

Minute of the Highland Alcohol and Drugs Partnership Strategy Group

DATE: 24.08.2021  
 LOCATION: Microsoft Teams  
 CHAIR: Elisabeth Smart

*Present:*

Elisabeth Smart	Public Health Consultant (Acting-Chair)
Eve McLeod	Health Improvement Specialist
Wendy Allman	Youth Action Team
Bev Horton	NHS Highland (Head of Drug and Alcohol Recovery Service and Prison Healthcare)
Sharon Holloway	HADP (Development Manager)
Iver Forsyth	Highland Council (Housing)
Frances Matthewson	HADP (Research and Intelligence Specialist)
Val Bell	Crossreach
Denise Stampfer	Families
Iain MacKenzie	HTSI
Lindsay Tulloch	Police Scotland
Andrea Broad	NHS Highland (Liver Service)
Debbie Stewart	HADP (Coordinator)
Ian Kyle	Highland Council (Integrated Children's Services)
Brian McKirdy	HMP Inverness (Governor)
Kirsty MacDonald	NHS Highland

*In attendance: Aileen Trappitt (Minutes)*

*Apologies; Lewis Hannah, Cathy Steer, James Maybee, Frances Gordon, Fiona Lorraine-Smith, James Dunbar*

Item	Discussion	Action
1	<b>WELCOMES / APOLOGIES</b> The Chair welcomed all present to the meeting and round table Introductions were made.	
2	<b>MINUTES AND ACTIONS FROM PREVIOUS MEETING</b>	
2.1.	The minutes of the meeting on the 18 <sup>th</sup> of May 2021 were approved subject to the amendment of the date DAISy went live. This should read the 7 <sup>th</sup> of April not the 1st. The group was also reminded that the minutes are posted on a public website.  The chair asked the members if they would agree to these meetings being recorded to help keep an accurate record of the meeting. Once the minutes are complete the recording will be destroyed. This was agreed and the same request will be made at each future meeting.	

<p><b>2.2</b></p>	<p><u>Actions</u></p> <p>3.2 Complete  4.1 Complete  4.1 <i>James to forward DTTO statistics – Carried Forward</i>  4.2 Complete  4.4 On Agenda</p>	
<p><b>3</b></p> <p>3.1</p> <p>3.2</p> <p>3.3</p>	<p><b>Strategy Development</b></p> <p>HADP Chair  The position of HADP Chair has been re advertised. We received limited interest in the first round and since re-advertising have had an increase in expressions of interest. The interviews will be towards the end of Oct due to accommodate annual leave and other commitments. .</p> <p>ADP Funding Uplift 17.06.2021  We received the funding letter on the 17<sup>th</sup> of June advising the ADP has been given a funding uplift of £633k every year for the next five years. The focus for the funding has been split into three categories. National Mission/MAT, residential rehab and a whole family/family inclusive approach. To ensure a strategic approach we have invited partners to submit proposals by the 13<sup>th</sup> of August. Debbie and Liz are currently conducting an initial quality assurance process and will write out to partners with any clarifications or queries. All proposers have been asked to ensure the full support of appropriate representatives on the strategy group to aid joined up approaches. Proposals that do not have the required strategic support will not be put forward for consideration. Members were reminded HADP is not administering a bidding process, at this stage.</p> <p>ADP/National Funding Letter 18.08.2021  We received a second funding letter last week, which was quite unexpected. It highlights a further uplift of £140k to develop Assertive Outreach. £140k is to be used to develop an NFOD immediate response pathway and £23k is to be used to develop a lived/living experience panel open to individuals and family members. Relevant partners are invited to consider support and development of a panel in appropriate funding proposals. A seconded Drug and Alcohol Nurse has been looking at the current alert system for NFOD in order to map what is already being delivered locally and how we can strengthen and develop this to reflect best practice from the Drug Death Taskforce. The secondment will be tasked with devising a proposal for an immediate response pathway informed by the findings from the</p>	

	<p>mapping exercise. HADP is also awaiting a report from SFAD from a mapping exercise and recommendations on improving family support in Highland. In addition, we are also waiting on the final report of the audit into drug deaths among young people. Recommendations from these three areas of work will need to be considered for potential funding as they are all closely aligned to the national mission and therefore the priorities for funding. All this work will report soon.</p> <p>Sharon has been working with Iain, TSI and Corra - to deliver a workshop on the national funding streams. The aim of the event is to encourage agencies to consider how they can contribute to the national mission, raise awareness of the four funding streams, and provide information on priorities and the application processes. The intention is for the funds to be open on a rolling basis for the next 5 years.</p> <p>ADP's have written to the Government to request confirmation that the previous Programme for Government (PfG) funding will continue. ADP's have been advised to plan for this funding on an ongoing basis. ADP's have emphasised it is essential the PfG funded is confirmed ASAP as it results in uncertainty and can make forward planning challenging. The August letter also stated for the first time, that the ADP can use some of the funding to increase capacity. We shall consider what additional capacity the support team needs to deliver on the national mission and bring it back to the strategy group for consideration. .</p> <p><i>Action: Bring funding proposals for the additional uplift referred to in the letter dated 18.08.21 to the strategy group for consideration</i></p> <p><i>Action: Iain, Sharon and Debbie to meet to discuss the funding workshop and discuss the lived/living experience panel.</i></p>	<p>DSt</p> <p>IM, SH, DSt</p>
<p>3.4</p>	<p><b>Drug Treatment Target</b></p> <p>Alongside the additional funding there is likely to be a new drug treatment target of 60% of people with problem drug use engaged in treatment. Other performance management measures are also being planned for the MAT Standards, residential rehab, whole family/family inclusive practice and involvement of people with lived/living experience in service development. SG plan to issue an annual delivery plan template. They are also keen for ADP partners to have SLA's in place to clarify roles and responsibilities.</p>	
<p>3.5</p>	<p><b>DAISy Go Live</b></p> <p>We now have 16 services using DAISy. The Prison social work team will also be using DAISy to gather information on people with alcohol problems.</p> <p>There are some known issues with the system, they are continuing to be worked on locally and nationally. It hasn't been a major issue for services to move over. There have been some teething problems for some system users but there has been good compliance. The reporting function of DAISy requires ongoing</p>	

	development from the national team.	
3.6	<p><b>Medication Assisted Treatment (MAT) Standards</b>  The introduction of the MAT Standards has been really positive. There are 10 standards to work towards, we already have some in place whilst others are being worked on mainly by DARS. For example the provision of medication at first presentation (within 24 hours) is already in place in Inverness. However, some standards like this one, are more challenging to comply with in more remote and rural communities where there is not the same access to medical supervision, but we are working towards them. The standards need to be embedded by April 2022.</p> <p>The MAT implementation group are meeting for the first time on the 3<sup>rd</sup> of September. We are looking to people/families with lived/living experience to be involved. We have asked the national MIST team for funding opportunities to drive implementation.. We will keep the group updated on progress. The national MIST team will be able to provide some support locally.</p>	
3.7	<p><b>Dashboard</b>  Frances has highlighted a small but key number of indicators. . More will be added as the emerging performance measures for newer areas of work such as the national mission, mat standards, whole family approach evolve more will be added over time.</p> <p>One indicator to be aware of is the alcohol specific deaths. There is a general upward trend which reflects the national trend. Unfortunately, Highland had 33 Drug related deaths in 2020 and 60 alcohol specific deaths. Although the ADP is very grateful for the funding to deliver the national mission to reduce drug deaths it is important to include actions to reduce alcohol deaths in all future activity.  It's a good start to the dashboard and partners will be able to add to it going forward.</p>	
3.8	<p><b>Future Priorities</b>  The Government is publishing a national framework by the end of the year aimed at improving holistic family support. The framework will focus on whole family approaches and family inclusive practice.</p> <p><i>Action: Debbie to share the draft framework with Ian Kyle.</i></p>	<b>DSt</b>
<b>4.0</b>	<b>Partners Activity Reports – August 2021</b>	
4.1	Activity and Project updates	
	<u>Prison</u>	

The establishment has now completed a reconfiguration of its prisoner population. This is to ensure that there is a clear and settled regime in place for its convicted population and lends itself to meaningful case management with a focus on Recovery.

- There is a review underway of the life skills offer which will see a greater focus on embedded learning and positive citizenship.
- Work is underway to develop and run a Recovery wing and community CIP (multi- agency planning event to take place on 26.08.21) The vision is for community partners to work directly with SPS staff across a range of intervention and support work. SPS in partnership with DARS has submitted a funding proposal to contribute to supporting and developing the recovery wing.

The new build prison is on course, a contract was awarded on Friday and SPS expect the contractors to be on site for the groundworks in the next few weeks, with building starting next year 2022. Aiming for completion by 2024.

#### Recovery Worker Training Project (RWTP)

All three trainees have secured employment. We are hoping to have a graduation ceremony for them. We have recruited 3 trainees for the next cohort and are looking for new placements for them.

#### Families

Scottish Families are running Stigma and Kindness workshops on the 8<sup>th</sup> of October.

#### Recovery Walk 2021

The Recovery walk will be on the 25<sup>th</sup> of September in Perth this year. We have booked a bus for travel to the event and ordered packed lunches from Raigmore catering. A bus will be bringing participants from Caithness to Inverness where they will join our bus. All enquires or bookings should be made with Sharon Holloway.

#### Housing First Project

The project is nearing the end of the two year pilot. We have recruited a new housing officer who is now in post. We are currently looking at broader Scottish Government Pathfinder areas, tracking over 500 tenancies. 83% of people accessing Housing First are sustaining their tenancy. We have hosted a housing first event and a range of training around childhood Aces, understanding mental health and substance use. We are now looking at scaling up the project in remote and rural areas (Skye and Caithness). This is not without its challenges. A funding proposal has been submitted to develop the HF approach in remote and rural communities.

We are also looking at a housing first approach to young people

leaving care.

#### DTTO 2

Carried forward to next meeting.

#### Drug and Alcohol Recovery Service

Buvidal – substitute is currently available in Inverness and the prison. We are now working on a protocol for providing it across Highland.

We are struggling with the waiting times targets in some areas due to reduced capacity. Recruitment can be challenging and there is a shortage of nurses across Scotland. It continues to be particularly challenging to recruit to posts in more remote and rural areas, resulting in reduced capacity. Full staffing levels would deliver on the target. Services are working hard to address challenges.

We are looking at cognitive assessment and putting together a pathway. We will be doing some training with the Caithness team and will advise on the progress.

#### Police

There are a number of projects underway, including the custody link project.

The Harm reduction police officer has been a real asset. Police Scotland is encouraging other ADP's to develop a similar type role in their area.

We are looking at strengthening an escalation process for the vulnerable person's database and how we share information more effectively with partners. We are also looking to develop harm reduction hubs around Highland. We are also looking to develop a drug death strategy – primarily focused on prevention and education.

#### Health Improvement

Planet Youth – The survey will be done in 5 schools during September. The results will be returned relatively quickly which will give us a local dataset from which the plan can be developed from.

An alcohol survey aimed at members of the public has opened. This is being used to inform responses on FASD Awareness day, which is on the 9<sup>th</sup> September.

*Action: Eve to send to Aileen for distribution.*

**EM / AT**

#### Liver Service

Scotland-wide, 68% of alcohol-specific deaths are due to alcohol

	<p>related liver disease. . Nationally and in highland there are staffing challenges, but we are working hard to overcome challenges.</p>	
<b>5.0</b>	<b>Drug Related Deaths</b>	
5.1	<p><b>NRS Report</b>  The NRS report for 2020 has been released, a briefing / Highland summary has been circulated.. There has been an increase in deaths since 2019 by 7. This increasing trend follows the national trend.  The Scottish position is not good, although Highland has the lowest level of DRD's out of any health board in Scotland. There is a wide range of activity underway to improve responses to reducing drug and alcohol deaths, but more needs to be done.</p>	
5.2	<p><b>DRD Review Group</b></p> <p>Actions from the group include specific follow up related to each case. There were also actions for the prevention group to circulate information on the risks of solvent use and how best to raise awareness of the signs of overdose.</p>	
5.3	<p><b>DRD Prevention Group</b></p> <p>The DRD prevention group has not met since the last DRD review group meeting. They are currently looking at Harm surveillance and a NFOD immediate response pathway.</p> <p><b>Young Persons review</b>  The report has been drafted and circulated to the consultation group last week. It highlighted significant trauma in the lives of the young people and looks at what services are in place or can be introduced. Once we have the feedback from the consultation group it will be shared with the chief officers group before their meeting in October.</p> <p>We will be bringing the report to partners/strategy group and asking for their support to take the recommendations forward.</p>	
5.4	<p><b>Overdose Awareness messaging</b>  There are certain learning points highlighted in the NRS report that we have incorporated in to aspects of public messaging and shared via social media. Key messages are unfortunately that; deaths have increased, most people die from an accidental overdose, from mixing a combination of depressant drugs particularly opiates and benzos. We want the public to be OD aware and as many people as possible to download the HOPE App</p>	

	<p>We are asking partners to share these key messages especially using platforms such as Instagram to reach younger people. There will also be a national awareness raising campaign which we will support but continue to highlight stigma and the HOPE App in local awareness raising.</p> <p>Information has been circulated to agencies supporting younger people as a reminder that experiencing a non - fatal overdose can be risk factor for death and that engagement with treatment services can be a protective factor. Partners have been asked to ensure NFOD is recognised and responded to as a key risk factor for death in local pathways.</p>	
<b>6</b>	<b>Budget</b>	
6.1	<u>Financial Statement</u>	
	<p>The finance report has been adjusted to reflect the additional funding, it is not finalised yet and still needs work. One of the recommendations to COSLA was about tracking spend in real time for the finance reports.</p>	
	<p>The finance department are looking to allocate a senior accountant the ADP that has more time to focus on ADP work.</p>	
	<p><i>Action: Debbie to have further discussions with Frances Gordon</i></p>	<b>DS / FG</b>
<b>7</b>	<b>For Information and Noting.</b>	
7.1	HADP News Bulletin	
	<p>If anyone has any ideas or items they would like included please send them to Aileen (<a href="mailto:aileen.trappitt@nhs.scot">aileen.trappitt@nhs.scot</a>)</p>	
	<ul style="list-style-type: none"> <li>- We ask that all partners share the information regarding the Core Skills training</li> <li>- Anyone can respond to the National Care Service Scotland consultation, however if you would like to respond as a partnership please send your responses to Liz. TSI are providing a couple of workshops to get a highland wide view. This is the biggest public sector change since the NHS.</li> </ul>	
	<p><i>Action: Everyone to send their responses to the National Care Services consultation to Liz by the start of Oct.</i></p>	<b>ALL</b>
<b>8</b>	<b>AOCB</b>	



	None	
<b>9</b>	<b>Date of Next Meeting</b> The next meeting will be on the <b>23<sup>rd</sup> November 2021 at 2pm.</b> Venue to be confirmed but given it is expected to be a Teams meeting	