DUMFRIES AND GALLOWAY
ALCOHOL AND DRUG PARTNERSHIP EXECUTIVE GROUP

Minute of meeting held on 2nd September 2021 at 2.30pm via Teams

Present: **Grahame Clarke, ADP Chair**
Jackie Davies, ADP Strategic Lead
Gail Guest, Locality Manager, Criminal Justice Social Work
Graham Stewart, Deputy Director of Finance, NHS D & G
Julie White, Chief Officer, Health and Social Care Partnership
Vikki Binnie, Community Justice Partnership Manager
Lorna Campbell, Homelessness DG Council
Stephen Thompson, Councillor
Andy Hunstone, Deputy Governor, HMP Dumfries
Stephen Morgan, Senior Manager Children and Families
Penny Halliday, New ADP Chair
Stuart Davidson, Chief Inspector, Police Scotland
Angela Tait, DWP
Audrey Lowrie, Safeguarding Manager, DG Council
Jackie Aindow, Service Manager, SDAS

Apologies: **Craig Hope, DWP**
Norma Austin Hart, Third Sector
Justin Murray, Deputy General Manager for Mental Health Services
Gordon Pattinson, Manager, Public Protection, D & G Council
John Cairns, Police Scotland

Attending: **Margaret Woodward, ADP Admin Assistant (Minute)**

Item	
1.	**Welcome and Apologies** Grahame welcomed everyone to the meeting. Penny Halliday was introduced as the new Chair of ADP and has how now taken up on the post. GC advised that there will be comprehensive handover during September. Penny is looking forward to working with ADP for next 3 years.
2.	**Minutes of meeting held on 27th April 2021** AGREED as an accurate record.
3.	**Matters Arising/Action Log** **Action Log circulated with agenda.** Action Log will be updated and will be circulated with Minutes.
4.	**Drug Death Update** Paper previously circulated with Agenda.

	Grahame highlighted that the figures mentioned in the paper of 32 DRDs are not accurate. In fact, the total suspected DRDs is 36 but as some PMs and Toxicology reports have come through and 4 of these have been confirmed as not DRDs. Grahame acknowledged that this was confusing and that adjusting the paper in this manner was not helpful. It was agreed that future papers would report the total number of suspected DRDs examined and that the adjustment to the suspected figure would be made at the end of the year once all PMs/Toxicology Reports had been received and assessed locally. This would allow a more accurate comparison with 2020 figure for suspected DRDs. To date there have been 14 PMs/tox reports received in total for 2021 and the remainder will follow in due course. Judgements will be made on whether each death is a DRD, however, the number of suspected DRDs will not be amended until the end of the calendar year. As in previous years the final number of DRDs can only be confirmed by NRS and is normally done in July of each year. Grahame confirmed that the paper circulated for today's meeting would be adjusted in future to reflect this. Grahame continued that the paper captured the work that was ongoing to address DRDs and that additional actions such as radio adverts and an overdose prevention app were also being progressed. Assistance had been sought from Health Intelligence and Performance regarding the historic cases of 1 NFOD and that it was hoped someone could assist with this task in the absence of the ADP Performance Officer. Grahame indicated that those that had overdosed on 2 or more occasions had now been considered by the AOS and dealt with in terms of referral to core services, AOS, CMHT or contact with GPs. Gail asked what risk assessment took place for each person and Jackie A advised that all referrals into the AOS are assessed using a clinical risk assessment tool which underpins the decisions for each person. Gail felt that there was an opportunity to widen this risk assessment process to include information from the wider Local Authority, including Adult Support and Protection and Criminal Justice Social Work. The ADP have also funded 2 Drug and Alcohol Social Work posts which were now in place and both roles were being developed by way of an ongoing project and steering group. This was to ensure that the roles continued to support ongoing work within the wider partnership that would tackle prevention, harm reduction and information sharing and intervention for high risk individuals. Grahame suggested that this could perhaps be achieved through greater involvement with MASH but Gail and Stephen M felt this had to be wider. Members agreed with this and also agreed that this should be incorporated into Action 14 previously agreed at the last meeting. And both Gail and Vikki offered to meet with Jackie D & Jackie A to progress this. **Action: Jackie D/Jackie A/Gail/Vikki to meet to discuss what additional information could be gathered regarding the risk assessment of historical NFOD cases to ensure this is done from a multi-agency perspective and not just a clinical perspective.** Stephen M advised that Lillian presented a paper to the Council Management Team on DRDs this week. Conversations were taking place about what Council can do to support this vulnerable client group. Members discussed this and agreed that there needed to be a wider partnership engagement across the whole community which recognised key factors such as poverty, deprivation and groups at significant risk from substance use. Members acknowledged that prevention had a significant part to play

	in this and that it would be vital to ensure that resources were targeted correctly. As such, it was important that the ADP was aware of the wider partnership support and activity and where there were gaps in the provision of these services. It was felt that these issues needed to be examined further as part of the new Strategy. Returning to Stephen M's initial comment, Grahame asked what assistance the ADP could initially provide to the Council to assist with this work. Stephen M indicated that a presentation to the Senior Management Team would be a useful first step and that further dialogue would flow from there. **Action: Jackie D to arrange for presentation to be made to Council Senior Management Team.**
5.	**Residential Rehabilitation (RR)** Paper previously circulated with Agenda. Jackie D briefly highlighted some points from the paper. At present there is no consistent identified pathway for RR and a number of different methods are used to facilitate this. In some cases those who have been identified suitable for RR have progressed to the Exceptions Panel within the NHS for consideration of funding or, on occasion, individuals have used their self directed support payments to pay for RR. This can cause some difficulty as services are not always sighted on some service users obtaining RR. Previously there were no dedicated ADP funds for RR however, the SG had recently indicated that £149k would be made available to D & G for this. While this looked like a lot of money, it was impossible to estimate how many individuals this would fund, giving the varying lengths and costs of placements through the Country. In an effort to address this, a Working Group was set up and have had various meetings. The criteria has been agreed to assess individuals who may be suitable for RR and an Assessment Panel has been set up. The Group has also looked at the number of facilities available throughout Scotland and the cost of the placements they offer. It was confirmed that there was no RR facility private or otherwise within D & G and that suitable placements would need to be found out with the area. Jackie D intimated that the interim pathway had been agreed with SDAS as a temporary arrangement until the group had the opportunity to research and agree a final version which would include the provision of appropriate support at preparation and aftercare stages. The finalised pathway should be ready late Sept/early Oct, it may need tweaked after SG guidance published. Julie asked how many people in D & G access RR? This figure is not known to ADP, due to the inconsistent way in which people access RR. People's needs need to be assessed properly and, due to our locality, it may well be that we need to consider placements in England. Three people are currently on assessment, as a result of the interim pathway. Grahame highlighted that at least 2 areas in Scotland were in discussion with SG about dedicated RR facilities within their areas, given that none currently exist. In these areas, the SG had intimated they may be willing to consider some capital funding, in addition to staffing costs to enable facilities to be established. In one of these areas the option being considered was a mothballed NHS building which would deliver RR and an acute bed facility for those at significant risk. Grahame felt that, in the longer term, this may be worthy of consideration within our area, as it would enable people

	within D & G to be treated within the area. Members felt this was worthy of further discussion at a later date but that the current discussions should continue to secure a permanent pathway in line with the current SG guidance.
6.	**Medically Assisted Treatment (MAT) Standards** Paper previously circulated with agenda. MAT Standards are expected to be fully embedded by April 22. The SG MAT Standards Programme Team (MIST) will oversee and provide direct local support. A self assessment document was circulated to each ADP to find out where ADPs are, and what gaps. This was completed and sent back on 28 July, we are currently waiting on reply to see what they can provide. Within in each Standard there is a criteria to be followed. A working group will need to be set up to drive the Standards through. Grahame asked for volunteers to Chair the group and nominations for the group. Grahame has spoken to Andrew C who expressed an interest of being involved. **Action: Grahame to identify an appropriate Chair for the MAT Standards Group who will then lead on this, identifying appropriate partners to participate.**
7.	**HMP Dumfries – Recovery Intervention Group** Paper previously circulated with Agenda. Andy reported that during Covid a lot of alternative means of getting drugs into Prison were found. In particular, there were concerns about supporting prisoners who have longstanding addiction issues and who find it difficult to refrain from the use of illicit substances. As such, a pilot Recovery Intervention Group had been established with the aim of supporting recovery for these individuals. Two individuals had been identified to take part in the pilot, they are both in prison long term and have taken drugs for a long time. They had previously been placed on misconduct reports however, it was felt that this was not supporting their recovery or helping them change their behaviours. In both cases progress is being made and drug use reduction is evident. The purpose of the Recovery Intervention Group is to develop and plan a multi-agency timetabled approach which provides support services such as SDAS, Mental Health, Education, etc to fully support recovery. This would be supported by a weekly case conference. Andy asked that any ADP members or partners interested in providing support to get in touch with the Prison. Vikki offered Community Justice Partnership support with the pilot. The prison is currently training up recovery champions to support individuals in custody. Grahame asked how can ADP support this? Andy intimated that any agency that can add additional support would be welcomed. The ADP Recovery Worker is working within Prison to develop Recovery Communities which will also assist the work of the Recovery Intervention Group. **Action: JD/AH meet to discuss anything ADP can help with.**
8.	**NHS Specialist Drug and Alcohol Service Update** Jackie A provided a brief verbal update on the challenges facing SDAS at the moment and highlighted some previous slippages in Waiting Times. This was caused in part by an increase in referrals and by some vacancies and staff absences. Jackie A agreed to circulate a paper containing more detail and about the actions that SDAS had taken to raise and resolve the risks that had been identified within the service.

	Action: Jackie A to prepare and circulate an SDAS update paper to members.
9.	**Buvidal Pilot Update** Due to time constraints Jackie A was unable to provide a verbal update on the Buvidal Pilot and it was agreed that a paper would be circulated in due course. **Action: Jackie A to prepare and circulate a Buvidal paper to members.**
10.	**Finance Update** It was agreed that, due to time constraints at today's meeting, an extraordinary meeting would be arranged in the next 2 weeks to discuss extra monies from SG.
11.	**Any Other Business** **10.1 National Care Service Consultation** Grahame highlighted that this consultation was taking place and that parts of it proposed revisions to the governance of ADPs locally. Grahame encouraged members to participate in the consultation where appropriate and asked that any submissions made be shared with the ADP. **10.2 C & YP Needs Assessment** Grahame indicated that the difficulties experienced during the summer months in engaging with families and young people had been resolved and a draft of the final report should follow in late September/early October. Grahame thanked those round the table who had provided short notice assistance to enable engagement to take place. Julie, on behalf of the ADP, thanked Grahame for all the help, dedication and leadership during his tenure as ADP Chair. This has been hugely challenging, particularly during Covid.
12.	**Next Meeting** 2nd December 2021 at 2.30pm