

**ABERDEEN CITY ALCOHOL AND DRUGS PARTNERSHIP**

**Meeting held Friday 26<sup>th</sup> May 2017 at 9.30am  
Meeting Room 5, Health Village, Frederick Street, Aberdeen**

**Present:**

Helen Shanks, Head of Inclusion, Education & Childrens Services,  
ACC (Chair)  
Jason Carrigan, Inspector, Police Scotland  
Kay Diack, Locality Manager, Communities and Partnerships, ACC  
Joyce Duncan, Chief Executive, ACVO  
Luan Grugeon, Chair, Alcohol, Drugs & BBV Forum  
Ally Prockter, Chief Executive, Aberdeen FC Community Trust  
Tara Shivaji, Consultant in Public Health Medicine, NHS Grampian  
Alex Stephen, Director of Finance & Business, Health & Social Care Partnership  
Val Vertigans, Community Justice Officer, ACC  
Sandy Kelman, Team Leader, Aberdeen City ADP  
Simon Rayner, Development Manager for Integrated Services,  
NHS Grampian  
Fraser Hoggan, Development Officer, Aberdeen City ADP  
Barry Stephen, Social Worker, Integrated Alcohol Service, Health & Social Care  
Partnership (for item 12.1)  
Carol McDougall, Alcohol Liaison Nurse Service, ARI (for item 5)  
Carol Deans (Note)

**1. Welcome**

Helen Shanks welcomed everyone and introductions were given.

**Apologies:**

Lauren Catto, Health Improvement for Schools, Curriculum Team, Education &  
Childrens Services, ACC  
Dermot Craig, AiR  
Aileen Davidson, Civic Forum  
George Peden, Scottish Prison Service

Judith Proctor, Chief Officer, Health & Social Care Partnership  
David Scott, Station Master, Scottish Fire & Rescue Service  
Linda Smith, Public Health Lead, Health & Social Care Partnership  
Kate Stephen, Superintendent, Police Scotland

### **Re-ordering of the agenda**

Agenda items 8.1 and 8.2 (see later section of minute) were dealt with at this point. Alex Stephen thereafter left the meeting.

### **2. Unapproved Minute of Meeting 10<sup>th</sup> March 2017**

The minute was accepted as an accurate record.

### **3. Matters Arising**

#### **ACC Corporate Comms**

Helen Shanks said that she had not yet had an opportunity of speaking to ACC Corporate Comms. This action was therefore carried forward.

**ACTION: Helen Shanks to contact ACC Corporate Comms regarding involvement with the ADP**

### **4. ADP issues**

#### **ADP Deputy Chair**

Sandy Kelman confirmed that he had made contact with senior representatives from NHS Grampian, Health & Social Care Partnership, Police Scotland, and ACVO to ask them to consider if their organisation would be prepared to take on the role of the ADP Deputy Chair. To date, nobody had indicated that they were willing to do this.

Following discussion, Helen Shanks indicated that she was due to meet up with Judith Proctor and said that she would raise this with her.

**ACTION: Helen Shanks to discuss ADP Deputy Chair role with Judith Proctor**

#### **CPA Locality Planning Partnerships**

ADP members were informed of the growing links to the CPA and the Local Outcome Improvement Plan (LOIP). In support of this, the ADP had previously agreed that it would be useful to have direct links into the three identified priority areas in Aberdeen City which were contained within the Locality Partnerships: a) Torry; b) Cummings Park, Heathryfold, Mastrick, Middlefield & Northfield; c) Seaton, Tillydrone & Woodside. Kay Diack, who works within the Northfield area, had since been nominated as the link on the ADP for all three areas. It was agreed that it would be useful if she should give a

presentation at the next ADP on the work of the three Locality plans and how it overlaps with ADP priorities and objectives. Helen Shanks agreed and said that this would ensure that the ADP could see how its Delivery Plan linked in with the three Locality Plans.

Joyce Duncan said that it would also be useful to get some input from Locality Managers within the Health & Social Care Partnership (H&SCP). Jason Carrigan said it important for all of this to link in with the work done within the Community Safety Partnership and its HUB.

**ACTIONS:**

- **Kay Diack to give a presentation at next ADP meeting**
- **Locality Manager(s) from H&SCP to be invited to give a presentation at future ADP meeting**

### **Active Aberdeen Partnership**

Ally Prockter said that he is Chief Executive of the Aberdeen Football Club Community Trust, which is a registered charity. The Trust is a member of the Active Aberdeen Partnership (other members include Aberdeen Sports Village; Robert Gordon University; Aberdeen University; Sports Scotland; ACC; Garthdee Alpine Sports; Transition Extreme; Sport Aberdeen; Health & Social Care Partnership).

As part of its aim, Active Aberdeen wants to '*support and influence partners to improve the quality of life for people of all ages within Aberdeen through sport and physical activity*'. Some of this will be done through links into the various CPA Outcome Improvement groups, including the ADP.

Ally Prockter said that he wanted to engage with the ADP to help support things which met common objectives for the ADP and Active Aberdeen.

ADP members welcomed Ally Prockter's ongoing involvement with the ADP.

### **ACC Elected members**

ADP members noted that following on from the recent Local Authority elections, ACC has a process to allocate Councillors to attend various meetings, including appointing representatives for the ADP. As ACC had not yet dealt with this process, ADP papers had not been sent to any of the Elected members. This matter should however be resolved by the next ADP meeting, and the appointed Elected members known.

## **5. Presentation on Alcohol Liaison Nursing Service**

Carol McDougall, Lead Alcohol Liaison Nurse, gave the ADP a presentation on the role of Alcohol Liaison Nurse Service (ALNS) within the Acute Sector. She said that she had been appointed in March 2016 with funding coming from within ARI budgets ('Digestive Disorders'). She is given operational support by Andy Fraser (Consultant Gastroenterologist). The ALNS is a Nurse led service comprising of Carol McDougall (as lead) and one other nurse.

The ALNS aims to:

- Assist with patient flow at ARI
- Increase engagement in community services
- Identify opportunities for early intervention
- Improve alcohol education
- Reduce re-admission rates and lengths of stay
- Prevent alcohol related deaths

The ALNS works jointly with: Integrated Alcohol Service; Substance Misuse Service; Alcohol and Drugs Action; Addiction Care Management; Liaison Psychiatry; 3<sup>rd</sup> Sector Community Agencies; City and Shire ADP's.

The role of the ALNS is to:

- Provide a person centred holistic assessment of patients admitted to ARI with issues relating to alcohol
- Alcohol Brief Interventions – teach and deliver as per HEAT target
- Signpost and refer to other agencies based on patient needs and wishes
- Give advice and support to ARI staff managing a patient's alcohol withdrawal
- Liaise with relevant agencies

Further to the above the role also includes provision of/support to:

- Harm reduction/relapse prevention
- Management of challenging behaviors
- Family/Carer support
- MDT working
- Discharge planning
- Mental state assessment

Further development is also being planned around; Peer Support roles; possible expansion of service (currently only weekday (5 day) operational); Return Clinic; Teaching/Education (wider staff); identifying/supporting frequent attendees; Service promotion; electronic case recording through the NHS TRAK-Care system.

Luan Grugeon said that ADA Peer Support volunteers had created short films about recovery which may be of use. Carol McDougall said that she uses a laptop at patient's bedside and it could be viewed on that.

In response to a question about young people, Carol McDougall stated that it was mainly people aged between 40-65 years seen by the service. If they did have any contact with a young person it was often around earlier intervention.

On behalf of the ADP, Helen Shanks thanked Carol McDougall for her informative presentation.

## **6. Children & Young People / Education / Prevention**

Fraser Hoggan reminded members that at the last ADP meeting Lauren Catto and he had given a joint presentation. Following this it had been agreed that they would both develop a paper to show the key approaches and subsequent draft plan that partners including education services would need to develop to implement in line with the ADP strategic aims. Unfortunately Lauren Catto was unable to be present for the meeting so Fraser Hoggan gave the following update also on Lauren's behalf.

Fraser Hoggan presented the following papers:

- Agenda Item 6 (a) - *What Works in Drug Education & Prevention* (Briefing Note)
- Agenda Item 6 (b) - *Substance Misuse (Young People) Prevention* (draft) Logic Model
- Agenda Item 6 (c) - *Community Planning Partnership: Locality Planning Good Practice Initiatives that could prevent Harm from Substance Misuse.*

Looking at the logic model, he said that we know that a lot of things are already happening, and the idea was not to create additional work but rather what was required was a need to enhance and rationalise activity to ensure best practice maximised across the partnership. The final tabled paper produced by Tara Shivaji for the Priority Locality Planning process gave some specific examples of such practice.

Fraser Hoggan said that before drafting any associated Action Plan, he wanted to bring the papers to the ADP to ensure that the logic model did capture the ADPs strategic priorities accurately, and that the short, medium and long term outcomes the partnership would endorse. Furthermore, this would also be an opportunity to influence some of the work currently being taken forward in the ACC Education Improvement programme.

Fraser Hoggan said that the logic model fits with the ADP Delivery Plan objectives around **Prevention**; Early Intervention; Reducing deaths; Quality. Actions could therefore align to the ADP quarterly progress reporting system.

Tara Shivaji noted that this fitted with the feedback from the care Inspection visits, in that it was expected that ADP partners be clear about outcomes in relation to prevention work. Tara then asked if there was a Prevention sub group to take the work forward. Fraser Hoggan said that this presented challenges as the prevention agenda was potentially so broad. He said that the current tactic was to try and weave this work into things that were currently ongoing with groups that already operate. He spoke about refining some of the tasks and the need to look at the Associated Schools Groups (ASG) which had a key role around prevention activity. The ASGs are however still at an early stage of development. There are however key partners, such as Education, Community Planning, etc, who clearly need to be involved directly at all stages

Val Vertigans said that the Integrated Children Services (ICS) Board have a number of sub groups whose work would fit with this agenda. Helen Shanks said that it may be worthwhile overlaying the ICS plan with the logic model to ensure that the outcomes marry up. Fraser Hoggan said that he would look at the ICS plan in order to do so. Helen Shanks also suggested useful contacts for consultation and involvement in the plan for both young people and parents.

In response to a question about the paper which Tara Shivaji had produced, she said that although it is not always easy to be clear about what is effective in prevention, processes needed to have good monitoring and assessment.

The ADP members approved the draft logic model and the progression of an action plan based upon it. This would tie in with existing pieces of work currently underway such as the revision of the ACC Schools Management policy for Substance Misuse Incidents (including recording processes) as well as the revision of teaching guidance for working towards the substance misuse outcomes within Curriculum for Excellence (Health & Wellbeing framework).

## **7. Scottish Government**

Sandy Kelman said that Fraser Hoggan and he had recently spoken by telephone to the two Scottish Government ADP National Support Officers. The following updates were received from the Scottish Government.

- Quality Principles / National Care Inspectorate report – The report has been completed and is awaiting government approval. As some ADPs asked for guidance on implementing the Quality Principles, the Scottish Government aim to issue a Framework which ADPs can use to check on their progress. Use of this would be optional.
- ADP annual report and guidance – The Civil servant who leads on this is meantime off sick. It is anticipated that the Scottish Government will again keep it 'light touch' this year.
- Scottish Government national alcohol strategy – It is currently being refreshed.
- Scottish Government national drugs strategy – The Scottish Government intends to refresh its national drugs strategy – 'The Road to recovery'.
- Strategic workforce development planning (2010) – The Scottish Government is to refresh its strategic workforce plan.
- National NHS targets – The former Chief Medical Officer, Sir Harry Burns, has been appointed as the independent chair of the national review into targets and indicators for health and social care. The review will work with service users, staff, professional bodies, and providers, to ensure targets and performance indicators lead to the best outcomes for people being cared for, whether in hospital, primary care, community care or social care services. The review will also look at how targets and indicators align with the Government's strategy for the future of NHS and social care services, and support best use of public resources.
- Joint Strategic Plan 2018-19 – The Scottish Government is working with the nationally commissioned bodies, Scottish Drugs Forum, Scottish Recovery Consortium, Scottish Families Affected by Alcohol and Drugs, to develop a joint strategic plan. However, at the moment, it does not include Alcohol Focus Scotland.
- National PADS Quality sub group – Aberdeen City ADP, through Fraser Hoggan, has been invited to the next meeting.

## 8. Finance

### 8.1 Finance update

Alex Stephen spoke to the agenda paper which gave the position to the end of the financial year 2016/17. This showed under-spend across partnership budgets totalling £301k. This has arisen from underspends within ACC against: the residential alcohol rehab budget (£62k); the residential drug rehab budget (£62k); the Integrated drugs service budget (£69k); and underspends in NHS Grampian caused by vacancies within nursing, psychology and admin staff (£138k). ADP members noted the paper.

### 8.2 NHS G ADP Chairs Financial update

Alex Stephen spoke to the report produced by the Deputy Director of NHS Grampian. He said that the report showed that there was some concern in relation to the budget for 2017/18. This was caused by a reduction in the ADP allocation following on from the national cut to ADP funding from the Scottish Government. This has been mitigated by NHS Grampian for 2017/18 by allocation of some recurring and non recurring resource across the three Grampian ADPs. The big concern with respect to forward planning will be in relation to the budget for 2018/19 as £517k in the current budget comes from a non recurring source.

It was noted that this will have to be considered within the ongoing commissioning process. Joyce Duncan said that as Chair of the ADP Finance sub group, she would hope that any savings which have to be made would not all fall upon the commissioned services but that statutory services would also have to bear a share. She said that she would like dates in the diary for the sub group to meet so that discussion can take place.

Alex Stephen agreed that the financial strategy should be taken forward by the ADP Finance sub group for bringing back to the next ADP meeting.

**ACTION:** Simon Rayner to arrange a meeting of the ADP Finance sub group so that a report can be brought back to the next ADP

## 9. ADP Progress Report

### 9.1 CPA scoring system / 9.2 Progress report 2016/17 – quarter 4

Both 9.1 & 9.2 were taken as one agenda item.

A paper produced by Community Planning Aberdeen (CPA) described a scoring system which the CPA Management Group / Board wanted each of the Outcome Improvement Groups (including the ADP) to use on an ongoing basis in order to demonstrate improvement. The paper contained a 'progress scale' ranging from 0.5 to 5. The CPA

had allocated the ADP an estimated score of 1.5, which equates to 'Planning for Improvement has begun'. The scoring system was designed to be used in connection with the PDSA model of improvement (Plan-Do-Study-Act) around projects involving 'tests of change'.

Although none of the ADP members had any disagreement with the model, queries were raised around how to scale up an assortment of projects, involving tests of change, so that the overall score made some sense at a strategic level. One possible way, would be to pick one or two projects within each of the four ADP strategic objectives contained in the Delivery plan. These could be assessed over the year and an average score given.

Luan Grugeon said that the third sector is always involved in change to improve systems. Joyce Duncan said that having attended many CPA meetings over recent years, there is often a lot of talk around planning with little evidence of any change for the better. Tara Shivaji spoke about recent work done with the Scottish Ambulance Service in relation to naloxone as being a good example of a small test of change.

Partners agreed that the test of change was applicable to small projects going forward, but that it becomes more difficult when you are trying to apply to the creation of 'culture change'. It was therefore agreed that it would be useful to try to break this into small chunks. It was also agreed that it would be useful to ask Michelle Cochlan to come to the next ADP meeting to explain the methodology and how the ADP could apply it in practise.

**ACTION:** Michelle Cochlan to be invited to next ADP meeting to explain the CPA improvement methodology

Sandy Kelman confirmed that following on from comments made at the last ADP the progress report now does show Child Protection data on a percentage basis.

## **10. Updates**

### **Alcohol, Drugs & BBV Forum**

Luan Grugeon spoke about the Alcohol, Drug & BBV Forum event which was held in Torry on 14<sup>th</sup> March 2017. The event had a particular focus on the needs of the Torry area in relation to alcohol and drugs, prevention, protection and recovery. Around 45 people were in attendance. Despite proactive media work numbers of local Torry residents was lower than hoped for.

The format was conversation café style with a focus on substance use prevention, protection and recovery. Feedback on evaluation forms was very positive.

Discussion themes included:

#### Prevention

- There is a need for more activity which enables and empowers local people, including peer support and mentoring.

- A whole family approach should be taken to ensure all generations are informed about harms around alcohol and other drugs.
- Concern that prevention activities frequently funded for short periods of time – need long term commitment to achieve intergenerational change.

#### Protection

- Weekly Direct Access support service needs to link in with local support networks and youth work.
- Help available to support people to recognise problems and have access to one to one support (counselling).
- Options suggested for venues and times.
- Services which link in with local pharmacies, NHS and community wardens.

#### Recovery

- Activities which involve and empower people help integrate them into their community.
- Groups/drop-ins which not provide peer support and also target wider family and friends.
- Continue to tackle stigma, with an increased community representation of people with lived experience and positive role models locally.

#### Emerging issues and next steps

- Making better use of what is available through more information being in the community, using a wide range of methods (including social media) on what is currently available and how to get access to education and support. Could include use of local media; SHMU and 'Torry Matters'. This is an area which is being actively progressed by the ADP's 'Making Recovery Visible' work stream.
- Need to build on what supports already exist. Central points of information and services were seen as appealing. Both AiR and ADA are now working with established community services to establish regular sessions in Torry.
- Greater focus on empowering local people, building long term relationships and up-skilling the local community. A whole community approach is needed to improve integration and de-stigmatise recovery through improving understanding of the recovery process and building capacity in community for peer led recovery. It is encouraging to note that a new initiative called 'AiR Time', a partnership between SHMU, ADA and AiR will be training a group of people in recovery to develop their own media skills so they can help raise the profile of recovery in local communities.

Although the event had a clear Torry community focus, there were very few local community members present. Based on discussions from ACC community planning locality staff, there is a feeling that communities may be experiencing 'consultation fatigue'. Rather than being a general consultation event, the next event will focus on seeking specific local support on activities which are already planned for the area.

## **ACC**

Kay Diack mentioned that she is the Project Lead for the Middlefield Triangle, which concerns the relocation of tenants in order to re-develop the area around the Haudigan roundabout.

## **NHS Grampian**

Tara Shivai spoke about work done with the Scottish Ambulance Service (SAS) in relation to people who overdose and who are given naloxone by SAS staff. As part of the work to improve the process, analysis shows that unlike Aberdeenshire and Moray, most people who overdose in Aberdeen City are engaged with services. It also showed that in relation to repeat overdoses, people who live in temporary accommodation are over represented. This information is being used to inform work being taken forward.

Tara Shiva mentioned that work is being done on a Health Impact Assessment with regard to the Licensing Board's Statement of Licensing Police (SLP). This is in preparation for the Licensing Board developing a new SLP next year.

## **Police Scotland**

Jason Carrigan spoke about Police Scotland working with Penumbra on a pilot around Distress Brief Interventions (DBI). This system allows the Police to refer directly to third sector organisations. He said that the Police have recently attended some local ABI training which is very relevant to the DBI pilot.

## **Scottish Prison Service**

Although George Peden had submitted his apologies, Tara Shivaji was able to say that the three chairs of the workstream groups previously talked about are meeting to ensure that there is some co-ordination around the work that they are all doing. Tara Shivaji chairs the Substance Misuse workstream.

## **Aberdeen in Recovery (AiR)**

Although Dermot had submitted his apologies for the meeting, he was able to provide the following update.

The AiR Membership has increased over recent months and there are now 110 members. It is anticipated that this will continue to grow as AiR increase visibility through "Cuppa with a Purpose" drop-ins.

Following on from the AGM on 19<sup>th</sup> April 2017 new constitutional documents were adopted. This will assist progress in applying and establishing AiR as a Scottish Charitable Incorporated Organisation.

AiR has engaged a local Website and Online Development Agency to improve its Website, ready for launch in July 2017.

AiR “Cuppa with a purpose” Drop-ins – There has been a growing attendance and interest being shown in this venture. Going forward the drop ins will take place six days a week at: the Seaton Learning Centre; ADA Hadden St, Tilly Community Flat; Tullos Learning Centre; Byron Square. These are all staffed and facilitated by AiR Activist members who offer Peer example, information, signposting and support to those in or seeking recovery. AiR also now has use of a small office space at the Northfield Community Centre for a short term operational base.

“AiR Time” training in Media\Film, Radio, and Magazine Production – The Joint Project with SHMU community radio, ADA and AiR commenced on Thursday 20<sup>th</sup> April with 10 students. The first broadcasted “Recovery on AiR” radio slot takes place shortly. The aim of these SQA accredited packages, is to create a team of skilled volunteers who will be able to: Host a weekly “Recovery Hour” on SHMU radio; Create a monthly\quarterly “Aberdeen in Recovery” magazine to be circulated free of charge within the cities regeneration areas; Produce filmed Recovery in Action videos and snapshots for use by all stakeholders.

Scottish Recovery Consortium (SRC) Recovery College - In collaboration with Aberdeenshire the SRC Recovery College commenced on the Monday 8<sup>th</sup> May 2017. Twenty people attend, including 12 from Aberdeen City. The Graduation Ceremony is to be held on the 30<sup>th</sup> May 2017 where candidates will receive their certificates.

“Mad, Bad or Invisible” Staged performance / workshop - Provisional agreement has been received to stage this play at RGU. Invites will be sent out to individuals in recovery, professionals and other stakeholders with the aim of creating an interactive discussion on the topics raised in the play.

AiR Recovery Community Development / Communication Officer – A 12 month contract has been agreed and this position is now filled two days per week by Dermot Craig, on a self-employed basis. Dermot has now formally resigned from his role as AiR Chairperson. The AiR committee accepted this with the proviso that Dermot continues in the position for two months until the new Vice Chair is able to take on the role.

## **11. Drugs Matters**

### **11.1 Needle exchange initiative report**

The Needle Exchange Surveillance Initiative (NESI) primarily aims to measure and monitor the prevalence of blood-borne viruses and injecting risk behaviours among people who inject drugs (PWID) in Scotland. The initiative was initially funded by the Scottish Government as part of the Hepatitis C Action Plan and more recently as part of the Sexual Health and Blood Borne Virus Framework. NESI provides information that assists evaluation and better targeting of interventions aimed at reducing the spread of infection amongst PWID.

Sandy Kelman said that the agenda paper gave details of the most recent report, which covers the data collection period from February 2015 until March 2016, collected across the 11 mainland Scottish NHS Boards. It presented the findings of the NESI survey, at Scotland-wide level, from 2008-09 until the most recent 2015-16 survey. The extract was in relation to Grampian's data which should be considered an approximation of current trends. The ADP members noted the report and the fact that anything arising from it would be progressed by the Grampian Needle Exchange group.

## **12. Alcohol Matters**

### **12.1 Update report on dealing with people found D&I**

The last ADP meeting had asked that a report be produced around operating processes for dealing with Drunk & Incapable people in Aberdeen City following on from the closure of the Designated Place of Safety in April 2016.

Jason Carrigan spoke to the agenda paper which confirmed that concerns previously expressed in public arenas regarding the possibility of, a) criminalisation of the individuals, b) excessive use of A&E, and c) increase in use of the Police Custody suite, have all proved unfounded. The report demonstrated that an increased group of individuals have been supported as part of improved processes adopted across the partnership.

Systems were in place through the Police Vulnerable Person Database (VPD), which link into the Community Safety Partnership Hub and onto the Integrated Alcohol Service (IAS) Social Work team. This allowed the Police to identify if someone they come in contact with has possibly got an alcohol problem. Although this includes those found D&I it also goes beyond that to cover others where alcohol appears to have had an impact. From April 2016 to March 2017 there have been 500 incidents identified through the VPD which led to referrals to the IAS. These related to 328 individuals, with 61 persons having come to the attention on more than one occasion. Of these, 8 individuals have come to attention more than 7 times, including one 25 times and another on 17 occasions.

Through expanding the range of incidents considered, it was established that 61 of the 500 incidents saw the person identified having being taken into custody for the alcohol fuelled incident. There were 7 persons charged with being D&I, with two of these being linked to more serious offences.

During discussion, it was agreed that the information in the report needs to be shared publicly so that politicians, members of the public and the media can be reassured that vulnerable people who are found drunk & incapable are receiving appropriate care and support. Simon Rayner said that although we need to tackle issues around those people who come into the system on more than one occasion, a primary aim of the system following the closure of the DP was make the public aware of the burden on services in an effort to reduce the number of 'one off' incidents of people found D&I.

ADP members were made aware that ADA has already been contacted by the press around this. ADA had not responded pending discussion required at this meeting. It was agreed that key partners, such as Police, Health & Social Care (through SWD / IAS), NHS Grampian, Third Sector, and ADP support team should co-ordinate a media release about how the new system is operating.

It was suggested that the Graham Lawther, Health & Social Care Partnership could assist with this.

**ACTION:** Sandy Kelman to arrange a co-ordinated media release

## **12.2 Alcohol Brief Interventions**

Tara Shivaji spoke about correspondence received from the Scottish Government on Alcohol Brief Interventions. Unfortunately primary care delivery of ABIs has declined. The target for 2017/18 is much the same. Going forward it is clear that work will need to be done on some areas which have particularly underperformed, such as maternity services.

## **13. Community Planning Aberdeen (CPA)**

### **13.1 Community Justice (CJ)**

Val Vertigans spoke to the agenda paper and gave background details to the formation of the local CJ group. The Chief Executive of ACC chairs the group, and like the ADP it falls within the CPA structure. She said that the CJ outcomes fall directly within the CPA Local Outcome Improvement Plan.

It was clear that there was considerable overlap between the aims and objectives of the CJ group and the ADP. As a result, the chair of the CJ group had asked that someone from the ADP sit on the group.

A discussion took place around this and capacity of the ADP Support Team in the future. It was suggested that the ADP could likewise ask the CJ to nominate a representative to attend ADP meetings. In the meantime, Simon Rayner said that he would represent the ADP at the next CJ group meeting. Ongoing ADP representation can be considered thereafter.

**ACTION:** Simon Rayner to attend next CJ group meeting on behalf of the ADP.

### **13.2 Resilient, Included & Supported (RIS)**

It was noted that one of the new CPA Outcome Improvement groups was the RIS group, which Judith Proctor chairs.

It was clear that the ADP needs strong links to the RIS as it has promoted the development of ABIs in a variety of settings as a key priority. Sandy Kelman attended the first RIS meeting. Fraser Hoggan attended the second RIS meeting along with Sandy Kelman and will continue to link to the group on behalf of the ADP.

#### **14. Workforce Development**

Fraser Hoggan said that the update from the Scottish Government had indicated that they were looking at a refresh of workforce development. This will hopefully provide a more practical approach to the workforce development statement produced in 2010.

He said that he had hoped to produce a report from the Scottish Drugs Forum on the training programmes delivered locally. Unfortunately there has been a change of staff at SDF and this report will have to be tabled at the next ADP meeting. He said that the number of courses delivered by SDF has decreased in recent years, and the ADP has had to work closely with Aberdeenshire ADP to identify which courses should be prioritised. This has however been supported by training provided through ADA.

Fraser Hoggan said that he has also provided Tier 1 workforce training online, for staff who are not necessarily working directly in alcohol and drugs. To date some 200 enrolments to the on-line training (representing around 100 staff) had been made, with those engaging ranging from Community Pharmacy, Housing services and Job Centre Plus. This training is limited and will run to the end of June 2017. He said that he is however liaising with RGU to see how this type of work could be taken forward in the future at less cost.

#### **15. AOCB**

##### **15.1 Scottish Recovery Consortium (SRC) Recovery Walk**

Sandy Kelman said that the SRC is holding its annual national Recovery Walk on Saturday 30th September 2017 in Dundee. He said that he had received an e-mail from the SRC which indicated that they are looking to raise funds for it. Members noted that the SRC are funded centrally by the Scottish Government. Fraser Hoggan said that he understood that it cost about £16,000 last year to run it. As such if there was a small contribution from each ADP, or if this was top sliced by the Scottish Government and given to the SRC this would be covered. However, to date the Recovery Walk has always taken place in the Central belt. The SRC would have to agree that if they were given money in such a fashion, that they had to take the Recovery Walk to locations across Scotland on a rotational basis. Because of the current financial situation, this matter would however have to be deferred to ADP Finance sub group for a decision.

##### **15.2 Retiral**

Helen Shanks noted the imminent retiral of Sandy Kelman and on behalf of the ADP wished him well for the future.

**Dates of next ADP meetings in 2017:**

- **Friday 25th August**
- **Friday 24th November**

Meetings in May & August will take place at the Health Village, Frederick Street, Aberdeen 09:30 Hrs to 12 noon

**Note** - Meeting in November is to begin at 9am and is to be held at same location as Recovery Star Awards. Details will be forwarded prior to meeting