

Agenda Item 21i.

Minute of the Highland Alcohol and Drugs Partnership Strategy Group	
DATE:	12.12.2017
LOCATION:	Board Room, New Start Highland, Carsegate Road
CHAIR:	James Dunbar

Present:

James Dunbar	HADP Chair / Chief Executive, New Start Highland
Debbie Stewart	HADP Coordinator
Liz Smart	Public Health Consultant
Geoff Main	Sudden Fatalities Investigation Unit (SFIU)
Suzy Calder	Head of Service, Drug and Alcohol Recovery Service, NHS Highland
Carolyn Hunter - Rowe	HADP Research and Intelligence Specialist
Alex Keith	Consultant Psychiatrist, NHS Highland
Sharon Holloway	HADP Development Manager
Stephen Coyle	Governor, HMP Inverness
Eve MacLeod	Health Improvement Specialist, NHS Highland
Louis Hannah	Housing and Homeless Manager, Highland Council
Gavin Gilray	Finance Manager, NHS Highland
Debbie Milton	Children's Services Manager (Mid), Highland Council

In attendance: Aileen Trappitt (minutes)

Apologies: James Maybee, Cathy Steer, Fiona Lorrain – Smith, Biz Campbell and Philip MacRae

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 28th September 2017, having been circulated, were approved.	
	ACTIONS FROM 28TH SEPTEMBER 2017 Action 6.1 – Information regarding the NFOD list is shared with the Homeless Nurse, who liaises with the HMO's. From an NHS perspective, there are challenges around sharing the actual list. Action: Carolyn will seek further advice from the Caldecott	CHR

	<p>guardian.</p> <p>Action 7.1 – Suzy has met with Debbie to discuss the areas of overspend on the budget. These are in relation to prescribing for opiate replacement treatment (ORT).</p> <p>Action 7.2 – A letter has been sent to Inverness Women’s Aid requesting further information on how the funding has been spent. The Manger has responded to advise that she will take the request to the new Chair and will be in touch with a response.</p> <p>Action: Aileen to send the dates of the next DRD review and prevention meetings to James and Stephen.</p>	AT
3	<p>STRATEGY DEVELOPMENT</p> <p>3.1. Ministerial announcement on policy refresh including Seek, Keep and Treat.</p> <p>The Scottish Government announced last week that the refresh of the national strategy will include development of a drug and alcohol treatment strategy, from 2018. A key focus of the new treatment strategy will be engagement particularly vulnerable and hard to reach groups. There will be £20million available annually over the next three years to support implementation of the strategy. It is unclear at present if the monies will be allocated based on prevalence or if it will be a bidding process. Nevertheless, the ADP’s have been advised to start planning what they need to develop to engage with the hard to reach groups. This is an opportunity for a forward thinking, innovative approach.</p> <p>It was noted that the language used was outdated which was some cause for concern.</p> <p>The Chair asserted that a partnership approach requires to be taken to Keep, Seek and Treat.</p> <p>Action: Debbie and Liz to draft a commissioning intentions document informed by the needs assessment, the HADP Strategy, core Indicators and other relevant research and intelligence reports.</p> <p>3.2 Minimum Unit Pricing (MUP)</p> <p>Minimum Unit Pricing has been set at 50p from April 2018. ADP’s have been asked to complete a consultation. This will take the form of a short Survey Monkey questionnaire. Liz will be taking the lead on this. The deadline for responding will be the end of January. There will be a number of approaches used to evaluate the effectiveness of MUP; however the latest figure for Alcohol related deaths is 71. Drug and Alcohol Recovery Services are already involved in research on MUP.</p>	DS/LS

	<p>Action: Carolyn will send round an updated research by Sheffield University.</p> <p>3.3 Feedback from Safer Highland/Links to Health and Social Care Committee (Integrated Joint Board) The recent Safer Highland meeting was unfortunately cancelled, so there is no update available at this time.</p> <p>Integrated Joint Board – Debbie and James met with the Chair Melanie Newdick. Melanie was very keen to work closely with HADP in the future.</p> <p>3.4 Appointment of a Vice Chair Bill Alexander remains very committed to the work of HADP, however he is unable to attend meetings and will therefore be stepping down as Vice Chair of the Strategy Group.</p> <p>James Dunbar nominated Stephen Coyle, Governor of HMP Inverness to the position. This was agreed by the group.</p> <p>The group would like to acknowledge the work that Bill Alexander does for the partnership and to thank him for his efforts over the years he has been the Vice Chair.</p> <p>Action: Debbie to write on behalf of the group to thank Bill Alexander</p>	<p>CHR</p> <p>DS</p>
<p>4</p> <p>4.1</p>	<p>Quality Principles</p> <p>Rapid Process Improvement Workshop (RPIW) / Improvement Process The NHS HEAT standard states that 90% of people should receive treatment within 3 weeks of referral. Highland ADP has not met the standard in two years.</p> <p>Suzy reported that the Drug and Alcohol Service in the Inner Moray Firth had an intensive week during the RPIW with everyone round the table reviewing processes, audits and discussing ideas. The RPIW was undertaken at the same time as a management restructure was underway, so it was a big undertaking for staff. A target progress report to assess improved processes was developed along with a brief client questionnaire.</p> <p>Osprey House has changed how people are assessed. There is an initial 15 minute telephone screening, followed by an hour and</p>	

	<p>a half assessment. Referral to treatment time is down from 56 days to 21, and on one occasion a person was treated within 13 days.</p> <p>Since June the service has consistently hit the HEAT standard. This has been hugely motivating for staff.</p> <p>There are still high DNA rates in service at around 40%. A text reminder service is to be introduced which is hoped will help to reduce DNA's. Lewis stated that Housing support officers could help to encourage hard to reach groups to attend for treatment.</p> <p>There are still challenges seen within the service such as vacancies, IT and telephone services and the reception area. There is work in progress to improve these.</p> <p>The improvements now need to be shared and spread out to the community teams and team leads are looking at creative ways to achieve this.</p> <p>The commitment from all staff throughout this process has been outstanding</p> <p>Quality Principles – Services are currently completing the Quality Principles service user and service worker surveys that will run until the end of December. File reading and completion of the team self-assessment will be done in January.</p> <p>Action: Suzy to distribute a link to presentation.</p>	SC
<p>5</p> <p>5.1</p>	<p>Strategy Delivery</p> <p>HADP Progress report</p> <p><u><i>Fairer and Healthier Communities</i></u></p> <p>The Health Improvement team have been updating the Highland Substance Awareness: Prevention and Education Framework. The Substance Use Pathway has also been updated and is now called the Prevention and Intervention Model. Both are available on the Highland Substance Awareness Toolkit (www.h-sat.co.uk)</p> <p>The “What Work’s in Drug Prevention and Education” report includes reference to one off fear based inputs to Schools from law enforcement agencies not having an impact and can be counterproductive. The HADP strategy, which all partners have endorsed, encourages schools to take an integrated approach. this means delivering evidence-informed approaches themselves. Where other agencies are asked to provide an input it should be from people with an ongoing relationship that are credible to the young people and also peer education approaches HADP is keen</p>	

	<p>to provide a consistent message and approach to all schools. To support a more evidence-informed and consistent approach; the Highland Substance Awareness: Prevention and Education Framework for schools has been updated and clearly links health and wellbeing outcomes at different ages and stages to activities and resources in the Toolkit. A quality assurance tool is also being developed to support improvements in practice. The “What Work’s” evidence acknowledges that law enforcement may have a role in raising awareness of the legal consequences but that one off in puts are ineffective at changing behaviour. It would be helpful if HADP could demonstrate support for implementing what works in Highland.</p> <p>It would be useful to have someone from education sit on the strategy group.</p> <p>Action: Debbie and Chair to seek advice on how to encourage educational representation on the strategy group.</p> <p>There will be an event on the 9th/10th of May to promote the Highland Substance Awareness: Prevention and Education Framework and Substance Awareness Toolkit. Bill Alexander will be speaking at the event. Teachers, Youth Workers and Support Workers will be invited. There may also be an opportunity to work with Alness or Invergordon Academy to structure a more integrated and holistic approach to prevention and education with young people.</p> <p><u><i>Safer & Stronger Communities</i></u> SPS have received outline planning permission to build a new 200 place prison behind Homebase. Stephen will be the Operational lead on the project. It is hoped that detailed planning permission will be agreed by the end of February. Funding is on course for next year with a go live date for the new establishment to be operational in 2020.</p> <p>The prison will be doubling its capacity, it is important that we have the services and systems in place for the go live date. A project team will be put together in the new year which is likely to include some members of the strategy group.</p> <p><u><i>Successful Children, Young People and Families</i></u> CAPSM – There is now an improvement plan in place setting out clear priorities.</p> <p><u><i>Quality Support and Recovery</i></u> In Highland, Intranasal Naloxone is used more than intramuscular Naloxone. There are some companies looking to licence Intranasal Naloxone which is generally believed to be a good thing, however it will have huge cost implications for NHS</p>	DS/JD
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	<p>Highland. There are ongoing discussions with the Police around rolling out the Naloxone to other areas across Highland.</p> <p>Services are being encouraged to move from supplying Suboxone on ORT to Subutex as it is more cost effective. However, this is an injectable drug and services are therefore not comfortable prescribing it without increased supervision, which negates any cost saving</p> <p>Recovery Communities – We have SMART facilitator training on the 8th and 9th of March 2018</p> <p>Recovery matters training for trainers has been organised for February 2018.</p> <p>Debbie and Sharon recently visited Lochaber, on the back of this they are hoping to organise a recovery event in spring /summer 2018.</p>	
<p>6</p> <p>6.1</p> <p>6.2</p>	<p>Drug Related Deaths</p> <p>Highland Drug Related Deaths Flash Report Overall, to date there have been 19 drug related deaths in Highland in 2017. This is comparable to the 2015 figure. However, the number of deaths nationally continues to rise year on year. In Highland we are static but not reducing. There was a spike in deaths during June/July. There have been no deaths to date in the under 25's and female deaths account for 1/5th of the total.</p> <p>The majority of deaths occur in the Inverness area, with 3 to date in Caithness and 3 in the Lochaber area; this is also comparable with previous years.</p> <p>The most common risk factors include; polydrug use, alcohol and mental health co morbidities. Diazepam, Morphine, Alcohol, Temazepam and Oxazepam are used most frequently.</p> <p>There has been a spike in the number of deaths involving the use of Mirtazipine, it could be that this is being prescribed for low mood and not necessarily a street drug. 63% of deaths had previously overdosed. It was also noted that although Naloxone may be offered, not everyone accepts it.</p> <p>12 children in Highlands have lost parents to drug related deaths in 2017.</p> <p>Drug Related Deaths Review Group There were 6 cases reviewed. All male. Age range from 28 to 63 years. There were two deaths from multidrug toxicity, one death</p>	

	<p>from Bronchopneumonia and multidrug toxicity, one from acute cocaine toxicity, One from Aspiration Pneumonia and Methadone ingestion and one from Mirtazipine and Zopiclone toxicity. It is considered that this was most likely a suicide.</p> <p>Two were known to the prison service and two were known to mental health services. The other two were not known to services at all.</p> <p>There will be a formal SAER into one of the deaths. A date for this has not been set as yet.</p> <p>It was noted that cocaine toxicity is unusual in Highland, however this person had moved to the area from out with Highland, where it is perhaps used more often. There is a stimulant overdose awareness eLearning module developed by Health improvement that it would be useful for relevant services to be aware of.</p> <p>The current terms of reference for the group are currently under review now that the group has been restructured. The group recently split to form a separate review group and prevention group. Housing would be keen to be involved in the review group, particularly when one of their tenants has died. Lyndsay Greene and Karen Patience from Housing are involved in the prevention group. Lewis agreed that housing can provide information relevant to the national drug related death database (NDRDDB).</p> <p>Action: A key contact within housing will be identified to liaise with Carolyn and help to feed in to the NDRDDB.</p>	LH/CHR
7	<p>Budget</p> <p>7.1 Financial Statement</p> <p>The overall position shows a £14k under spend, however most of these budgets are part of a bigger pot. A meeting has been arranged with the Head of Finance to discuss budgetary control.</p> <p>7.2 Inverness Women’s Aid Funding Report</p> <p>A letter had been sent to Inverness Women’s aid seeking further clarification regarding how the monies received from HADP have been spent. There has been a response from their manager advising that she will raise the matter with the new Chair and will respond in due course.</p> <p>It was agreed that HADP needs tighter contracts to allow us to recover any money in a situation where the objectives are not achieved by any future projects that we agree to fund. There is ongoing work within the NHS Highland Contracts Team at present</p>	

	<p>to improve the monitoring process.</p> <p>We also provide funding to the Youth Action Service, but it's difficult to evidence any outcomes. Carolyn is currently working with the POP project to help evidence outcomes from this work.</p>	
8	For Information and Noting	
8.1	<p>Alcohol and Drug Bulletin Highland had two articles in the recent edition of the National Alcohol and Drugs Bulletin.</p>	
9	<p>Any Other Business</p> <p>Equality of Partnership is important. We want all partners to feel equally involved. It is important that we continue to try and improve this and break down barriers</p> <p>Action: Aileen to sent the 2018 meeting dates to Lewis</p>	AT
12	<p>DATE OF NEXT MEETING There will be an additional meeting of the HADP on the 31st of January at 2pm at Newstart for an Improvement Workshop with Ian Kyle.</p> <p>The next meeting of the Strategy Group will be on Tuesday 13th March 2018 at 1400 hours. Board room, Newstart.</p>	