

ABERDEEN CITY ALCOHOL AND DRUGS PARTNERSHIP

**Meeting held Friday 18th November 2016 at 9.30am
Room 4, Health Village, Frederick Street, Aberdeen**

Present:

Alan Gray, Director of Finance, NHSG (Chair)
Linda Smith, Public Health Lead, Health & Social Care Partnership
Alex Stephen, Director of Finance & Business, Health & Social Care Partnership
Sally Wilkins, Lead Service Manager, Adult Services, ACC
Helen Shanks, Head of Inclusion, ACC
Kevin Wallace, Chief Inspector, Police Scotland
Luan Grugeon, Chair, Alcohol, Drugs & BBV Forum
Councillor Marie Boulton, ACC
Councillor Alan Donnelly, ACC
Joyce Duncan, Chief Executive, ACVO
George Peden, Scottish Prison Service
Tara Shivaji, Consultant in Public Health Medicine, NHSG
Dermot Craig, Aberdeen in Recovery
Sandy Kelman, Team Leader, Aberdeen City ADP
Simon Rayner, Development Manager for Integrated Services
Fraser Hoggan, Development Officer, Aberdeen City ADP

Carol Deans (Note)

In Attendance:

Penny Gillies, Health Improvement Practitioner – Offender Health
Fiona Raeburn, Pharmacist, NHS Grampian (for agenda item 9.2)
Stuart McAdam, Detective Inspector, Police Scotland (for agenda item 9.3)

1. Welcome

Alan Gray welcomed everyone to the meeting.

Apologies:

Judith Proctor, Chief Officer, Health & Social Care Partnership
Lynn Scanlon, Curriculum Service Manager, Education, ACC
Councillor David Cameron, ACC
Aileen Davidson, Civic Forum
Gordon Riddel, Station Manager, SFRS

2. Unapproved Minute of Meeting 26th August 2016

The minute was accepted as an accurate record.

3. Matters Arising

Scottish Prison Service - It was noted that Alistair Purdie, Prison Governor, HMP & YOI Grampian was unfortunately unable to attend the meeting. George Peden said that he would give an update on the Governor's behalf later in the meeting.

Scottish Government - Planned Review of ADPs - ADP members noted the response from the Scottish Government in relation to the planned review of ADPs, which said, '*We are in the process of collating the discussions and themes and these will be sent to all ADPs – not sure of timescales*'.

Scottish Drugs Forum - Drug Related Death report - Sandy Kelman confirmed that along with Aberdeenshire ADP, he had met up with Patricia Tracey, SDF regarding the 'Staying Alive in Scotland: Strategies to Combat Drug Related Deaths' report. Both Aberdeen City and Aberdeenshire ADPs were able to explain how they intended to take forward recommendations in the report.

4. Presentation: Health & Wellbeing in Community Justice - Penny Gillies

Penny Gillies, Health Improvement Practitioner, NHS Grampian said that she is currently on secondment to develop a plan for improving Health and Wellbeing in Community Justice (CJ). This work followed on from legislation passed in the CJ (Scotland) Act 2016.

The National Strategy for CJ (July 2016) describes the service as '*the collection of individuals, agencies and services that work together to support, manage and supervise people who have committed offences, from the point of arrest, through prosecution, community disposal or custody and alternatives to these, until they are reintegrated into the community. Those in the system include the families of those involved and people at risk of involvement. Local communities and the third sector are a vital part of this process which aims to prevent and reduce further offending and the harm that it causes, to promote desistance, social inclusion, and citizenship*'. The National CJ Strategy also has the following vision - Scotland is a safer, fairer and more inclusive nation where we:

- Prevent and reduce further offending by addressing it's underlying causes
- Safely and effectively manage and support those who have committed offences to help them reintegrate into the community and realise their potential for the benefit of all citizens.

Penny Gillies said that the legislation requires partners to create a climate which better enables those in the CJ system to improve their circumstances and aspirations, including their health and wellbeing.

It is well known that people in the CJ system often have:

- Higher rates of premature death related to violence, accidents and suicide
- Mental health problems
- Substance misuse problems
- Issues of continuity of care between custody and the community

This includes:

- Those at risk of offending or re-offending and their families
- Those in the community following a period of detention, and their families
- Those in prison and their families
- Those in the CJ system including in custody centres, not yet convicted, in community sentences and under electronic tagging
- Victims of crime

The plan provides an overview of national policy, principles and actions to support partnership approaches, including:

- Putting the person at the centre
- Contributing to the prevention of re-offending by addressing related health and wellbeing issues
- Recognising people in the justice system as assets by working together on peer support programmes, including mentoring
- Collaborating to provide consistent, coherent approaches
- Making Every Opportunity Count' (MeOC) - Integrating health and wellbeing into partners' services and assessment processes
- Strengthening connections for wellbeing between community and justice settings
- Ensuring environments, services and information are accessible

Penny Gillies said that current examples of local work around this, includes:

- MeOC approach being used in various CJ settings: Community Justice Social Work- Aberdeen City, Families Outside, Pathways, HMP Grampian
- Alcohol Brief Intervention Training being delivered in various CJ settings

- ADPs creating better links for recovery between prison and community including planning for a recovery cafe in prison
- Alcohol and Drugs Action workers based in the Kittybrewster Police Custody centre
- Peer Mentorship programmes in prison to include health improvement
- New Health Information Point in prison library.

George Peden said that he has been involved with the work that Penny Gillies has been doing and supports the aims outlined. This has included work around:

- The Scottish Prison Service aim to be smoke free from 2020
- Information and recommendations in recent reports:
 - The Drugs, Alcohol and Tobacco Health Services in Scottish Prisons: Guidance for Quality Service Delivery (February 2016), with 11 recommendations
 - HMP & YOI Grampian Inspection report 2015
 - Scottish Prison Prisoner Survey 2015

He said that evidence shows that prisoner's health and wellbeing, including their substance misuse problems, improves when they are in custody. Challenges exist in how this can be continued into the community on their release. Work is however ongoing around standards for a prisoner's care plan for when they are released.

George Peden said that ADP members will be aware that in May 2016, the Prison Governor, along with Adam Coldwell, Chief Officer, Aberdeenshire Health & Social Care Partnership, held a stakeholders event to explore how this area of work could be taken forward. Since then, it has been agreed that a Programme board will be set up with three subgroups below it, covering: 1. Substance Misuse; 2. Mental Health; 3. Service Delivery. These sub-groups will be led by Health. He was unsure at this stage who will chair each group, but it will be a mixture of Aberdeen City and Aberdeenshire.

He said that in the meantime, HMP & YOI Grampian now have eleven peer mentor prisoners trained in Naloxone. In the next fortnight there will be also be training in smoking cessation. The key message that the SPS wants to convey to prisoners is - how can the SPS help address their health and wellbeing? There are challenges, as demonstrated by a recent case, where it was shown that a prisoner was involved with fifteen different agencies on their release. This complex situation for the prisoner can be further exacerbated if they miss an appointment and an agency strikes them off as a result.

In relation to prisoners under 21 years of age, George Peden said that the SPS currently believes that Polmont is the best place to house them. However there is scope and opportunities, particularly when the prisoner is coming up for release, where they can get transferred to HMP & YOI Grampian. This allows local services to begin working with the prisoner, including building up rapport, prior to them coming back into the community. The overall aim was to ensure that the CJ Health & Wellbeing strategy interlinks with other partners strategies, including the ADP and the local Community Justice Partnership.

In response to questions asked, George Peden said:

- No prisoner should be leaving prison without an integrated support plan, which should start at least six weeks before the release date

- HMP & YOI Grampian has a Family Health Hub which is run by Actions for Children, and which also has the involvement of the organisation 'Families Outside'
- ACC Housing now has a presence at HMP & YOI Grampian four days a week
- Throughcare support officers will be working with two Police Scotland Community Safety Officers to help address offending behaviour issues

Linda Smith said that she plans to meet up with Penny Gillies regarding how the Grampian CJ Health & Wellbeing plan can be progressed within Aberdeen city, through the Health & Social Care Partnership.

Joyce Duncan said that the 3rd Sector had a big role to play in supporting people involved in CJ, particularly those people who want to work but who are finding difficulties getting back into the work place when having to submit disclosures.

It was noted that a large amount of the problems on release relates to alcohol. Luan Grugeon said that as Alcohol & Drugs Action are open seven days a week, and is available to support people who come out of prison who are at risk of relapsing.

Alan Gray concluded the discussion by thanking Penny Gillies and George Peden for their input.

ACTION – Scottish Prison Service to give an update at future meetings on the Programme board and the three sub-groups which are being set up

5. Scottish Government

5.1 APD Annual Report 2015/16

Alan Gray confirmed that the ADP Annual Report 2015/16, using the national template, was submitted to the Scottish Government in September 2016. A copy was enclosed with the agenda papers. Members noted the content and the fact that the Scottish Government will feedback on the report in due course.

5.2. Care Inspectorate Feedback

Alan Gray spoke about the feedback which had been received from the Care Inspectorate., which was generally very positive. As with any feedback, it also identified areas which the ADP should consider further. In the paper submitted, these recommendations had been condensed into four main identified issues:

- Raising greater awareness of Recovery Orientated Systems of Care (ROSC) and joint working processes with all our partners
- Making more people aware of all local services
- Tackling stigma faced by people experiencing drug and alcohol problems
- Outcomes in particular ensuring good evaluation of prevention initiatives

Councillor Boulton said that rather than looking at some these individually, it was sometimes better to look across all of them together. She said that by focusing upon an area such as stigma, on its own, it can actually create the reverse of what you want to achieve.

Luan Grugeon spoke about work ongoing through some ADP work streams, including films being developed to show different people's recovery journey. These films will be able to be shown in places like GP surgeries, Police Custody Suites, etc. This will help raise awareness of services and de-stigmatise. Councillor Boulton suggested that these films should also be shown in mainstream venues, so that individuals who may not realise that they have a problem can be made aware.

Dermot Craig, current Chair of Aberdeen in Recovery (AiR), said a major role for AiR was to tackle stigma by promoting stories about the joys and benefits of recovery, and to get this message out into communities.

Tara Shivaji re-iterated that it is important to hear individuals and communities personal stories. She also said that whilst trying to measure outcomes around prevention activity, which might take years to materialise, it was important that ADP partners had clarity around what we believe will make a difference to attaining the outcomes we want to achieve.

Luan Grugeon spoke about the impact of the media and members discussed whether the ADP should be more pro-active in promoting issues through the press. Alan Gray agreed and said that NHS Grampian had become more actively involved in working with the media. Alex Stephen suggested that it would be useful for the ADP to have a communication strategy to underpin and co-ordinate this. Dermot Craig said that an ADP work stream group, working along with Alcohol & Drugs Action and AiR were taking forward plans to actively promote stories, through local radio (Station House Media Unit), magazine articles, films, etc, using people in recovery who will be trained in how they can do this.

ACTION – To identify a member of one of the statutory agencies Corporate Media Departments to become a member of the ADP in order to help promote key messages through the press

It was noted that local service users and staff engagement in the Care Inspectorate questionnaires had been very high, and that there is a national report to be published soon which covers the Care Inspectorate involvement work across all of the Scottish ADPs.

5.3 SG Drug and Alcohol Delivery Bulletin – October 2016

Members noted the content of this bulletin.

5.4 ADP Event on 29th November 2016

Members noted that the ADP Support Team would be represented at a Scottish Government ADP event being held on 29th November 2016. Feedback can be given to partners at the next meeting.

6. Finance

6.1 Finance update

Alex Stephen presented the finance report, which was noted by members.

7. ADP Progress Report

7.1 Progress report 2016/17 – quarter 2

Alan Gray said that this report style is still a work in progress. He said that page 2 of the report gave an executive summary of the four priorities and showed some indicators, through areas such as national reports which the ADP could consider as a measure of how well it was doing in its various objectives. The Executive Summary details how these national reports, etc connect to the ADP agenda (Care Inspectorate – agenda item 5.2; SALSUS report – agenda item 8.1; Naloxone report – agenda item 9.2; Hospital related alcohol admissions – agenda item 10.1).

The progress report was noted by the members.

8. Updates

8.1 Alcohol, Drugs & BBV Forum

Luan Grugeon said the Forum event 'Life Matters: Your role in preventing drug related deaths' took place on Wednesday 31st August, 2016. The event was attended by around 60 attendees from a range of interested members of the community including representatives from people with lived experience, family members, and other key statutory and third sector stakeholders.

The event facilitated discussions on how we can work better together to prevent drug deaths in Aberdeen and possible opportunities for earlier interventions, including identifying early trauma incidents which have impacted upon a person. The format was conversation cafe style focussed on an anonymous case study which was based around an actual drug death in Aberdeen. Feedback from the event participants was very positive, with 93% rating the event as good / very good, with the case study being highlighted as a powerful way for focussing discussion.

Conclusions from the event will be taken forward via the ADP reducing deaths work stream.

The next Forum event will take place in early 2017, with suggestions for future event themes including: Mental Health; Dual Diagnosis; Stigma; Childhood/Early Intervention/Resilience; Alcohol.

8.2 Police Scotland

Kevin Wallace spoke of a strategic review of the three local policing plans for the North East Division for next year. There will be one for Aberdeen City and there will be a consultation. He confirmed that Police Scotland have been an active partners in

planning for the festive period and said that they will have extra staff on duty at key points for managing this.

He said that the ongoing review on the impact of the closure of the Designated Place of Safety in Aberdeen City continued to show that it was having a negligible impact on key services, such as the Police, Scottish Ambulance Service, and the A&E.

In January 2017, the Priority Families work becomes active, and they will be looking at the top 32 families across the City who are impacting upon services, with the aim of better assisting them and thereby reducing the demand that they create. This should assist with the aims of the ADP.

8.3 Aberdeen in Recovery (AiR)

Dermot Craig said that AiR was re-launched in April 2016 with a new committee elected. He is currently the chair of AiR. The launch event was very successful and resulted in AiR increasing its wider membership to 159.

Scottish Recovery Consortium (SRC) National Recovery Walk

AiR members attended this event, which was held on 17th September 2016 at the Kelpies, Falkirk. Recovery groups across Scotland were represented, with over 2,000 people in attendance. An AiR collection on the bus to the event raised £160, which was donated to the Scottish Recovery Consortium (SRC). There has since been a brief discussion with the SRC about the possibility of holding the 2017 National Recovery Walk somewhere in the North East of Scotland, possibly within Aberdeen City.

SRC Recovery College

AiR has been involved with the SRC and Aberdeenshire ADP Forums about holding an SRC 'Recovery College' sometime in spring 2017. This recovery training event will be held in Aberdeen and be available for 20 candidates in recovery.

AiR Halloween Event

This event was held in Queens Cross Parish Church Hall, on 29th October 2016 and was attended by 60 members. AiR now plans to hold a xmas event on 17th December 2016.

Promotion of Recovery

Discussions have taken place at the ADP Making Recovery Visible work stream meetings with Alcohol & Drugs Action, Station House Media Unit, and AiR around promoting key recovery messages through: Media; Radio; Film; and Magazine articles. This has included looking at the feasibility, cost and planning of the development of separate, but related, accredited training packages. This has since resulted in the development of 3 courses involving weekly 3-4 hour sessions over 12 weeks, to be held and facilitated by SHMU (which will have SQA accreditation at level 5). These will be available to members of the recovery community and will help to create a self replenishing team of trained volunteers, who will be able to produce filmed recovery in action videos and snapshots for use by all stakeholders.

AiR Recovery Hub

The re-establishing of a regular AiR Recovery HUB is still a main priority. In the interim, Alcohol & Drugs Action has offered to hold two x 2 hourly meeting sessions at their

Hadden Street Office. These are initially proposed as: one weekday mid morning meeting, along with a second held on a Saturday afternoon. Eventually AiR would hope to hold some of these HUB meetings within Community centres based in the regeneration areas. The AiR Committee have decided that a paid part-time position will be created to help progress this. Dermot Craig said that he has offered to take this role on, over two days per week, on a self employed basis.

8.4 ADP Support Team

As there was little time available, Alan Gray suggested that the Salsus Report should be taken forward as a substantive item on the agenda for the next meeting. Helen Shanks said that she would like to bring someone from Education to the next meeting for this.

ACTIONS –

- **Salsus report to be a substantive item for next ADP meeting**
- **Helen Shanks to ensure ACC Education represented at the meeting**

9. Drugs Matters

9.1 Botulism alert

Tara Shivaji said that the Botulism alert had been sent out after a suspected case in Grampian during October 2016. This involved a known drug user, but the source of the infection is unknown and it would appear to be an isolated case.

9.2 Naloxone Report

The paper showing the summary extract from the National Naloxone Programme Scotland Monitoring Report 2015/16 (published October 2016) was noted by members. Including the following points:

- A total of 8,146 take-home naloxone kits were issued in Scotland in 2015/16, an increase of 10% on the previous year.
- For Scotland as a whole, supply of kits more than doubled, from 52 kits per 1,000 problem drug users in 2011/12 to 132 per 1,000 in 2015/16.
- In 2015/16, 7,214 kits were issued in the community (an 11% increase on the previous year) and 932 kits were issued by prisons upon release (a 6% increase).
- The percentage of kits distributed as a repeat supply increased each year from 12% in 2011/12 to 38% in 2015/16. In 2015/16, 748 repeat kit supplies were made because the previous kit was reported as having been used to treat an opioid overdose.
- In 2015, of all opioid-related deaths, 4.7% occurred among people who had been released from prison in the previous four weeks. This was significantly lower than the 9.8% observed before the programme, though the figures should be treated with

caution because of the relatively small number of opioid-related deaths within four weeks of prison release.

- The percentage of all opioid-related deaths that occurred among people who had been discharged from hospital in the previous four weeks showed no consistent trend, changing from 9.7% before the programme (2006-10) to 10.3% in 2015.

Fiona Raeburn said that in relation to the local situation, they have made around 2,600 supplies of naloxone, across Grampian in the last four years. With around, 1,700 being made in Aberdeen City. Of these, around 1,200 are known to have been made to people who are at risk. In making supplies, each person would have been spoken to about overdose awareness. She said that supplies are embedded in specialist drugs services, and it is good that Alcohol & Drugs Action staff members can now make naloxone supplies directly. As it is not routinely happening in primary care, she said that they are looking to carry out a potential pilot to look at how they could improve naloxone supplies through GP surgeries. They are also looking to increase numbers being delivered through the prison service.

Fiona Raeburn said that as of March 2016, the Scottish Government had stopped central funding for naloxone kits, and that this cost has currently had to be picked up within the NHS Grampian pharmacy budget.

In response to a question posed, it was confirmed that Police Scotland do not carry supplies of naloxone. Although this been discussed at a national level, there are no current plans for this to happen.

9.3 Drug Trend Monitoring Group (DTMG)

Fraser Hoggan said that through working with partners he had, in earlier years, been able to produce a 'RAG' analysis specifically looking at New Psychoactive Substances(NPS). The DTMG has since been formed and now looks at the local impact of all drugs.

However a 'RAG' analysis was repeated earlier in the year and it showed that, with the change in legislation, there has been a remarkable shift in the availability of NPS and its impact has been dramatically reduced. Presentations at A& E have practically disappeared. The 'RAG' analysis, shows that it is traditional substances, such as Heroin, Cannabis, and Ecstasy which drive demand. Fraser Hoggan said that he had attended a Scottish wide meeting recently, and it showed that the trend in Aberdeen City away from NPS products, was mirrored across the rest of Scotland.

Fraser Hoggan said that members will have noted however through reports in the BBC, that there continues to be major problems in other cities across England, including Manchester, where NPS is having a huge impact.

Detective Inspector, Stuart McAdam joined the meeting at this point in order to give members an update from a Police perspective. He provided the following overview from a report which Police Scotland has compiled.

There are currently 190 known Serious Organised Crime Groups (SOCGs) being investigated by Police Scotland. The north west of England, predominantly Liverpool, remains the primary source of supply of drugs into Scotland, followed by London.

Drug supply and distribution remain the most accessible and lucrative activities for Scotland based criminals, with 67% of SOCGs involved. Cocaine and Heroin remains the most popular drug commodities for SOCGs in Scotland, followed by Cannabis.

SOCGs are investigated by both Divisional teams and Specialist Crime Division within Police Scotland. Within the North East Division, these groups are investigated by the North East Division and by Specialist Crime Division.

Identified SOCGs are assessed by means of a mapping process and given a score as to the risk of threat and harm the group poses to the community. Over the last twelve months, 19 SOCGs have been investigated by the North East Division and 6 by the Specialist Crime Division.

He said that SOCG strategy has four main areas: Divert; Deter; Disrupt; Detect. Although his area of work mainly concentrates on detecting, he says that they do intervene where they have evidence that vulnerable people are being exploited by SOCGs. As way of an example, he said that that they had taken action in the last year, in relation to a 9 year old who was becoming involved in SOCG related activity, and was able to place the child with a relative, who was better placed to look after them.

Over the last twelve months, the North east Division, Specialist Crime Division and their partners have significantly disrupted the activities of 11 SOCGs within the area. Numerous other small groups have been disrupted by conventional policing under Operation Aspen. Almost all of these groups have had links to Aberdeen city.

As part of this ongoing work, 263 drug search warrants have been executed within the North East Division since January 2016. As a result, the following potential street value of drugs have been recovered in Aberdeen City: Cocaine (£163,110), Diamorphine (£216,220), Crack (£195,720), and Cannabis (£369,850). In addition, cash in excess of £150,000, which is believed to be linked to SOCGs has been recovered. Since April 2015, North east Divisional officers have made 200 arrests directly linked to SOCGs.

Simon Rayner said that the Cocaine recovery figures highlighted that the drug continued to be used locally, but said that users were not generally appearing at Specialist Drug Treatment Services for help. He asked if daily amount of substances coming into Aberdeen city was declining. Stuart McAdam said this was difficult to say, and said that there always seems to be a demand for the drug.

Councillor Boulton asked about drugs being supplied to school age children, as she had spoken to some young people who had highlighted that drug taking was occurring amongst their peers. There was a reluctance for them to speak about it for fear of being bullied and intimidated. Stuart McAdam said that they received little intelligence around this, but if they did get anything, they would act on it very quickly, in order to protect this age group. He did say that that they have been trying to identify easier ways for submission of intelligence. Kevin Wallace said that he would to speak to Councillor Boulton, outwith the meeting, with regard to this issue to ensure that any intelligence was being appropriately channelled.

Tara Shivaji said that local drug related deaths seemed to highlight that we have more cases than the rest of Scotland, where Benzos are implicated. She said that we were trying to ascertain if these were prescribed or bought illegally and wondered how Aberdeen City compares to the rest of Scotland. Stuart McAdam said that they are aware of the issue and that these types of drugs are often imported from abroad. He was not however aware that Aberdeen City had any greater problem than the remainder of the country.

Luan Grugeon spoke of a recent conference around NPS which highlighted the growth in relation to the development of synthetic opiates. This raises huge concerns because of their unknown short and long term health impacts. Stuart McAdam said he was not aware of the local impact around this at the moment, but that Police Scotland try to have a national overview of growing trends and concerns.

Alan Gray thanked Stuart McAdam for his very useful input, and it was agreed that the full police report, which had been referred to, would be circulated to members.

10. Alcohol Matters

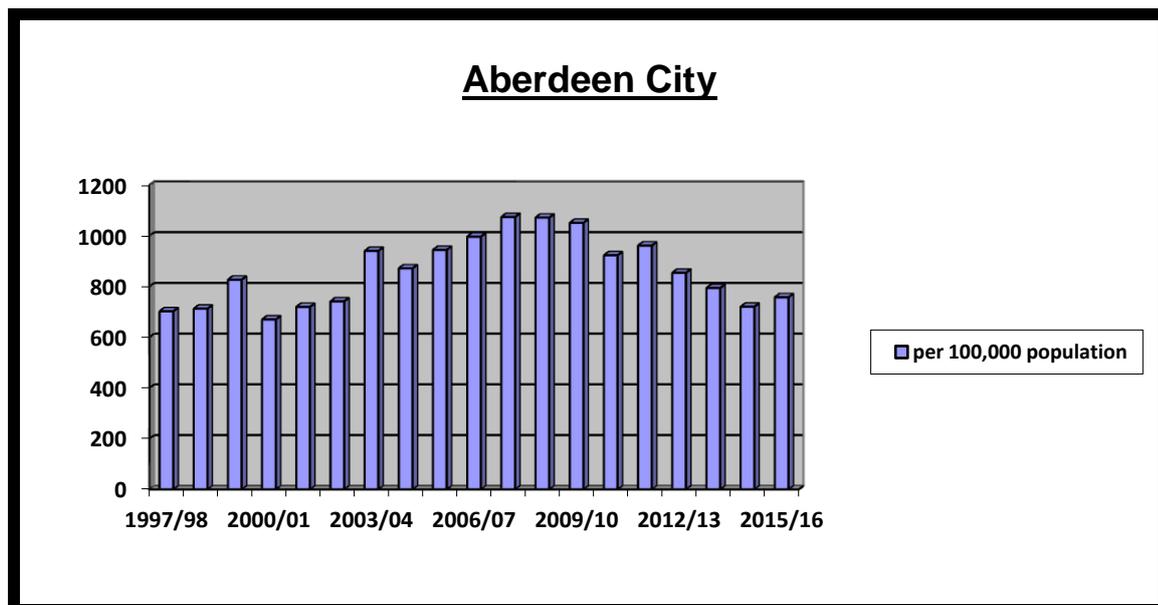
10.1 ISD report – alcohol related hospital admissions

Tara Shivaji gave an update on ISD alcohol related hospital admissions data for 2015/16 which had recently been published.

- In 2015/16 there were almost 35,000 alcohol-related inpatient hospital admissions in Scotland. Over this period around 23,400 Scottish residents had at least one admission to hospital with an alcohol-related condition, of which around 11,400 had not been admitted in the previous 10 years or were admitted for the first time.
- In 2015/16 the rate of alcohol-related inpatient stays are similar to the previous year, reducing by under 2%. Overall, there has been a steady decline in alcohol-related hospital stays since 2008/09 both in general acute hospitals and in psychiatric hospitals.
- In recent years, there has been an increase in hospital admissions for alcoholic liver disease and alcohol withdrawal state during a period where overall alcohol-related admissions have been decreasing.
- In recent years, there has been an increase in the number of people having multiple alcohol-related admissions within a year. This may be contributing to the slowing of the overall decreasing trend in alcohol-related admissions.
- There continues to be an inequality gap for alcohol-related admissions between those living in the most and least deprived parts of Scotland.

The ISD publication includes rates of activity presented as European Age-sex Standardised Rates (EASR). Comparisons of rates that have not been standardised can be misleading when the age structures of populations differ between geographical areas or where they have changed over time.

The latest figures for Aberdeen City show that the rate increased to 757.5 in 2015/16 from 720 in 2014/15.



10.2 NHSG Director of Public Health Annual Report

As the meeting time was running late, Alan Gray suggested that this report be deferred and put on agenda for the next meeting.

ACTION – NHS G Director of Public Health Annual Report to be a substantive item for next ADP meeting

10.3 Alcohol Focus Scotland (AFS)

a) AFS Licensing Event

Members noted the feedback from AFS Licensing Event held in Aberdeen City on 15th September 2016

b) Minimum Unit Price Update

Members noted the update from AFS around the legal challenge which was made against the Alcohol (Minimum) Pricing (Scotland) Act.

11. Community Planning Aberdeen

11.1 CPA Update

An update was given around how the ADP now sits within the structure of Community Planning Aberdeen (CPA). Sandy Kelman also gave an update in relation to substance misuse items which have been submitted for possible inclusion within the CPA Local Outcome Improvement Plan (LOIP).

12. Workforce Development

12.1 Workforce Development Update

Members noted the content of a paper tabled by Fraser Hoggan which gave the following workforce development update:

Workforce Planning Meeting: ADP, RGU & ADA – September 2016

- A joint workforce meeting hosted by RGU (Schools of Nursing & Midwifery and Social Work) held in September 2016 involving ADP and ADA in identifying collaboration opportunities in support of alcohol and drug workforce development.
- A number of options currently being examined including a more detailed audit of scope of current activity and needs analysis.
- Opportunities for use of academic facilities and improved linkage with University learning and development in general.
- Agreement with Aberdeenshire and Moray ADPs to participate going forward which will broaden out the group's collaborative remit.
- Next meeting scheduled for 8th December 2016.

Robert Gordon University / ADP – Postgraduate Module; “Addiction and Substance Misuse in a range of Contexts”

- Second course commenced September 2016 (x6 ADP sponsored places taken up). A third programme is scheduled to take place September 2017 with the remaining sponsored places available.

ADP E-Learning (Tier 1) Platform

- Platform for both alcohol and substance misuse basic awareness developed with the Skills Network – now live – invite sent out to various partners to gauge potential interest and staff numbers for enrolment

Scottish Drugs Forum – National Workforce Development Programme

- Modular programme in conjunction with Aberdeenshire ADP continues with three events held around stigma and promotion of recovery September to November 2016
- Programme moving into next phase – booking open for next courses taking place early 2017 (Motivational Interviewing Theory/Skills)
- ADP Support Team staff will attend next development day in Edinburgh on the 29th November 2016

Alcohol Brief Intervention Capacity Building (Training for Trainers)

- Training 4 Trainers events held June and September 2016
- 13 staff engaged (NHS, ACC, NCJA, ADP)
- Trainer Network event to take place in December 2016.
- Looking to widen still with further partner participation during 2017

Commissioned Services Update (ADA)

- ADA in-house training opened to wider partners from May 2016 and extended into December 2016. Evaluate in early 2017.

ADP Workforce Prospectus

- Prospectus continues to be updated on a monthly basis and circulated widely.

13. AOCB

Recovery Star Awards

Luan Grugeon reminded and welcomed members to attend the forthcoming Recovery Star Awards being held on 25th November 2016. There have been over 200 nominations this year and a new category for staff contribution has been added.

ADP Chair

Alan Gray said that Helen Shanks will be chair of the ADP meetings from 2017. He gave a personal thank you to all partners for the work they have done together and hoped that the same support will be shown to Helen Shanks.

On behalf of the ADP partners, Helen Shanks thanked Alan Gray for his time chairing the ADP.

Dates of ADP meetings in 2017:

- **Friday 24th ~~February~~ changed to 10th March**
- **Friday 26th May**
- **Friday 25th August**
- **Friday 24th November**

These meetings will take place at the Health Village, Frederick Street, Aberdeen 09:30 Hrs to 12 noon