

ADAT STEERING GROUP MEETING 19 DECEMBER 2007

PROGRESS REPORTS FROM ADAT STRUCTURE MEETINGS

Item
5.1

Strategic Finance and Commissioning (Irene)

Last meeting took place on 24 October 2007. There were many items on the agenda including the Project proposals for the non recurring underspend. Due to time constraints the Group agreed the draft Terms of Reference would be discussed at the following meeting. Also, All Action Points from the previous meeting had been completed or were on the agenda.

2nd Quarter Monitoring Reports

2nd quarter monitoring reports were provided and any areas of concern highlighted. Due to unforeseen circumstance there was a delay in receiving reports on CARS and SMART Recovery but this information has now been received and will be circulated.

DRAFT FLOWCHART FOR ALLOCATION OF ADAT MONIES

After brief discussion, it was agreed that the commissioning process should be explicit as possible and the flowchart and associated narrative will be reviewed at the next meeting.

FINANCIAL REPORT INCLUDING REPORT ON ADAT SERVICE LEVEL AGREEMENTS

The Financial Report covering continuation costs and funding commitments was presented. In the absence of commitment from the Scottish Government as yet for funding for 2008-9 onwards, it was agreed that a sum should be set aside to enable exit strategies for existing projects to be implemented.

This would be taken from the overall underspend and set aside. It was also agreed that salary and employee costs would be carried forward for a period of three months to 30 June 2008.

The following projects would be extended until 30 June 2008. This will enable exit strategies to be put in place pending the outcome of the spending review and local needs.

- Integrated Alcohol Project
- Alcohol Relapse Management Team
- Alcohol Liaison Nurses
- HMP Kilmarnock
- Brief Interventions

Letters sent to projects to advise extension. In addition a further letter is to be sent to the Service contact for the A & E Alcohol Liaison nurse posts detailing funding will be extended to end of June 2008 only. This is to provide extra time to negotiate for NHS core funding to continue the service following the successful pilot period.

The following projects would end on 31st March 2008 as per service level agreement:

- Activities Co-ordinator
- South Ayrshire Older Peoples Worker

The group agreed therefore to carry forward £200,000 to fund the above. This left in excess of £300,000 available for spending before the end of this financial year.

REPORT BACK FROM MEETING REGARDING DRUG MISUSE TREATMENT MONEY UNDERSPEND

A meeting had been convened with South and East Ayrshire and NHS Ayrshire and Arran with regards to the underspend. It had been agreed at that meeting it would be useful to carry out a review of the effectiveness of the current functional model of treatment and rehabilitation. This discussion is still outstanding with North Ayrshire however a meeting will take place on 20 December.

NON RECURRING MONEY – PROPOSALS RECEIVED

47 proposals were received in response to the above. All proposals were presented to JPIGS prior to the Strategic Finance and Commissioning Group meeting and JPIG decisions were noted and considered.

The following proposals were successful:

Organisation	Title	Amount
East Ayrshire Carers	Young Carers & Alcohol	£5000
East Ayrshire Council	SAFE Disco	£10000
Momentum	Diversionary Activities	£3320
East Ayrshire Council	Interagency working with children & families	£20000
East Ayrshire Council	Leisure Services for LAAC	£30000
Strathclyde Police	Safe Kilmarnock	£15000
East Ayrshire Council	Older People Improving Safety	£52600
Avonlea Youth Centre	Creative Art through Multimedia	£1050
North Ayrshire Council	Skin Deep	£3928
North Ayrshire Council	Sports Mixtures	£2912
North Ayrshire Council	Garnock Valley Alcohol Diversionary Project	£7000
North Ayrshire Council	Sports Diversion	£3000
North Ayrshire Council	YP Alcohol Programme	£12000
North Ayrshire Council	Peer Support Action Network	£11209.95
NHS	Coaching & Self Esteem	£1380
Strathclyde Police	Alcohol Awareness Roadshow	£7004
Strathclyde Police	Kilwinning Academy Angling Scheme	£2000
HMP Kilmarnock	ICP for Prison Health Service	£5000
Momentum	Catalyst Residential	£1530
Strathclyde Police	Designated Car Driver	£4000
Girvan Youth Trust	Cranford Project	£53931

South Ayrshire Council	Active & Engaged Young People	£12000
South Ayrshire Council	Better Chances/Better Choices	£4800
South Ayrshire Council	SAFE Disco	£9164
South Ayrshire Council	Young Women's Programme	£9600
South Ayrshire Council	Family Mediation	£8064
Addaction	Family Room	£4000
Criminal Justice	Young Persons Alcohol Project	£45000
	Total	£344,492.95

All organisations were advised of decisions by 30 November and due to the number of enquiries details of successful organisations and project title have been posted on the ADAT website.

Item 6	<p>JPIGs (Irene) The NAJPIG and SAJPIG have not met during this reporting period. However, meetings are arranged for January 2008 for the NAJPIG and February 2008 for the SAJPIG. A half day meeting has also been arranged for early in the New Year with ADAT Support Officers, ADAT Chair and JPIG Chairs to look at work for the year ahead and Terms of Reference.</p> <p>EAJPIG met in November. It was a full agenda and items included the draft Action Plan which will be referred to the group for approval at next meeting. The ADAT Support Officer provided an update on the non recurring underspend money including an outline of all successful and unsuccessful bids for EA and pan Ayrshire. A copy of the ARBD Stakeholders Conference Report had been circulated with the papers for information. Pat Lerpiniere (Chair) provided the group with an outline of the initial findings from the ARBD Needs Assessment. Discussions took place around the impact of these findings and the need for joint working with all partner agencies to develop an ARBD service. The Mind Your Health Conference Model of Care was circulated with the papers and generated much discussion. Meeting dates for next year to be agreed with JPIG members.</p>
Item 7.1	<p>Ayrshire Addiction Training Forum (Irene) The training forum has not met during this reporting period. Date of next meeting 22 January 2008. Draft Terms of Reference for discussion at this meeting. A meeting with STRADA, Chair of Training Sub Group and ADAT Support Officer is being arranged to discuss training etc. Further details will be available during next reporting period.</p>
Item 7.2	<p>DAISay Group (Ruth) The 30 October meeting focused mainly on whether the DAISay group was or wasn't part of the ADAT structure. As there were only three agencies represented it was agreed to get a consensus view prior to the next meeting, results are expected at the 17 December scheduled meeting. It was agreed irrespective of the outcome planning for the conference planned for early spring would continue focusing on service user involvement.</p>

Item 8.1	<p>Prevention and Education Expert Advisory Group (Ruth)</p> <p>Three presentations were delivered to the group members on:-</p> <ul style="list-style-type: none"> • the principles of a health information strategy, • the development of a new resource for young people(10-12 yrs) on alcohol • the evidence base for prevention and education <p>Standing items on the agenda include the children and young peoples needs assessment and licensing.</p> <p>A framework / model for prevention and education activity is being developed.</p> <p>Dates for 2008 have been set so the group will meet bi-monthly in 2008.</p>
Item 8.2	<p>Looked After and Accommodated Children Training short life working group (Ruth)</p> <p>Ruth Shepherd met with Hill Logan Training at the end of October and agreed the way forward for progressing the follow-up evaluation and the content of the resource pack.</p>
Item 9.1	<p>Treatment and Rehabilitation Group (Ruth)</p> <p>The first meeting of this re-organised group took place on 3 December. A draft terms of reference was agreed by the group for submission to the ADAT Steering Group for ratification. The group are currently looking at the SWIA Substance misuse Grampian report to identify possible areas for action locally.</p> <p>Dates for 2008 have been set so the group will meet quarterly in 2008.</p>
Item 9.2	<p>Waiting times Group (Lesley)</p> <p>The second Quarter report has been submitted to ISD with no problems being reported. There are no apparent problems with the Database, and hopefully all problems experienced previously have been rectified.</p> <p>Addaction and ACA have now been added to the SAMS system and their information will be download from there. The Waiting Times Group will meet on the 28 January to verify the information before submission of the third quarter reports.</p>
Item 9.3	<p>Drug Death Review Group (Lesley)</p> <p>The Drug Death Review Group last met on 27 November. Representation from Harm Reduction and the Procurator Fiscal Service was made, and the group agreed that contribution should be continued. Unfortunately the representative from the Scottish Ambulance Service was unable to attend, but it is hoped that he will attend future meetings.</p> <p>The Research Officer assigned to compile a report on fatal and non fatal overdoses has begun work on the report and prepared a short update for the group. His intention is now to make contact with appropriate group members and to establish what services he should be gathering information from.</p>

Meetings for 2008 are to be planned on a monthly basis.

Naloxone Pilot

The ADAT Officer supporting the Drug Death Review Group attended a Drug Related Death Conference held by Lanarkshire DAT in Hamilton. A report was distributed and is available for perusal by contacting Lesley Robb.

Item
9.4

Children & Young Peoples Needs Assessment (Andy)

Epidemiological Data

No one source of information provides a complete picture of alcohol and drug use among children and young people. To address this, a range of local and national information sources have been compiled to provide an overview of the prevalence and incidence of:

- alcohol and drug use among children and young people;
- related health harms; and
- related social harms.

Data on consumption rates and attitudes in relation to alcohol and drugs for children has been obtained from the 2006 Scottish Schools Adolescent Lifestyle and Substance Use Survey (SALSUS); and for young people from the 2002 Ayrshire & Arran Adult Lifestyle Survey. Due to the lack of data available from the Ayrshire & Arran Adult Lifestyle Survey, the Scottish Health Survey 2003 was also used to provide some national level data on young people's drinking habits, and the Scottish Crime and Victimization Survey 2004 to provide further information on drug use. It should be noted that due to methodological differences these four surveys are not directly comparable. Data on problematic drug use has been obtained from *Estimating the national and Local Prevalence of Problem Drug Misuse in Scotland* (Hay et al 2001).

Information on health harms relating to alcohol and drug use has been obtained through a number of sources. Figures for children and young people presenting to Accident & Emergency where alcohol or drug use has been recorded were obtained from NHS Ayrshire & Arran Health Intelligence. Figures for general acute inpatient discharges (SMR01) with an alcohol or drug related diagnosis in any position and psychiatric inpatient discharges (SMR04) with a main alcohol or drug related diagnosis were supplied by ISD Scotland.

NHS Ayrshire & Arran Addiction Services provided information from the Shared Addictions Management System (SAMS) database on referrals to addictions services.

The Scottish Children's Reporter Administration provided figures on the number of children referred under ground 'J' of S.52 of the Children (Scotland) Act 1995: "Has misused alcohol or any drug, whether or not a controlled drug within the meaning of the Misuse of Drugs Act 1971."

Three key areas were identified where information was not available:

Social Work do not record alcohol or drug problems centrally.

Child Protection parental substance misuse recorded as neglect.

Police do not record alcohol or drug problems centrally

Overview of Current Service Provision

As there are currently no dedicated alcohol and drug services in Ayrshire & Arran for children and young people a mapping exercise was conducted to establish what services are currently providing treatment and care for children and young people who may have problems with their use of alcohol or drugs.

A short mapping survey was disseminated during March 2007 to relevant services through NHS managers and local authorities. Further information on current service provision was gathered at a stakeholder event for service providers held in June 2007. Where information had not been collected from either of these sources, service websites were used to provide data on these services.

The key NHS services that provide treatment and care for children and young people with alcohol or drug problems are Accident & Emergency, Paediatrics and CAMHS. None of these services have dedicated resources for children with alcohol and drug issues.

NHS Addiction Services provide the following types of medical support to patients aged 16 and over with alcohol or drug problems:

- Harm Reduction
- Substitute Prescribing & Support
- Home Detox
- Alcohol Relapse Management
- Drug Treatment and Testing Orders
- Community Dual Diagnosis
- Residential Dual Diagnosis

Non-medical treatment and support is provided through local authority substance misuse services and by a number voluntary sector agencies. Turning Point SEASTAR and ACA provide services in East and South Ayrshire. Addaction and Catalyst (Momentum Scotland) provide community rehabilitation services across Ayrshire & Arran. Addaction also provides a SMART Recovery programme. All three Local Authorities have Youth Support Teams who provide addictions support for under-16s, otherwise local authority and voluntary services are only provided for 16 years and above.

Local authorities also provide a range of services for children, young people and families which are likely to deal with children and young people with alcohol or drug problems. These include:

- Community education
- Young Carer Centres
- Looked After & Accommodated Services
- Criminal and Youth Justice
- Housing and Homelessness

- Leisure Services

There are a number of voluntary sector services such as Barnardo's and NCH who also provide services for children and young people that include alcohol and drug issues.

While there is a lot of good work being undertaken to treat and support children and young people with alcohol and drug problems, services are not consistently available across Ayrshire & Arran.

Furthermore, a number of services identified in the mapping exercise have been discontinued in the past year:

- Strathclyde Police's referral links to ACA and NCH
- ACA Young Persons' Worker
- Barnardo's Substance Misuse Worker

This highlights the lack of mainstream funding for children and young people's alcohol and drug services.

Examples of Good Practice Outwith Ayrshire & Arran

Three methods have been used to collect examples of good practice in relation to the treatment and care of CYP with alcohol and/or drug problems.

Policy and Guidance Documents were obtained through discussions with colleagues and a trawl of relevant websites, including Scottish Executive, Alcohol Information Scotland, Drug Misuse Information Scotland, Drugscope, Home Office, NICE, National Treatment Agency for Substance Misuse, Scottish Drugs Forum, and other DAATs.

Effective Interventions A literature search of OVID databases was undertaken. Documents were included based on the following criteria:

- Primary Research/Systematic Review
- Relevant to children and young people using drugs and/or alcohol
- Relevant to services that are subject to review
- Focus on treatment, rehab or secondary prevention/exclude primary prevention

Other DAAT Areas A second mapping exercise was conducted to look at the current provision of services available to children and young people using alcohol and/or drugs in other DAAT areas across Scotland. Responses have been received from seven DAAT areas.

It is intended that this information will be analysed during December 2007 and January 2008.

Research with Children, Young People and their Carers

This section of the needs assessment has been commissioned out to Blake Stevenson Ltd. It was agreed that they would conduct self-completion surveys with CYP and their carers, and also a series of interviews and focus groups with CYP.

CYP and Carer Survey

Two questionnaires have been designed - one for children and young people (CYP) and the other for their parents/carers. In order to pilot the CYP questionnaire, it was distributed to 16 children and young people through the Youth Justice Team at East Ayrshire Council and the Youth Support Team at South Ayrshire Council. Five young people completed and returned questionnaires to us, and minor adjustments were made to the questionnaire based on their feedback.

Twenty-one contacts agreed to collectively distribute 567 questionnaires to children and young people that they work with.

An incentive of a prize draw to win an iPod was offered to encourage participation in the study, and Blake Stevenson provided contact details on the questionnaire should any young person require help completing it.

Each contact which agreed to distribute questionnaires was provided with a pack consisting of:

- the number of CYP questionnaires they agreed to distribute, including consent forms for under 16s;
- a corresponding number of parent/carers questionnaires;
- pre-paid envelopes for each questionnaire; and
- a letter thanking them for their help and outlining the contents of the pack and how questionnaires should be distributed. Contacts were encouraged to provide support to young people to complete the questionnaire.

The turn around time for the survey was relatively short, and so we extended the deadline to allow for an increased number of returns. Two reminders were issued to agencies (a mix of telephone and email contact) to ask that they encourage children and young people to complete and return the questionnaires.

Despite repeated attempts to encourage participation in the survey, a low response rate was achieved which totalled 34 children and young people's questionnaires and 17 parent/carers questionnaires. A draft report had been presented to ADAT based on the findings from these survey responses.

Blake Stevenson has suggested the following reasons for the low response rate to the survey to include the following:

- the 'at risk' children and young people being targeted are a challenging group to engage in any research. Telephone support was offered to complete the questionnaire, however it is likely that some CYP will have been put off by the written nature of the questionnaire due to difficulties with literacy and numeracy. Feedback from a small number of stakeholders indicated that many CYP needed individual support to complete the questionnaire;
- the subject of the research may have been a challenging one, particularly for children and young people who have not had any contact with alcohol and drugs services and have no concrete experiences to draw on;
- there was a relatively short turn around time for the survey due to various reasons including:

- a delay in getting ethical approval for the questionnaires over the summer period;
- additional changes requiring to be made to the CYP questionnaire following its circulation beyond the ADAT Needs Assessment Steering Group; and
- the postal strike in late October resulted in delays in stakeholders receiving their packs of questionnaires.

Focus Groups

Setting up the focus groups has been the most challenging aspect of the study. Following distribution of the questionnaires, Blake Stevenson re-contacted all of the agencies involved to ask for their help in organising focus groups. They received a mixed response, with some agencies indicating that focus groups would not be appropriate or would be disruptive to the young people that they work with. Around a third of agencies did not respond, despite repeated attempts to contact them. There were a small number of agencies who indicated a willingness to help us however either changed their minds or have still to confirm dates.

Only one focus group has been conducted to date. The group was conducted with young men involved in a youth offending project in Kilmarnock.

As of Friday 7 December, Blake Stevenson believes that another five focus groups have been confirmed for the week beginning Monday 10 December and a further focus group for the following week.

Service Provider Views

Views were gathered from service providers, relating to current and future provision of alcohol and drug services for children and young people in Ayrshire, at a stakeholder event held on 5th June 2007 at Ayr Racecourse.

The following key gaps in service provision were identified:

- Gaps in provision of prevention and education work in schools
- Lack of treatment and care services for children and young people
- Concerns about multi-agency working especially in relation to care pathways and information sharing
- Resources available to services
- Short-term nature of much of the funding allocated to the treatment and care of children and young people with alcohol or drug problems

The following suggestions for future service provision were given by delegates within locality based discussion groups:

East Ayrshire:

- More preventative and educational work
- 24 hour one-stop-shop
- One key worker for each client
- Good assessment tools for young people
- Adequate funding
- Suitable premises

- Quarterly meeting for ground workers and send feedback to decision makers

North Ayrshire:

- Holistic, joined-up approach across services
- Consolidation of existing services
- More preventative and educational work
- Help-line detailing local information and services
- Specialist throughcare worker
- Long-term core funding
- Community-based

South Ayrshire:

- Prevention and early intervention is key
- Accessible one-stop-shop
- Web-based information service – consistent and up-to-date information, triage onto other services
- Stronger links with CAMHS, Hidden Harm support, Suicide prevention/self-harm
- Open referral system with clear pathways in and out of service
- Trained community-based youth workers provided consistently across Ayrshire & Arran
- Dedicated worker in each cluster for under-13s

Pan-Ayrshire:

- Care pathway regardless of point of contact (any place/tier) including Health/Education/Social Work/Police/Voluntary Section etc
- 24 hour availability of linked services
- Clear care planning/follow up to acute episode and support services
- Ayrshire-wide team looking after children with alcohol and drug problems
- Information available at points of entry

A series of interviews are currently being conducted with strategy level service providers to gather their views on current and future service provision.

Stakeholder Event

A stakeholder event was held on Wednesday 12th December 2007 at Ayr Racecourse. This was an opportunity to hear initial findings from the needs assessment and consider implications for future service development.

Needs Assessment Report

A draft report of the needs assessment findings is to be presented to the Needs Assessment Steering Group in January 2008, who will then draft recommendations based on the findings.

A draft report including recommendation will be presented to the February 2008 meeting of the ADAT Steering Group.

<p>Item 9.5</p>	<p>Alcohol Related Brain Damage Needs Assessment (Alistair)</p> <ul style="list-style-type: none"> • Population need – Analysis of epidemiological data now completed and written up. Findings have been presented to various groups, including East Ayrshire’s ARBD training group. • Service provider need – Full report of stakeholder event completed and inserted into needs assessment report. Some key proposals for development of local services for people with ARBD include: <ul style="list-style-type: none"> - There needs to be more awareness of ARBD among the public, manufacturers, ministerial groups and other key groups; awareness raising campaigns should be conducted to this end (local and national); - Costs should be determined of inappropriate placements of patients with ARBD in wards with an evaluation of where this money could be better spent; - It is important to make a correct diagnosis; a model of early diagnosis should be developed and applied anywhere across the system; - Earlier intervention is require since present service response appears to be reactive and based on severe cases of ARBD only; - There needs to be a clear, integrated and formal referral pathway for workers to follow and an identifiable service that people can go to; - There is need for a package of care which would be an output from integrated working across sectors; there is need for a multi-agency vehicle facilitated by strong leadership within teams cascading to all workers; a formal commitment and protocol for agencies should be in place; - There should be multidisciplinary case management involving co-ordination of the right staff; there should be dedicated and flexible workers in place; - Education and training is required in order to allow a wide group of workers to recognise ARBD and its symptoms – this includes specialised training, education forums, information sharing, and development days. • User & carer need –The research company <i>Infusion</i> is presently interviewing a sample of people with ARBD and their carers. The researchers attended a meeting of the ARBD group in November 2007 to feed back the results of their first 4 interviews. The result of that meeting is that group members were able to suggest further avenues to explore and potential contacts to meet. A report is due to be submitted by end of January 2008. • Literature review – Research has begun examining issues relating to diagnosis of ARBD, treatment options, and effective interventions. The literature search is now completed. The review itself is due to be completed by the end of January 2008. • Models of good practice – Visits to the Glasgow Loretto ARBD projects and the Dumbarton Richmond Fellowship have been arranged in January 2008. Reports of visits are to be completed by the end of January 2008.
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