

Outer Hebrides Alcohol & Drug Partnership FINAL

Outer Hebrides ADP Executive Meeting

Date: Wednesday 19th February 2014 1030 – 1230

Venue: Conference Room, Police Station, Church Street, Stornoway

PRESENT:

Gordon Jamieson
Emelin Collier

ADP Vice Chair; Chief Executive, NHS Western Isles
Head of Planning & Development, NHS Western Isles

IN ATTENDANCE:

Wendy Ingledew
Fiona Hall

ADP Coordinator, NHS WI
ADP Substance Misuse Information and Research
Officer (SMIRO), NHS WI

Suzanne Macaulay
Donnie Mackenzie

ADP Substance Misuse Development Officer, NHS WI
Principal Accountant, NHS WI

NOTE TAKER:

Karen Peteranna

ADP Administrative Assistant, NHS WI

1. APOLOGIES

Apologies were received from Gordon Macleod and Mairi Bremner.

Bernard Chisholm did not attend and due to this the group was not quorate. Any decisions made would need to be ratified by the ADP Executive Group, or the ADP as the meeting was not quorate.

ACTION: Karen - Ensure actions from Executive meeting are ratified by members of the ADP Executive as the meeting was not quorate.

2. APPROVAL OF MINUTES

The minutes of the ADP Executive meeting on 4th December 2013 were approved as a correct copy.

3. ACTIONS FROM ADP EXECUTIVE MEETING 4TH DECEMBER 2013

The members present were advised that all actions were complete.

Karen advised the group that Andy Cashman of Crossreach was contacted on 22nd January re: letter issued by ADP on 6th December 2013 re: confirmation required on Care Inspectorate registration for the 'Dochas' Housing Support Worker. Andy emailed on 23rd January to advise they had not received an outcome of the Care Inspectorate registration as the person dealing

with the request in the Care Inspectorate is absent from work. He advised again that they wish each of their 3 branches to have their own separate registration and advised they would inform the ADP of the Care Inspectorates decision as soon as they received the decision.

Members agreed it was not acceptable for clients to be put at potential risk due to a lack of Care Inspectorate checks and registration for the Crossreach 'Dochas' Housing Support Worker. It was noted that liability comes back to the ADP for this post and it was agreed that the ADP should be investing in a service which is not suitably registered with the Care Inspectorate; which is putting services at risk.

It was agreed the ADP would write to Crossreach raising concerns over the delay in Care Inspectorate registration for the 'Dochas' service and informing them they can relay the ADPs concerns to the Care Inspectorate if they wished. The ADP members present agreed the ADP would also write to the Care Inspectorate raising concerns over the delay in the Care Inspectorate registration for the 'Dochas' service, enquiring when they expect the registration to be in place and querying their thoughts on the quality of service and safety due to the lack of registration.

It was reiterated that the 2nd payment for this service had now been delayed 5 months. It was agreed that as the ADP had committed to an agreement with Crossreach this should be honoured upon successful registration with the Care Inspectorate and payment can be accrued.

ACTION: Karen - Write to Crossreach and Care Inspectorate re: concerns over delay in Care Inspectorate registration.

4. **FUNDING 2013-14**

Donnie advised a break even position was expected however there was an expected under spend of £10k noted from a possible error within the finance report which showed Crossreach's full year budget as £40k when it was in fact £30k. Wendy advised she would check Crossreach's actual full year ADP budget for 2013-14.

A discussion took place on what the possible £10k under-spend could be used for by 31st March 2014. Members agreed there was not sufficient time to arrange for the under spend to be allocated and spent by services. It was suggested by the Chair that funds could be put towards improving the efficiency of the ADP support team by upgrading and replacing outdated IT equipment. It was suggested that Dropbox software could be used to better improve the systems of the ADP and reduce paper wastage. It was also suggested that useful promotional/campaign items could be ordered the support team should look into this. The ADP suggested that safer drinking and anti drugs messages be used on promo items rather than organisational logos. The ADP support team were instructed to compile a list of proposed items for potential £10k under spend which can be approved by the ADP Chair and the decision ratified by the ADP Executive group. Gordon advised he can inform the I.T department of the I.T order/requirements of the ADP.

Outreach made the ADP aware of a possible under-spend of approximately £2k for 2013-14 on 10th February 2014. They queried if they could pre-pay for events, activities or resources before the end of March. A discussion took place on the under-spend and the Chair advised the project should not have an under-spend by the end of the financial year 2013-14 and they should keep in mind they are required to report to the ADP in the annual returns. It was agreed the ADP would write to Outreach advising them that they received the full year allocation from the ADP and therefore any money they currently have belongs to the Outreach project and

should be spent by the end of the year, but if they have organisational capacity to pre-pay for events that are happening post March 2014 and they can guarantee that these events really will take place then they can proceed with this. It was confirmed by the Chair that this is Outreach specific and not a broader decision for other services.

ACTION: Wendy – Check total funding allocated to Crossreach for 2013-14 and inform Donnie.

ACTION: ADP Support Team – Compile a list of proposed items for potential £10k under spend.

ACTION: Fiona – Write to CnES Outreach re: under-spend of £2k.

5. LOCAL GAPS IN SERVICE PROVISION

It was further confirmed there is a development fund of £91,650 available for 2014-15 due to the following services ceasing to receive ADP funding from April 2014:

- CnES Alcohol Support Worker
- CnES Drug Support Worker
- NHS CAMHS
- NHS Community Nurse (Alcohol Misuse)
- NHS Outreach

Karen confirmed these services were written to as per action from ADP meeting in December 2013, confirming their ADP funding would cease from 1st April 2014.

Suzanne (ADP SMDO) compiled the ‘Survey Report: Outer Hebrides ADP Identification of Possible Gaps in Service Provision – February 2014’ which includes details on national policy context, funded services responses and service user responses on perceived gaps in service provision.

Under ‘National Policy Context’ Suzanne advised there were 14 recommendations within the Quality Alcohol Treatment and Support (QATS) report (2011) which will help to ensure people accessing treatment receive appropriate support to enable them to recover from their alcohol problem. Suzanne highlighted the recommendations which may need to be attention from the Outer Hebrides ADP and proposed actions:

(2) All Alcohol and Drug Partnerships and services should embed the Healthcare Quality Ambitions, incorporating a person-centred, safe and effective approach to treatment and support.

Suggested OHADP action: Review ADP policies and services and ensure this is done.

(3) Alcohol and Drug Partnerships must ensure service users and people in recovery are represented within the partnership and that services have meaningful service user involvement both in service design and delivery. Services should be underpinned by a recovery ethos which supports and builds on the strengths and assets within individuals, and they should consider adopting the principles contained in the Bill of Rights.

Suggested OHADP action: Raise and discuss service user representation and meaningful service user involvement in service design and delivery.

(5) All Alcohol and Drug Partnerships and commissioned services must have, and review on an ongoing basis, robust needs assessments and Equality Impact Assessments (Eq IAs) to ensure the needs of all groups within their community are identified and met, paying particular attention to those most at risk of harm.

Suggested OHADP action: Complete Eq IAs and robust needs assessments.

(9) In line with feedback received from service users, services should develop links with peer support, mutual aid and self-help organisations.

Suggested OHADP action: Include developing links with peer support, mutual aid and self help organisations into ADP Support Team work plan.

(14) All specialist alcohol services must undertake routine screening for harm against women and children as part of a thorough, ongoing assessment process to ensure provision of a package of support. Staff should be trained to deliver such screening and to provide effective support.

Suggested OHADP Action: Review services to ensure this is in place.

It was agreed Suzanne would progress with recommendation and action 5.

The discussion moved to the funded services responses to a survey issued by the ADP on perceived service gaps locally. Wendy advised identifying these gaps would assist in ADP funding packages for 2014-15. The gaps perceived locally were:

- i. An out of hours service and weekend service or cover for substance misuse services
- ii. A drop in facility for those in recovery
- iii. Supported employment/training/volunteering opportunities (specifically Uist and Barra)
- iv. Activities for young people
- v. Family and parent support
- vi. Improvement in partnership working (specifically Uist and Barra)
- vii. Increase in provision
- viii. Transport

The ADP Chair advised they would take a view on the 8 identified gaps and prioritise. Members agreed 'An out of hours service and weekend service or cover for substance misuse services' and 'a drop in facility for those in recovery' were the main service gaps locally.

It was felt that weekend cover was certainly an issue locally, Sunday's especially. There is a need for a drop-in service however it's not possible to provide this 24/7. It was noted that there are plenty of qualified staff available through the week, its weekend provision which is lacking. Service users advised that the weekend is the most difficult time for them as they struggle to find an alternative social structure to their previous and loneliness can contribute to this also. The group agreed with the funded service comment that 'a new, dynamic, fresh outlook' was required to the delivery of a drop-in service locally in light of the loss of the Crossreach Lifestyle service last year. It was thought currently services could pull together current resources providing a collaborative approach to provide the required weekend service. It was agreed a drop-in service would not work in Uist due to transport issues.

It was voiced that the Uists & Barra and Lewis & Harris service needs are different. In Uist & Barra there is no weekend detox service however in Lewis & Harris the Community Nurse (Alcohol Misuse) is available through the weekend although a weekend service is not within their remit. It was queried if another Community Nurse (Alcohol Misuse) would be beneficial as this service is not available in the Uist & Barra. It was queried if there was still a vacant CPN post in the Uist and it should be queried from the Head of Service if a detox and on call service could be embedded into this post and if possible what the financial costs of this would be. It was agreed it would also be queried with the Head of Service if the Community Nurse (Alcohol Misuse) service could be extended to an on call or weekend service and a Harris service. If this was possible what would the financial cost of this be. It was voiced that this service has a large case load and the demand on the service must be better understood by the ADP. It was queried if there was a gap in Barra for a detox service. It was voiced that no survey returns

were received from Barra. Wendy added that detox can be done in the hospital and by GPs in Barra, but she would check on this.

It was apparent from the service provision survey returns that there was a gap in counselling available for Harris. It was queried if the CnES Alcohol Support Worker and Drug Support Worker posts could be extended to fill the gap in Harris as well as the financial costs of adding an on call or fixed weekend service. It was agreed Suzanne would speak with the Head of Service.

It was voiced by Karen and Fiona that at the funded service visits for the Alcohol Support Worker, Drug Support Worker and Community Nurse (Alcohol Misuse) ADP Support Team were made aware that these services tend to be seeing clients for longer and it was felt this was due to loss of a drop-in service locally. Emelin made those present aware that a 'men's shed' project is in the early stages of set-up. This project is collaboration between NHS and the University of the Highlands and Island, for northern peripheries, which aims to re-skill men and improve employability.

It was queried if the ADP should be linking in with mental health services on improved services. It was suggested that Catch 23 have suitable premises that are unused on Sunday. It was suggested that existing vacant premises with volunteers should be utilised and a collaborative approach with Catch 23 should be explored. The ADP support team advised a meeting with Catch 23 was arranged for the week beginning 24th February and this would be raised with Del.

The group discussed the supported accommodation service gap identified in the Uists and Barra. The Chair thought it important that the ADP remember to keep their strategic priorities in mind. The ADP does not have the capacity to accommodate every substance misuse service gap for the Outer Hebrides. Other services should be able to step-in and in this instance the SMPUB should be encouraging community involvement. It was suggested the identified gaps in service provision could be passed to the Community Planning Partnership (CPP) whilst highlighting the strategic priorities the ADP are addressing.

The group discussed the family and parent support service gap identified. The Chair advised this was something that could be re-visited in 2015-16 as current services could be reshaped to accommodate this rather than creating a new service.

The group discussed the improvement in partnership working service gap identified in the Uists and Barra. Wendy advised the ADP that Caraidean merely hosts and carries out the employers function for support, it does not supervise them. It was voiced that this was a serious situation and the SMPUB should be written to gaining clarity on the management structure while informing the partnership that funding will cease if no willing management presented.

Fiona discussed the 'Drugs Briefing Paper' which she compiled following the 4th December meeting to better understand the drug user population of the Outer Hebrides. Fiona advised that 2013-14 to date there were 39 referrals to drug treatment services which is a decrease on 2012-13 (54). It was stated that cannabis and prescription drugs are the main drugs used and there were rarely any drug referrals in Uist. The CnES Drug Support Worker advised that users of 'legal highs' tend to fall away from the service before completion. The group were also advised that there was a gap in relevant data as the Alcohol & Mental Health Liaison Nurse has failed to submit complete Outcomes Database and Monitoring Form. This does not allow for the full picture on drug users to be seen. It was agreed that if we do not see chronic drug misuse the ADP should continue to promote drug misuse issues and focus on prevention around drugs while keeping our focus on alcohol specific services. Fiona advised the group

that prescription drug misuse is a reoccurring problem and specifically Diazepam and Tramadol. It was agreed Fiona would assess prescription drug use by age band and locality.

ACTION: Suzanne – Complete Eq IAs and robust needs assessments.

ACTION: Suzanne – Query with Head of Service if a detox and on call service could be embedded into the possibly vacant CPN post (Uist) and if possible what the financial costs of this would be.

ACTION: Suzanne – Query with Head of Service if the Community Nurse (Alcohol Misuse) service could be extended to an on call or weekend service and a Harris service. If this was possible it would be queried what the financial cost of this be.

ACTION: Karen/Fiona – Better understand the demand on the Community Nurse (Alcohol Misuse) service.

ACTION: Suzanne – Query with Head of Service the financial cost of adding an on call or fixed weekend service and a Harris service into the Alcohol Support Worker and Drug Support Worker services.

ACTION: Karen/Suzanne – Speak with Del at Catch 23 re: Possible use of their location for weekend cover from a collaboration from services or willing current Catch 23 volunteers.

ACTION: Wendy – Issue identified gaps in service provision which the ADP will not be addressing to CPP.

ACTION: Wendy – Write to SMPUB re: clarity of management structure.

ACTION: Wendy – Check status of vacant CPN posts in Uist & Barra.

ACTION: Wendy – Check availability of detox in Barra.

ACTION: Fiona – Assess prescription drug user's age band and locality.

6. NEEDLE EXCHANGE SERVICE

The possible solutions for providing a needle exchange service were:

- provide the service through our town GP practices as they are central and accessible
- provide the service through private pharmacists on behalf of NHS Western Isles and ADP
- provide a postal needle exchange service from one of our drugs and alcohol projects
- or a combination of all 3 mentioned above to ensure maximum access for service users

Suzanne advised the group that the NHS Sexual Health Officer is currently investigating the willingness of local GP's, pharmacists and drugs services to participate in the provision of providing a local needle exchange service. Dr Keith Burns, Archway Practice, has indicated he is keen to progress this within his surgery and will note his interest at the next GP Sub Group; he is happy to train staff and work with services to establish a good service. The Sexual Health Officer has approached Christine McKee to raise the issue at the GP Sub Group where it will be raised and other GPs will be asked if they would be willing to participate. The Stornoway Boots Manager, Dan Royle, contacted the ADP and advised they can offer 2 services:

- Supervised administration and supply of medication for drug users, and
- A needle and syringe exchange scheme

It was voiced that the ADP would like to see maximum impact for low cost and Suzanne advised that the NHS Sexual Health Officer has priced the service at under £2k. It was also voiced it would be ideal if the service would cover the whole of the Western Isles rather than specific areas. It was agreed it is low numbers (6-8 users injecting) which require the service and the priority is keeping them safe. The service may experience increase in demand at times of a high influx of injecting visitors to the island e.g. school holidays, summer and festival times

and the ADP could sign post to this service. It was suggested that the SMIRO look at Methadone use by GP practice to base the ADPs decision on a suitable GP. Suzanne will follow up on the needle exchange service progress with the NHS Sexual Health Officer.

ACTION: Fiona – Look at Methadone use by GP Practice.

ACTION: Suzanne – Follow up Needle Exchange Service with NHS Sexual Health Officer.

7. **FINANCE PLAN FOR 2014-15**

It was agreed the financial plan for 2014-15 would be discussed at the next ADP meeting as no decision had been reached at today's meeting.

8. **AOCB**

8.1 **Supermarket Freedom of Information Request**

Fiona advised that as per action from the December ADP meeting she issued an information request on local alcohol sales to Tesco. She was advised in the email response:

“Unfortunately I would not have this information at this office that you have requested. However please visit Tesco Plc. website where you can find further information...”

The ADP executive members present were concerned with the lack of co-operation of the profit making company and wondered what moral stance Tesco were taking.

It was agreed the ADP, in light of a collaborative approach in the Outer Hebrides to address substance misuse, would raise the lack of co-operation from Tesco with the Alcohol & Drugs Unit at the Scottish Government. It would also be queried with the Unit where information on local alcohol sales may be obtained.

ACTION: Karen – Write to Scottish Government re: lack of co-operation from Tesco.

ACTION: Karen – Query with Scottish Government where information on local alcohol sales may be obtained.

8.2 **Way forward for Integrated Care Pathway (ICP)**

Members present were made aware that as per action at the December ADP Members meeting the ICP was issued to members to allow them to review the document and submit any comments and suggested amendments to the ADP support team who would collate prior to issuing to the Substance Misuse Coordinator. The members were made aware that 2 members returned comments for specific sections of the ICP and that it was felt the document required further feedback and suggested amendments. It was agreed the ICP would be issued to ADP members a final time to allow them to submit feedback and suggested amendments.

ACTION: Karen – Reissue ICP to ADP members for final time for feedback and suggested amendment.

8.3 **Annual Report 2012-13 Review**

Wendy advised that the Outer Hebrides ADP received a review on the 2012-13 Annual Report from the Scottish Government. She further advised a support officer's work plan would be complete for the next ADP meeting.

ACTION: Wendy – Complete support officer's work plan for next ADP meeting.

8.4 **Data Collection Meeting with Alcohol & Mental Health Liaison Nurse**

The Chair advised a meeting would be called in the near future with the Alcohol & Mental Health Liaison Nurse and Service Manager to discuss the data collection requirements of the service. The Alcohol & Mental Health Liaison Nurse and Service Manager will be given the opportunity to express their concerns with the data collection requirements from the ADP and the ADP can explain the national and local data set. The ADP must be clear on the data requirements of the ADP and the service must have the right to reply.

Following discussion there will be 2 options to decide between for a way forward:

- (1) Advise that the data collection requirements of the ADP remains unchanged and non compliance will result in funding being ceased, or
- (2) Advise that the data requirements will be amended.

The meeting can be adjourned for a period of time while the ADP discusses and decides a way forward. The Service Provider and Service Manager would be called to return to be told the ADP's decision or the ADP can go away from the meeting and decided later and the Service Manager and Provider will be made aware of the ADP's decision in writing.

9. DATE OF NEXT MEETING

25th March 2014, 10am to 12 noon.