

Agenda Item 18ii.

Minute of the Highland Alcohol and Drugs Partnership Strategy Group

DATE: 16.02.2016
LOCATION: Board Room, John Dewar Building
CHAIRMAN: Chief Superintendent Julian Innes

Present:

Julian Innes	Police Scotland
Inspector Ewan Henderson	Police Scotland
Karen Underwood	Project Accountant, NHS
Debbie Stewart	HADP Coordinator
Suzy Calder	Head of Substance Misuse, NHS
Liz Smart	Public Health Consultant
Elaine Featherstone	Addictions Counselling Inverness
James Maybee	Criminal Justice Service
Debbie Milton	
Alasdair MacDonald	
Natalie Beal	
Alex Keith	

In attendance: Aileen Trappitt (Minutes), Eve MacLeod, Health Improvement Specialist

Apologies: Bill Alexander, Sharon Holloway

Item	Discussion	Action
1	WELCOMES / APOLOGIES The Chair welcomed all present to the meeting and asked the group to introduce themselves for the benefit of new members.	
2	MINUTES AND ACTIONS FROM PREVIOUS MEETING	
2.1.	The minutes of the meeting held on 19 th November 2015, having been circulated, were approved.	
2.2	ACTIONS FROM 19th November 2015 Ongoing actions were discussed and updated on the action log. Action 31: In 2012 the ADP paid £13.5k to the Criminal Justice service. This appeared as a budget line in 2013 and 2014. On further investigation this was not actually paid and was an error. The monies paid were a non recurrent payment.	
3	STRATEGY DEVELOPMENT	
3.1.	Annual Report Feedback Debbie summarised the annual report feedback from Scottish	

	<p>Government .The report was mainly positive with areas highlighted that require improvement. SG would like to see SMARTer goals and definite progress with service user involvement. However, they did like the benchmarking with Aberdeen. It was felt that we do a lot of good work in Highland but perhaps have a tendency to undersell ourselves. The year ahead may be a challenging one for ADPs but they are impressed with the good work that is being done. This is very positive feedback and should be fed back to our teams.</p> <p>The SG feedback should be added to the website alongside the annual report. It may be an idea to discuss with other ADP's and share feedback.</p> <p>Action: Annual report and SG feedback to placed on the HADP website for public awareness and transparency.</p>	DS/AT
3.2	<p>ADP Funding Letter</p> <p>The SG issued a letter on the 7th January advising that the ADP budget for 2016/17 will be reduced by approximately 20%. It is expected but unconfirmed that NHS boards will contribute to this deficit from additional funding they are to receive to support the treatment of problem drug and alcohol use. The monies will no longer be earmarked and will be included in NHS baseline budgets and will therefore be recurrent and subject to an element of uplift, which was acknowledged as potentially positive.</p> <p>It is essential that assurances are sought from NHS Highland that that any potential shortfall will be met. The chair is keen to initiate financial planning and arrange a meeting with NHSH finance colleagues whilst also raise it with the CEO.</p> <p>Action: A meeting with NHS finance colleagues is to be arranged to initiate planning. The HADP chair is to raise the issue with the NHS CEO.</p>	DS/KU/JI
3.3	<p>Strategic Needs Assessment</p> <p>The needs assessment is not finalised as yet, it requires the key findings to be extrapolated, analysed and then polished and reported. Once a draft is completed, Liz will send the document round for feedback/comments. Debbie S and Liz to work on this. Would hope to have this completed by the next meeting.</p> <p>Action: Liz and Debbie will collaborate to complete a polished draft of the needs assessment and disseminate for comments prior to the next meeting.</p>	ES / DS
4	<p>Quality Principles</p>	

<p>4.1</p>	<p>Care Inspectorate Programme</p> <p>Suzy outlined the programme of work that involves service user and service workers survey's, completion of a position statement, identification of associate assessors, auditing of case records and an onsite visit that is likely to involve discussions with HADP members, service user, workers focus groups amongst other approaches. The volume of work is significant and it was commented that the amount of notice should have been more realistic given the workload of services.</p> <p>Although the Position Statement is due for submission by 19/02/16, a couple of day's extension may be required as the document is relatively detailed and lengthy. Albeit time consuming, it was acknowledged that the self evaluation process is useful and will support current work to drive quality improvement at a local level being led by the Service Improvement Group.</p> <p>The service users' survey deadline has also been extended to 19/02/16. Hardcopies can be sent to HADP for returning to the Care Inspectorate or services can return them directly. It was noted that the survey may only reflect those that are currently in service and does not take account of the views of those on the waiting list. It will be interesting to see the completed product and where possible provide feedback to the Care Inspectorate regarding the timescales.</p> <p>Action: Strategy group members are to be advised as soon as possible of future dates where they may be required to meet with representatives from the Care Inspectorate.</p>	<p>DS/SC</p>
<p>5</p> <p>5.1.1</p>	<p>Strategy Development</p> <p>Maximising Health</p> <p><u>Substance Misuse Toolkit</u></p> <p>Since the last meeting there have been just over 3000 hits and the Communications Team feel this is a very positive and consistent result. We can now see where the most popular hits are and what is the most sought after information. There has not been much feedback through the feedback box – this maybe needs to be promoted more.</p> <p>We now need to consider improving the toolkit, make it look slicker and more up to date. However, as it is internal to the Council website it may be difficult to arrange for this to be carried out.</p> <p>Action: Debbie S to liaise with Cath King to discuss options for improvement.</p> <p><u>NPS Scoping Exercise</u></p>	<p>DS</p>

	<p>The NPS Scoping exercise has been completed. We would ask everyone to have a look at the document, especially the conclusion and recommendations. The scoping exercise was completed over two years and includes; survey of NPS users, their friends and acquaintances, service providers, an ED audit, audit of specialist service and telephone interviews with experienced practitioners. Some of the key findings are that; Highland data is consistent with the National data and that there is no evidence of widespread use or people presenting to services seeking support for problematic use, although use is more concentrated in some remote and rural areas than may be expected. However, it is not the epidemic we were led to believe through media reports. The scoping exercise provides baseline data for indicating levels of use and trends. NPS use is more common amongst males, across all age groups but more so among younger age groups. The main source of supply is the internet and smoking is the most common route of administration. Many NPS users were not aware or didn't know about the risks associated with use, whilst those engaged with services were considered to be more aware of the risks and harms. The evidence base is still developing.</p> <p>Some of the recommendations include a need for better data and to raise awareness. NPS should be integrated into all prevention education, the Toolkit and relevant frameworks. It was mentioned that the resources to assist with NPS lesson plans need to be more prominent in the substance misuse toolkit, which would be valued by teachers.</p> <p>Action: Debbie S and Eve MacLeod to liaise with Cath King to progress this work. Debbie M may also be able to offer some support from a teacher.</p> <p>It was acknowledged that NPS needs to be integrated into the wider substance misuse topic and not seen as a standalone issue. It is important that a proportionate response is taken to NPS use and the evidence gathered through the scoping exercise.</p> <p>Natalie commented that there is not widespread NPS use in prisons either. Some of the comments include "bad come down, wouldn't use it again" or "I only take it as it doesn't show up in my tests". Natalie has guidance on responding to situations where NPS has been used and can share with others if anyone would like to see them.</p> <p>Action: SPS guidance relevant to NPS to be shared with other services via dissemination by HADP.</p> <p><u>Media Protocol</u> The Media Protocol was developed to provide guidance on being</p>	<p>DS/EM</p> <p>DS/AT</p>
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	<p>both proactive and responsive to the media. It is also about the partners communicating with each other and providing a consistent approach to media messages.</p> <p>We should always showcase good news items, and ensure we encourage communication between all the partner's communication teams.</p> <p>Action: The media protocol is to be circulated and comments sought from partners before being finalised.</p> <p><u>Meet the MacPhersons</u></p> <p>The campaign ran for 7 weeks on MFR and is now finished. Almost 200 parents completed the survey and the raw data is currently being analysed. There were just under 1000 hits to the website throughout the campaign. 32% of parents thought it was acceptable to drink underage, 62% discussed the campaign info with young people in their family and 56% felt better equipped to discuss alcohol as a result of the campaign. For those that didn't discuss alcohol, the reasons were; Lack of confidence and knowledge, unsure what to say and viewed as covered in school. Overall, Mum's listened and participated more, whilst Dad's thought it was more acceptable to drink at younger ages.</p> <p>The findings will be highlighted in a report with recommendations on where to go next. When the Huddle prize for the survey is presented, it will be used as an opportunity to promote key messages.</p> <p>Action: Liz will continue to analyse the needs assessment data and pull out the key findings.</p> <p>Action: Debbie S will lead on compiling a report of Meet the MacPhersons in partnership with Health Improvement and Highland Council.</p>	<p>DS/AT</p> <p>ES</p> <p>DS</p>
<p>5.1.2</p>	<p>Recovery</p> <p>Waiting times continue to be a real challenge. The October times have just been submitted to the Scottish Government, it is expected to be below the standard of 90% and there is still a wait beyond six weeks in some instances. There are currently forty people waiting in Inverness for assessment for secondary treatment.</p> <p>Suzy and Alex have been discussing the role that GPs have in referral for treatment. Harm reduction appointments are continuing</p>	

	<p>to be sent out and are proving a useful way of engaging people. Services continue to meet the challenges and be as creative as possible. Although, recruitment continues to be an issue. Vacancies are routinely put on the external SHOW website with no response. The Skye post is up for interview again on Friday as the previously appointed person had withdrawn at the last minute.</p> <p>The DTTO post is part time and there are two vacancies for Osprey House which are closing on Friday. There has been good interest in these posts.</p> <p>Caithness in particular has been challenging. Services have recruited to 2 posts but from internal candidates so their posts now need to be backfilled. There are also issues in Lochaber.</p> <p><u>ORT Audit</u> It has been proving difficult to get a suitable date for the next ORT group meeting. However one has now been set and a week long, audit of methadone dispensing is being under taken in community pharmacies. The information will be useful for the future work plan of the ORT group and also for inclusion in the HADP annual report. The information will also be shared with Argyll and Bute once completed.</p> <p><u>Recovery Cafe event</u> The Recovery cafe has been provisionally planned for May, although this may change due to local circumstances. Attendance will be by invite only and the group are in the process of drawing up guest lists and booking venues.</p> <p><u>Naloxone</u> As of the end of March, NHSH will no longer be reimbursed for the provision of Naloxone. This will result in a gap of about £16k. NHSH will still be providing Naloxone for emergency use at home, however if large groups of professionals want training and provision of Naloxone, NHSH may have to consider a small charge.</p>	
5.1.3	<p>Protecting Communities</p> <p><u>Head shops</u> Trading standards have reported that the Head shop in Highland has now ceased trading.</p> <p><u>Police Youth Volunteers</u> The Police Youth Volunteers continue to do positive work, helping out at events such as Belladrum and the Inverness Marathon. An agreement has been reached to start the scheme in Wick and Lochaber.</p> <p><u>Rock Challenge</u></p>	

	<p>Planning for Rock Challenge 2016 is well under way and is engaging with more children than in previous years. There are 22 schools involved this year and the event will be held over three days. The steering group wish to encourage strategy group members to attend at least one night if possible.</p> <p><u>Operation Respect</u> Operation Respect is targeting antisocial behaviour. The community beat unit is actively working in the city centre.</p> <p><u>Pubwatch</u> Pubwatch is ongoing and sustaining a successful relationship with the licence board.</p> <p><u>Schools</u> Police Scotland are working in partnership with Highland Council on a cohesive strategy with schools for speaking to children and getting the parents involved.</p> <p>Debbie S is keen to find out more about the Police Scotland contribution to prevention education in schools and how this links with other initiatives such as the Toolkit and Meet the MacPhersons.</p> <p>Action: Debbie S to follow up with Police and Highland Council to gain a clearer picture of inputs to prevention education in schools and linkage with other initiatives.</p>	
5.1.4	<p>Children and Families</p> <p><u>Children Affected by Parental Substance Misuse (CAPSM)</u> The CAPSM group has been re-established and has had two meetings to date. Both meetings have been fairly well represented. Since the last meeting there has been a teacher and reviewing officer join the group. Sheena Stubbs has put together an action plan and we have been keeping in touch with the Catalyst Project, the next stage of which is to gather stories from young people to facilitate their voices being heard.</p> <p>The group has also produced a driver diagram. Debbie M and other group members went through the process with Cath King as facilitator. Donna from the CPC has also produced an Aide Memoire which is currently with Bill Alexander for approval but will be an excellent resource for children and adult services workers.</p> <p>Debbie M and other group members have been in contact with CPNAs and social workers in her area to promote awareness of the guidance.</p> <p>In response to some concerns that some families may have about being judged when accessing services. Debbie M has therefore</p>	

	<p>arranged with a child protection advisor for visits to some health services. Although previously circulated with the November strategy group papers, it was suggested that placing the CAPSM Group Terms of Reference on the HADP website in the members section would ensure easy access.</p> <p>Action: Arrangements are to be made for the CAPSM ToR to be placed on the members section of the HADP website.</p> <p>It was noted that Louise Wright from CJS is looking to develop parental substance misuse guidelines.</p> <p>Debbie M left the meeting at 15.30</p>	AT/DS
5.1.5	<p>Criminal Justice</p> <p>Changes to the Community Justice Agenda are taking shape. The Community Justice Bill gained approval last week and will provide the legislative framework for future developments.</p> <p>At a local level, strategic planning and service delivery will become the responsibility of a Highland community justice partnership where agencies will be required to produce a local plan and engage with the Third Sector in the planning and delivery of services and improved outcomes.</p> <p>The development of a sobriety bracelet was discussed, which picks up through monitoring sweat, if a person has been drinking, and therefore breaking an order.</p> <p>Action: James to bring further information to the next meeting on developments with the community justice partnership forming in Highland and also developments related to sobriety bracelets.</p>	JM
6	<p>Drug Related Deaths</p> <p>There were 8 deaths discussed at the meeting (15/12/15), however 2 were out with the groups remit and 1 did not have an accompanying post mortem report, and therefore was carried over to the next meeting.</p> <p>Of the 5 deaths reviewed; all were males aged between 25 to 58 with; 2 deaths from multidrug toxicity, 1 methadone toxicity, 1 benzodiazepine toxicity and 1 diazepam and dihydrocodeine toxicity.</p> <p>It was noted that benzodiazepines appear to be featuring more commonly.</p>	

	<p>There was 1 death where Naloxone had not been administered, although circumstances suggested there may have been the opportunity given other people being present at the scene. There was an unusually long period of unconsciousness where others present were unaware of the seriousness of the situation.</p> <p>It was emphasised that training is not just for those at risk but for friends and companions also. Naloxone training will continue to be prioritised but may be more targeted given the future financial situation.</p> <p>It was commented that the death from methadone toxicity demonstrated effective implementation of the protocol that flags up to police when prescriptions have not been collected.</p> <p>In relation to the 1 death from benzodiazepine toxicity, that the drugs were likely to have been ordered online. Currently, there is ongoing discussion between the police and royal mail on their role in the delivery of such items. Plans are in place to implement protocols to withhold delivery if it is known to be an illegal substance. The police are now engaging with courier companies as well.</p> <p>One of the deaths apparently attended a privately funded rehab clinic. There is concern that sometimes people are being discharged without the appropriate local services being notified.</p> <p>There were two deaths related to drug use in Caithness. Local experience suggests more concentrated misuse of valium type drugs, especially Flubromazolam and Flubromazepam. However, there is no direct evidence at this stage that this is in fact the case.</p> <p>Action: Alasdair agreed to review data from 2015 and extrapolate the main themes identified and then share with HADP.</p> <p>Natalie Beal left the meeting at 16.05.</p> <p>The Government has set up a group called Partnership for Action on Drugs in Scotland (PADS) to reduce problem drug use, (including drug related deaths) and complement the work of the established Road to Recovery strategy.</p> <p>Although, new developments are always welcome members thought it was inconsistent for the funding letter to highlight a need for a more integrated approach to drugs and alcohol and then to establish a group specifically focused on drugs.</p> <p>This contradiction had been picked up by front-line workers who have also commented on the limited representation from those that actually spend the most time supporting people with problem</p>	<p>AM</p>
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	<p>drug use. It was felt that it front-line staff would find it more motivational to see some 'new blood' represented on the group as opposed to agencies that have been around for some time with little change in their practices.</p> <p>Liz highlighted that unfortunately alcohol related deaths also appear to be increasing after several years of decreasing. Julian commented that whilst drug related deaths are extremely unfortunate and concerning, that alcohol related deaths are by far more common.</p> <p>Action: Liz agreed to circulate a graph showing the increase in alcohol related deaths.</p>	ES
7	Budget	
7.1	<p><u>Financial Statement</u></p> <p>The yearend forecast is greater than previously thought. This was thought to be a result of more unfilled vacancies than expected. It should be noted that any under spend will go to the bottom line. We are in a healthy position at the moment. We do need to look at next year to adjust spend in line with the reduced budget.</p> <p>Action: Julian agreed to discuss with Bill Alexander a procedure for reporting on the HADP monies allocated to Highland Council.</p> <p>Action: Karen has already discussed reporting procedures with her council counterpart and provided them with a statement template. Karen will continue to chase up completion of the statement template.</p>	<p>JI</p> <p>KU</p>
8	HADP Support Team	
8.1	<p><u>Research and Intelligence Specialist Post</u></p> <p>The post has been upgraded to a band 6 and has been approved by the vacancy committee. We need someone very experienced in data analysis and interpretation that can also present the information in a useful and straightforward format and propose recommendations. The post will not be advertised until March with interviews held in April for a May/June start date. Once in post, the HADP Support Team will have a full compliment for the first time in many years.</p> <p>Action: Debbie s to progress with appointing a Research and Intelligence Specialist.</p>	DS
9	AOCB	
	The Partnership for Action on Drugs in Scotland (PADS) has been	

	<p>established to update the Scottish Governments strategic position, look at reducing deaths, promoting recovery and decreasing stigma.</p> <p>It was discussed that there are 4 or 5 clients that are known to have worked in the oil industry and are now back in the community with alcohol problems. It is thought this is a result of the cyclical nature of the work can be associated with binge drinking. Oil Industry employers regularly screen those going ashore and will have a wealth of information which is unlikely to be shared when an employee is let go. Service men and women have guidelines in place for sharing this information with the public sector.</p> <p>Action: Ewan to discuss with the Aberdeen Oil Industry liaison team, to see if they would be willing to provide a contact within the oil industry to discuss this further.</p>	EH
10	<p>DATE OF NEXT MEETING</p> <p>Tuesday 3rd May 2016 1400 hours in the Board Room at John Dewar Building</p>	