

Minute of the Highland Alcohol and Drugs Partnership Strategy Group	
DATE:	17.05.2022
LOCATION:	Microsoft Teams
CHAIR:	

Present:

Elisabeth Smart	Public Health Consultant, NHS Highland (Interim Chair)
Cathy Steer	Head of Health Improvement, NHS Highland
Andrew Garraway	HADP Development Manager
Mark Holloway	Deputy Governor, Scottish Prison Service
Iver Forsyth	Principal Housing Officer, Highland Council
Frances Matthewson	Highland Alcohol and Drugs Partnership (Research and Intelligence Specialist)
Bev Horton	Head of Services
Val Bell	Beechwood House, Cross Reach
Denise Stampfer	Families
Gail Ward	Housing, 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)
David Reid	Accountant

In attendance: Aileen Trappitt (Minutes), Grahame Cooper (Presenting)

Apologies: Iain McKenzie, Caroline Robertson, Jill Graham, Brian McKirdy

Item	Discussion	Action
1	<p>WELCOMES / APOLOGIES</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>	
2	<p>Presentation</p>	
2.1.	<p>Action for Children, Whole Family Approach - Activity and impact of project</p> <p>Grahame cooper gave a presentation on the whole family</p>	

	<p>approach project, funded by the ADP. Action for Children have adapted the Holistic Family Framework and used this for guidance when developing the whole family approach. They used this to guide them through conversations with professionals and with families. They looked at the ten principles of intensive family based support. Carol (Whole Family Coordinator) has been in the role now for four months and has been visiting with professionals and families, building relationships and gathering feedback. Carol went on to benchmark current practice against the whole family framework. This identified some gaps and areas for improvement.</p> <p><i>Action: Aileen to pass on Denise's contact details to Grahame</i></p> <p><i>Action: Debbie to ask the chair of the Children and Young Persons committee to add Grahame as a member.</i></p>	<p>AT</p> <p>DS</p>
<p>3</p> <p>3.1</p> <p>3.2</p>	<p>Minutes and Actions from Meeting 15.02.2022</p> <p>Minutes The minutes were accepted as a true and accurate account of the meeting</p> <p>Actions</p> <p><i>2.1 Partnership to be updated on progress of Stephanie's report and the workshops that will be following sign off and publication.</i> -The report is with the Chief Officer's group, the plan is to publish it in the near future.</p> <p><i>4.1 Debbie to seek advice from Cathy on the best way to clarify the relationship between both structures to ensure support for HADP investment plans.</i> - There has been a discussion on best practice and the support of the Community Planning Partnership.. The ToR need to be updated.</p> <p><i>4.2 Chair 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> - Carried Forward</p> <p><i>4.3 Further discussion to be held at next meeting around the Treatment Waiting Times Standard to understand performance across the Highlands and regional variations.</i> - on the Agenda</p> <p><i>4.4 Updates will be provided at all future strategy group meetings, given the priority accorded to implementation of the MAT Standards.</i> -On the Agenda</p>	

<p>3.3</p>	<p><i>4.5 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>- There is a new vaccine service being set up. People will go to a clinic to receive their vaccinations going forward. Part of the programme is to engage those in areas of poorer uptake, including those that use drugs and alcohol.</p> <p><i>5.2 To consider the needs of Housing First clients in an updated pathway for residential rehab.</i></p> <p>-Iver and Debbie met to discuss the need for a clear pathway for admission to residential rehab in Highland. We are not as far forward as we would like to be. Debbie and Andrew will take this forward.</p> <p><i>5.2 Consider including practices related to large back payments in discussions with the minister when she visits.</i></p> <p>- We are still waiting notification of the date the minister will visit. Opportunities to raise concerns with DWP and Scottish Government at national meetings will be taken forward.</p> <p>New Team Member</p> <p>The partnership would like to extend a warm welcome to Andrew Garraway, who joins the support team, in the role of Development Manager.</p>	
<p>4</p> <p>4.1</p>	<p>Strategy Development</p> <p>Dashboard – Performance Indicators</p> <p>Frances provided a presentation the performance indicators, grouping together the overarching health and wellbeing indicators, for alcohol deaths, there is a slightly increasing trend in Scotland. There is also a higher rate of alcohol deaths in males across Scotland. The trend in Highland for males is slightly higher than the rest of Scotland. However in females we have slightly lower rates for the past four to five reporting periods, however recently we have seen an increase. We have reported 33 alcohol specific deaths for 2020 and the 2021 position looks to be similar. When we look at drug related deaths we see an increasing trend for males over the last four to five reporting periods and while this is not tapering off, there is a divergence between the Highland position and the Scottish position. For females, Highland, although the numbers are small there is a very steep increase, which reflects what is happening nationally.</p> <p>It was noted that the numbers are increasing but the number of community pay back orders are decreasing. It's possible that this is related to an increase in DTTO lite. It was suggested that this needs monitoring.</p>	

	<p>Grahame Cooper manages the referrals that Action for Children receive from the Community payback orders and there is a backlog at the courts which won't be helping.</p> <p><i>Action: Grahame Cooper to explore info they have on numbers of community payback orders and share any relevant findings with the strategy group</i></p>	GC
5	<p>Waiting Times Standard Review, MAT Standards, New Drug Treatment Target (attached) Understanding performance across the Highland area</p> <p>There have been a lot of positive developments in the last year or two certainly since October last year in being able to recruit to the vacancies. Some teams have had reduced capacity, particularly in some more remote and rural areas which had an effect on ability to meet the waiting times standard of referral to treatment in three weeks. This has now been addressed and the teams are getting up to full compliment. The focus is now on sustainment and development of new staff.</p> <p>DARS are looking to use some of the MIST funding to bolster the teams and to increase capacity. The position of salaried GP will go out to advert soon, which will help us progress relevant MAT standards..</p> <p>The MAT implementation group continues to meet regularly to support and progress the implementation of the standards across the service. HADP recently had to submit numerical, experiential and process data to the Scottish Government, they have used this to produce a national and local reports, making recommendations on areas we need to progress on. They have also offered support to each area through MIST (the National implementation team), to take some of the work forward.</p> <p>There was a new treatment target introduced in April 2022. It was noted that while we are keen to implement and support targets, it may be challenging to meet in the more rural areas of Highland, where alcohol can be a bigger issue</p>	
6.	<p>Vaccination update</p>	
6.1	<p>Update provided during the summary of the previous actions.</p>	
7	<p>Partner Updates</p> <p>Thank you to everyone who submitted an update, this is an opportunity for anyone to add additional information.</p> <p>CAHMS – The ADP has funded a specialist psychologist with CAHMS to improve support for young people affected by drugs and alcohol, either parental use or their own use. The psychologist</p>	

that was recruited to the role is now on maternity leave and they have been unable to recruit to fill the position which may stall some work being taken forward. The partnership position is that we are providing funding for the work to be progressed.

Action: Debbie to discuss this further with CAMHS

DS

The consideration of maternity and other types of leave is something we need to consider in our planning in future.

Beechwood – Beechwood have supported younger people complete the full two week programme. This is unusual as even in the shorter programme it is quite difficult to get engagement, so the number (take out No 4) is a really good outcome. Referrals for the two week programme have increased while there has been a slight drop in referrals for the 14 week program. For the two week programme there is a 6-8 week waiting time while for the 14 week there is still a five month waiting time. Beechwood have a senior recovery worker who has monthly contact to keep in touch with those that are on the waiting list.

Services - Have successfully secured funding for two CBT posts, one in the community and one jointly with HMP Inverness. The posts are due to go to advert soon, with the prison one going out first, hopefully next week. It will be really beneficial to people in prison to have access to therapy.. They have also been looking at Partnerships with HADP for the Non-Fatal Overdose Response team. There is some work needing to be done on trauma informed practice and shared practice / partnership working to ensure a joint and coherent approach.

Where to go to get help was also discussed. There is a need for one point of contact, so that a person can reach out to for help or advice. The immediate response team will have a free phone number so perhaps this could be expanded upon, to include signposting to the correct service for help. There is an ongoing piece of work to improve our website and it is important to know what people want to see. There is also a piece of work needs to be done to map services and support groups across the whole area. Previously there was a streetwise project that had a card with homeless services and contacts- something like that could be useful.

Health Improvement - Andrew Kyle from Highland Council and Eve McLeod, from health improvement have been working really hard on the Icelandic model and they're putting together a report at the moment on the findings from the school survey looking at risk and protective factors and a big challenge with taking some of that work forward is how we engage with parents. As part of the work with schools they have been supported to participate in the Substance Aware School Award and this year we had more entry's than ever before. Which is very positive.

	<p>The Hope App is a year old, we have had 400 downloads over the past year, which is really good but we would like a lot more.</p> <p><i>Action: Partners to help promote the HOPE app throughout their networks.</i></p> <p>HADP – We have been promoting the REACH Advocacy workshops on Applying the MAT standards with a human rights based approach. We have had some attendance but there are still plenty spaces available.</p> <p><i>Action: Partners to promote the REACH Advocacy training throughout their networks.</i></p> <p>Housing – They are in the process of recruiting to backfill Andrew’s post.</p> <p>Prison Service – ‘My Recovery’ program has been piloted, with development, feedback and responses to shape the language and approach.. Recovery Matters training has been delivered with the SRC to the first tranche of staff that will be working in the recovery wing. The plan is to move the first group into the Recovery wing on the 1st of July. Alongside that, citizenship and life skills modules will be delivered. . What we're trying to do is not just look at the use of substances, but look at actually putting in some more robust building blocks around how we support individuals to be better tenants, to manage money, what positive relationships look likeetc.. A whole person approach is being taken as opposed to just looking at substance use and isolation.</p> <p>Work has started on the new Prison build. The aim is for a 2024 completion date.</p>	<p>ALL</p> <p>ALL</p>
<p>8</p> <p>8.1</p> <p>8.2</p>	<p>Finance</p> <p>The finance group has met several times now. It is important that we have a smaller more focused finance group and going forward we would like to look at a more structured way of doing this.. The group would meet monthly and we would like some volunteers to sit on the group to provide consistency and take forward actions.</p> <p><i>Action: Debbie and Liz to write out to partners to request volunteers to sit on a finance group.</i></p> <p>Funding Letter We have not yet received the funding letter from the Scottish Government. However we do have a clear idea of the allocation and the biggest issue we have to decide is whether or not we are going to commission for a third sector Highland wide service. As a multi-agency partnership we need the infrastructure support of organisations such as the NHS in order to commission services..</p>	<p>DS / ES</p>

	<p>The NHS has been asking us if we have made a decision on this as they are developing their program of work for the next year. Debbie gave a presentation of the current funding streams and what was expected to continue. It is essential that we demonstrate a shift to commissioning services. Contracts and NHS have advised that they will support and guide the process, relevant members of HADP Strategy Group and the lived experience panel would sit on the commissioning board and would design the service spec. The group voted to take the commissioning process forward.</p>	
9	<p>Drug Related Deaths</p> <p>At the last review group meeting on the 15th of March the cases discussed most had significant common social stressors, such as social isolation, significant trauma histories, or recent bereavement. Chronic pain was also identified as a risk factor. Most children of the deceased were either adult or did not reside with the deceased.</p> <p>It was noted during discussions that in most cases the deceased were not alone at the time of overdose and in some cases witnesses reported laboured breathing, or they were aware they had consumed large amounts of substances. It is likely that the witnesses have also consumed substances and may not be in a state to respond. However, it was noted that there needs to be better publicising of what an overdose looks like and what to do about it such as administer naloxone. Review group members will take forward relevant actions on improvements to practice and the prevention group will take forward appropriate preventative actions.</p>	
10	<p>Chair / Vice Chair Role</p> <p>Melanie Newdick has resigned as chair. Elisabeth Smart will step in as interim chair until a replacement can be found. Partners will be written to shortly with options for the chair going forward. Options may include looking at another independent chair for two days per month with a small remuneration or we can ask for a volunteer from the strategy group.</p> <p>Action: Survey views of strategy group members.</p>	ES /DS
8	<p>Any Other Competent Business</p> <p>We are starting to think about the next stakeholder event, so if any one has any comments or suggestions please get in touch with Debbie.</p>	
9	<p>Date of Next Meeting</p> <p>The next meeting will be on the 23rd August 2022 at 2pm. Venue to be confirmed but given it is expected to be a Teams meeting</p>	