

Minute of the Highland Alcohol and Drugs Partnership Strategy Group

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| DATE: | 04.09.2018 |
| LOCATION: | Board Room, New Start Highland, Carsegate Road |
| CHAIR: | James Dunbar |

Present:

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| Liz Smart | Public Health Consultant (Chair) |
| Debbie Stewart | HADP Coordinator |
| Frances Gordon | Finance Manager (NHS Highland) |
| Richard Ross | Inspector (Police Scotland) |
| Alex Keith | Consultant Psychiatrist (NHS Highland) |
| Suzy Calder | Head of Drug and Alcohol Recovery Service and Prison Healthcare (NHS Highland) |
| Louis Hannah | Housing and Homeless Manager (Highland Council) |
| Val Bell | Development Manager, Addictions Counselling Inverness |
| Geoff Main | SFIU |
| Derek Wilson | Prevention and Protection Manager for Highland, Aberdeenshire and Moray (Scottish Fire and Rescue Service) |
| Debbie Milton | Children's Service Manager (Highland Council) |

In attendance:

Apologies: James Dunbar, Stephen Coyle, Phillip MacRae, Sharon Holloway, Cathy Steer, Robert More, Gavin Gilray, Aileen Trappitt

| Item | Discussion | Action |
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| 1 | WELCOMES / APOLOGIES The Chair welcomed all present to the meeting and round table introductions were made | |
| 2 | MINUTES AND ACTIONS FROM PREVIOUS MEETING | |
| 2.1. | The minutes of the meeting held on 5 th of June 2018, having been circulated, were approved. | |
| 2.2 | ACTIONS FROM 5th June 2018 3.1 – The feedback from the stakeholder day was very positive. Responses to the evaluation conducted via Survey monkey can be provided on request. 4.1 – There is a PADs group looking at the health and social care standards. We should continue with the Quality Principles for now, and will feedback at future meetings on how they relate to the HSCS. | |

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| | <p>4.2 – Statutory services are continuing to use the Recovery Outcome (RO) Tool with discussions ongoing with the prison. Some other organisations are using tools such as the Outcome’s Star.</p> <p>6.0 – The CAPSM Toolkit is currently being piloted with practitioners. Donna Munro, Child Protection Committee and Debbie M will receive feedback from the practitioners which will be provided to the group in the future.</p> <p>8.0 – We will continue to try and arrange a meeting to discuss the format of the budget report.</p> <p>9.1 – James Dunbar to help clarify with George MacDonald what the accountability and governance structure for the ADP should be. However, Scottish Government will be reviewing governance structures for ADP’s nationally with a focus on the relationship between community planning partnership (CPP) and integrated authorities (IA’s) – Carried forward</p> <p>9.3 – Hugo took the SBAR to the NHS senior leadership group and they agreed that the decision making power sat with the HADP.</p> <p>11 – The suggestions for a HADP risk register is to be introduced along with SPS templates for progress reports will be discussed at a future meeting. – carried forward</p> <p>11 – Debbie drafted a response to crime stoppers advising that the funding was not available and that this was not a priority at this time. But that any relevant local or national initiatives could be highlighted via the Substance Awareness Toolkit.</p> | |
| <p>3</p> <p>3.1</p> | <p>Strategy Development</p> <p>Funding Letter</p> <p>The goal posts have shifted slightly in that ADP’s were initially advised the purpose of the monies was there to support innovation and to develop new service models aligned to the refreshed drug and alcohol strategy. There is now more flexibility to support work related to existing ministerial priorities, particularly in year 1 of the funding.</p> <p>This is the first uplift in monies in 9 years. The letter advises that the amount Highland ADP will receive for the next three years is £780k which is a similar amount to the 20% reduction sustained to the alcohol and drug monies a couple of years ago. Albeit very welcome, there is a view that the monies may be described as</p> | |

recycled instead of new monies. Nevertheless, the funding presents opportunities for improvement. Decisions on investment will be agreed by the ADP with support from the integrated authority, which is the Highland equivalent of the Integrated Joint Board (IJB). The letter states the money will be routed through the NHS to the IA for investment by the ADPs. HADP has therefore written to the IA to discuss how best to strengthen working relationships. There will be three sources of funding - the Local Improvement Fund, there will also be other opportunities to bid for funding through a £3million pound resource which will be made up of a Challenge Fund and a National Development Project Fund.

Government expect the integrated authority to enable and be accountable for ADPs to develop effective investment plans and to deliver measurable improvements at a local level.

There is flexibility with the resource. The money is there to support the implementation of the refreshed strategy, but also to support services that will enable delivery of the ministerial priorities. It is for the ADP to take that decision.

The commissioning plans HADP partners have been discussing are still relevant. As the monies are routed via NHS they cannot be carried forward to the next financial year. Given the restricted time period and that the monies have not actually been received yet it is likely to be challenging to fully utilise the resource. HADP is required to provide an investment plan to Government by the 26th October 2018. This is a very tight timescale but much of the ground work has been laid.

The monies will be available for 3 years with no guarantee they will recur after this period. Frances pointed out the monies are unlikely to be subject to uplift over the time period based on previous experience.

3.2 Commissioning Intentions Plan

The draft commissioning intentions plan was discussed. It sets out the ADP's investment intentions for the additional monies in a very open and transparent manner.

Debbie S stated that it is important to assert that HADP are not starting with a blank canvas and that we have; a strategic needs assessment (that includes wide ranging community consultations, supplemented with extensive data sources), a joint strategy, clear outcomes and service designs that all partners have had opportunities to contribute towards via workshops and short-life working groups.

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| <p>3.3</p> | <p>Members will recall a workshop help on what the investment priorities aligned to the strategy should be. This was then followed by three short life working groups to discuss and agree appropriate service designs. This information is highlighted in the service design section of the commissioning intentions plan.</p> <p>The next step is for the Chairs of these short life working groups to meet to finalise the investment plan. Debbie S has also met with colleagues in procurement who will guide us through the process.</p> <p>Debbie S also highlighted the possibility of creating employability opportunities for people in recovery to ensure we fulfil the Fairer Scotland requirement to utilise public funds, where appropriate in a manner that supports job creation and helps to tackle cycles of deprivation and unemployment.</p> <p>There has also been discussion on a local improvement fund, where the monies are top sliced to provide a resource that partners including Third Sector and community agencies can apply for, to assist in achieving HADP outcomes. No objections to this proposal were raised by members.</p> <p>Another suggestion from out with HADP is to convene a panel to assess the service designs and provide recommendations to aid transparency and avoid any potential for conflicts of interest. However, members already provide the role of experts and it is important to balance transparency with not being overly bureaucratic. Also, we don't have much time to do this and the relationship between the strategy group and a potential panel could be confusing.</p> <p>Debbie asked relevant members to prioritise the meeting with the Chairs of the short life working groups due to the short timescale for providing an investment plan to the Scottish Government.</p> <p><i>Action: Arrange a meeting between the Chairs of the short Life working groups and other relevant members as soon as possible</i></p> <p>Safer Highland Group Update</p> <p>Carried forward to next meeting</p> | <p>DS / AT</p> |
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| 4 | Quality Improvement | |
| 4.1 | <p>Quality Principles Draft Report</p> <p>Members may recall that we undertook a self-evaluation exercise a couple of years ago with the Care Inspectorate. We have repeated this exercise and the report of the findings provides very clear assurances that high quality drug and alcohol services are being delivered across the HADP area. It was a really positive report.</p> <p>It is helpful to have more robust ways to demonstrate the quality of the work being delivered. Many improvements have taken place since the QP self-evaluation exercise was carried out at the start of the year. The structure of the report gives us more detail than the national report. There may be some learning around the language used. We did get a really good response rate and some key recommendations around engagement and strategic planning for us to look at and take forward.</p> <p>This piece of work will be undertaken every second year to allow us to see incremental change. Work on how the quality principles will align to the health and social care standards is underway nationally but the current advice is to continue implementing the quality principles. A national toolkit is being produced and may include examples of good practice from Highland such as the improvement work to reduce waiting times for OST.</p> <p>A comment on the colouring used for some of the results, is that in the service user section red was used to answer yes, whereas red is often used to describe a negative result the choice of colouring could be confusing at a glance. This will be taken on board for future reporting.</p> | |
| 4.2 | <p>DAISy / RO Tool update</p> <p>DAISy was supposed to be implemented on the 1st of October and has now been delayed until 1st April 2019. The system requires further work to be robust and fit for purpose. A review by Government has enabled a much better understanding of the challenges in the IT development and has resulted in a revised action plan.</p> <p>The training will be rolled out prior to implementation but there aren't firm dates as yet. The timescale for the system has also been impacted by the change in Minister.</p> | |

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| <p>4.3</p> | <p>HQA Award / BMJ Article (BMJ Article)</p> <p>The BMJ article was based on a rapid process improvement workshop. We are now 16 months in. We have continued to develop a really rapid service within Osprey House. The average wait time to get onto opiate replacement therapy (ORT) is 22 days. The paper describes the process and was written and submitted to the BMJ. It was one of the most read papers. Locally services have had a lot of coverage and been host to some international visitors. We haven't had a lot of interest from our Scottish partners. On the back of this process; Osprey House staff, were awarded the Highland Quality Approach award. The position now, is how do roll out this best practice across Highland.</p> | |
| <p>5</p> <p>5.1</p> <p>5.2</p> | <p>Whole Population</p> <p>Minimum Unit Pricing</p> <p>ADP's have been asked nationally to try and find out if there has been any impact from the minimum unit pricing. We sent out a survey monkey and received 8 responses. We thought we'd run it once more and take it from there. It suggests there has not been a huge impact from the policy. It could mean that people haven't responded for various reasons such as missing the email or other priorities.</p> <p>Alcohol Overprovision Policy and Discussion (Draft Policy)</p> <p>The deadline for the overprovision statement was Friday 31st August. HADP have been granted an extension so that it can be discussed at the strategy group meeting.</p> <p>We need to gather evidence about the impact of overprovision, which is the content of the report and presentation to the licensing board. The board then develops an overprovision policy which each licensing application is then considered against.</p> <p>Today we need to come to an agreement about the overprovision statement. There are four options which we will look at. The licensing objectives are not about the economy. They are about crime safety, public safety, preventing public nuisance, improving public health and protecting children from alcohol related harm.</p> <p>Overprovision is a judgement that we make locally about our own area. In Highland there is a lot of hidden drinking. People buy alcohol in the supermarket and drink it at home. Overprovision can be a small area or street, but it is really a matter of judgement.</p> <p>Alcohol causes harm not just to the individual but to families and society.</p> | |

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| | <p>Highland is unique as we have a lot of licensed premises. We have more licensed premises per head of population than the rest of Scotland.</p> <p>We put out a survey and we had over 4000 responses, telling us that there is enough alcohol in the areas where people live.</p> <p>The current overprovision policy provides a maximum off sale space of 40 square metres. Option 1 is to maintain the status quo. Option 2 suggests continuous change by decreasing the capacity to 30 square metres. Option 3 is no more off sales licences agreed where capacity is 40 square metres or over and no more on sales licences agreed in the areas of Inverness and Caithness which have higher than average alcohol related hospital admission rates. Option number 4 is the same but with off sales limited to 30 square metre capacity.</p> <p>The NHS preferred option is option 4; we would like to see continuous change and improvement.</p> <p>After some discussion the ADP agreed to support option 4</p> <p>The ADP also agreed to add a comment to the effect that if an event was predominantly aimed at children there is no need for alcohol to be served.</p> | |
| <p>6</p> | <p>Progress Reports</p> <p><u>Fairer and Healthier Communities</u></p> <p>SFRS have delivered 313 Alcohol Brief Interventions this year to date. The only personnel trained to deliver ABI's are currently a small number of Community Safety Advocates. This month's return has been lower than usual due to the impact of staff annual leave.</p> <p>SFRS also deliver diversionary youth engagement, and have recently begun delivery of the Fire skills Employability Award. 10 young people are taking part in the current course, many of whom; at the start of the course, had not yet attended school this term so it is very positive to note they have engaged with this programme.</p> <p><u>Quality Support and Treatment</u></p> <p>Services have been affected by a lack of access to beds. There are supposed to be 6 but there is only 1 available at present. Apart from a brief period during June, this has been an ongoing issue. This has a knock on effect on staffing pressures.</p> <p>Services have a couple of vacancies at present. There will be</p> | |

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| | <p>interviews for East and Mid Ross post in the second week in September and will also be interviewing for Lochaber. Caithness are fully staffed as are Osprey House. Services have been looking at different ways in which to recruit.</p> <p>Naloxone (intranasal) supply continues to be an issue, with supply shortages at the lab, we are not a high tariff in terms of the number of kits we supply. There are also some ongoing issues with Police Scotland making the decision not to carry intranasal kits. This is a decision from HQ not local officers.</p> <p>Stimulant use e.g. cocaine, is now standard, amongst those coming into service. Xanax is still being seen up the A9 corridor and there is some Ketamine use as well as all the usual drugs. There are also pockets of solvent use in the area.</p> <p>Housing will be submitting their draft housing plan to the Scottish Government in December. There are currently around 160 service users, some have been waiting for two plus years for a permanent solution to housing issues. So we are looking at how we can change this.</p> <p>There is a seminar next week, touching on housing first. There will be examples of good practise there from Perth and Kinross and Renfrewshire, we are hoping this will help us develop our own housing first model.</p> <p>ACI are trialling a Thursday evening session so that people can attend without having to take time out from work. They have also applied to the Scotch Whisky fund to start one to one counselling sessions for adult family members affected by some ones drinking.</p> <p><u>Safer and Stronger Communities</u></p> <p>Driving ambition in partnership with the Fire Service is continuing. There is also some ongoing work with drink driving campaigns as the number of drink driving incidents is on the increase again.</p> <p>We are keen to support Rock Challenge again.</p> | |
| 7 | <p>Drug Related Deaths</p> <p>There hasn't been a meeting of the drug related death review group since the last strategy group meeting, the next one is in a couple of weeks. At the last meeting the national NRS report was discussed. It highlighted that there were 24 deaths in Highland in 2017. The number of DRD's has been increasing across Scotland and Highland. There was some discussion around some deaths being double counted as drug related and also as probable suicide.</p> | |

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| | Debbie M will be invited to the next meeting to discuss work being undertaken looking at deaths involving parents with children under 16. | |
| 8 | <p>Budget</p> <p>Last year's report has been amended to fix the formula errors. There is an under spend of almost half a million pounds, this is due primarily to the number of vacancies in core funding within services. There was an over spend, in methadone and other drugs used at Osprey House however this was absorbed by the overall under spend.</p> <p>The format of the report is historical going back 10 years, this needs to be revised, however for the first quarter of 2018 the format has been retained. Core services and all other elements of the budget are showing a slight over spend for the first quarter of the year. We have an over spend in South and Mid due to the Methadone costs. This is offset slightly by an under spend in other areas. We are however predicting an under spend by year end.</p> <p>The report is primarily from South and Mid, with some input from Osprey House. Whilst we do get a report from North and West, we sometimes need more information. We do need further clarification on the financial position from colleagues in North and West</p> <p>Another challenge with the budget is that the report is primarily from the NHS, there is little input from the other partners.</p> <p><i>Action: A meeting to be arranged to review the format for the Budget report</i></p> <p><i>Action: Frances to seek clarification on the financial position in North and West</i></p> | <p>DS/FG</p> <p>FG</p> |
| 9 | <p>For Information and noting</p> <p>There have been three good reports out recently; The female drug death report, the NRS Annual report and the national database cohort report. It is recommended that members read these reports or at least the executive summaries if they have time. The links are on the agenda and will take you directly to each report.</p> | |
| 10 | <p>AOCB</p> <ul style="list-style-type: none"> - Adrian Giles has made a program looking at his own drinking. It's a very interesting program worth watching. It is on BBC iplayer. Gives an all round understanding of the issues. | |

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| 11 | DATE OF NEXT MEETING The next meeting meeting of the HADP Strategy group will be on the 4th of December 2018 at 2pm, Room CR4, Highland Council HQ, Glenurquhart Road. | |
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