

# Outer Hebrides Alcohol & Drug Partnership

## Meeting between the Outer Hebrides ADP and Scottish Government Policy Unit

Date: Tuesday 24<sup>th</sup> January 2012, 11.00 am – 1.30pm

Venue: Stornoway Police Station

### PRESENT:

<b>Mike Massaro-Mallinson</b>	<b>Project Manager, Drugs Policy Unit</b>
<b>Hilary Smith</b>	<b>Deputy Project Manager, Alcohol Policy Unit</b>
<b>Colin Gilmour</b>	<b>Health Promotion Manager, WI NHS</b>
<b>Michael Stewart</b>	<b>Criminal Justice Service Service Manager - CnES</b>
<b>Emelin Collier</b>	<b>Head of Planning &amp; Development, NHS WI</b>
<b>Wendy Ingledew</b>	<b>ADP Co-ordinator</b>
<b>Suzanne MacAulay</b>	<b>ADP Substance Misuse Development Officer</b>
<b>Fiona Macdonald</b>	<b>ADP Substance Misuse Information and Research Officer</b>

### NOTE TAKER:

<b>Lorraine Gillies</b>	<b>Health Promotion Senior Administrator, NHS WI</b>
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### Meeting Structure

09.30 – 11.00 hrs	Meeting between the Scottish Government Policy Unit, the ADP Support Team and Colin Gilmour. Discussion: Progress against Heat H4 and A11. No note taken.
11.00 – 13.30 hrs	Meeting between the Scottish Government Policy Unit, the ADP Executive Team and the ADP Support Team Discussion: noted here.
13.30 – 14.00 hrs	Elizabeth Shelby, Alcohol Liaison Nurse WI NHS, joined the meeting to discuss future service development. No note taken.
14.15 – 15.45 hrs	Service visits: Hebrides Alpha and Action for Children

### Meeting between the Scottish Government Policy Unit, the ADP Executive Team and the ADP Support Team

Mike Massaro-Mallinson began by outlining the purpose of the visit. The drugs and alcohol groups are now more closely linked and they are meeting with all ADP's in Scotland to:

1. Engage with local ADP's regarding progress on the "Road to Recovery" and the "Changing Scotland's Relationship with Alcohol" policies, to look at successes and instances of good practice. These can then be shared around Scotland by looking at the challenges faced by some people, and possibly buddying successful programmes with less developed ones.
2. Link national support to move forward: work so far has been focused mainly on needs assessments and developing a local outcomes strategy. We now need to look at implementing the strategies and if ADP's require more support in, a) ensuring that existing services are fit for purpose, and how to help people move to where they need to be, and, b) looking at both quantitative and qualitative information gathering and how to use it better to plan and improve services; evidence that they are meeting local and national outcomes, as well as informing how services are running.
3. Taking a whole population approach and providing support to address alcohol abuse, looking at feedback on this, support needs and the relationship between ADP and CPP's.

It was noted that as the Outer Hebrides ADP Chair is also a member of various outcome groups, as well as the CPP, we have strong cross-links and that he actively takes alcohol and drug issues to these groups. There is also a lot of information sharing between the Outer Hebrides, Orkney and Shetland.

The briefing paper was read (**Item 5.1 & 6**) and topics discussed as they came up.

### **Community Consultation**

Following completion of the Outer Hebrides ADP 2011 – 2015 strategy a series of four community consultation events were run throughout the Outer Hebrides, and a report written (**Item 4.1**) which was widely distributed and will be used at the development days. At the meetings an overview of priorities was given, some stats, CPP information etc. and discussion was encouraged throughout the meetings. There was variable attendance but there was a lot of meaningful discussion and good feedback was received throughout. There is an ex-service user on the ADP, and a lot of service users attended the consultations so this was valuable in informing the results. Due to the differing social and economic make-up of each area, as well as geographical barriers, these events were a big undertaking but did highlight the specific, and differing, priorities of each area. It also helped the more remote areas to feel engaged, and consequently relationships have been strengthened.

There are also plans to do a service user survey, targeting hard to reach groups. This is in the ADP Action Plan for April 2012 and discussions are on-going about the best way to proceed with this.

### **Needs Assessments**

Two local needs assessments were done: a Youth Survey for 11 – 25 yr olds (132 respondents) and a General Survey for over 25's (224 respondents). Fiona MacDonald distributed papers: a summary, a document outlining the background, methods, limitations etc. and key points picked up from the surveys. A whole variety of issues were raised, including: the need for out-of-hours services (internet or phone); transport difficulties in a rural community; a bigger variety of activities to be available, and more often. A request for more information to be available on

coping with stress was also quite common. The ADP and Health Promotion Department are already developing websites to address some of these issues.

### **Monitoring**

Previous monitoring forms were not providing the required evaluation information, so they have been re-designed into two separate forms (**Items 4.2i** and **4.2ii**) an outcomes database and a monitoring form as a pilot, which work together to provide both qualitative and quantitative information in order to provide a better picture of how a service is performing. The information gathered in the forms will be analysed and will potentially inform funding decisions and identify any overlap or gaps in services being provided. They are tailored specifically for each individual service, based around the SLA's and national and local outcomes. In order to analyse the information, summarised reports are also generated (**Item 4.3**), SWOT reports are carried out on each one and presented at meetings to the ADP committee. The gathered information is also being checked against waiting time information for verification, although it is early days and it will take a bit longer to assess how it is working and any changes that will need to be made.

An updated version of the outcomes database is being developed and trialled, where the services can input information into a spreadsheet and the data can be extracted via the database; it designed to be easy to use and services report that it is already proving useful. The outcomes database and form have also been shared with ISD. All the work being undertaken around this is constantly being improved upon and it could take some time for it to reach its potential.

Some excellent work is being done, and this is only possible with a basic level of staffing. Working within a remote and rural area also means having a smaller pool of bank staff to draw on, when staffing levels are reduced. Although the ADP can be drawn into dealing with areas outside drugs and alcohol, such as mental health issues, they can often interlink or directly influence each other.

### **CAPSM**

**(Item 3)** The ADP are hoping to develop a group to specifically deal with children and parents affected by substance misuse, rather than dealing with it through general services. This paper has been presented to the CPP, recommending that they set up a group which will include other partner agencies. This was agreed , and is to be taken forward.