

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

DATE: 03.12.2019

LOCATION: Classroom 3, Centre for Health Sciences, Raigmore

CHAIR:

*Present:*

Elisabeth Smart	Public Health Consultant (Co-Chair)
Hugo Van Woerden	Director of Public Health (Co-Chair)
Debbie Stewart	HADP Coordinator
Cathy Steer	Head of Health Improvement (NHS Highland)
James Maybee	Criminal Justice
Suzy Calder	Head of Drug and Alcohol Recovery Service and Prison Healthcare (NHS Highland)
Andrea Broad	Liver Consultant, NHS Highland
Ross MacKillop	Police Scotland

*In attendance: Aileen Trappitt (Minutes)*

*Apologies:* Geoff Main, Lewis Hannah, Debbie Sutherland, Frances Gordon, Alex Keith, Jill Graham, Fiona Lorrain-smith, Lesley Webber, Pat Griffin, Frances Matthewson, Sharon Holloway.

Item	Discussion	Action
<b>1</b>	<b>WELCOMES / APOLOGIES</b> The Chair welcomed all present to the meeting and round table introductions were made	
<b>2</b>	<b>MINUTES AND ACTIONS FROM PREVIOUS MEETING</b>	
2.1.	The chair apologised, as there were no minutes from the last meeting resulting from lack of attendance. The group was also reminded that the minutes are posted on the Council public website.	
<b>3</b>	<b>Strategy Development</b>	
3.1	Annual Report – Feedback  The Scottish Government feedback on the annual report is overall, very positive, with a number of references to Ministers appreciating our efforts. They have highlighted our work around Naloxone and ask that we share experience. Suzy has already been in touch with Scottish Government and will provide a report in partnership with Police colleagues. We have been commended on our partnership working with the Scottish Fatalities Investigation Unit (SFIU) around drug related deaths. They have suggested that we contact Simon Jones at Alcohol Focus to discuss developing review processes for alcohol related deaths.	

	<p>We have also been commended on our waiting times target, and plans for the Housing First project.</p> <p>The Scottish Government have advised that they would like to see more involvement of people with lived experience in both the ADP structures and in the planning and development of services.</p> <p>There was some discussion around the need for a clear definition of what is meant by alcohol deaths in order to help focus the processes and remit of any future group. A tight process would be required.</p> <p>Work on alcohol related deaths has been undertaken including a report on <a href="#">Alcohol Related Deaths in Highland</a> which provides a useful overview.</p> <p><b>Action:</b> <i>The annual report and feedback to be send to the Health and Social Care partnership, NHS board and the Community Planning Partnership.</i></p> <p><b>Action:</b> <i>Contact Alcohol Focus for examples of how review processes work in other areas.</i></p> <p><b>Action:</b> <i>Seek advice from the Alcohol Special Interest group.</i></p> <p><b>Action:</b> <i>Recirculate a link to the <a href="#">Alcohol Related Deaths in Highland</a> Report to the strategy group members.</i></p>	<p>DSt/AT</p> <p>DSt</p> <p>ES</p> <p>DSt/AT</p>
3.2	<p>RRR- Action Plan Response</p> <p>Thank you everyone who responded to the consultation. The Scottish Government had sent out an action plan, which we were asked for comment on. We collated your responses and returned to the government. We are lobbying for a national anti - stigma campaign focused on Language Matters to be taken forward.</p> <p>All ADP's are required to have a revised strategy by April 2020 that reflects RRR. This has been started. We are aware some members want the progress report structure to be reviewed. Which we will look at.</p> <p><b>Action:</b> <i>Draft revised strategy to be brought to next meeting.</i></p>	<p>DSt</p>
3.3	<p>Self- Assessment for Whole Systems Approach</p> <p>WSA is a policy priority for Public Health Scotland. All ADPs were required to complete a template. It was an interesting exercise asking how the partnership functions. It is likely we will be asked</p>	

<p>3.4</p> <p>Count 14 Campaign</p> <p>3.5</p> <p>Daisy / Ro Update</p>	<p>for an update on an annual basis. WSA will help inform how the partnership develops. Completing the template was a reflective process, an example of an element of a WSA is how 'collective' responsibility for the partnership currently is. It is a useful question for us to consider given that attendance at meetings has depleted recently.</p> <p>Liz suggested it would be interesting to look at a WSA at a future meeting. There was also some discussion around RRR being a public health approach to drugs and alcohol. There is also the view that drug deaths in Scotland are a public health emergency.</p> <p><b>Action:</b> <i>Liz to lead discussion on a WSA and how the ADP can take this forward at the next meeting.</i></p> <p>We have been asked to promote the Count 14 campaign locally. The campaign message will be included in NHS wage slips, it has been integrated in to relevant training, included as an ad in the festive campaign with MFR.</p> <p>There are four separate adverts, including 1) preventing and responding to OD 2) reducing harm from party drugs 3) Low risk drinking / Count 14 4) Language Matters / Tackling stigma. We will raise awareness of the messages via the bulletin, mailing lists and by asking partners to cascade.</p> <p>A number of other ADP areas have stated they may use the Language Matters resources.</p> <p><b>Action:</b> <i>Count 14 resources to be circulated to Chairs of local community partnerships and partners with a request to cascade. (Police, Highland Council, NHS, HLH, TSI)</i></p> <p>The latest update from DAISy is that it will now be implemented in April 2020. However, there has been no announcement of dates for training. There are still local issues to be ironed out and they are still working on how best to collate the outcomes (these are not included at present). There are ongoing issues around information governance. Frances has been working with Donald Peterkin around an information sharing protocol – there are issues with the definition of explicit consent. However, the ISP is almost completed.</p> <p><b>Action:</b> <i>An SBAR paper on the RO Tool / Outcomes Star to be circulated for comment.</i></p>	<p>ES</p> <p>DSt</p> <p>ES / DSt</p>
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3.6	<p>Public Health Reform and Special Interest Group</p> <p>Public Health reform is a partnership between the Scottish Government and COSLA to bring together partners to improve Scotland's health. A new Scottish body has been developed along with a set of priorities which include the need to reduce harm from drugs and alcohol. There is now a chief executive, Angela Leitch.</p> <p>There is a relatively new special interest group for drugs, which has been proactive about issues such as the withdrawal of throughcare, and reducing drug deaths. The group seems to work closely with the drugs death taskforce and are looking to develop Scottish guidelines for medically assist treatment. The guidelines are intended to supplement the orange book and are intended to provide assurance and tackle risk aversion among clinicians. Highland would like to be involved in some of the groups.</p> <p><b>Action:</b> <i>The ADP to find ways to feed in to national and special interest groups</i></p>	DSt
3.7	<p>SALSUS</p> <p>The SALSUS report compares information gathered in 2018 to that gathered in Highland and nationally in 2013. Overall, the findings are more negative than positive. The biggest challenge remains interrupting the supply of drugs.</p> <p>The vast majority of young people don't develop problems and we should be aiming for zero harm throughout the Highland Council area.</p> <p>DWP addictions strategy</p>	
3.8	<p>This paper was attached for your information.</p> <p><b>Action:</b> <i>DWP to be invited to next meeting to gauge relevance and contribution.</i></p> <p>The issue of sanctions will continue to be raised, albeit the response tends to be there is a lower level in Highland.</p>	ES
4	<p><b>Additional Monies</b></p> <p>4.1 Investment plan</p> <p>It was agreed that CJSW can employ a full time social worker based in Inverness and deliver DTTO 2 in Caithness. CJSW will still need to go back to the council to get the additional hours</p>	

	<p>approved.</p> <p>Frances and Shirley MacDonald have established an evaluation plan for the project although the outcomes reporting framework is still to be agreed. An SBAR paper will set out the current situation for partners to consider.</p> <p><b>Action:</b> <i>Send the link to the Triangles Outcome star website to the strategy group</i></p> <p><b>Action:</b> <i>Report on RO to services as a matter of priority.</i></p> <p>The psychologist post will now be funded via mental health. Recovery Support Workers are out to advert, iPads have been provided and a project group established which Frances will be invited to join. The fence has been built for the recovery garden.</p> <p>Pharmacy has been unable to recruit to the post. Suzy and Thomas are meeting soon to re-evaluate.</p> <p>The community integration plan post with SPS was stalled when the throughcare service was removed. SPS need to agree with partners how this work might continue.</p> <p>Overall, there are big challenges around recruitment and fixed term posts.</p> <p>The housing first nurse has been appointed along with a housing first officer. The offices have been refurbished. We would like to look at some OT involvement. The nurse has come from a mental health background and will deliver this aspect of the service with support from the homelessness nurse and Team Lead from the CMHT. Lewis is at a housing first meeting today. It has been very positive and the DWP will be involved in the pathway development going forward. There is no police involvement at present but we are having discussions with Mhairi to link in with the city centre beat officers. The housing first advisory group is meeting on the 16<sup>th</sup> of December.</p> <p>Funding has been awarded to Action for Children for the CAPSM Co-ordinator post. SDF will be awarded the funding for the Recovery workers training project.</p> <p>The Local Improvement fund will be repeated before the end of the financial year and targeted at local organisations. A fund will also be established for community partnerships. There have been a number of changes to the investment plan resulting in an under spend.</p> <p><b>Action:</b> <i>To contact the Coordinator with investment needs and a revised investment plan to be circulated.</i></p>	<p>DSt</p> <p>ES/AT</p>
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	<p>Suggestions discussed are</p> <ul style="list-style-type: none"> <li>- CAHMS have expressed interest in ADP funding as they are keen to develop their drug and alcohol capacity. Debbie has asked them to put in a proposal.</li> <li>- The liver service are planning some training on blood borne viruses in Lochaber, this might be an opportunity to expand on this and include some drug and alcohol awareness.</li> <li>- There may be an opportunity to build links with the community planning partnerships. The Forums can apply to for small pots of money (£2k) and a process in place for small projects.</li> <li>- Small pots for academic work?</li> </ul> <p>HADP support team is small and managing an increasing number of contracts. The PH Service managers post is out to advert which once recruited should help.</p> <p><b>Action:</b> Everyone to forward plans aligned to the strategy to the Coordinator.</p>	<b>DSt</b>
<p><b>5.</b></p> <p>5.4</p>	<p><b>HADP Progress Report</b></p> <p>Quality Support and Recovery</p> <p>We have done really well the last two quarters, meeting the HEAT targets however we took a dip this quarter in both Highland and Argyle and Bute, this is due to staffing and recruitment. Suzy will be meeting with Caithness to discuss revising their model.</p> <p>There has been ongoing discussion, nationally, with Police Scotland regarding the carrying of Nixoid by beat officers.</p> <p>Across Highland Nixoid has been really well received with training and over 400 kits being handed out. This has also been tied in with Pub watch and the ambulance service.</p>	<p><b>ALL</b></p> <p><b>DSt</b></p>
<p><b>6</b></p>	<p><b>Drug Related Deaths</b></p> <p>Alex provided an update on the drug related death review group meeting advising.</p> <p>The training in and use of Naloxone was also discussed along with the effectiveness of the Near Fatal Overdose list. The group also discussed the Dundee drugs commission and that in light of this there may be some changes that could be made to some of the local protocols.</p>	

7	<p><b>Finance Report</b></p> <p><i>Action: Circulate the up dated finance report to the strategy group</i></p>	<b>DSt / AT</b>
7.2	<p>Reinvestment plan</p> <p><i>Action: Debbie to circulate a report to the strategy group</i></p>	<b>DSt</b>
8	<p><b>For Information and noting</b></p> <p>We are currently working on production of the Christmas Bulletin – to include a look back at the highlights of the year.</p>	
9	<p><b>AOCB</b></p> <p>The Blood Borne Viruses group has asked for cross representation from the ADP at their meetings.</p> <p><i>Action: Representative to be sought from the ADP</i></p> <p>Dates for 2020 have been sent out to everyone.</p> <p>The draft minutes will be circulated shortly, the chair reminded the group that it was important that they should take the opportunity to review and comment.</p>	<b>ALL</b>
10	<p><b>Date of Next Meeting</b></p> <p>The next meeting will be on the <b>18<sup>th</sup> February at 2pm</b>. Venue to be confirmed.</p>	