

Minute of the Highland Alcohol and Drugs Partnership Strategy Group

DATE: 18.02.2020
 LOCATION: Meeting Room, Police HQ, Old Perth Road
 CHAIR:

Present:

Elisabeth Smart	Public Health Consultant (Co-Chair)
Debbie Stewart	HADP Coordinator
Cathy Steer	Head of Health Improvement (NHS Highland)
James Maybee	Criminal Justice
Suzu Calder	Head of Drug and Alcohol Recovery Service and Prison Healthcare (NHS Highland)
Sharon Holloway	HADP Development Manager
Ross MacKillop	Police Scotland
Lewis Hannah	
Frances Matthewson	HADP Research and Intelligence Specialist
Jill Garden	Scottish Fire and Rescues Service
Val Bell	Crossreach
Ian MacKenzie	Third Sector Interface
Alex Keith	Consultant Psychologist, NHS Highland

In attendance: Aileen Trappitt (Minutes)

Apologies: Geoff Main, Frances Gordon, Fiona Lorrain-smith, Lesley Webber, Pat Griffin, Andrea Broad, Wendy Allman

Item	Discussion	Action
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 were approved as a true and accurate account of the meeting held on the 3 rd of December 2019. The group was also reminded that the minutes are posted on the Council public website.	
2.2	<u>Actions</u>	
3	Strategy Development	
3.1	HADP Chair Vacancy and Membership Review Hugo Van Woerdan has now retired from NHS Highland and will no longer be available to co-chair the HADP strategy group. The group had previously discussed the possibility of having a paid chair. The consultation was in favour of a paid chair, this is still the consensus.	

<p>3.2</p> <p>3.3</p> <p>3.4</p> <p>3.5</p>	<p>ADP Funding Letter</p> <p>The government has sent all ADP's a funding letter. If the ADP has any reserves these should be utilised before accessing any further funding. The HADP does not have any reserves. Going forward any funding will be drawn down rather than given in advance. We would like further clarity in the draw down process.</p> <p>DAISy</p> <p>The most recent communication was last week. The go live date was April 2020; this has now been delayed until the end of the year. Work is still ongoing and discussion around cost effectiveness. There is no confirmation at present as to whether or not the outcomes tool would be part of the DAISy implementation and there has been no confirmation of the rollout of training.</p> <p>We have made some progress locally with the draft data sharing agreement. We now need to work on the DPIA document.</p> <p>Recovery Services Treatment Event</p> <p>There will be an in house, special interest group on the 25th February. Andy Perkins from the Drugs Death Task force will be attending. We will be looking at ensuring continuous improvement in-line with best practice in how we deliver services, albeit some of this is already being done. We will look at ensuring continuous improvement in the culture, rapid access, risk management / acceptance, challenging stigma, prescribing practices. This will be stage 1 and will include feedback from peer networks. Services will produce a summary of areas for improvement and an action plan. Alongside the service review the prescribing policy will also be reviewed.</p> <p>Progress will be reviewed in 6 months.</p> <p>SBAR – Outcome Measures</p> <p>There are a number of ways across Highland that outcomes are being measured and collated. The ADP has been asked to recommend tools and has recommended use of the outcome star.</p> <p>Services are happy to move to outcome star but would need to plan the move from RO Tool to prevent moving halfway through a project. Any financial implication would also need to be considered. Health Improvement can offer training and support with implementation.</p> <p><i>Action: Cathy and Suzy to further discuss and plan HI training to support implementation of the outcome star.</i></p>	<p>CS</p>
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3.6	<p>Core Outcome Indicators</p> <p>The Core Outcome indicators were last updated a couple of years ago. There is lots of background information based on the National Indicators. We have 51 indicators, 70% of our indicators are either improving or maintaining.</p> <p>It is also worth noting that many of the crime related indicators show an improving situation. Although, a concern in local communities is around the perception of crime.</p>	
4	<p>Additional Monies</p>	
4.1	<p>Additional monies</p> <p>Last year the Scottish Government allocated Highland ADP additional funding to support innovative ways to tackle drug and alcohol issues ranging from prevention through to recovery. Due to an evolving landscape there is a need to consider opportunities for reinvestment of a proportion of the monies.</p>	
4.1.1	<p>Recovery Services</p> <p>3 Recovery Workers with a potential to increase to 4 have been recruited to the Drug & Alcohol Recovery Service.</p> <p>A Psychologist was included in the initial plan, however, permanent funding has been secured from another source. The post is out to recruitment.</p> <p>Services have been unable to recruit a specialist pharmacist and are looking to reinvest in pharmacy from a different perspective.</p> <p>Ipads for community use have been purchased to improve digital inclusion and mobility of workers. Meetings are being organised to ensure processes are in place to ensure efficient and effective data collection and what is required to evidence outcomes.</p>	
4.1.2	<p>Housing First</p> <p>A team of three is in place and they are currently developing pathways and referral processes. The HF pathway will be finalised this week, The GDPR guidance is almost complete and will be in place shortly. The first round of referrals are to be in by the 28th of February.</p> <p>A panel will convene after the 28th to prioritise need. Work has started on how the model can be rolled out beyond the inner Moray Firth.</p> <p>Partners reported James Dunbar has agreed to be Chair of the Housing First advisory group.</p>	

<p>4.1.3</p> <p>4.1.4</p> <p>4.1.5</p> <p>4.1.6</p>	<p>DTTO 2</p> <p>Workers are now in post. A half time social worker based in Lochaber and a full time social worker covering the North. There has been a nurse in post since July. The project is now starting to move forward.</p> <p>CAPSM CoOrdinator</p> <p>The CAPSM Coordinator will be based with Action for Children. The post will start in April, although preparation work has been underway since October. It is a developmental post that will drive whole family approaches. The key aims are to; improve drug and alcohol outcomes for families, identify ways to ensure families have a bigger voice in policy making and how services are delivered and evaluated. Examples of initial tasks include; a mapping exercise in the first year and a consultation exercise with vulnerable families and adult and children’s services workers.</p> <p>Recovery Workers Training Project.</p> <p>This is due to start in March. The training will be a distance learning version of the SDF Recovery Workers Training Project. The programme will start with three people. SDF will be looking for partners to provide placements. By the end of the training the Trainees will be better placed to look for employment in the health and social care sector.</p> <p>Local Improvement Fund (LIF)</p> <p>Last year HADP provided funding of up to £10k to 9 community based organisations to fund innovative ways to prevent and reduce drug and alcohol related harm. HADP will run this again this year. Thank you to everyone for their time to score the applications and to those who sat on the funding panel.</p> <p>A record number of applications were received. Funding has been awarded to a diverse range of projects. For some organisations that have been unsuccessful, they have been offered the opportunity to apply to the community fund for a smaller amount of funding. Some other applicants were redirected to other local funds including the very successful Small Change for Justice.</p> <p>There was some discussion around the need for ongoing support for Third Sector agencies with applications/bid writing. The Third Sector representative highlighted the pressures on organisations and the level of work often required to apply for relatively small amounts of funding. TSI and the Health and Wellbeing Forum are already looking at how best to offer support.</p>	
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4.2	<p>Revised Investment Plan</p> <p>The Investment plan was agreed last year, however there are a couple of posts now no longer needed or unable to recruit to. HADP therefore need to revise the plan and update Scottish Government and other relevant partnerships to ensure transparency and accountability.</p> <p><i>Action: An SBAR template and clear deadline to be disseminated to interested parties.</i></p> <p><i>Action: A process to be developed to inform decision-making on reinvestment.</i></p>	
5	<p>HADP Progress Report</p>	
5.1	<p>Fairer and Healthier Communities</p> <p>The ABI quarter 3 report shows delivery is ahead of the trajectory. NHS expects to meet the ABI standard. Primary care is currently undergoing some organisational change and it is unclear at this stage what impact this will have on ABI's.</p> <p>Icelandic Prevention Model – Seminar – we have over 100 people from all over Highland wanting to attend. We have 60-70 places available. Emmett Major, West of Ireland Drug & Alcohol Task Force will be presenting on his experiences delivering the preventative model in Ireland. The key objective of the seminar is to Raise awareness of the prevention model and ask our partners for commitment to form an advisory group to drive a potential pilot of elements of the model in the Caithness area.</p>	DS/ES
5.2	<p>Safer and Stronger Communities</p> <p>Police Scotland are rolling out a pilot for carrying Nyxoid. Highland has requested to be one of the forces involved. They are waiting to hear if this request has been approved.</p> <p>Criminal Justice – the DTTO team has been a brand new team, from September. The number of DTTO's has increased and the Positive Outcomes Project (POP) is continuing.</p> <p>The Community Justice Partnership is leading an innovative partnership aimed at using custody workers to better engage and support people before they leave the custody suite.</p>	DS/ES
5.3	<p>Successful Young People and Families</p> <p>No update available</p>	

5.4	<p>Quality Support and Recovery</p> <p>There is a new staff team in HADASS experiencing 80 – 100 drop ins per month with 6 hrs of drop in sessions per week.</p> <p>A small issue with Nyxoid supply has now been resolved.</p> <p>The IPED clinic has been really positive.</p> <p><i>Action: Any suggestions for improving the structure of the progress report to be forwarded to the support team</i></p>	
6	<p>Drug Related Deaths</p>	
6.1	<p>Drug Death Taskforce Letter & Emergency Response</p> <p>The Drug Death Taskforce has formed a subgroup to look at Medication Assisted Treatment (MAT). Arrangements are being finalised for the members of the subgroup to visit Highland on the 3rd of April.</p>	
6.2	<p>Drug Related Death Review group update given by Dr Alex Keith.</p> <p>There was some discussion at the review group around the dispensing of Naloxone and the recording of the training provided.</p>	
6.3	<p>Drug Death Prevention Group</p> <p>The drug death prevention group have formed a small subgroup to look at the development of an overdose prevention App. Further feedback will be provided to the group.</p>	
7	<p>Budget</p> <p>The plan going forward is to track the additional monies. A revised finance report will be circulated to the group in the future.</p>	ALL
8	<p>For information and noting</p> <p>The current issue of the Bulletin can be found on the HADP website.</p>	
9	<p>AOCB</p> <p>A letter regarding membership and a form were circulated to the table for people to complete and return, advising on representation on the strategy group and deputies, should the need arise. Please return these to Aileen.</p> <p><i>Action: Send out membership form and letter electronically</i> <i>Action: Return forms to aileen.trappitt@nhs.net</i></p>	

Action: Ask Andy Perkins to attend the meeting in May to discuss the ADP leadership role in reducing DRD's and the Dundee report

Action: Invite the DWP to the May meeting

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ALL**

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10	Date of Next Meeting The next meeting will be on the 26th May 2020 at 2pm . Venue to be confirmed.	