

# EADP Executive Meeting - Tuesday 5th December 2023 3-5pm

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| **Present** | |
| Linda Irvine-Fitzpatrick (LI-F) | **CHAIR -** Strategic Lead Thrive Edinburgh, Substance Use and Homelessness |
| David Williams (DW) | Joint Programme Manager EADP |
| Dzidzai Chipuriro (DC) | Service Manager, REAS | |
| Neil Whiteside (NW) | Chief Inspector, Police Scotland | |
| Carey Fuller (CF) | Head of Justice Services, CEC | |
| Anna Duff (AD) | Interim North West Locality Manager | |
| Patricia Burns (PB) | SE Mental Health & Substance Misuse Manager | |
| Deborah Clark | Development Officer EVOC | |
| Adele Hill (AH) | Chair of SUNE | |
| Flora Ogilvie (FO) | PH Consultant, NHSL PH | |
| Samantha Ainslie (SA) | Chief inspector, Police Scotland | |
| Eleonora Ho (EH) | Finance Manager, EHSCP | |
| **In Attendance** | | |
| Neil Stewart (NS) | Planning and Commissioning Officer, EADP | |
| Carys Moodie (CM) | Business Support Administrator, EADP | |
| Ian Davidson (ID) | Strategic Commissioning and Planning Officer, EADP | |
| Elilajan Jeyakumar (EJ) | Development Worker: EADP Recovery Community Panel | |
| Lorna Watt (LW) | Change and Delivery Officer EADP | |
| **Apologies** | | |
| Morag Leck | Principal Solicitor - Licensing, City of Edinburgh Council | |
| Simon Porteous | Family and Household Support Service Manager | |
| **Absent** |  | |
| Katriona Paterson | Primary Care Addiction & Mental Health Nurse Team Leader | |
| Isobel Nisbet | Access Place Manager | |
| Kenny Raeburn | Senior Accountant City of Edinburgh Council | |
| David Abernethy | Governor, HMP Edinburgh, Scottish Prison Service | |
| Nicolas Fraser | Senior Solicitor, The City of Edinburgh Council | |
| Michele Mulvaney | Strategy Manager (Communities), The City of Edinburgh Council | |
| Shirley McLaren | Community Safety Manager, Children, Education and Justice Services, City of Edinburgh Council | |
| Keith Dyer | Quality Assurance and Compliance Manager, Children, Education and Justice Services, The City of Edinburgh Council | |
| Stuart Osborough | Senior Change and Delivery Officer, Corporate Services, City of Edinburgh Council | |
| Steven McCann | Offender Outcomes Unit Manager, HMP Edinburgh, Scottish Prison Service | |
| Jessica Haenow | Lead Officer - Edinburgh Adult Protection Committee | |

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| **1.** | **Welcome** | | |  | | |  | |  | |
|  | Linda welcomed all to the meeting and apologies were noted. | | |  | | |  | |  | |
| **2.** | **Matters Arising -** Minutes of previous meeting: | | |  | | |  | |  | |
| 3. | Decision making Items. | | |  | | |  | |  | |
| 3.1 | **Safer Drug Consumption Facility and Drug Checking services Feasibility studies (paper 2, 3 & 4) – Professor James Nicholls, Uni of Stirling**  James presented to the group a presentation of information from the report.  The research involved analysis of data - The questions they asked themselves were: what do we know about what works? where are the key areas of harm in the city? what do potential clients want and need? and what do decision-makers think is needed and possible?  They interviewed 22 people with lived/living experience and 5 families to know from their perspective what would be beneficial. Professional stakeholders were also interviewed to find out what the priorities are.  **Key findings of report:**   * Significant drug-related patterns of use and harms in the city that could be mitigated by an SDCF. * Drug use and harms is dispersed across the city and not in one single location. * Drug use is varied and changing as high levels of cocaine injecting and benzo use has been reported and widespread. * Lived and living experience peers, families and professional stakeholders support the idea of a SDCF. * Strong support for hybrid provision.   Possible implications in terms of location is that there is no obvious single hotspot, the data provided aggregated to different geographies. Priorities for SDCF are acute harm reduction and wider benefits. The costs dependent on model and scale, perhaps £1 million p/a as ballpark?  **Some recommendations include:**   * Continuing engagement with potential service users and launching a community consultation in hotspot areas. * Develop a communication plan to provide public with information about SDCF provision. * Consultation with homelessness and drug services to explore option of embedded provision. * Establishing protocols to share relevant data to track patterns over time. | | |  | | |  | |  | |
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| 3.2 | **Drug Checking Services (paper 4) – Professor James Nicholls, Uni of Stirling**  James spoke to the group about Drug checking services which enables people who use drugs to have their substances tested and then provided with information about content and harm reduction advice.  Several already exist around the world. Festival based testing has been in place since 2016 and works well to warn of bad batches and contaminated drugs. Interviews have taken place across the city and has received a lot of support behind the service. | |
| 3.3  3.4 | **EADP Draft Terms of Reference (paper 5) – David Williams, EADP**  David spoke about the ADP as a partnership and what its achieving to do with links to a lot of different groups such as criminal justice, children and families, mental health and many more.  David presented to the group the structure within who the ADP as an organisation reports to. A shared strategy for all involved organisations is being worked on to ensure all partners are working together to achieve the same goals. David explained the core group decides how the funding is best spent for the ADP and then brought to the exec for approval. David shared questions in his presentation for people to bring answers to him.  **Key questions:**   * Agree core values * Financial and reporting arrangements – Does this provide sufficient assurance for exec? * Membership and formal links to partnerships – Are these the full list? How should these work? * Chair? IJB to propose? Independent chair? * Elected members? * Next steps   **Developing a Lived and Living experience panel for EADP (final report and recommendations (paper 6) – Lorna Watt, EADP & Elilajan Jeyakumar, EVOC**  Elil spoke to the group about EVOC’s Recovery Community Panel. The Recovery Community Panel is a new panel created by EVOC to involve people with lived and living experiences to share their stories and be able to help others that are struggling.  Elil shared feedback he received around the new panel from people with lived and living experiences, some people said they would prefer it not to be called a ‘panel’.  Subgroups within EVOC were also suggested specifically to support women, family/carers, peer workers and veterans.  Recommendations were given to EVOC on ways to improve the Recovery Community group, which are: To create their own agendas, training on how to lead the panels. | | |  | | |  | |  | |
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| 3.5 **EADP Strategy Development update (paper 7&8) – David Williams, EADP**  David spoke about the Strategy draft paper and the Draft Contents (paper 8) is to be checked by organisations from the group on what the ADP perhaps missed from the list. The plan is to widen the breadth of the report to include more alcohol issues in it and report it back annually.   * Draft content 1 plans to include headings and information on - Data & context, Monitoring Framework and Involvement, Consultation and Inclusion. * Draft content 2 will involve – Access to treatment: People have access to treatment and recovery, Quality of Treatment: People receive high quality treatment and recovery services * Draft content 3 will contain – QoL: Quality of life is improved by addressing multiple disadvantages, Children and families: Children, families and communities affected by substance use are supported and Alcohol Framework 2018: Preventing Harm.   The timeline for the rest of the strategy is to have the draft circulated in mid January with a discussion at the next Exec meeting in early February, whilst also consultations ongoing from mid January to March and EADP Exec sign off in April 2023. Open drop in meetings/sessions will be arranged to allow practitioners in police/A&E etc../interested parties/veterans and people with lived and living experience from all areas and groups to attend to highlight parts of the strategy to look back over. If people could please come back to David with any improvements. See actions (4)    3.6 **MAT Standards (paper 9) – Anna Duff, HSCP**  Anna informed the group that both Anna and David have been working on a detailed plan for monthly reporting with timescales and governance structure to feed into. At the first meeting last week the operational people within the meetings agreed the timescales for the actions are achievable for April 2024. Some of the group’s actions include: Increasing capacity and opening the central clinic open to 5 days a week.  Flora raised to the group that a vacant post in Edinburgh which would help support the plan. 4. Actions:  * Adele suggested a working planning group for report * People to come back to David with answers to questions for EADP draft terms of reference. * Elil to send his presentation around the group for feedback and questions * Strategy event – people to look over report and highlight if anything has been missed, any meetings the ADP could attend, how to reach police/veterans and lived and living experiences please let David know within the next week/two weeks – Friday 15th December 2023  5. For awareness/discussion 5.1 **Drug related Deaths in Edinburgh, 2022 (paper 10) – Flora Ogilivie, Public health**  Flora presented the report of the drug related deaths of 2022.  **The key issues:**   * Nationally a 21% reduction in 2022 compared to 2021 with a 7.8% decrease in Lothian and reduction in Midlothian. * Continue to progress implementation of MAT standards. * Take action to reduce harm not only from opioid deaths but also other stimulants and prescription medications. * Levels of deprivation and levels of drug related deaths must be recognised between each other.   Flora shared detailed graphs of drug related deaths data within Scotland, comparing the data to previous years. Flora also shared a graph of Alcohol-specific deaths in Scotland which is higher than drug-related deaths in Edinburgh. See Drugs related death report at end of minutes.  The recommendations received from the report include:   * ADP’s to continue to implement MAT standards * ADP’s should use learning from areas which have improved * Substance use services in Lothian should try to improve data collection * NHS pharmacies directorate should explore opportunities to strengthen current activity around prescribing * NHS public health directorate, analytical services and ADP’s should ensure the condition of work to identify vulnerable individuals * EADP should continue work to explore potential options for safer drug consumption facilities in Lothian | | | | |  |  | |  | |
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| 6. | **Date of next meeting**  The next meeting will take place on 6th February from 3 to 5.00 pm | | |  | | |  | |  | |

