

Minute of the Highland Alcohol and Drugs Partnership Strategy Group	
DATE:	13.03.2018
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)
Suzu Calder	Head of Service, Drug and Alcohol Recovery Service, NHS Highland
Carolyn Hunter - Rowe	HADP Research and Intelligence Specialist
Robert More	
Sharon Holloway	HADP Development Manager
Stephen Coyle	Governor, HMP Inverness
Cathy Steer	Head of Health Improvement, NHS Highland
Louis Hannah	Housing and Homeless Manager, Highland Council
Gavin Gilray	Finance Manager, NHS Highland
James Maybee	Criminal Justice
Derek Wilson	Group Manager, SFRS

In attendance: Aileen Trappitt (minutes), David

Apologies: Alex Keith, Phillip MacRae, Debbie Milton, Ian Kyle

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 12 th December 2017, having been circulated, were approved.	
2.2	ACTIONS FROM 12th December 2017 2.1. Hugo Van Woerden signed off the original Information sharing agreement. He was happy with the content but will need to review in light of the General Data Protection Regulation (GDPR) which comes into force in May. 3.2 The commissioning intentions document is a work in progress and will be discussed further as an agenda item. 3.3 The Minimum Unit Pricing research by Sheffield University has been circulated.	

	<p>5.1 Ian Kyle has agreed to represent education on the Strategy group.</p> <p>6.2 Iver Forsyth has agreed to liaise with HADP and feed into the national drug related death database (NDRDDB).</p>	
3	STRATEGY DEVELOPMENT	
3.1.	<p>Feedback on the HADP Annual Report 2016/17</p> <p>Debbie thanked members for their progress reports throughout the year which are collated to produce the annual report, which is then submitted to Scottish Government in September. The report is also sent the NHS Board, Community Planning Partnership (Safer Highland), Adult & Children’s Services Committee and now the Health and Social Care Committee in the absence of an integrated joint board in Highland. HADP have now received light touch feedback from the Scottish Government, which overall is positive. This was circulated to the strategy group for comments. The annual report and final feedback on performance will be placed on the HADP website to promote transparency and accountability.</p> <p>Action: Annual report 2016/17 and feedback of performance to be added to the HADP website.</p>	AT
3.2	<p>Minimum Unit Pricing (MUP)</p> <p>Liz thanked members for taking part in the consultation. Pricing has been set at 50p per unit, with a review carried out in due course. The Scottish Government are asking ADPs to consider the impact of MUP. Materials are currently being produced which ADP’s are expected to distribute.</p> <p>MUP will be a mandatory part of all licensing applications from May onwards. The Recovery Service is participating in an independent evaluation looking at the impact on particular groups of drinkers from different areas.</p> <p>Action: Devise a process for collecting information on the impact/experience of MUP. Disseminate national materials when completed.</p>	Liz/ HADP
3.3	<p>DAISy Update Letter</p> <p>The Roll out of DAISy (National Drug and Alcohol Information System) was due for roll out from April. This has now been put back until October. There are a number of reasons for this, including access to training and being system ready in some areas.</p>	

	<p>There have been challenges in Highland around the electronic reporting. However, we have shared information good practice with Orkney and the Borders on our preparation to be DAISy ready.</p> <p>Action: Suzy and Carolyn will keep members up to date on developments through participation in national groups.</p>	<p>SC/ CHR</p>
<p>4</p> <p>4.1</p> <p>4.2</p> <p>4.3</p>	<p>Quality Improvement</p> <p>HADP Improvement Workshop Thank you all for participating in the HADP Improvement Workshop, facilitated by Ian Kyle.</p> <p>It took a lot of time to come up with our aim, but it was important to have the discussions and for people to develop their own conclusions as to what they want the group to be. The group now has three clear priorities to progress.</p> <p>Thanks also for completing the survey prior to attending the workshop. This now gives us a baseline to work from and we can review progress in one or two years. Ian has offered a second workshop later in the year focused more specifically on leadership which the group will consider.</p> <p>HADP Self Evaluation The self evaluation was circulated with the papers, It was thought that what we do as individual organisations, we do very well. However we could improve our collaborative working.</p> <p>Quality Principles Update We initially had the Care Inspectorate visit 2 years ago which gave us a baseline to work from. Carolyn has administered a staff survey and service user survey for statutory services that have very high response rates (90 service-users). The services self-evaluation template has been completed by all but two services (due to lack of capacity). A report will be shared at the next meeting</p> <p>In addition, the quality improvement work at Osprey House has shown initial indications that waiting times are down and being sustained. Also, the waiting time for ORT is down.</p> <p>Services recognise the challenges engaging some people; however opportunities to work differently in the future will allow</p>	

	<p>services to capture information and actively engage those not already in service.</p> <p>Action: Findings from the Quality Principles evaluation process will be shared at the next meeting.</p>	<p>CHR/ DS</p>
<p>5</p> <p>5.1</p>	<p>Commissioning</p> <p>Commissioning Plan (Draft V1) National policy is to be refreshed with monies available to support implementation. Thus far we don't know exactly what this will look like or how the funding will be allocated. However, we have been asked to start working on our commissioning plan in the mean time.</p> <p>We have been working on this for a couple of months and we also have the needs assessment and strategy to draw on. Using this information and feedback from the workshop, we have identified a number of priorities. The next step will be looking at service design to meet these priorities. The Chair stated we need small, focused short-life working groups to work out the service design details. Any working group would need to have appropriate organisations represented and led by strategy group members. It was acknowledged that time restraints may result in virtual or reference groups/partners being more straightforward to facilitate.</p> <p>We are looking at three small groups:</p> <ol style="list-style-type: none"> 1) Cathy to lead on prevention and education 2) Lewis/Suzy to lead on assertive outreach/Housing First principles 3) Debbie Milton will be invited to lead on a children and families and young people group <p>Action: HADP staff to support the administration and development of the 3 short-life working groups.</p>	<p>All</p>
<p>6</p> <p>6.1</p>	<p>Alcohol Related Deaths</p> <p>Local Community Planning Profiles Carolyn produced profiles for the local community planning partnerships on a range of drug and alcohol indicators. The</p>	

<p>6.2</p>	<p>information has been sent to partnerships with invitations to present the findings. The purpose is to encourage partnerships to prioritise and include substance use issues when producing their plans.</p> <p>Action: All members will raise awareness and encourage use of the profiles: http://www.highland-adp.org.uk/local-profiles</p> <p>Alcohol Related Deaths in Highland The report outlines the epidemiology and pathways for alcohol related deaths. This was compiled using the deaths extract from National Records Scotland and the international classification of disease, volume 10 (ICD 10). There were 70 alcohol related deaths in Highland in 2016. The number of deaths changes from year to year, however more recently there has been an increasing trend. Reducing the number of alcohol related deaths remains a priority for HADP and the Scottish Government.</p> <p>The report demonstrates that those at highest risk are males in the age group 55-64 years old. There are three areas with higher rates of death – Lochaber, East Ross and Caithness.</p> <p>The report provides good quality, easily accessible data. Members congratulated Carolyn on the quality of the work. Members are asked to consider the findings and contribute to the recommendations.</p> <p>Action: Members to feed back to Carolyn any recommendations and next steps.</p>	<p>All</p> <p>All</p>
<p>7</p>	<p>HADP Progress Report Fairer and Healthier Communities Prevention and Education - Substance Awareness Toolkit - Health Improvement is currently developing lesson plans and supporting resources for use with young people in schools. There will be a substance awareness toolkit up-date workshop on the 21st June. At the event we will also be announcing the launch of a Substance Awareness School award. Aileen Campbell MSP, Public Health Minister has expressed an interest in attending the toolkit event. The ABI target has been met with work underway to target deprived communities.</p> <p>Liz is currently working on the overprovision statement. The licensing board agreed in the 2013 overprovision statement to target off sales, by placing size restrictions. The statement is now 5 years old and needs reviewed. We have circulated a survey via survey monkey. Previously we found that short video clips from people discussing how alcohol affected their lives, was very useful, so we are looking to do this again. We are in a unique position where by we can now compare data with the previous</p>	

	<p>statement.</p> <p>Action: Liz and Carolyn to continue to provide regular updates on the overprovision policy.</p> <p>The Fire Service has been involved in diversionary skills and awards, supporting people to seek other paths. These include delivering ABI's, Rock Challenge, Driving Ambition, Arrive Alive and a broad range of partnership working</p> <p>Action: Fire Service to be included in progress reporting.</p> <p>Safer & Stronger Communities James M advised work is underway to look at funding to secure POP for 2018/19. There will be a change in staff as Viada is leaving. Carolyn and Shirley are currently evaluating the project and a report will be produced in due course.</p> <p>DTTO numbers are very low. Louise is looking at DTTO light; the testing is not quite such an intensive regime. Criminal Justice will provide an update at the next meeting.</p> <p>The design work for the new prison is complete. Stephen will bring the designs to the next meeting. The Planning and Funding applications are to be submitted this week.</p> <p>Suzy is now managing the custody suite service.</p> <p>The Community Justice plan has been accepted, key elements include housing and the recovery model within the Prison. The aim is for the journey through prison and back out to the community to be seamless. We are looking for a whole person approach to Health and Well being</p> <p>Action: James M to provide an update on DTTO light Action: Prison Update to be added as a standing agenda Item Action: Stephen to do a presentation on the new Prison design at the next meeting</p> <p>Successful Young People & Families</p> <p>Quality Support & Recovery The Drug and Alcohol Recovery Service have been continuing their Improvement work and new services and clinics are developing.</p> <p>The Harm Reduction Service has had a problem with the supply of intranasal naloxone, but can get the intramuscular naloxone, so it is being supplied for now. The Highland programme is expanding in Mid Ross, Caithness and Lochaber; this is being driven by the</p>	<p>LS/CHR</p> <p>AT</p> <p>JM DS StC</p>
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	<p>Police. The Drug Trend Bulletin is routinely being produced every two months. There are rumours that Xanax is being mixed with Rohipnol along the A9 corridor, this is unsubstantiated at present however polydrug use continues to be an issue.</p> <p>There are still staffing issues. Caithness is now fully staffed and Osprey House is fully staffed for the first time in 6 years. Services are hitting 84% of the HEAT target and continuing to improve all the time.</p> <p>The Harm Reduction Service in town is rebranding. They are looking at a new name and the service will be managed differently.</p> <p>HADP is currently working on a focussed piece of recovery work in Lochaber and updating the SMART Licencing agreement. Rock Challenge is on the 26th-28th of March. There are 22 Schools, 1531 young people taking part from across Highland. The prison service is making up the goody bags and have arranged for water and fruit to be donated. The Fire Service has donated a family pass to Landmark for one of the raffle prizes. The Child Protection Committee has made a generous contribution to funding and supporting the event. All partners and many HADP members are participating on the days by providing preventative activities and input. Strategy group members are welcome to pop in during the day and attend the evening performances.</p>	
8	<p>Drug Related Deaths</p> <p>The next meeting of the Review group was scheduled for the 5th March; however this has been changed to the 30th of April. There are similar trends and pathways as previously mentioned. Multidrug toxicity remains the common cause of drug related death. There is still an older group of drug users at higher risk. The number of drug related deaths continues to be monitored with support provided through the non-fatal overdose alert system and contact with services.</p> <p>Carolyn and Suzy have met to look over key points and how they are shared with partners. They presented at the national SAER event in January as the Highland process is recognised as good practice.</p>	
9	<p>Budget</p> <p>At the end of December our projected overspend was £53k. The biggest areas of overspend include, South and Mid and Adult Social Care. The end of year statement is still a work in progress. It will be completed for the next meeting.</p> <p>There is some differentiation between the finance statement and the information given for the annual report provided to Scottish Government as this has shown under spends each year for the</p>	

	<p>past number of years. The reasons for why the underspend shows in the end of year statement, with no prior warning throughout the year needs to be clarified.</p> <p>The chair stated it is essential that the strategy group have a clear idea of the current or actual financial position, with regards to the monies from the Scottish Government. NHS Highland is willing to present the budget in any way requested. The Chair will liaise with Gavin so reports can be amended to focus on 'actual' spend.</p> <p>Action: Gavin to look into the projected overspend and the difference between the finance report and underspend in the annual report and provide more detail.</p> <p>James will liaise with Gavin to look at amending the finance report to include an 'actual' column.</p>	<p>GG</p> <p>GG/JD</p>
10	<p>For Information and Noting If anyone has any information you would like shared or news for the bulletin, please forward it to Aileen for inclusion.</p>	
11	<p>AOCB Belladrum – HADP have applied for a pitch in partnership with the Harm Reduction Service. Drug testing at festivals – This is not currently done in Scotland. The Scottish Government are not adverse to the idea; HADP are working with Health Improvement to put a paper together. There is an underage element which is concerning. NHS sign off on a welfare element and there have been gains over the years. For example; festival goers now need to be over 21 to sign in anyone under the age of 18. Every ticket purchased also gets stay safe information sent to them in the run up and during the festival.</p> <p>Action: Debbie and Suzy to discuss Harm Reduction role at Belladrum given current capacity issues.</p>	DS/SC
12	<p>DATE OF NEXT MEETING There will be an additional meeting of the HADP on the 5th of June 2018 at 2pm, the Board Room, NewStart Highland.</p>	