

# EADP executive Meeting 6th September 2022

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| **Present** | |
| Tony Duncan (Chair) | Service Director Strategic Planning HSCP |
| Adele Hill | SUNE |
| Victoria Kerr | Sector Manager (Acting) Communities and Families |
| Moira Pringle | Head of Strategic Planning Finance HSCP |
| Samantha Ainslie | Partnership Superintendent for Edinburgh Division Police Scotland |
| Steven McCann | Scottish Prison Service, HMP Edinburgh |
| Angela Dixon | REAS |
| Patricia Burns | Locality Manager, Substance use and Mental health, EH&SCP |

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| **In Attendance** | |
| Jim Sherval | Specialist in Public Health. NHSL |
| Niall Moloney | DRD review Co-ordiator, NHSL |
| Kirsten Horsburgh | Operations Director Scottish Drugs Forum |
| David Williams | Programme Manager EADP |
| Lorna Watt | Change and Delivery Officer EADP |
| Neil Stewart | Planning and Commissioning Officer EADP |

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| **Apologies** | |
| Judith Proctor | Chief Officer EIJB. Chair EADP |
| Mike Massaro-Mallinson | Head of Operations, EH&SCP |
| Colin Beck | Strategy and Quality Manager, Mental Health and Substance Misuse, HSCP |
| Carey Fuller | Criminal Justice, Communities and Families |
| David Abernethy | Governor, HMP Edinburgh |

1. **Matters Arising from previous meeting (May 2022)**

None

(N.B. the July meeting was cancelled)

1. **Drug and Alcohol Related Deaths figures/ analysis (NHSL public health)**

Jim Sherval presented data on Drug and Alcohol related deaths for Edinburgh in 2021 (presentation attached).

Discussion: Victoria reflected on the higher rate of male (75%) to female (25%) deaths but that the rate of female deaths is rising.

Currently we have greatly more data and regular reporting around drug related harms and deaths than alcohol – there is a full time post dedicated to reviewing drug related deaths, sharing insight and informing policy. By contrast, only a basic demographic information on alcohol related deaths is available – help seeking behaviour, opportunities for services to intervene, trends in deaths and potential actions to prevent them are not known. There are increasing rates of referral related to alcohol harms and an apparent increase in the level of problem alcohol use. DW said that an alcohol deaths (ARD) review process could gather useful information without requiring continuous surveillance of every death.

AH- Assertive outreach in partnership with Police Scotland has been successful engaging people at risk of harm has this had an impact on alcohol referrals? Need to improve data and an understanding of what we need to collect to inform improved service provision.

TD thanked Jim Sherval for his presentation.

**ACTION**

EADP is requesting a fuller understanding and analysis of alcohol related deaths. This should be in line with Alcohol Focus Scotland’s guidance which has been endorsed by the Scottish Government. It needs to be delivered from within the NHS. **DW to resume discussion with Public Health on the appropriate route to commission this work.**

1. **Proposed Investment in developing trauma responsive services as part of a Whole Family Approach (PAPER 1 attached)**

NS presented a paper to agree funding for work to be developed jointly with Edinburgh Children’s Partnership (CP) to interrupt the inter-generational cycle of trauma affecting families. This arises from a Connecting and Collaborating Group involving Communities and Families, Thrive, Education, Family Group decision making and The Promise delivery to identify cross-sectoral issues and develop whole family support. Trauma and its impact on families is highlighted in all current guidance and the impact on mental health, attachments and relationships which can increase vulnerability to drug and alcohol problems and poor physical and mental health. The group developed an SBAR to design and implement a service which would join up different areas of service required by families seamlessly and available through any point of access.

Two full time posts are proposed, each for two years:

1. To develop Edinburgh’s strategy and implement a strategic plan which will deliver system wide change across all agendas, linking local priorities to achieve Holistic Whole Family Support This post would be funded by Communities and Families.

2. To develop a system wide response to trauma across services which would interrupt the inter-generational cycle of trauma, ensure that families can access all the support they need at point of access offering a ‘no wrong door’ approach. It would support the development of services, joint working practices, training plan for staff and implementation of the project. This post would be funded from existing under-spend in the EADP’s Whole Family Approach tranche of funding from the National Mission funds.

The funding request from the ADP is therefore £117,000 over two years (£58,500 p.a.).

MP asked that the work of the posts should have clearly defined outcomes so we know what it would achieve and how it would be evaluated.

MP also wanted to get clarity from SG on whether underspend money would still be available or would be clawed back as they have suggested.

AH said that there is other work ongoing looking at a ‘No wrong door’ approach more generally and that this proposal meets with the 10 principles of The Promise.

**ACTION**

MP to clarify with the SG what funding whether as yet unallocated funding will be available for this project and others

NS to proceed with the investment (subject to above)

NS and DW to include outcomes in the proposal and to arrange dates for reporting back to the ADP (and the Children’s partnership)

1. **MAT standards and treatment target plan (EADP/ EH&SCP) PAPER 2**

DW presented the paper, most of this has been previously agreed with operational partners. Agreement is sought from the EADP before it is passed to .

Paper should reflect the risks that Buvidal costs have not been accounted for. This is being funded from reserves and discussion ongoing with SG about ongoing costs.

1. **Briefing: EADP strategy Outcome area 1 (prevention and early intervention)**

Held over to future meeting due to lack of time.

1. **Drug consumption rooms**

Kirsten Horsburgh (Operations Director, Scottish Drugs Forum) presented on her experience of Drug Consumption rooms around the world. There are facilities in several countries in Europe and around the world. Within localised areas of high need they attract the most marginalised and vulnerable drug users, provide a safe environment that enables lower-risk more hygienic injecting, reducing morbidity and mortality and stabilise and promote the health of people.

Glasgow has had a proposal on the table for around 5 years, the new Lord Advocate is looking favourably at how a the service can be opened without need for a change in the law.

TD extended thanks to Kirsten for an excellent and though-provoking presentation.

DW presented an SBAR proposing a feasibility study into the need for such a facility in Edinburgh. This follows a debate at Edinburgh Council meeting in June which, “*Calls on the Council to work with partners in health and criminal justice to provide a report to the Policy & Sustainability Committee in two cycles into the feasibility of supporting an official Overdose Prevention Centre trial in the City.”.* Two cycles is approximately 2 months.

MP questioned whether this is something that the ADP should be progressing and whether it was instead the Council’s responsibility. There are also potential issues due to the possible illegality of running a DCR (it is not clear that the councillors can require officers to develop proposals which may not be legal). DW said it was likely to be remitted to the ADP anyway and it would be useful for us to set the parameters of the review.

**ACTION**

The EADP is in favour of having the feasibility study undertaken and content to receive the report it produces. DW to proceed, subject to he and TD getting clarification that this is consistent with legal requirements.

1. **EADP Governance**

Recommended that governance of the ADP needs to be updated to look at structure, membership and inclusion of people with lived and living experience. Possible governance improvements, identified through a recent self-evaluation include:

* Reviewing the membership and Terms of reference of the Executive and subordinate groups
* Developing Lived and Living experience representation on the executive and other groups
* Developing EADP risk register and reflecting it in IJB risk register
* Publishing the minutes and papers of the Executive
* Clarifying NHSL public Health’s role in delivering needs assessment
* Developing a clear scheme of financial delegation from the IJB to the ADP

**ACTION**

TD and DW to discuss and bring back to a future meeting.

**8. AOCB**

**DONM** Tuesday 1st Nov 3-5pm