

**Agenda Item 17i.**

**Minute of the Highland Alcohol and Drugs Partnership Strategy Group**

DATE: 02.08.2016  
LOCATION: Board Room, John Dewar Building  
CHAIRPERSON: Natalie Beal

*Present:*

Natalie Beal	Governor, HMP Inverness
Debbie Stewart	HADP Co Ordinator
Liz Smart	Public Health Consultant
Elaine Featherstone	Addictions Counselling Inverness
Karen Underwood	Project Accountant, NHS
Suzy Calder	Head of Substance Misuse, NHS
Judy Hill	Police Scotland
Carolyn Hunter - Rowe	HADP Research and Information Specialist

*In attendance:* Aileen Trappitt (Minutes),

*Apologies:* Bill Alexander, Alex Keith, Cathy Steer, Sharon Holloway, Louise Wright, James Maybee, Alastair MacDonald

Item	Discussion	Action
1	<b>WELCOMES / APOLOGIES</b> The Chair welcomed all present to the meeting and asked the group to introduce themselves for the benefit of new members.	
2	<b>MINUTES AND ACTIONS FROM PREVIOUS MEETING</b>	
2.1.	The minutes of the meeting held on 3rd of May 2016, having been circulated, were approved.	

<p><b>2.2</b></p>	<p><b>ACTIONS FROM 3<sup>rd</sup> May 2016</b></p> <p>Ongoing actions were discussed and updated on the action log.</p> <p><i>Action 18</i> Liz tabled an example of a Commissioning intentions document. There are some concurrent pieces of work which need to be completed first. The document will be aligned to the 4 key outcomes. It will be autumn before this is complete</p> <p><i>Action 41</i> Meet the MacPhersons report carried forward. Liz had submitted a poster for the Public Health Conference, which has been accepted.</p> <p><i>Action 48</i> Karen has continued to encourage the council to complete the statement template, with no response. We will continue to do so</p> <p><i>Action 51</i> The needs assessment is currently being laid out. There was not much feedback or comments received. Suggest that a line now be drawn under this and we move on with other pieces of work. It would be beneficial for everyone to review this document prior to the strategy development day as the document will be discussed on the day. The document will be uploaded onto the website once it is complete.</p> <p><i>Action 53</i> Caroline has compiled a glossary of terms; however this is a work in progress. The document will be uploaded to the website and refreshed as necessary.</p> <p><i>Action 54</i> A summary document has been produced and disseminated to all services.</p> <p><i>Action 55</i> We now have a Health Improvement IT Specialist who will look at updating the toolkit, timescale to be advised.</p> <p><i>Action 61</i> A presentation has been developed and was piloted at the stakeholder day. Further follow up to be provided.</p> <p><i>Action 62</i> A networking and consultation event has been planned for the 1<sup>st</sup> of September in Alness, there has not been much response so we are opening up the invitation. It is a half day event speaking to workers to determine what more families need in the way of support and information.</p> <p><b>Action: Suzy to speak with the Mid and East Ross teams to see what support they need to encourage attendance</b></p> <p><i>Action 65</i> Dr Keith advised that if the GPS are willing to prescribe Baclofen then they will work with them to ensure best outcome. Dr Keith meets regularly with the GPs and is happy to take any questions we may have direct to the GPs</p>	<p>SC</p>
<p><b>3</b></p> <p><b>3.1.</b></p>	<p><b>STRATEGY DEVELOPMENT</b></p> <p><b>Annual Report</b></p> <p>Scottish government have issued a new template which is different from previous years. We are no longer being asked to provide the Core Indicators as this work has already gone into producing the</p>	

<p>3.2</p>	<p>Position Statement. The new template is shorter and clearer and covers the Ministerial priorities. The funding letter correlates with the Annual Report. We are asked to set out improvement goals, some of the feedback from last year advised that our improvement goals were not as SMART as they could be. The priorities better lend themselves to SMART goals this year. The deadline for the annual report is the 12<sup>th</sup> of September.</p> <p><b>Action: Everyone to look at the template over the next couple of weeks and send feedback and comments to Debbie, Debbie to set a deadline for returns.</b></p> <p><b>Strategy Development Day</b>  The HADP Strategy Development day will be on the 26<sup>th</sup> of September. The aim of the day is to consider the purpose of the Strategy Group meeting and what it is we want to achieve. There is a general feeling that a refresh is needed. All documents such as the needs assessment, position statement etc should underpin what we do going forward. We are all involved in the development of the Strategy and where we want to be going forward in Highland over the next three years. It is an opportunity for us to be dynamic and innovative. It is also an opportunity for us to discuss our membership. Do we want to have input from housing, education, lifelong learning, Highlife Highland, mental health services? Are there any others that we should invite? Tracy McFall may be willing to give an update on the PADS group which has been tasked with rejuvenating the Drug and Alcohol Agenda. Katy McNeil from the Joint Improvement Team should be invited. The joint Improvement team provide improvement support and champion good practice. Alison Douglas would provide a whole population approach.</p> <p><b>Actions: Debbie to circulate list of potential organisations to invite</b>  <b>Natalie to meet with Bill Alexander re Education</b></p>	<p>DS /ALL</p> <p>DS</p> <p>NB</p>
<p>4</p> <p>4.1</p>	<p><b>Quality Principles</b></p> <p><b>Care Inspectorate Programme</b>  The care inspectorate visit was on the 28<sup>th</sup> of June. It was an all day event. They started by speaking with Debbie, Natalie and Suzy then the members of the Strategy group. The remit was very focused on service delivery. There was not necessarily the opportunity for people to speak about some of the other pieces of work they are involved in. There was also a bit of a mismatch in the questions they expected the ADP to answer. There was a general feeling that there was not an overall understanding of what treatment and recovery was. The focus in general was on the quality principles.</p>	

<p><b>5</b></p> <p><b>5.1</b></p> <p>5.1.1</p> <p>5.1.2</p>	<p><b>Strategy Development</b></p> <p><b>Maximising Health</b></p> <p><u>Substance Misuse Toolkit</u>  The Toolkit has been fairly successful. Month on month the number of Hits has been steadily increasing. However there are not many parents accessing the toolkit. We are looking at ways to improve this and the number of young people accessing the toolkit. The toolkit is to be updated and we will continue to monitor and adapt as required. Going forward the toolkit should be reported on quarterly rather than monthly.</p> <p><u>Rock Challenge</u>  The Deprivation and Gender report is based on information provided by the Be Your Best Foundation, The extent score and the Scottish Index of Multiple Deprivation. The purpose of this was to look at how successful Rock Challenge was in providing a diversionary activity for those students most at risk of future alcohol and drug misuse. The report looked at the difference between 2015 and 2016. 2 primary schools fall into the highest extent score. The number of secondary schools taking part in 2016 doubled, 5 of these schools all had fairly high extent scores. 91% of participants were female, with males mostly participating in backstage roles. There were three recommendations: 1) the use of the extent score to determine which schools should be invited to participate. 2) Understand the barriers that have prevented past participation. 3) Understand the barriers to male participation - the current Rock Challenge set up does not have the same appeal to boys as it does with girls.</p> <p>Be your Best advised that no one had asked about the gender split before. It was suggested that going forward a survey in schools should be undertaken to ask boys what would encourage them to take part.</p>	
<p><b>5.2</b></p>	<p><b>Protecting the Community</b></p> <p><u>Inverness persistent offenders project</u>  The project was launched in January. Police Scotland and HMP Inverness identified a local repeat offender and have spent the last few months working with him to improve his life chances. This has been quite successful with the person advising that this is the first time in twenty years he felt he had been listen to instead of judged. He re offended earlier on in the project but has not offended since. There has been a meeting involving the police,</p>	

	<p>prison service, social work and Substance misuse to discuss an ongoing Persistent Offender Project, looking at the top 15 repeat offenders with substance misuse issues. A framework would need to be built and a contract signed by the offender agreeing to be involved. This is a whole person approach and tailored to the individual, however it is labour/resource intensive.</p> <p>There are other initiatives underway, such as boxing and fishing programmes and there has been more input in schools.</p>	
<p><b>5.3</b></p>	<p><b>Children and Families</b> Carried forward to next meeting</p>	
<p><b>5.4</b></p>	<p><b>Recovery</b></p> <p>Wait times continue to be a challenge, particularly for secondary treatment. There is ongoing work to try and change this. In the past 2 years we have lost 5 staff from Osprey house through retirement, this is a huge loss of knowledge and experience. There is the potential to lose another 5 over the next year. Recruitment of mental health nurses is an issue nationally. Complaints have not been about the quality of the service, they have been about the length of time they have to wait to be seen and frustration. There is also a lack of GPs willing to take on the prescribing once a person leaves the service. There is also a geographical issue and a lack of clinical space. However Church Street has been secured for a further 5 years. The Harm Reduction appointments and drop in sessions are really popular.</p> <p>We are on the third round of interviews for the post in Skye. There will also be meetings with teams in all areas to look for solutions.</p> <p>The Blood Borne Viruses network have been doing dry blood spot testing and we have completed the Methadone audit in the community Pharmacies.</p> <p>DAISy should have been rolled out in April and then November. They are now advising January 2017 at the earliest.</p> <p>Recovery Outcomes training has been provisionally booked for the 1<sup>st</sup>/2<sup>nd</sup> of November.</p> <p>The prison recently hosted a conversation cafe. There were 60 participants.</p> <p>The prison also hosted the co delivery of SMART facilitators training with prisoners and Community peers. This has never been done before.</p> <p>The Caithness Conversation Cafe will be on the 30<sup>th</sup> of August.</p>	

<p><b>6</b></p> <p>6.1</p> <p>6.2</p>	<p><b>Drug Related Deaths</b></p> <p><u>Drug Related Death Review and Prevention group</u></p> <p>Alasdair MacDonald- Scottish Fatalities Investigation Unit usually provides a report, however Alasdair is seriously unwell and won't be returning. The Crown Office is looking at a deputy from Aberdeen or Dundee taking on some of Alasdair's duties.</p> <p>A note of the last DRD meeting is attached. There were 5 cases discussed, between January and May 2016 there were 6 drug related deaths. There is ongoing concern that the NRS coding is different from the one we use and although a death may have been coded as a suicide locally, NRS still include it in the DRD numbers.</p> <p><u>Staying Alive in Scotland Report</u></p> <p>The good practise tool is supported by the Scottish Government. It is another tool for drug related deaths and the government want the ADPs to be responsible for completing it. It is hoped that it will help to reduce drug related deaths.</p> <p><b>Action: Suzy will work with the partners to help them complete the tool</b></p>	<p>SC</p>
<p><b>7</b></p> <p>7.1</p> <p>7.2</p> <p>7.3</p>	<p><b>Budget</b></p> <p><u>Financial Statement</u></p> <p>The format of the report has not been changed to reflect the lack of ring fencing. The protected budget from the health board has been fed into it and at present we are forecasting an under spend. However a large percentage of the under spend is the result of vacancies some of which have now been filled.</p> <p>The Youth Action Service – this is an historical allocation to Raigmore to support the service</p> <p><u>Funding Allocation Letter</u></p> <p>The funding allocation letter sets out exactly what the Scottish Government expects from the ADP over the coming year. It also details the £20k reduction in budget (made up from the NHS) and includes the Ministerial Priorities. There are more details in the appendices. It is important to include elements of the funding letter in the Strategy.</p> <p><u>Funding Analysis Formula</u></p> <p>This is a more detailed look at the accompanying letter. Figure 2</p>	

	<p>shows that Alcohol prevalence in NHS Highland has increased by 4%</p> <p>Figure 4 shows the estimated prevalence across Highland. The percentage has increased.</p> <p>It should be remembered that these are estimates.</p>	
<b>8</b>	<p><b>HADP Support Team</b></p> <p>8.1 <u>HADP Stakeholder event - Evaluation</u></p> <p>Caroline has evaluated the feedback from the stakeholder event. There were 87 attendees and 27 forms returned.</p> <p>People were very complimentary around the network and learning opportunities.</p> <p>There were a few suggestions for future events and a few comments around the programme. There were questions around the balance of Adult/children's services and some felt the workshops felt rushed and this was the most valuable part of the day.</p> <p>There were themes around priorities, quality improvement, transitions between services and whole population approaches.</p> <p>There was a lot of positive feedback on the purpose of the event.</p> <p>Twitter feeds on the day would provide engagement on the day and a really good sense of what was happening.</p>	
<b>9</b>	<p><b>Election of HADP Chairperson/ Vice Chair</b></p> <p>Bill Alexander would like to step down as vice chair. If anyone has any ideas or suggestions please email Natalie and Debbie.</p> <p>It might be an idea to ask a councillor or MSP to get involved.</p> <p><b>Action: Everyone to email Natalie with suggestions</b></p>	All
<b>10</b>	<p><b>For Information and Noting</b></p> <p>Nothing to note</p>	
<b>11</b>	<p><b>AOCB</b></p> <p>None</p>	

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**DATE OF NEXT MEETING**

Tuesday 10<sup>th</sup> November 2016 1400 hours in the Board Room at  
John Dewar Building