

Agenda Item 19i.

Minute of the Highland Alcohol and Drugs Partnership Strategy Group

DATE: 19.5.15
 LOCATION: Police Scotland Divisional HQ, Old Perth Road, Inverness
 CHAIRMAN: Chief Superintendent Julian Innes

Present:

Cllr David Alston	Deputy Leader, The Highland Council
Alasdair MacDonald	Head of SFIU North
Andrew Hodge	Governor, HM Prison Inverness
Suzy Calder	Head of Substance Misuse, NHH
Dr Alex Keith	Acting Consultant Psychiatrist
Sheena Stubbs	Manager, Osprey House
Cathy Steer	Head of Health Improvement, NHH
Elisabeth Smart	Public Health Consultant
Cath King	Health Improvement Policy Manager
Inspector Ewan Henderson	Police Scotland
Karen Underwood	Project Accountant, NHS Highland
Frances Gordon	Accountant , NHS Highland
Debbie Stewart	HADP Coordinator
Sarah MacKenzie	Research & Intelligence Officer, HADP
Sharon Holloway	Development Manager, HADP

Apologies: Bill Alexander Director of Care & Learning Service
 Debbie Milton Children's Services Manager

Item	Discussion	Action
1	WELCOMES/APOLOGIES The Chairman welcomed everyone and round the table introductions made for the benefit of new members. Welcomes were extended to Dr Alex Keith, Sheena Stubbs and Sharon Holloway.	
2	MINUTES AND ACTIONS FROM PREVIOUS MEETING 19.2.15	
2.1.	The Minutes were read and an amendment was requested under Item 3 Strategy Development which should read Demand Capacity, Activity and Queue (DCAQ) process. Subject to this change, the minutes were accepted as accurate.	DS/MD
2.2	ACTIONS FROM 19.2.15 <ul style="list-style-type: none"> <i>Annual Reporting template 2013-4.</i> The Chairman will take the Annual Report and SG feedback to the CPP at the next Safer Highland Leadership meeting on 4th June. Debbie will arrange for the report to be submitted to the June NHS Board meeting. Action: Annual report and SG feedback to be submitted to Safer Highland by Julian and the NHS board by Debbie in June 	JI /DS

	<p><i>HADP survey</i> – Having been postponed until after the general election, agreement is now given for a link to the survey to be highlighted via the Police Scotland, Highland Council and NHS websites.</p> <p>Action: <i>Debbie and Sarah to arrange targeting of public consultation survey</i></p> <ul style="list-style-type: none"> • <i>Local Delivery Plan</i> – Action: <i>Debbie is to finalise the plan and circulate for comments prior to the submission date of 15/06/15.</i> • <i>Naloxone evaluation</i> – Suzy asked that any requests for training come to her as the Harm Reduction Manager is currently on sick leave. The proposed drug related death research is also on hold. All members are encouraged to undertake Naloxone training as seen as worthwhile. • <i>Service user action plan</i> – Debbie reported that the new HADP Development Manager’s remit is diverse and will include developing service user involvement and promoting the quality principles and that Sharon will contribute reports to this meeting. Action: <i>Development Manager to provide a report on service user involvement to the August meeting.</i> • <i>NPS Event for Caithness</i> – Debbie and Sharon are visiting Caithness on 25/05/15. • <i>GOPR Guidance</i> – CAPSM guidance agreed as working document. A CAPSM group will be reformed to oversee the implementation of the guidance. It will also be highlighted at the Stakeholder Day on 30th June. There was a request for Substance Misuse Services to commit to co-facilitating the training, however capacity issues prevent this at present. Action: <i>The GOPR guidance has to be finalised and then made accessible to a broad range of staff and membership of a CAPSM group established.</i> 	<p>DS SM</p> <p>DS</p> <p>SH</p> <p>DS/DM</p>
3	<p>STRATEGY DEVELOPMENT</p> <p>3.1. Local Consultation Event Feedback. Sarah presented a report which outlined the key findings from the consultations carried out. HADP had consulted with 7 Alcohol and Drug Forums to gain a local perspective on what issues and concerns exist around substance misuse, and what outcomes local areas wish to see. Although some new issues have arisen, it is likely that the four key strands of the strategy will remain priorities.</p> <p>There is still a need to dispel myths and challenge discriminatory attitudes to get a more balanced understanding of what services already exist and what they do. Despite presenting data that suggests downward trends, many attendees were cynical that the indicators reflected their experience of drug and alcohol related</p>	

	<p>issues. The Chair suggested that development of a HADP Communications Strategy was key to ensuring there is as much positive coverage as possible at events such as Rock Challenge and to address the challenges around the communication issues and the ongoing negative press reporting of people with substance misuse problems. The Chair wants to see a communications strategy in place before next year's Rock Challenge event.</p> <p>Action: <i>Debbie to take forward development of a communications strategy.</i></p>	DS
3.2	<p>People in Recovery – Consultation has been undertaken with people in recovery and families via a questionnaire to gain their views on what should be the priorities for the updated HADP strategy. Groups who responded include Alcoholics Anonymous (AA), Al-Anon, alcohol group/HMP Inverness, SMART Recovery and Families Anonymous</p> <p>Action: <i>The findings are to be reflected in the revised strategy, outcomes and actions to be presented for discussion at the next meeting.</i></p>	DS
3.3	<p>Annual report 2013/4 – Feedback from Scottish Government</p> <p>Feedback from Scottish Government dated 18.3.15 highlighted areas for improvement whilst also acknowledging where progress had been achieved. Key areas for improvement are financial reporting, commissioning, ORT work, service user involvement, benchmarking against other ADPs and use of longer-term trend data. It was noted that some feedback may be inaccurate including criticism for not having a Key Aim statement on reducing drug related deaths, whereas HADP does have one which was submitted to SG in Nov 2013. The chair suggested using funding amount as part of the criteria for identifying a suitable area to benchmark against. Some members are sceptical of the value of benchmarking where standardised criteria has not been established.</p> <p>Action: <i>Work will be undertaken to identify potential ADPs to benchmark against and these will be discussed at the next meeting.</i></p> <p>Action: <i>A draft annual report will be brought to the next meeting for comment.</i></p>	DS/ SM DS
3.4	<p>Draft Local Delivery Plan</p> <p>Action: <i>To be circulated to the members for comment in advance of the submission date of 15/06/15.</i></p>	DS
4	STRATEGY DELIVERY - Progress Report	
4.1	Maximising Health –	

	<ul style="list-style-type: none"> • Cathy Steer reported on the development of a training for trainers ABI course that will be delivered to increase capacity for delivery in priority settings. Social media is also being utilised to support increased delivery among those already trained and a surveymonkey is being conducted to identify additional forms of support required. Training has also been agreed with the Scottish Fire & Rescue Service to deliver ABIs in wider settings. • Work with GPs in areas of deprivation is being planned and exploration is underway to find improved ways of recording ABIs in maternity services. • A bespoke ABI scratch card for use in pharmacies is being considered as an innovative approach to extending delivery in wider settings. • A diversionary initiative focused on DJ skills, targeted at young people frequenting Falcon Square is being progressed in partnership with Action for Children and Eden Court. • An alcohol and older people project is being developed for the Alness Area by the Community Health Coordinator • Cards have been developed for the ED at Raigmore to signpost young people (particularly 16 – 18 year olds) and parents to appropriate services for support with drug and alcohol use. The Police could also utilise the cards and assist with signposting and adapting the letters sent to young people and their parents in underage drinking situations. <p>Action: <i>Health Improvement and the Police to liaise to arrange for the cards to be provided to Police and adapt the underage drinking letters.</i></p> <p><u>Belladrum Welfare Requirements</u> Health Improvement have successfully influenced Belladrum festival organisers to adopt the requirements set out in welfare document informed by codes of practice applied to festivals in other parts of Scotland. It is a major improvement that the age of supervision will be raised from 18 to 21 from next year. The excellent work by Health Improvement was commended.</p> <p>Action: <i>Endorsement for application to all Highland festivals will be sought via Police Scotland and Highland Council.</i></p> <p><u>Substance Misuse Toolkit</u> - The number of hits was discussed with agreement to continue highlighting the toolkit resources throughout all prevention activities. It is expected that hits will increase once it is embedded within GLOW and promoted via a school bag drop and the Meet the Hendersons campaign. It was recognised that it will be an ongoing task to promote and keep the toolkit up to date.</p>	<p>CS/ EH</p> <p>CS</p>
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	<p>Action: Members to promote the toolkit and share any ideas of ways to improve it. It will be fully reviewed in 8 months time to identify what further work needs to be done.</p>	All
4.1.	<p>Recovery –</p> <p>Suzy welcomed Dr Alex Keith, Acting Consultant Psychiatrist to the meeting. His post will provide stability with service delivery and provide a way for strengthening new models of ORT prescribing.</p> <p>In terms of the waiting times standard, although it is currently being achieved there are a number of challenges that services are currently experiencing. These will impinge on future attainment and relate to instability within teams. Similar situations are being experienced across other NHS boards.</p> <p>In terms of performance management, the DAiSY system is being developed nationally. Unfortunately, Highland was not accepted as a pilot area for the recovery outcomes tool by Scottish Government, despite offering to do so and with limited explanation of the criteria used for decision making.</p> <p>SLA changes have been made to a range of Third Sector agencies including Beechwood House, particularly in relation to the use of the accommodation flats on site. Beechwood House have really invested in the process and have reduced their waiting times to within 90%.</p> <p>In terms of naloxone, Highland continues to be the front runners in Scotland. There have been changes to the drop-in at the Harm Reduction Service due to a shift in emphasis to more of an outreach model. It was highlighted that the outcomes star assessment tool is used in other ADP areas as an on-line system by ADPs such as Dumfries and Galloway who cover the licensing costs and access reports for performance management purposes. However, Suzy stated that the training requirements are costly and time consuming and the preference is to move to the DAISy system and use the recovery outcomes tool for performance management purposes. Also, the priority at this stage is to embed the PMS system and it is not clear whether the outcomes star will be compatible with DAISy. However, if it is seen that recovery outcome tool does not meet requirements then consideration would be given to the outcomes star as an option but unsure whether it would give the same results.</p>	
	<p>Protecting Communities –</p> <p><i>Police Naloxone Evaluation -</i></p> <p>Ewan Henderson reported that the 3-month naloxone pilot ends next week. Members were shown an example of the kit. The recommendation is that the roll out of the intranasal naloxone</p>	

	<p>programme is supported. From a national context, a recommendation from Police Scotland for rolling out more widely is anticipated. There have been no issues or complaints received. The pilot will be evaluated and recommendations disseminated to members in due course. Andrew Hodge reported that the prison have to keep with intra-muscular naloxone training at present as a pilot area for potential national roll out across SPS. Suzy added that she was enthused by the progress of the training within the prison setting. She recommended that all members undertake the training, if they have not already done so and to contact Suzy in regard to this.</p>	All
<p>4.1.4.</p>	<p>Children and Families – Debbie Milton will take the place of Dawn Grant on the ADP as the CAPSM lead and will finalise the GOPR guidance and work with HADP to convene a CAPSM working group to support and monitor implementation. The GOPR guidance will be placed on the <i>For Highland's Children</i> website. Various communications are being undertaken raise awareness of the guidance and it will also be promoted at the Stakeholder Day and on all GOPR training.</p> <p>Liaison has been undertaken with the CPC to share information for reporting purposes. Dawn had provided data on young people receiving support from the Youth Action Service and groups for young people and also for parents. It is hoped that Debbie will continue to provide and build on this information</p> <p>Family recovery days have been delivered locally by Alcohol Counselling Services Ross & Sutherland and supported by SFAD. The organisers are providing a workshop at the Stakeholder Day to highlight their work.</p> <p>Work has also been undertaken to promote the SFAD telecare service and youth alcohol development work in rural areas. Debbie is also promoting this widely as well as the Catalyst Project which will be highlighted at the next District Partnership meeting covering the Alness area.</p>	
<p>5 5.1</p>	<p>DRUG RELATED DEATHS <i>Drug Related Deaths Prevention and Review Group</i></p> <p>Alasdair MacDonald reported that the new Chair of the Group is Chief Inspector Mark MacKay. A sub group of the Group had met on the 29th April following which a revised terms of reference and renewed processes have been put in place ahead of the next meeting of the Group on 16th June. The name of the Group has been changed and will be known as the Drug Related Deaths Prevention and Review Group (DRD PRG). Alasdair has kindly agreed to provide quarterly reports to the strategy group.</p>	

	<p>A meeting with a pathology representative is to take place in order to improve links and improve the groups understanding of toxicology reports. Alasdair explained that suicides where a drug listed under the misuse of drugs act was present have also to be included in the count for the national drug related database, but that mental health services will already have procedures in place to review the deaths.</p> <p>5 cases were listed to be discussed, all of which were covered. All of the deaths discussed were deemed to be drug related in line with the UK Drug Strategy baseline definition applied by National Records for Scotland (NRS). All 5 cases were known to services. In one case the individual was prescribed Gabapentin. 2 causes of death were heroin toxicity, 2 were multidrug toxicity, and one was alcohol & heroin toxicity.</p> <p>A proactive approach is being taken to preventing deaths in HMO's. The group will also monitor development of the non-fatal overdose system agreed with Scottish Ambulance Service and undertake improvements when required.</p> <p>The group also agreed to reduce the amount of reading at meetings, that members would receive a copy of the brief paper provided by pathology to read beforehand and that Alasdair would provide a verbal input from the fuller reports he has access to. It is thought that this process will enable a clearer focus and more time to identify lessons that can be learned and any suggested improvement to practice.</p> <p>In producing the quarterly reports for the strategy group, consideration will need to be given to the level of detail required. Other potential routes for sharing information were discussed, such as ORT Working Group.</p>	
5.2	<p>Terms of Reference</p> <p>The DRD RPG terms of reference were attached for information and noting.</p> <p>Action: Any comments members have should be returned to Debbie or Sarah.</p>	DS/ SM
5.3	<p>Key points from the National Drug Deaths Report</p> <p>These were attached for noting. Members should return any comments on the documents to Sarah.</p>	SM
6.	BUDGET	
6.1	Financial Statement – 12 months to 31st March 2015	

	<p>An overall underspend of £244,473 is shown and of this £77,000 is the ADP support team due to the long-term vacancy for a Development Manager which has now been filled and £16,228 is held in central reserves until required.</p> <p>It was noted that non-recurring items such as Osprey House staffing vacancies, the North Health Improvement Officer post, use of Bank Nurses and Locum Consultant Psychiatrist have also had an impact on the total underspend shown. The level of underspend was queried and it was suggested that some service costs may not have been fully reflected from other budget lines, although referred to in the narrative. Action: <i>Karen, Frances and Suzy to review the underspend.</i></p> <p>Karen advised that the layout is a consistent one which is intended to remain. The chair emphasised that all efforts should be made to ensure the funding available is utilised.</p> <p>The need to look at core funding and how to support members to gain a greater understanding of spend was discussed although it was appreciated that much progress has been made to make the reporting more visible. The need for a more clearly defined approach to the detail of the underspend figures in line with the transparency required by Scottish Government was emphasised. It was noted that to allow for this, information on Council spend was missing and needs to be included. Action: <i>Cath agreed to flag this up with Bill Alexander.</i></p> <p>The formation of a budget group with a remit to make decisions on short term spending working to a signed off framework was suggested but before this can be done the Group agreed that a commissioning intentions document requires to be developed. Liz agreed to lead on taking this forward. Sheena highlighted the necessity of involving services in devising the document. It was also noted that membership and remit of any planned sub-group would need to be clearly defined. Action: <i>For Liz to lead on compiling a commissioning intentions document with involvement from services.</i></p>	<p>KU/SC/ FG</p> <p>CK</p> <p>LS</p>
6.2	<p>Funding Allocation Paper Action: <i>To be circulated when received at end of June.</i></p>	DS
7	<p>HADP SUPPORT TEAM</p> <p>7.1 Stakeholder Day The date for the HADP Stakeholder has been changed to <u>Tuesday 30th June</u> at the Centre for Health Science.</p> <p>A draft programme was attached and members were asked for input to the day. A member to Chair the day was needed.</p>	

	The Chairman intimated that Maureen Doig, Administrative Support for the ADP will be leaving her post at the end of July when she retires. The Chairman expressed HADP's appreciation to Maureen and all members wished her well for the future.	
8	FOR INFORMATION AND NOTING Drug and Alcohol Bulletin April 2015 http://www.gov.scot/Topics/Health/Services/Alcohol/treatment/bulletinapril2015	
9	AOCB No additional items were raised for discussion.	
10	DATE OF NEXT MEETING 2pm on Tuesday 25 th August – Police Scotland Divisional HQ 2pm on Thursday 19 th November	