

<b>Minute of the Highland Alcohol and Drugs Partnership Strategy Group</b>	
DATE:	15.02.2022
LOCATION:	Microsoft Teams
CHAIR:	Melanie Newdick

*Present:*

Melanie Newdick	Chair
Elisabeth Smart	Public Health Consultant, NHS Highland
Cathy Steer	Head of Health Improvement, NHS Highland
Wendy Allman	Service Manager, Youth Action Team, Highland Council
Brian McKirdy	Scottish Prison Service (Governor, HMP Inverness)
Jill Graham	Scottish Fire and Rescue Service (Station Commander)
Iver Forsyth	Principal Housing Officer, Highland Council
Frances Matthewson	Highland Alcohol and Drugs Partnership (Research and Intelligence Specialist)
James Dunbar	Chief Executive, New start Highland, Chair, Housing First Advisory Group
Lynn Miller	Acting Principal Officer, Criminal Justice Social Work, Highland Council
Iain MacKenzie	Highland Third Sector Interface (HTSI)
Lindsay Tulloch	Superintendent, Police Scotland
Maria Canno	Acting Principal Officer, Criminal Justice Social Work, Highland Council
Debbie Stewart	Highland Alcohol and Drugs Partnership (Coordinator)
Ian Kyle	Head of Integrated Children's Services, Highland Council (Integrated Children's Services Partnership)
Alex Keith	Drug and Alcohol Recovery Service, NHS Highland (Consultant Psychiatrist)

*In attendance: Aileen Trappitt (Minutes), Stephanie Govenden (Presenting), Steven MacLean (Presenting)*

*Apologies: Val Bell, Andrea Broad and Bev Horton.*

Item	Discussion	Action
<b>1</b>	<p><b>WELCOMES / APOLOGIES</b></p> <p>The Chair welcomed all present to the meeting and round table introductions were made.</p> <p>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>	

<p><b>2</b></p> <p><b>2.1.</b></p> <p><b>2.2</b></p>	<p><b>Presentations</b></p> <p><b>Review of Drug Related Deaths from 2012 to 2019 of Younger People in Highland (age 16-25 years)</b></p> <p>Stephanie Govenden provided a presentation on the findings of the drug related deaths of younger people in Highland (age 16-25). The review focused on a cohort of 21 young people and included qualitative and quantitative data from the police, health and social work. A timeline life story for each young person was constructed, followed by qualitative analysis and thematic review. It was found that many of the young people showed some distress during their school years, but there was limited recognition in some cases of the extent of the difficulties experienced. Some interventions were offered at this stage with mixed results. It was noted that many young people appeared to view substance use as a mental health issue. Common themes found were childhood aces, household substance use/ mental illness and previous non- fatal overdoses. It was concluded that services can be experienced as complex and fragmented including the transition from children’s to adult services. The majority of young people in the study had faced multiple traumas in their lives and were likely to distrust services. Recommendations include that an improved integrated pathway is developed by all agencies.</p> <p>There was some discussion around drug and alcohol use being a symptom, whilst it is often viewed as a cause.</p> <p><i>Action: Partnership to be updated on progress of the report and the workshops that will be following sign off and publication.</i></p> <p><b>Harm Reduction Policing</b></p> <p>Steven MacLean provided a presentation on the Harm Reduction officer role in Police Scotland. The main objective of the role is to increase uptake of harm reduction, increase diversion and act as a bridge into treatment services. Also, to identify those affected by cuckooing and to prevent and review drug deaths including ensuring that relevant bereavement information is provided to families.</p> <p>Steven then presented a couple of case studies, the first described meeting the person in plain clothes so as not to draw attention, he spent some time supporting the person and a referral was made to treatment services which was followed up the same day. It was a positive example of the four D’s – Detect, Deter, Disrupt and Divert.</p> <p>The second case study took Steven three weeks of corresponding with the person in order to gain their trust before meeting, again in plain clothes. The person was initially hostile but then recognised</p>	<p><b>MN</b></p>

	<p>that support was being offered. The person agreed to further contact and a referral on to the Drug and Alcohol Recovery Service.</p> <p>It was noted that it is important to improve collaborative working to address the complex needs of vulnerable people. The police are looking to develop Harm Reduction Hubs, to develop more effective ways of providing integrated support.</p>	
<b>3</b>	<b>Minutes and Actions from Meeting 23.11.2021</b>	
3.1	<p>Minutes</p> <p>The minutes were accepted as a true and accurate account of the meeting</p>	
3.2	<p>Actions</p> <p>It was agreed to update previous actions before sending out next actions.</p> <p>Going forward the actions will be sent out with the minutes within 2 weeks of the meetings and updates should be submitted in writing.</p>	
3.3	<p>Note of Thanks</p> <p>Sharon Holloway has now left the Alcohol and Drug Partnership for a two year secondment with the Scottish Prison Service. The Chair thanked Sharon on behalf of the partnership for all her excellent work over the past 7 years.</p>	
<b>4</b>	<b>Strategy Development</b>	
4.1	<p>Annual Report</p> <p>The Annual report has been approved by the Community Planning Partnership Board. It has also been to the NHS Board and to the Health and Social Care Committee. We are just waiting on any feedback, queries or questions they may have. The NHS Board have expressed a preference for a summary version next year.</p> <p>The Community Planning Partnership Board has advised that they are happy to see the annual report but wish clarification on signing off investment plans. The Scottish Government has advised that the Highland Alcohol and Drug Partnership Strategy Group carry the main responsibility for signing off on the investment plans. And that many of the same partner agencies are represented on both structures.</p> <p>Cathy Steer advised it would be helpful for Highland Alcohol and Drugs Partnership to go back to the Community Planning Partnership Board with clarification on the relationship between both structures for signing off future investment plans.</p>	

4.2	<p><i>Action: Debbie to seek advice from Cathy on the best way to clarify the relationship between both structures to ensure support for Highland Alcohol and Drug Partnership investment plans.</i></p> <p>Alcohol and Drugs Partnerships Leads Event</p> <ul style="list-style-type: none"> <li>- We are expecting the National Treatment Waiting Times report in early March.</li> <li>- There was feedback from strategy group members requesting that the focus on drug related deaths is extended to include alcohol deaths.</li> <li>- Highland Alcohol and Drugs Partnership will need to look at expanding membership of the strategy group to potentially include the Crown Office, Department of Work and Pensions and Mental Health Services going forward as suggested by the Alcohol and Drugs Partnership Leads Event Report.</li> </ul>	DSt
4.3	<p><i>Action: Melanie and Debbie to progress extending membership of the strategy group to include the Crown Office, Department of Work and Pensions and Mental Health Services going forward.</i></p> <p>Dashboard Development</p> <p>Frances gave a short presentation on the dashboard. Several items were highlighted</p> <ul style="list-style-type: none"> <li>- The need for a partnership discussion to clarify challenges with falling short of the waiting times standard – ongoing staffing/recruitment challenges that affect capacity are being addressed.</li> <li>- The dashboard is Highland Alcohol and Drugs Partnership’s attempt to provide information on key performance indicators that are relevant that will tell us collectively how we’re doing in terms of reducing drug and alcohol harm and associated deaths.</li> <li>- The Scottish Government plan to issue all ADP areas with real time indicators in the coming months.</li> <li>-</li> </ul> <p><i>Action: Further discussion to be held at next meeting around the Treatment Waiting Times Standard to understand performance across the Highlands and regional variations.</i></p>	MN / DS
4.4	<p>Medically Assisted Treatment</p> <p>Debbie gave a brief update on the Medically Assisted Treatment Standards. There have been regular meetings every month; to progress implementation. Highland Alcohol and Drugs Partnership is required to supply information to the Scottish Government on process, experiential and numerical measures at relatively short notice. This is adding to the pressure the Highland Alcohol and Drugs Partnership support team and the Drug and Alcohol Recovery Service are already under. The Drugs Policy Minister is likely to request an update on progress. There are 10 core</p>	All members.

<p>4.5</p>	<p>standards that attempt to address the challenges and issues that people experience when accessing support.</p> <p><i>Action: Updates will be provided at all future strategy group meetings, given the priority accorded to implementation of the Medically Assisted Treatment Standards.</i></p> <p>Vaccination Strategy          People with problematic drug and alcohol use are harder to reach in terms of vaccination and often have underlying health conditions that put them at higher risk. National reports suggest Covid vaccination rates are lower than the general population. Cathy advised that the vaccination group have plans to address this. They have been working with housing to survey need and offer outreach vaccination. They have found that those wanting vaccination have been able to access it. There has been a drop off with the booster.</p> <p>They have also been working with the prison to ensure those on release that need boosters, get them.</p> <p>An Article in the British Journal stated that those that had experienced the worst trauma are more likely to distrust the state and institutions. This was something that the Lived Experience Advisory Panel (LEAP) has also expressed.</p> <p><i>Action: Cathy to feedback on plans to increase vaccine uptake for this group of people at the next meeting, including plans for outreach Article from British Medical Journal to be shared in newsletter</i></p>	<p>BH, DSt</p> <p>CS</p>
<p>5</p>	<p><b>Partner Activity and Project Reports</b></p> <p>5.1 Lived Experience Advisory Panel (LEAP) Group          The group is developing but it is early days. Melanie will be attending the next meeting at the end of February. Professor Alan Millar, Human Rights Lawyer is leading development of a National Collaborative on Lived Experience. Highland Alcohol and Drugs Partnership plans to have representation from the panel on the strategy group in the future.</p> <p>5.2 Activity and Project Updates          Thank you to everyone for providing updates. Please feel free to email after the meeting with feedback on the template. The updates contribute to the annual reporting to Scottish Government. It is likely the structure of the annual reporting template will be adapted to include progress on policy initiatives such as the</p>	

	<p>National Mission, Medically Assisted Treatment Standards, and Holistic Family Support etc.</p> <p>Liz flagged up the alcohol overprovision statement; this is a big piece of work that is renewed every three years. Work on the renewed statement will start after the council elections. It takes about a year to get the background preparation work done and partners have often contributed in the past.</p> <p>Housing – asked if there was work under way with Housing First to develop a pathway for priority access to residential rehab. This will be considered in an update of a pathway for residential rehab that is due for completion by the summer.</p> <p><i>Action: To consider the needs of Housing First clients in an updated pathway for residential rehab.</i></p> <p>It was also raised about opportunities for Alcohol and Drugs Partnerships to lobbying the Scottish Government about changing Department of Works and Pensions practice regarding large back payments of benefits to claimants and the problems these can cause</p> <p><i>Action: Consider including practices related to large back payments in discussions with the minister when she visits.</i></p> <p>We would like to develop the update reports into a timeline of actions and will follow up with those that didn't respond.</p>	<p>DSt</p> <p>MN / DSt</p>
<p><b>6.</b></p> <p>6.1</p>	<p><b>Drug Related Deaths</b></p> <p>Drug Related Death Review group. Fewer than 10 cases were reviewed at the last meeting. Learning and improvements to practice that were identified will be progressed and reported on at the next meeting.</p> <p>There were no actions identified for the Drug Related Death Prevention Group.</p>	
<p><b>7</b></p> <p>7.1</p> <p>7.2</p>	<p><b>Budget</b></p> <p>Financial Report No finance report was received in time for this meeting so it was agreed that a separate meeting would be arranged to discuss finance in more depth</p> <p><i>Action: Aileen to send out dates and arrange a finance meeting.</i></p> <p>Investment plan update This will be discussed at the finance meeting.</p>	<p>AT</p>

<b>8</b>	<b>Any Other Competent Business</b>  None	
<b>9</b>	<b>Date of Next Meeting</b> The next meeting will be on the <b>17<sup>th</sup> May 2022 at 2pm</b> . Venue to be confirmed but given it is expected to be a Teams meeting	