

<b>Minute of the Highland Alcohol and Drugs Partnership Strategy Group</b>	
DATE:	05.06.2018
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
Carolyn Hunter - Rowe	HADP Research and Intelligence Specialist
Robert More	
Stephen Coyle	Governor, HMP Inverness
Cathy Steer	Head of Health Improvement, NHS Highland
Louis Hannah	Housing and Homeless Manager, Highland Council
Louise Wright	Criminal Justice, Highland Council

*In attendance:* Aileen Trappitt (minutes)

*Apologies:* Alex Keith, Phillip MacRae, Sharon Holloway, Liz Smart, Suzy Calder, Fiona Lorraine-Smith, Geoff Main, Gavin Gilray

<b>Item</b>	<b>Discussion</b>	<b>Action</b>
<b>1</b>	<b>WELCOMES / APOLOGIES</b> The Chair welcomed all present to the meeting.	
<b>2</b>	<b>MINUTES AND ACTIONS FROM PREVIOUS MEETING</b>	
<b>2.1.</b>	The minutes of the meeting held on 13 <sup>th</sup> March 2018, having been circulated, were approved.	
<b>2.2</b>	<b>ACTIONS FROM 13<sup>th</sup> March 2018</b>  4.3 A report on the Quality Principles Self-evaluation process will be carried forward to the next meeting.  6.2 Carolyn has had no feedback from the group on the Alcohol related deaths report. James D has fed the report back to the Safer Highland Leadership group, it was well received.  9. A meeting will be scheduled with Gavin prior to the next meeting to discuss the changes to the finance report.	
<b>3</b>	<b>Stakeholder Conference</b>	
<b>3.1</b>	<b>Overview and Feedback</b>  The HADP Annual Conference was on the 1 <sup>st</sup> of June, it went well. We had 120 people in attendance including speakers. It was	

	<p>challenging in the heat. The theme of the conference was Reaching hard to engage groups. We had Dave Liddell from the Scottish Drugs Forum speaking about Older alcohol and drug users. Hugo Van Woerden, Director of Public Health presented on Health Inequalities. Dr John Budd from the Edinburgh Access Practice spoke on reaching hard to engage groups, particularly those on the margins of society. Scott McCollum from Alcohol Focus Scotland presented on Minimum Unit Pricing. There was also a presentation from Vox Liminis on the importance of building relationships and using creative approaches to engage young people. After the lunch break there was a performance from Pheonix Futures on Tackling Stigma which was extremely well received. There were five workshops in the morning; these were repeated in the afternoon. More people stayed to the conclusion of the conference this year.</p> <p>We are running a survey monkey to capture feedback from the delegates and speakers / workshop hosts. We have had 25 responses so far. Some comments include; “excellent Venue” “too hot” “More service user participation”. The drama group was very well received and described as having a very hard hitting and powerful impact.</p> <p>This is the 7<sup>th</sup> year in a row the Stakeholder Conference has been held in order to promote the work of the ADP, consult with stakeholders and showcase good practice.</p> <p>A key theme from the day was that people with alcohol and drugs problems may describe services as hard to reach which requires looking at different ways to engage, to ensure services are more accessible.</p> <p><b><i>Action: A full evaluation report of the Stakeholder Conference to be given at the next meeting</i></b></p>	DS
4	<p><b>Quality Improvement</b></p> <p>4.1 <b>Quality Principles Update</b></p> <p>The planned report on the Quality Principles Self-evaluation process with Drug and Alcohol Recovery Service staff and service users is currently being completed and will be available for the next meeting. We are still working on the timescale for the case file reading. The Quality principles are a really big piece of work but one that is very worthwhile.</p> <p>There is a set of Health and Social care standards being introduced. It is unsure at present how this will fir with the Quality Principles.</p>	

	<p><b>Action: A Quality Principles Report will be given at the next meeting.</b></p> <p><b>Action: Cathy to look into how the new Health and Social Care standards will fit with the Quality Principles</b></p> <p><b>4.2 DAISy / Recovery Outcomes Tool (RO) Update</b></p> <p>The implementation date for DAISy has been given as the 1<sup>st</sup> October 2018. Firm dates for training are still to be set.</p> <p>RO is still planned for April 2019. There is ongoing work to revalidate RO. There is a national plan in place and it is going out to tender. Suzy sits on the DAISy Reporting Subgroup which reports directly to the DAISy Project Board and usually provides feedback on progress.</p> <p>The Outcome Measurement Tool being promoted by Community Justice Scotland is very similar to the RO Tool being used by the Drug and Alcohol Recovery Service. There is some duplication nationally, that has been raised with Scottish Government. There may also be an element of local duplication as the POP Project uses Outcomes Star, HMP Inverness has trialled their own version of Outcome Star entitled Compass, Action for Children also use the Outcome Star for Teenagers. The Highland Health and Social Care Committee (IJB) have recommended Outcome Star; and NHS Highland Trainers are delivering sessions using the Triangle franchise.</p> <p>The RO Tool is the Tool of choice for the Drug and Alcohol Recovery Service.</p> <p>Ideally it would be good if everyone used the same platform. However, it is a welcome development that Outcomes Tools be used across partnership agencies with a range of client groups. The challenge for HADP will be to ensure consistent reporting in the future.</p> <p><b>Action: Partners to track use of outcomes tools in order to avoid duplication, where possible.</b></p>	<p><b>DS / SC</b></p> <p><b>CS / DS</b></p> <p><b>All</b></p>
<p><b>5</b></p> <p><b>5.1</b></p>	<p><b>Commissioning</b></p> <p><b>Commissioning Plan Update</b></p> <p>National policy is to be refreshed with monies available to support implementation. Thus far we don't know exactly what the national strategy will look like or exactly how funding will be available. However, we have been advised to develop our commissioning intentions plan.</p>	

<p>5.2</p>	<p>We have been working on this for a couple of months and we also have the strategic needs assessment and joint strategy to inform the service designs / programmes we will prioritise for commissioning. In addition, we have feedback from workshops and short-life working groups.</p> <p>The next step is for the Chairs of the short-life working groups to complete the service / programmes design templates (Cathy, Debbie M, Lewis/Suzy) for inclusion in the commissioning plan. It would be helpful for Chairs to then meet for fine-tuning.</p> <p><b>Action: Chairs of the 3 short-life working groups to complete an initial service /programme design for end June/mid-July.</b></p> <p><b>Service Designs (Feedback from short life working groups)</b></p> <p>Cathy led the Fairer &amp; Healthier Communities short-life working group. Representatives from a broad range of partner agencies attended. A workshop approach was used to consider what a coordinated, evidence-informed, family inclusive prevention programme in schools and in deprived communities would look like.</p> <p>Attendees contributed ideas, these were then prioritised in alignment with the principles and the list of priorities. Cathy provided a summary of the discussions:</p> <p>Children – Build in positive activities to existing programmes Peer Education</p> <ul style="list-style-type: none"> <li>- Accredited Award scheme built into leadership programmes</li> <li>- Diversionary / positive activities</li> <li>- Generic education materials / programme for delivery anywhere</li> </ul> <p>Adult – ABI's</p> <ul style="list-style-type: none"> <li>- Community ABI's</li> <li>- How might we build alcohol work into community development programmes and into workplaces?</li> </ul> <p>Families – Activities</p> <ul style="list-style-type: none"> <li>- Specialist midwifery role</li> <li>- New health visitor pathway (opportunity to build on this)</li> </ul> <p>Older – Build on existing programmes like men's sheds</p> <ul style="list-style-type: none"> <li>- Lacking in information on engaging older men – research</li> <li>- Young men – UHI, Community programmes</li> </ul> <p>Cathy will write up and have to Debbie by the end of June.</p> <p>Debbie Milton led on the Children and Families short life working</p>	<p>CS/DM/SC/ LH/DS</p>
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	<p>group. The notes are in the process of being written up and will be forwarded to Debbie S once they are complete.</p> <p>The housing first / assertive outreach short life working group is meeting on the 11<sup>th</sup>. Suzy Calder and Lewis Hannah are leading on this although Lewis will be unable to attend due to leave but, Iver Forsyth will represent housing. They will be looking at building on existing services to develop a more integrated service model, particularly for those hardest to engage. It will be important to initially have a scoping period where policies, procedures, standard operating procedures, evaluation processes are all agreed and set out. There won't be enough resource to fund a Highland wide approach. It may be more feasible to pilot the model in an urban and rural setting.</p> <p>Stephen cautioned on overlap with POP and highlighted concerns it was not achieving the required outcomes. Debbie stated that the housing first / assertive outreach model would need to ensure realistic outcomes are set for folk that are extremely vulnerable. For example; Recovery may not be goal. It may be that things may not get a lot better but at least they don't get a lot worse. Also, any improvements are likely to take longer and that we have to be in it for the long-term.</p> <p>It is a helpful suggestion to learn from POP. Although there may be overlap with some clients the housing first / assertive outreach model has more of a public health as opposed to criminal justice focus.</p>	
<p><b>6</b></p>	<p><b>Progress Reports</b></p> <p><u>Fairer and Healthier Communities</u></p> <p>Health Improvement -Work is underway to move the Preventing Stimulant Overdose elearning module onto a different platform and to make it completely automated. There has also been a lot of work done around ABI's in Primary Care. There are big changes underway with the new GP contract, this might greatly reduce our delivery of ABI's. The Scottish Fire and Rescue service are delivering ABI's and training others to deliver is ongoing. 30% of those held in the custody suite are dependant drinkers, they are signposted to services. Those that are non dependant drinkers have an ABI done. We are currently working on a pathway to improve this.</p> <p>Summer festival messages - modelling behaviour  - Young people giving messages about what to do if they feel threatened or unsafe.</p> <p>Lesson Plans – These have been updated ready for the Substance Awareness Toolkit launch event on the 21<sup>st</sup> June. )ver</p>	

100 people have registered to attend. We will also be launching the Substance Awareness Schools award at the event to encourage schools to utilise the Toolkit.

Safer and Stronger Communities

DTTO Light - Drug Testing and Treatment Orders are a criminal justice order supervised by social work. There is a treatment component developed to fast track people into treatment. We now have an older cohort of offenders and the number of DTTO's has reduced to the point of being static. Another option is a Community Payback Order with a treatment condition, The work is in partnership with Osprey House. Uptake has been low. There are different ways of addressing this in different areas. We also need to look at the younger cohort of poly drug users.

The community payback orders with drug treatment requirements does not give the flexibility or authority to ask someone to submit to testing. A shortened version of the DTTO has been developed called DTTO light. This is essentially the same programme but the interventions are shorter, maybe six months, they are still supervised by the court but not as frequently. DTTO light tends to be targeted at younger people that are using drugs or alcohol chaotically but are not dependent. Edinburgh piloted DDT light for lower tariff offenders and targeted women. It is now main stream. Louise will be visiting in a couple of weeks to see how it works.

Prison Update – The designs for the new prison are not signed off for planning as yet and therefore there is sensitivity around sharing them out with the prison at present. It is hoped they will be available for sharing at the next meeting. The site for the new prison has been secured and fencing is being put up to keep the sight secure. We are still waiting for confirmation of funding but are looking at a protracted procurement phase. There will be 200 spaces and an independent living unit for males. There is still debate around a unit for women. It is unlikely there will be a full time women's unit but more likely to be temporary accommodation for court appearances etc. There is a national strategy for women underway which will see a drastic reduction in the number of women's spaces available. The two new custody units are well advanced.

Successful Children, Young people and Families

CAPSM – work is progressing on the CAPSM Practitioners Toolkit, Debbie Milton will bring an update to the next meeting.

**Action: Debbie Milton to feedback on the CAPSM Toolkit at the next meeting.**

**DM**

7	<p><b>Drug Related Deaths</b></p> <p>There was a meeting of the review group on the 30<sup>th</sup> April. There were 9 cases reviewed, 7 male and 2 female. Age range from 21 to 39 years. There were four deaths due to Multidrug toxicity, one from Oxycodone toxicity, one from Cocaine and Methadone toxicity, one from Aspiration pneumonia and multidrug toxicity, one from Methadone, Etizolam and Amphetamine intoxication and one from Hypoxic brain injury and bronchopneumonia due to (or as a consequence of) Cardiac arrest due to (or as a consequence of) Multi-drug toxicity. Eight were known to either Drug and Alcohol services or Mental Health teams.</p> <p>There were several follow up actions from the meeting:</p> <ul style="list-style-type: none"> <li>- There was one death out with the Highland area, more information has been requested.</li> <li>- We are looking into whether or not the partners of those how died had naloxone training and a pack?</li> <li>- There were several cases where children have lost a parent, what follow up support was there?</li> </ul>	
8	<p><b>Budget</b></p> <p>Gavin is currently on leave, so we have been unable to produce a financial statement in time for this meeting. We should be able to produce a statement using the existing format and will get this to the group as soon as possible. This will be the year end statement. We will arrange a meeting for the Chair, Vice Chair, Suzy, Debbie and Finance prior to the next Strategy group meeting to initiate the new format for the financial statement.</p> <p><b>Action: Arrange a meeting to initiate the new format for the financial statement</b></p>	AT
9 9.1	<p><b>Strategy Development</b></p> <p><b>Safer Highland</b></p> <p>It would be useful if we distilled the work we plan on doing over the year and submit it to the Safer Highland group. We need to be transparent and accountable</p> <p>The role of the Safer Highland group is changing. The ADP and other groups currently report into the Safer Highland group and then on to Community Planning. There have been governance issues in relation to some of the groups. It has been decided that Child Protection, Adult Protection and Violence Against Women will now report directly to the Chief Officers. There has been some discussion as to whether or not the ADP would also report to the Chief Officers. We would like to discuss this further so we are</p>	

	<p>clear where we should report to and why. It was also discussed that the ADP needs to forge stronger links with the Highland equivalent of the IJB. Debbie and James have met with Melanie Newdick the Chair but been unable to get an appointment with David Park.</p> <p><b>Action: Discussion regarding ADP reporting and Safer Highland group to be added to the next agenda</b></p> <p><b>Action: James Dunbar to clarify with George MacDonald what the accountability and governance structure for the ADP should be.</b></p>	<p>DS</p> <p>JD</p>
<p><b>9.2</b></p>	<p><b>Funding Letter</b></p> <p>The funding letter is out slightly earlier this year but has not changed much from previous years. The ministerial priorities are on page two. Our annual report is based on these priorities. There is not a lot on prevention or Children and Families. However, there is a lot of focus on compliance, quality principles/treatment services. Minimum unit pricing is also included for the first time.</p> <p>Disappointingly there is not much on the additional funding, just a note acknowledging we are waiting to hear about it. It is hoped that once the updated strategy is published we will know more about the additional monies.</p> <p>There is a significant risk to the ABI's from the new GP contract, this will reduce the number of ABI's that are recorded. We will raise this issue this issue nationally.</p>	
<p><b>9.3</b></p>	<p><b>Additional Monies</b></p> <p>The ADP is hosted by Public Health. Hugo advised that it is in the interest of the ADP to communicate with the senior leadership team in NHS Highland regarding the additional monies as they will be routed through the NHS. The SBAR explains that the decision making for the additional funding lies with the ADP.</p> <p><b>Action: Debbie to ask Hugo to take the SBAR paper to the Senior Leadership Team for information.</b></p>	<p>DS</p>
<p><b>9.4</b></p>	<p><b>Minimum Unit Pricing</b></p> <p>Minimum Unit Pricing has been introduced. There have been a couple of press releases. The ADP supports Minimum Unit Pricing. Liz and Carolyn have developed a brief form to send out to partners asking what the impact is.</p>	



9.5	<p><b>Alcohol overprovision policy</b></p> <p>There is a five year overprovision policy statement that is now due for revision. Liz has prepared a paper looking at alcohol related harm. This has been sent to the principle solicitor and will be discussed on the 26<sup>th</sup> June. The consultation will end in August, we have agreed to delay a week so it can be discussed here for recommendations and will then go to the licensing board. We had over 4000 responses from the public to the consultation.</p>	
10	<p><b>For Information and Noting</b></p> <p><b>GDPR</b></p> <p>The new regulations came into effect on the 25<sup>th</sup> of May, we are taking advice from the NHS data protection officer. The privacy policy on the website has been updated and wording changed on the training materials</p>	
11	<p><b>AOCB</b></p> <p><b>Risk Management</b> We should develop a risk management approach to business. How does it develop the action plan going forward. We need transparent governance. We will take this forward and present at the next meeting.</p> <p><b>Action: A HADP risk register is to be introduced along with templates adapted from SPS to make progress reporting more efficient.</b></p> <p><b>Crimestoppers</b> James was approached by crimestoppers, looking to do a piece of work gathering information to make it safe for young people in schools to report any drug dealing they see. They are looking for just over £9k to help fund this.</p> <p>Most of our money is spent this year. We can signpost them to other places for funding. We are very supportive of anything that helps reduce harm. We would ask them to put their proposal in writing and asking what the evidence base is and who they have consulted or collaborated with in Highland? We would then ask if it fits with our priorities / principle</p> <p><b>Action: Debbie to draft a response to crimestoppers and forward on to the Chair for comment.</b></p> <p>Introducing a Challenge Fund using a portion of the additional monies was discussed and thought to be a positive way forward to complement commissioning.</p>	<p>JD / SCo</p> <p>DS/JD</p>

	<p><b>Carolyn</b>  This will be Carolyn's last meeting with the Highland ADP as she takes on a new role. We would like to thank Carolyn for all her hard work and significant contribution to the ADP.</p>	
<b>12</b>	<p><b>DATE OF NEXT MEETING</b>  There will be an additional meeting of the HADP on the <b>4<sup>th</sup> of September 2018 at 2pm, the Board Room, New Start Highland.</b></p>	