeting held on 26<sup>th</sup> March will be circulated to members when available.</p> <p><b>5.2 Drugs Policy Unit – Overview of Future Direction</b></p> <p>Beverley updated the Group and stated the Road to Recovery strategy will continue to be the direction of travel, albeit with emerging issues such as NPS use requiring inclusion. Increasingly Ministers are being drawn into the debate around NPS. Nationally, work has been commissioned to ascertain prevalence and trends. Although not the biggest drug problem, it is very much out there in the media.</p> <p>Setting aside ongoing debate on aspects of the ORT Report, SG is committed to methadone as a key element of treatment although work is required to improve access, practice and consistency across the country. The Quality Principles have been agreed as part of the Improvement Framework for ADP's and will now move to an implementation phase. Services will be asked to integrate the principles and provide evidence that they are being applied. Reducing drug related deaths continues to be a national priority with SG keen to increase distribution of naloxone kits.</p> <p>Workforce development is also a priority for SG and members of the support team are supporting local areas to take this work forward. SG itself has developed DAIG training on improvement methodology and small tests of change and would urge Highland to reschedule the session that has been recently cancelled.</p> <p>Data collection for monitoring progress and evidencing outcomes is a</p>	DS

	<p>key area of focus e.g. reducing service DNA's, improve SMR recording, reducing anonymous DAWT records. Work is ongoing to deliver the DAISy national recording system which is planned for piloting next year. It is acknowledged that Highland is proactive in this area and is keen to be involved in piloting and continues to highlight the need to ensure DAISy fits with existing systems such as the Patient Management System (PMS).</p> <p>SG continue to promote working with nationally commissioned organisations such as Scottish Drugs Forum, STRADA, Scottish Families Affected by Alcohol &amp; Drugs, CREW 2000 and Scottish Recovery Consortium. Current support is likely to continue for the next 3 years.</p> <p>Tackling poverty and inequality is a key priority with a range of work underway to tackle welfare reform and support initiatives such as food banks. Discussions are developing on the SG role as a major employer and what actions they need to take to model employer practices that support recovery, tackle poverty and provide employment opportunities to vulnerable and disadvantaged groups, including those in recovery.</p> <p>ADP Funding letters have not yet been issued as they have been delayed due to discussions with colleagues in the alcohol policy unit. However, they will be ready for dissemination in the near future. It was noted that there is no uplift. SG asserted that Drug and Alcohol monies should be protected and spent for the purposes intended. The monies should not be used to meet savings targets and where this may be an issue, SG are available to provide support to ADP's to help clarify this with other partners.</p> <p>Health &amp; Social Care integration is a major public policy that will continue to be progressed. Lessons learned in areas such as Highland, although painful, are useful for aiding other areas embarking on this major restructuring.</p> <p>The purpose of the SG visit is to reassure the Minister of what is being done to achieve the HEAT standard and ensure this information is fed in to the NHS annual review process.</p> <p>Margaret thanked Hilary and Beverley while noting the funding position is as expected and that the reference to the ORT report is reassuring. Margaret advised that she will take up lead role within the NHS to progress the recommendations in the interim, until a new Medical Director is appointed. The ADP will look forward to further guidance on ORT and the availability of support from the national ADP team is very welcome and helpful.</p> <p>Questions from the meeting – Cllr Alston requested clarification on the role of GPs in methadone prescribing. The response was there will be no change to the national GP contract until 2020. Although, there are issues nationally with access, not all are specifically rural. There is a need to progress the agenda that change is required and be clear about the role of primary care in providing support to those with drug and alcohol problems.</p>	
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	It was added that the Health Promoting Health Service strand at Board level has resulted in the health of employees being taken far more seriously.	
6  6.1	<p><b>STRATEGY DELIVERY</b></p> <p><b><u>HADP Progress Report May 2014 (See Progress Report for full information)</u></b></p> <p><b><i>PROTECTING COMMUNITIES</i></b></p> <ul style="list-style-type: none"> <li>• The Rock Challenge evaluation feedback was congratulated for being very positive and demonstrated a huge amount of commitment to the event which was acknowledged. Bill commended the volume of work involved in producing the event. HADP members agreed to continue supporting it annually.</li> <li>• There is now a single point of contact in Highland for monitoring NPS together with other drug seizures which is Jenny MacDonald.</li> <li>• An NPS half day summit hosted by the Cabinet Secretary for Justice that included Police Scotland, Trading Standards and the Home Office on enforcement was held on 25<sup>th</sup> April. The North Division, NPS Facebook chats were cited as innovative and examples of best practice.</li> <li>• Community Justice re-design will go ahead as planned following last year's consultation. The delivery of community justice locally will see a significant change in approach and will require considerable planning and preparation by CPPs throughout the transition process.</li> </ul> <p><b><i>MAXIMISING HEALTH</i></b></p> <ul style="list-style-type: none"> <li>• Novel Psychoactive Drugs (NPS)/Legal Highs. Sarah provided an update on the NPS / legal high survey underway. There were currently 402 respondents. The survey will continue until the end of June. A 6 month audit of A&amp;E records is also being conducted along with a snap shot audit of a treatment service. A survey of presentations to services will also be conducted. A full report will be presented to HADP at the Nov meeting.</li> <li>• <b><i>Belladrum Festival</i></b> The Independent Festivals Association of which Belladrum are a member took part in a national action day to tackle NPS use at festivals by blocking out their website. Similar awareness messages to previous years will be disseminated. Karen led on this and it will be necessary to ensure this work is picked up as a priority. Messages should include targeting of parents and</li> </ul> <p><b>Action:</b> Debbie will liaise with Health Improvement to ensure festival related work is taken forward.</p>	DS

	<p><b>RECOVERY</b></p> <p>DAWT Improvement Plan attached for noting.</p> <p>Delivering Recovery – Opioid Replacement Therapies in Scotland – report of the independent expert review (2013) A letter was received by the NHS CE requesting feedback on progress with implementing the recommendations. One of the requests is that a senior accountable officer is identified as responsible for the delivery of improvements.</p> <p><b>Action:</b> Debbie will liaise with relevant officers and coordinate a response to the letter and report on opportunities for change and advise on the challenges faced.</p> <p>Note of meeting with Drugs Policy Unit on 26<sup>th</sup> March (attached for information).</p> <p><b>CHILDREN AND FAMILIES</b></p> <ul style="list-style-type: none"> <li>• A note of the CAPSM ISP Sub Group meeting held on 28<sup>th</sup> April was attached.</li> <li>• CAPSM Information Sharing Protocol is to be updated using the electronic/on-line method developed for the “Ethical decision-making framework for underage sex at: <a href="http://www.husp.org.uk/index.asp?style=flowchart">http://www.husp.org.uk/index.asp?style=flowchart</a></li> <li>• A New system for gathering statistics for children in services is in final draft state and will be ready to trial from May.</li> </ul> <p><b>Action:</b> Dawn will report back on the progress of the ISP at future meetings.</p> <ul style="list-style-type: none"> <li>• The CAPSM group has agreed in principle to support the Third Sector Collaborative bid to Lloyds TSB with any reservations or queries communicated to the Collaborative.</li> </ul> <p><b>Action:</b> Debbie and Dawn to feedback on the progress of the Third Sector Collaborative bid at future meetings.</p> <p>Margaret stated that whilst she had no objection submitting the bid, a formal bid would need to be agreed via the Finance &amp; Commissioning Group as well as the CAPSM group. The outcomes from the bid require to link to needs assessment work being conducted.</p>	
7	<p><b>DRUG RELATED DEATHS</b></p> <p><b>7.1 DRD CIRG</b></p> <p>The note of the DRD, CIRG held on 4<sup>th</sup> March were circulated. Dr David Gordon raised concerns about the number of deaths where Gabapentin may have been a contributory factor. He is keen to undertake auditing work on a cohort of deaths and plans to write a paper aimed at improving prescribing practice.</p>	

	<p><b>Action:</b> Debbie will liaise with Dr Gordon and feedback on progress with the tasks he is undertaking to improving Gabapentin prescribing practices.</p> <p>Debbie and Linda from the Harm Reduction Service met with the Ambulance Service in an effort to establish a non-fatal overdose (NFOD) alert system similar to ones in place in other areas. A note of the meeting is attached.</p> <p><b>Action:</b> Debbie to feedback on progress with establishing an OD alert system in partnership with SAS at future meetings.</p> <p>Bill raised a point about clarifying the procedure for the DRD CIRG to consider the need for a Serious Case Review informed by the process set out in the Safer Highland guidance</p> <p>Alasdair recalled discussion at a previous DRD CIRG meeting where this had been endorsed but as yet there had been no need to apply it.</p> <p><b>Action:</b> Debbie to liaise with the chair of the DRD CIRG to clarify procedure for the group to consider circumstances where recommending a SCR may be appropriate.</p>	
8	<p><b>SCOTTISH GOVERNMENT FUNDING LETTER</b></p> <p>As previously advised, the funding letters will be circulated in the near future.</p> <p><b>Action:</b> Debbie will ensure strategy group members are provided with a copy of the funding letter when it is received.</p>	
9	<p><b>BUDGET STATEMENT &amp; FINANCE AND COMMISSIONING GROUP</b></p> <p>David McRonald was not present to take this item but submitted a budget report for 6 months to March 2014.</p> <p>From an ADP planning and reporting perspective there is a need to provide more detail on what is being achieved and therefore move to more outcomes focused reporting. This is not without challenges including the lack of a performance management system for Treatment Services but it is important to actively shift toward this type of reporting. Lanarkshire was cited as an example of good practice.</p> <p><b>Action:</b> Debbie to liaise with national ADP support team for examples of good practice for financial reporting linked to outcomes.</p> <p>Margaret stated that funding for the YAS nursing posts that have been under discussion for several years will definitely come from NHS monies. She asserted it will not be paid from the ADP support team budget or any other part of the earmarked monies and that NHS Finance had agreed to this.</p>	

10	<p><b>HADP STAKEHOLDER DAY – TUESDAY 24<sup>TH</sup> JUNE</b></p> <p>The date for the Annual HADP Stakeholder Day has been set for Tuesday 24<sup>th</sup> June and will be held at the Centre for Health Science.</p> <p>A programme for the day is being drafted and will be circulated shortly. The programme will include inputs from SMART Recovery, APEX, Scottish Drugs Forum and CREW 2000 alongside local partners including Highland Council, Police Scotland, NHS Highland, HADP, Action for Children and Young Carers. Cllr Alston agreed to chair the morning session.</p> <p><b>Action:</b> All strategy group members were invited to attend to network with stakeholders and participate in the question time session.</p>	DS
11	<p><b>CHANGE OF ADP CHAIR</b></p> <p>Margaret advised that it is intended that Chief Supt Julian Innes will chair the next ADP Strategy meeting in August.</p>	
12	<p><b>FOR INFORMATION AND NOTING</b></p> <ul style="list-style-type: none"> <li>• <u>Alcohol and Drug Bulletin – April 2014</u> <a href="http://www.scotland.gov.uk/Topics/Health/Services/Alcohol/treatment/DrugandAlcoholBulletinApril2014">http://www.scotland.gov.uk/Topics/Health/Services/Alcohol/treatment/DrugandAlcoholBulletinApril2014</a></li> <li>• <u>Hep C Peer to Peer Prevention</u></li> <li>• <u>Welfare Reform Mitigation</u></li> <li>• <u>NHS Highland National Conference -</u> Suzy reminded members of the Harm Reduction Conference being held in Aviemore on the 23<sup>rd</sup> September and asked that the date be reinforced as it is shaping up to be a very good event.</li> <li>• <u>Sexual Health and Addiction Services Meeting</u> The Minutes of the Sexual Health and Addiction Services Group 27<sup>th</sup> May 2013. Margaret reported that this has been passed to Suzy as there were a number of issues raised around addiction services which were a matter for Suzy as Head of Substance Misuse.</li> </ul> <p><b>Action:</b> Suzy to respond to Dr Lata to consider potential improvement of the provision of sexual health services for those with addiction problems.</p>	
13	<p><b>ANY OTHER BUSINESS</b></p> <p>A report Early and Effective Intervention for Children and Families in Recovery was circulated and Dawn gave a detailed account of the paper. She was disappointed to note that the Appendix had not been attached to the paper but it was explained that it had been received in a format that could not be opened in Word hence the reason it wasn't included.</p> <p><b>Action:</b> Dawn to resend the Appendix in a Word format for circulation to members.</p> <p>The report reiterates reference in a previous report made to HADP in February 2013, requesting further allocation of £175,000 per year to the Care and Learning Service to employ 6 substance misuse posts in the early</p>	DG



years, and implement this service across Highland. It was reported that Children's Services have continued to raise concerns about what they consider to be a gross underfunding of services to address substance misuse for children and families. Bill acknowledged that Margaret as chair had managed to resolve an lengthy difficulty and secure funding via the NHS core budget for two YAS nursing posts but there is still inequity.

Margaret thanked Dawn for bringing the report to the table. She responded that a fair share approach to ADP funding did not appear to have ever been agreed in the past but she was aware that it is time to update needs assessment work in order to refresh priorities for the next three year strategy period from 2015 – 18. Margaret stated that it is her view that priorities should be needs led and supported by robust evidence. Although very useful, she was not convinced the paper provided sufficient evidence to support the request for £175,000. However, the needs assessment work will ensure a more comprehensive picture on which to base future decisions.

In discussion, Bill asserted the view of a lack of investment within the ADP in to Children's Services as opposed to Treatment and questioned the ADP decision making process. He also highlighted that little reference had been made to children in the overview provided by Beverley on the future direction of policy.

Beverley agreed that early intervention is a key government priority as research evidence supports this and that Scottish Government are therefore investing significant resources in this approach. Beverley stated that the tensions around investment of ADP resources and the subsequent difficulties agreeing priorities is not unique to Highland, but required to be resolved by ADP's themselves. Scottish Government are keen for ADP's to consider the range of resources across all partners invested in substance misuse work and have requested this in annual reports but appreciate it may take time for ADP's to work toward this position. Beverley agreed that good needs assessment practice should help to inform future decisions.

Margaret suggested the matter be referred back to the Finance & Commissioning Group but Debbie highlighted that the group was experiencing difficulty functioning due to a lack of resources with which to commission.

Alasdair asked whether there was some way of redefining the role of the group. Debbie accepted that although a commissioning infrastructure was now in place, the group had experienced difficulties due to lack of resources. She also acknowledged in response to Alistair's suggestion that rather than focus on procurement the group could be revitalised with a more strategic commissioning approach and concentrate on assessing and forecasting needs, linking investment to desired outcomes, considering options, planning the range of future services and facilitating partnership working to put this in place.

It was stated that the reality is that ADP funding is tied in to substantive posts and that it is unlikely there will be significant uplift in the future.

Hilary suggested that a way forward may be for Children's Services and

	<p>HADP to work with the Third Sector to attract additional resources via bodies like the Big Lottery Fund as a means of developing services. Dawn did not consider this to be the best long-term option. Beverley added that given the current economic climate, collaborating with the Third Sector to attract funding for substance misuse work was being utilised by many other partnerships.</p> <p>Dawn and Debbie commented that this approach was what was being undertaken with the Third Sector Collaborative bid to Lloyds TSB referred to previously. However, Dawn reiterated that she did not think this approach was best for sustainability and in the longer term could be a more expensive option.</p> <p><b>Action:</b> Debbie to discuss with Liz and Sarah the need to revitalise the F&amp;CG to take on a more strategic approach to commissioning. The group could initially have a function to direct and support the needs assessment work. It would be important to have representation across the group from those involved in all four strands of the strategy.</p>	<p>DS LS SM</p>
<p><b>14</b></p>	<p><b>DATE OF NEXT MEETING</b></p> <p><u>26<sup>th</sup> August at 2 p.m. – Committee Room 4, The Highland Council HQ</u></p> <p>13<sup>th</sup> November at 2 p.m. – Board Room, John Dewar Building</p> <p>HADP Stakeholder Event - 24<sup>th</sup> June, Centre for Health Science</p> <p>National Harm Reduction Conference – 23<sup>rd</sup> September, MacDonald Highland Resort, Aviemore..</p>	