



*Working in partnership to prevent, and support recovery from
the harmful use of alcohol and drugs.*

ARGYLL AND BUTE ALCOHOL AND DRUGS PARTNERSHIP

ADP Committee MEETING

Tuesday 28th February 2017

J03, 05, 07, Mid Argyll Hospital, Lochgilphead

10:30am

PRESENT:

John Owens	A&B ADP Independent Chair
George Morrison	NHS Finance Manager, Argyll and Bute
Elaine Garman	Public Health Specialist
Craig McNally	Interim ADP Coordinator
Anne Ndlozi	ADP Information, Research and Performance officers
Lesley McKay	ABAT Team Leader
Nikki MacGillivray	Co-Chair of the Third Sector Group
Nona Ruesgen	Co-Chair of the Third Sector Group
Louise Long	Head of Children Services, Argyll and Bute Council
Isobel Strong	Co-Chair Bute
Colin Ferguson	Co-Chair mid Argyll
Andy McClure	Scottish Fire

APOLOGIES:

Lana Stewart	Police Scotland
Wendy Brownlie	Education, Argyll and Bute Council
Norman Firth	Criminal Justice
Liz Strang	Children and Families, Argyll and Bute Council
Elaine Robertson	Co-Chair OLI Forum
Ron Senior	Manager ADDACTION
Bev Ison	Co-Chair OLI Forum
Marlene Baillie	Area Commander, MAKI, Police Scotland
Derek Carr	Finance, NHS Highland
John Dreghorn	Locality Manager

IN ATTENDANCE:

Sarah Marquis	ADP, Administrator
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Item	Subject	Action
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1.	<p><u>Welcome</u></p> <p>John Owens (JO) the chair of Argyll and Bute Alcohol and Drug Partnership welcomed all partners to the meeting.</p>	
2.	<p><u>Previous Minutes/Matters Arising</u></p> <p>Agreed as an accurate reading of the meeting.</p> <p>ADP Coordinator Post – The job has now been advertised on the NHS SHOW website with the closing date of the 8th of March. The Interview panel will be EG, JO, NM, LS and someone from HR. NM will also get together a group of service users who will also have the chance to meet each candidate for 15 minutes prior to their interview and ask a question. This will be fed back directly to JO.</p> <p>Information, Performance and Research Post – This will be discussed more in the budget of 2017/18. The hope is to be able to secure more hours in the future.</p> <p>ABI's – This will also be discussed in the 17/18 budget.</p> <p>2 cool 2 talk – LL updated the group on the progress of the interactive website. The funding is secured for the next 3 years and is currently out to tender. This will be a tier one service which is open to everyone. It will be campaigned far and wide once it has been set up and tested. LL will send out a paper with all the information presented on this.</p>	<p>EG</p> <p>JO</p> <p>LL</p>

3.

Finance Report

2016/17 budget – the 16/17 budget is made up of three components £972,277 from the Scottish Government, £275,923 top up for NHS and 103,000 under spend carry forward from the 15/16 budget totalling to £1351,200. The forecast under spend for the 16/17 budget is £24,496, in the past this has been allowed to be carried forward but given the financial position of the NHS this time around this will not be granted so the full budget must be utilised before the 31st of March 2017. With the timeline being tight it was agreed to split the under spend between the 7 local forums giving them £3,500 each.

2017/18 budget – Again the Scottish Government have cut the ADP budget, this year's funding being £972,277 and with the financial position of the NHS the top up this year will be £125,923 which is much less than previous years but not unrealistic given the trouble the ADP has had previous year's spending the budget, this gives a budget of £1,098,200 for the 17/18 budget. The draft budget sits as follows:

ADP administration	133,000
ABAT SLA	797,000
Addaction contract	89,000
Independent Chair	15,000
Engagement of Service Users (Figure 8)	20,000
Naloxone	5,000
Alcohol Brief Interventions	70,000
ABI - Admin Support	3,200
ABI Supplies	0
Forum Support	0
3rd Sector transition	0
Training	0
Self Evaluation Process	0
3rd Sector Travel Reimbursement	1,000
Website hosting & Communication	600
Recovery of Orientated Systems of Care support	0
C&YP - Resilience	0
C&YP - ABC - Secondary School Support Work	0
Partnership Development funding	0
Lloyds match funding - Delivering Young People Support	95,000

The above budget totals to £1,228,800 which would be £130,600. The

	<p>group looked at line 7 which the HSCP will be taking ownership of the ABI delivery but would need the GP LES to stay the same at the moment. The ADP have been spending £70,000 on this each year and the target is still not being met, as this currently isn't in the GP's contact, reducing money or taking it away would encourage the GP's to also walk away. It was agreed to have a phasing out period of six months allowing the ABI budget to be reduced to £35,000 for the year. It was also agreed to deliver more ABI training to the workforce to allow all services to be able to deliver on this to hopefully improve meeting the target. A small working group of LM, NM, CMN, AN, NR and locality managers have to meet to discuss the phasing out stage. Line 9 of the budget for the ABI support will stay the same at the moment as this will need admin support for the first six months. Lines 9 to 13 will have no allocations this year. Line 14 will be reduced to £1,000 and this was all that was claimed the previous year. Line 15 will be £600 again that was all that was claimed the previous year. Lines 16 to 19 will also have no allocation. Line 20 is the Delivering young people support (Lloyds Match funding), this will double if the bid is successful. LL suggested that budget line 1 to 3 also need to face a cut, GM also added to go back to the IJB and ask for only an 8% cut from the NHS in line with the other cuts being made. The Scottish Government in the funding letter do state they are expecting the local board to top up the ADP fund, unfortunately this isn't always the case as some health board just cannot afford it, the ADP was very lucky last year that we got the full top up, that wasn't the case in many other ADP's. It was agreed to look at line 1-3 and what risks would occur if they faced a cut to the budget and also go back to speak to CW and request a less of a cut for the ADP to be in line with other.</p> <p>Lloyds PDI bid – Second stage has been submitted and the decision for the bid should be made on the 30th of March. LL asked if there would be a board looking over this project and how would situations be handled if relationship problems occurred, JO answered that yes there would be a board and discussions have already started about the working relationships and what process would be followed. The group agree the bid is an excellent idea for the ADP and to keep the £95,000 ring fenced for the three year funding.</p>	
4.	<p><u>Performance Report</u></p> <p>AN presented the performance report to the group. Also the report requested by NR has been completed and is available for information, this shows the breakdown of the report into different localities. All the targets are being met and drug numbers are better but this is due to numbers being smaller. Naloxone numbers are low with only one being replaced due to it being out of date. Referrals are lower at the moment but more people are retaining in services.</p>	

5.	<p><u>Coordinators Reports</u></p> <p>CPP – both outcome 5 and 6 are on track for the moment.</p> <p>Contract and Compliance – This is also on track with patients pathways being highlighted, this will hopefully come together with ROSC</p> <p>DAISY – Implementation should commence in April 2018. Still some issue around clients being counted if they are anonymous, this could have an effect on the figure and could change the way ADP’s are funded this is being discussed with ISD.</p> <p>SDF TNA – 33% return on the training needs analysis which is the same in other areas. The report features a number of training which is required and this training is not time limited. LL suggested linking in with other partners to make sure all training is offered to all services and there is no duplication.</p> <p>SUI Strategy – The group are happy to adopt the framework and comments are to be in by the 14th of March for the group to meet in April to take this forward.</p>	
6.	<p><u>Lead Professional Reports</u></p> <p>Clinical and Care Governance Issues – LM and RS have had regular meetings to discuss the quality principles.</p> <p>Referral Pathways – Bruce Thomson from SDF is linking this in to the ROSC work being completed.</p> <p>Practitioners Forum – No Update as this is to be discussed at the core team meeting on the 14th of March.</p>	
7.	<p><u>Locality Chairs Report</u></p> <p>Scottish Government was cancelled for the third time, service might not be so keen to see this re-arranged.</p> <p>Local Issue – NR reported Kintyre youths using slot machines which have a £5 limit. Young people under the age of 18 have been reported to be using these and spending a large amount of money on these. LL has asked for the detail to check with licensing.</p> <p>Refocusing – JO would like to look at the possibility of reducing the local forums from 7 to 4, this would maybe help on numbers and sharing information in other local areas. Some of the chairs felt this would lose the identity of the local groups and people might be less likely to come to hear</p>	

	<p>issue in other areas which don't affect them. Some local forums already team up with Health and Wellbeing networks and this could cause more confusion around the table. It was also discussed at a recent third sector forum to focus getting more third sector member into the forums for local issues to be resolved and using the third sector group as more of a deliver group. It was agreed to stay at 7 at the moment.</p>	
8.	<p><u>Third Sector Report</u></p> <p>Third sector met on the 8th of February, it was well attended and the next meeting will be on the 29th of March where the constitution will be looked at and how to widen the membership. NM will send out the minute to the group.</p>	
9.	<p><u>Service User Voice/Recovery Communities Report</u></p> <p>Andy Perkins to be invited to the next meeting.</p>	
10.	<p><u>Good News Stories</u></p> <p>Gale Gale is starting their recovery programme next month. It is to be noted that they will not be taking active drug users.</p> <p>OASIS are moving premises in the middle of March to Craigard Road, the premises was kindly offered to OASIS from a member of the public who's family had been affected by substance misuse.</p>	