**Shetland Alcohol & Drugs Partnership meeting**

Monday 31st January 2022, 11.00am – 1.00pm

Meeting held virtually over MS Teams

1. **Present**

Lindsay Tulloch (LT), Superintendent, Police Scotland (Chair)

Wendy McConnachie (WM), Alcohol and Drugs Development Officer, NHS

Claire Stiles (CST), Team Leader, Child Health, NHS

Anita Jamieson (AJ), Executive Manager, Housing, SIC

Denise Morgan (DM), Chief Social Work Offer/Executive Manager, Criminal Justice, SIC

Brian Chittick (BC), Chief Officer IJB/Director of Community Health and Social Care

Robin Calder (RC), QIO, Education, SIC

Karl Williamson (KW), IJB Financial Chief Officer

Katrina Reid (KR), Health Improvement Manager, NHS

Michael Duncan (MD), External Funding Officer, Community Planning & Development, SIC

Cecil Smith (CS), Chair of Shetland Licensing Board

Stuart Clemenson (SC), Area Commander, Police Scotland

Wendy Hand (WH), Team Leader, Voluntary Action Shetland

Graham Reid (GR), Scottish Fire and Rescue Service

Nicky Collins (NC), Alcohol & Drugs Development Assistant, NHS

In Attendance

Carole Smith (CSm), PC, Police Scotland

Andrew Mackenzie (AM), PC, Police Scotland

Alex Armitage (AA), Consultant Paediatrician/Member IJB

Robbie MacGregor (RM), Councillor, Shetland South

1. **Apologies**

Karen Smith, Joint Head of Mental Health, NHS

Elizabeth Robinson, Public Health and Planning Principal, NHS

Janice Irvine, Integrated Midwife, NHS

Elinor Thompson, Children and Families Social Work

John Fraser, Councillor

1. **Approval of Minutes**

The minutes were reviewed and agreed.

1. **Matters Arising and Action Review**

ACTION TRACKER

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| No. | Ref. | Action | Personnel | Update |
| 1 | Jan 8.2 | Lindsay to meet with Recovery Hub. | LT | LT, BC, WM, ER, RM + NC all attended the Recovery Hub. Complete |
| 2 | Jan  13.0 | Meet with Justice Social Work for support with outcome monitoring. | WM | Waiting for recovery outcome tool to be embedded in DAISy. Hub co-ordinator looking at using Better Futures tool. |
| 3 | June 6.3 | Partnership Delivery Framework to be taken to the Chief Officers Group. | LT | LT does no longer attends Chief Officers Group. DM agreed to take to the next meeting. |
| 4 | June 10.1 | Review terms of reference for the Forum to present to the ADP. | WM | Forum not looked at terms of reference but it is on their action list. |
| 5 | Sept 5.2 | Hub Co-ordinator to produce evaluation report. | Hub Co-ordinator | Hub co-ordinator has produced a quarterly report, which contains info on how she would like to go about getting an evaluation report for the entire project. On agenda to be discussed. |
| 6 | Sept 5.2 | To find out spend on residential rehab. | RM | KW said the projected spend is over £52,744 for the year. He added that it could go up due to a cost being extended. |
| 7 | Sept 5.2 | Meet with Children’s Partnership to discuss how funds can be utilised to provide support for children affected by alcohol/substance use. | WM, ET, CS | WM, ET& CS had a successful meeting. WM is due to meet with Early Action. WH said it would be useful to include the Third Sector and offered to link in on behalf of VAS and Anchor. |
| 8 | Sept 5.2 | Set up a working group to look at the Near Fatal Overdose pathways and Outreach funding | ADP members | WM, LT, BC & ER have discussed with the Recovery Hub co-ordinator. A gap has been identified in existing services around high quality harm reduction intervention. It was decided to use some of the Near Fatal Overdose pathway funds to appoint a harm reduction officer to the Recovery Hub. |
| 9 | Sept 6.2 | Draft a response to National Care Service consultation and circulate to ADP members. | WM | The National Care Service consultation was fed in by the National ADP Network and the Local Authority response. |
| 10 | Sept 6.3 | MAT standards self-assessment WM to circulate to ADP before presenting to IJB. | WM | The MAT Standards self-assessment has been circulated within the meeting papers. The report has been sent out for comment and submitted to the Government and presented to the IJB. |
| 11 | Sept 8.0 | IEP service - WM to draft SLA between the ADP and the Recovery Hub once Public Health have completed the background policy. | WM | SLA has been drafted and is going to the joint governance group. |
| 12 | Sept 8.0 | AJ to meet with WM and Hub Co-ordinator to discuss housing support to the Hub. | WM, AJ, Hub Co-ordinator | WM, AJ and the Recovery Hub co-ordinator have met to discuss how Housing and the Recovery Hub are working together and will continue working together. |
| 13 | Sept 8.0 | AJ to circulate the Rapid | AJ | Rehousing Transition Plan RRTP has been circulated within the meeting papers. |

1. **Lived Experience Film**

AM explained they had come up with an idea to make an educational video aimed at young people in Shetland consisting of 5 case studies, telling the stories of survivor’s experiences. They plan to take the video around the schools and possibly the college from a prevention point of view to warn of the dangers. AM informed SMRS will attend to provide support after the talks have been delivered. He added some funding has been secured, but that they are £1,500 short. They are looking at creating leaflets with any leftover funds. RC said they would welcome this from an education point of view and would be happy to work with the delivery. He informed there is a quality improvement officer appointed with Health & Wellbeing remit who would be the link in their team for the rollout of this resource. He offered to share her contact details with AM. **ACTION**. MD asked Andrew to send him an email with the applicant information so that he could help with funding. WH asked if there was a link with the OPEN Project to ensure they were giving consistent messaging. She asked if they were confident there was support in place and where to sign post people. AM confirmed CSm was already linked in with OPEN. He added the SMRS nurse will be there and is confident with the support side of things. There were no objections to the Partnership supporting the film.

1. **Heroin Assisted Treatment (HAT)**

AA explained that he is a member of IJB representing hospital acute services, but also has an interest in drug policy reform and harm reduction, partly through work as a paediatrician, but also partly through involvement with politics. AA spoke about his experience of drug crime related violence through his work as a paediatrician in London. He said the other aspect he comes across drug use is through Child Protection, children getting recruited into gangs, but also children who are neglected by their parents who use drugs. He added he has experience in prescribing heroin (diamorphine) as a children’s doctor in A+E.

AA said we have upwards of 100 registered heroin users in Shetland, over 900 needles dispensed from Kantersted Pharmacy each month. Nationally drug related deaths are rising each year, 1,339 drug related deaths in 2020, he added Shetland is not immune to this sadly. Most people use because they are addicted to it, have suffered some trauma, and use heroin because it provides instant relief. Methadone and Buprenorphine unfortunately don’t provide that instant release which is why so many people, including those on Methadone use Heroin on top of that.

AA explained Heroin Assisted Treatment is delivered in a clinic setting where people who use heroin, particularly those who have been shown to be resistant to oral substitution therapy can go to a clinic and receive medical diamorphine. AA spoke about two different systems of HAT that are running today – The Middlesbrough Heroin Assisted Treatment and NHS Glasgow and Clyde.

AA said at Middlesbrough HAT they dispense heroin in clinic setting, the people who use heroin receive before and after care from professionals. It is a pilot project running since 2019, funded be local police and crime commissioner in Cleveland. There has been a 98% reduction in the amount of street heroin used for those clients and all of the indicators of health and wellbeing have improved.

AA informed that the NHS Glasgow and Clyde pilot is funded by the local NHS Trust, started in 2019. There are 12 people who receive injectable heroin everyday on site. AA has spoken with the chief pharmacist to gain an understanding of how that clinic works. The patients also have access to wider support services. He added here has been benefits to those patient as well as to the wider community.

AA said HAT has been recognised as a potential game changer for reducing drug related deaths in Scotland and has received financial backing from the Scottish Government, this year the government has pledged £400,000 for the role out of HAT clinics across Scotland, that funding is for this tax year, there is potential to take that forward and use the funding to do a feasibility study in Shetland. AA said the medical evidence and circumstantial evidence is there. AA referred to the RIOT trial. He asked members to consider if this is something we could look at for our context in Shetland, which is different to the urban areas, but we have a significant heroin use problem here that doesn’t show any signs of abating.

LT said he would be keen to hear more about the Greater Glasgow and Clyde treatment programme. AA said if we were to follow that model exactly it could be a challenge in recruitment, particularly pharmacist recruitment, but there are people who are keen to take HAT forward because it has such a substantial evidence base. He recommended a webinar on HAT available on the Scottish Drugs Forum website. DM said she had attended webinar on this and was keen to try something different, but stressed it would need to come with the wraparound package of social support. RM said he was absolutely behind AA with this. He informed that he was one of the first pharmacist in Scotland to be involved in the Methadone programme. He said he thought it could make a huge difference and reduce the incentive to bring illegal heroin into Shetland. KR asked if any of the models had provision for support for families of people who are accessing the service. AA said HAT manages the person’s addiction and to stabilise their life and takes away the chaotic nature of being involved with the illegal heroin networks, once peoples’ lives are stabilised there is the possibility of them accessing the wraparound services such as family support. LT suggested that member’s views or any questions could be directed through WM. AA said members were welcome to contact him also. WM offered to set up a separate working group if there was a keenness in the partnership.

1. **Finance**

7.1 21/22

KW presented a spreadsheet with the core budget for 21/22.

KW informed there had been some additional funding allocations this year.

* £24,422 - Support for the Delivery of the National Drugs Mission Priorities (recurrent). Not committed.
* £24,422 - Support for the Delivery of the National Drugs Mission Access to Residential Rehab (recurrent). Not committed.
* £17,095 Whole Family Approach (recurrent). Not committed.
* £82,745 Local Improvement Fund Investment – to go towards the Recovery Hub.

KW said the balance of the remaining funds comes to £110,000. He added that there is also ADP money in the IJB reserves of - £247,315

7.2 Additional Funds

WM explained she had proposed that the £24,000 support for delivery of the National Mission Priorities and the £17,000 Whole Family Approach funding streams be combined to support children affected by parental substance use, or their own substance use. She noted that this had been agreed at previous partnership meetings.

WM informed that under the recommendation of the working group they were looking at combining the Outreach and Near Fatal Overdose Pathways funding (approx. £29,000) to fund a harm reduction worker for the Recovery Hub. WM asked if the Partnership was happy to go with the recommendations of the working group. There were no objections. KW said this allocation is not recurring. WM informed it would be a fixed term post up until March 23. WM explained that anything attached to the Recovery Hub would be best suited to the non-recurring funds as the Hub has a wider remit and there is usually something within the funding streams that can fit, in terms of sustainability that was the best use of the funds. The recurring funds are more suited to projects like the Children’s Support worker which are more specific. LT noted that it was very difficult due to the way the Government is releasing the funding in these different streams and made sense to use the funding like this. He asked members if they were happy with this. There were no objections.

WM informed the £24,422 Residential Rehab funding is what the SIC are looking to be transferred over to cover the Council overspend on residential rehab. She added the government is clear that this funding is for rehab not detox so the detox element that the NHS funds would not be eligible for this pot of funding. WM asked if the ADP was happy that this funding be given to the local authority. There were no objections.

WM said the £82,745 is the core funds for the Recovery Hub.

WM said there is no firm plans for the Lived and Living Experience, but it was suggested that it sit with the Recovery Hub to tie in with that community networking element.

WM informed the Drug Death Task Force funding has been set aside for Community Pharmacy to pilot their new SLA. Unfortunately, they were not able to engage the community pharmacists. Government advised that this was not recurring funds, but its been received again in year 2 and is currently sitting unallocated.

KR asked if there was scope to support the shortfall in funding for the Lived Experience film, particularly with the Lived and Living Experience funding in mind. WM agreed it would fit in with this. WM asked KW for the total overall underspend in core budget. She added that it is unlikey that any of the specific funding streams will be spent this year. KW said there will be no underspend on the main allocation because there is a overspend of about £8,000. He asked if any of the non-recurrent funding could be used within year. KW said the bigger question around how much the ADP will be able to carry forward enters into a negotiation with the NHS. He added in previous years if the NHS has been unable to balance its books without this money then the ADP has kept it, but if the NHS needs these funds to balance then it becomes a different situation. He said for example the IJB NHS delivered services is looking to be overspent by 1.2 million, so the NHS is going to provide a top up payment to the IJB. He added if we were looking to ring fence this and carry forward for the ADP, then we could get into a situation where the NHS could say we will give you the top up payment for the IJB, but less the ADP balance. He asked how BC would feel about that as Chief Officer because that could mean that the IJB as a whole would be showing overspend in its books. KW said he had spoken to some of the other Chief Financial Officers around the country to see what happens with the ADP funding in other areas and it seems to be a mixed bag, some of them are ring fencing it and some of them are treating it the same way as Shetland. KW said he will need to have another discussion with NHS about this because it is a difficult situation. LT said it seems odd because it should be ring fenced across the piece, if that is what the money is for. WM said these additional funding streams are areas that she will need to report back to the Government on, so if they are pulled back into NHS funds,, it will need to be reported as such because they are specific funds for ADP projects. KW said hed agree with that, but it is a difficult balancing act. KW said he would speak to the NHS, he added that the NHS did not have its year end position yet. He said that in an ideal world this should all be carried forward and spent in line with government intentions, but unfortunately it is never as clear as that at year end. LT said his position for the ADP is that the money will be ring fenced for ADP projects and that is what we would expect, so if there is a shift on that we will need to have discussions around that and any decisions made will need to be evidenced to the Scottish Government. KW noted that the Health Board set a 3% savings target across the piece, but it never sets the ADP a savings target, it always fully funds the ADP. KW said there is arguments on both sides, for example if the detox budget was overspent the NHS would cover that, and if you had other areas that had overspent it would likely be expected that the NHS would help with that, so there is give and take here, we need to try and balance the whole system. KW said he fully appreciates that we need to do our best to carry these funds forward. WM highlighted that the ADP fully funds the NHS Substance Use Service which is not the case in every other area in Scotland. WM said from her perspective she was happy for some of the budget to be used toward the Lived experience film. KW said as long as if fits in with one of the allocations that should be fine.

7.3 22/23 budget setting

KW shared the 22/23 excel spreadsheet. He said that most of the things were at standstill and would be the same. He added there will be an increase in the main core allocations from the Government, but they have not heard what the increase will be. If we were to get the same as last year we would have a £19,000 shortfall, but we could maybe use some of the recurrent additional funds to balance that. WM asked the partnership if they were in a mind to continue funding what they currently do fund. There were no objections.

8.0 **For information/discussion**

8.1 Implementation of MAT Standards

WM informed she had shared the RAG analysis previously. She updated that they were asking for another one which is due next month. She added they are doing some work with the MAT Standards Implementation Support Team (MIST). WM is meeting with MIST and a nurse from SMRS to look at producing a project specification document that would detail any extra resource that we might need for implementing the MAT Standards through SMRS. She added the funding the government said was available is already oversubscribed. WM informed there are three workshops coming up around data collection for MAT which she will be attending along with somebody from the data team. WM said she had still not brought it to the IJB but that was something she would like to do, although the ADP drives forward the implementation of MAT the responsibility of implementation lies with the IJB.

8.2 BBV Testing

WM said the pilot SMRs were looking to run around dry blood spot testing for BBVs where they had asked £100 from the ADP, is now looking to be around £300. WM updated that SMRS were getting going with that and had purchased the dry blood spot testing cards and equipment.

8.3 DAISy

WM updated DAISy is up and running but it not is fully fundtioning. She added they are unable to pull out reports and coming across issues where patient records are locked in DAISy and unable to be amended. She informed SMRS had decided on an outcomes tool called Recovery Star. LT noted DAISy was obviously an issue nationally and asked what the plan was to address these issues. WM said they keep informing them that it’s getting fixed, all the ADPs are having the same problems, there are definitely concerns, they are pulling together working groups and are including ADPs in that. WM noted it has added more complexity to data collection rather than simplifying things. DM said the important thing for SMRS is that they are gathering some data to show how effective their interventions have been and not waiting around for them to come up with a model. DM said when we originally offered to get together, Justice and SMRS, it was to look at what we are gathering, it doesn’t have to be part of a formulated system, are we making improvement on the lifestyles, alcohol and drug use, are they in employment or education, are they in stable accommodation, basic things like that that you can gather through reviews or questionnaires. DM said that’s the kind of thing we need to know as the funders. She added we do not have a system in Criminal Justice the information is manually collated, something simple would be better than nothing. DM noted the Outcomes Star should give them some of that. WM said SMRS are looking at including outcomes data in the report for the next meeting.

8.4 Website

NC updated that they were hoping to have the website ready for a Christmas launch but unfortunately there has been a delay in the design stage. They have received the first visual design to look at and feedback on and have requested some minor changes to that. RW Design are now in the process of building the website and NC is working on getting the content together. NC said once it is ready to go live, it will be shared with the ADP and Forum for feedback. LT asked what the timescale would be. NC informed they are speaking about 1 to 2 weeks to build it which is happening at the moment and then another couple of weeks to populate. LT asked re plans to promote it. WM explained there are so many national campaigns going on that we would be able to link it to a campaign for launch.

8.5 ABIs

WM informed Health Improvement took on to do an improvement plan as part of their commissioned work they do on behalf of the ADP. WM said an EMIS template has been developed to include the screening and codes, to ensure all the ABIs are picked up on searches. They have adapted Orkney ADPs ABI training and Primary Care Pharmacy have agreed to pilot the training session. They are going to develop a pdf source to link to the template and developing ABI plus intervention whereby they would offer additional structured support. KR explained the ABI improvement plan has been sitting within their team. They have had some progress around the test of change around coding which has been positive. She added there are a few other parts that have been slower due to capacity with everything that has happened over the last year or so. KR informed that the member of their team who has been leading on this work has gone on secondment so they are currently recruiting to backfill that vacancy and this improvement plan will be a core part of what that post holder will take forward. She added that she hopes between now and the end of June, they will have a sharper focus on the ABI improvement plan.

9.0 **Service Activity/Decisions**

9.1 Performance Monitoring

LT said it would be good to have a representative from each project to come and speak through the papers at the meetings going forward. LT asked if that was something members would favour moving forward. There were no objections. **ACTION.**

WM highlighted that the waiting times look a bit skewed, but there is a note from Information Services explaining that the data was not available for a couple of months due to the switch over to DAISy.

WM noted there had been a dip in the needle exchange figures last year. She said this was in line with the national picture due to the Covid pandemic, but the figures are back up at 1,865 for one month which is quite high. She informed that some of that might be people getting additional equipment due to pharmacies being shut over Christmas, but it is in line with July and August. WM explained there was a piece of work done with an online tool around injecting equipment and when you look at the prevalence data it looks like that number of needles provided is nowhere near enough, so there is still a gap in injecting equipment provision services.

DM acknowledged the Bike Project case studies. She said she thought they were very useful, adding that from a Criminal Justice point of view they are more than grateful for the work that the Bike Project does. DM informed they were one of the few areas that managed to undertake a significant amount of unpaid work hours during Covid, because of the individual placements that the Bike Project delivered for us. They do deliver on outcomes and DM said that is really useful.

DM said it would be useful to have a bit of text below the SMRS waiting time figures so that we all know the reasons why it is not happening.

9.2 Members Updates

Housing

AJ updated she had shared the Rapid Rehousing Transition Plan so that everyone had a context around the Housing link into the Recovery Hub and how that service has developed, as a result of direction of travel around homelessness and the need for early intervention and the wraparound services. AJ said the numbers have been coming down over the past few years and the report puts a context around where homeless presentations come from, the circumstances that are out there, and how complex it is. She added there are often multiple layers of things going on that does require a partnership approach. The Recovery Hub is a good start to some of the complex cases that Housing have been dealing with and they are looking at how they can develop that. LT noted that mental health seemed to be one of the highest causes of homelessness.

Justice Social Work

DM updated that she had attended a good webinar from the Scottish Sentencing Council around the new guidance for Sheriffs, when they are sentencing young people up the age of 25. DM offered to share the recording. **ACTION**.

DM informed the courts have opened up and they are now seeing more high level complex cases coming through.

10.0 **Recovery Hub & Community Network**

10.1 Recovery Hub (including IEP service)

WM updated from the Recovery Hub report included within the papers. WM said the Naloxone service is up and running. There is still requirement for a harm reduction worker. The needle exchange is not officially open, they are waiting on the SLA which is going through joint governance. They have been providing safe injecting advice and wound first aid. Housing is continuing to work along with the Recovery Hub and that is going really well. The oral health clinics are operational. The one to one work is continuing and the Hub co-ordinator is providing all of that until she gets some more staff. The groups are continuing to meet, The Families Affected By, Women in Recovery and The Women’s Recovery group. The newly formed group is the Cocaine Anonymous Group, that is a self-supporting group and they are currently following a 12 step programme.

WM informed for the next 6 months - the injecting equipment provision is in progress. Neo 360 the data tool for the needle exchange is with Information Governance at the moment looking at data sharing agreements. Outcomes monitoring, it is looking like they will be getting access to the Better Futures tool. WM said some months back the ADP agreed to use some additional funding to fund admin support for the Recovery Hub, there is now a preferred candidate and hopefully they will be ready to start shortly. WM said we have agreed that we can use two of the other funding streams in combination to create a harm reduction worker. They are looking at a trainee post for somebody with lived experience that would be facilitated by the Scottish Drugs Forum, that costs around £20,000 a year and we had decided that there was money in the budget for the Recovery Hub to fund that.

WM said The Hub Co-ordinator has spoken about external evaluation for the Recovery Hub, she has been in touch with Early Action about the evaluation they had done externally and it is looking like it will cost £5,000 - £7,000. WM informed there would be funds in the Recovery Hub budget to cover that. WM asked if that partnership thought that would be a good use of funds, with a view to see what the Recovery Hub has achieved and going forward if the Recovery Hub is something the ADP would be looking to fund beyond the life of the pilot. LT said from what he could see the Hub was doing good job, but we would need to have the evaluation in place to continue supporting the Hub financially. BC said he would concur with that, anecdotally it is good and providing a good service, but to get some evidence around that and review that, looking at how we link the Recovery Hub, the community led support aspect and ethos behind that with the other community led aspects. BC said it would be a good moment in time to be doing that because other community led support projects are starting to get up and running as well. There were no objections from members.

10.2 Support for Children Affected by Parental Substance Misuse

WM updated she will be meeting with the Early Action team this week and then with Mind Your Head who are in the process of setting up a support service for children and young people. She added she is really interested to see how they have gone about that, and how they have linked that with support services and statutory services.

11.0 **Training**

NC updated there are couple of different courses coming up. The first is with on the 9th February with CREW which is a Scottish Charity specialising in psychostimulants and harm reduction, there were 25 places which were snapped up over a weekend. The training has been advertised through SIC, NHS, Shetland Drugs Forum and the ADP. We then four training days, Drug Awareness, Staying Alive, Understanding Stigma, Everyone Has a Story and Trauma & Substance Use coming up with the Scottish Drugs Forum from the end of February into March. She said there was a lot of interest in the training and they ended up with a waiting list so have spoken to the Scottish Drugs Forum about organising more training dates for the next financial from April to September to accommodate those who couldn’t get booked on the first lot of training, two of those days are already fully booked.

NC said are also looking into a training course provided by Alcohol Focus Scotland called Alcohol Affects Us All. The course is delivered online and costs £700 and they can accommodate 16 participants.

DM asked if this training is still part of the training partnership. She added it was decided last year that it would be useful if the partnerships got together and had an overall training partnership group, so that training could be planned and it would be attended by the third sector and you would prioritise and if funding was needed or there was a cross over between the partner parent organisations they could perhaps fund. She said I’m just aware that we are needing somebody to chair that because the previous chair is no longer in a position to do that. WH said I would welcome and be happy to be involved in the training group. WM updated there are two new chairs for the partnership, two of the Community Justice Co-ordinators, are going to take on the chairing between them. WM said we met last week to discuss getting that up and running again so that we can co-ordinate this across the board.

KR said I am aware there is a training programme being delivered by NES at the end of February, it is about the relationship between alcohol and anxiety and wondered if anybody was attending that course or knows about it. KR offered to circulate the flyer. WM said the flyer has been circulated to SMRS but that she wasn’t sure the level it was pitched at, if it was for more generic staff or more specialist staff. WM asked if KR could forward the flyer to NC to circulate to the partnership. **ACTION**.

12.0 **Subgroups**

12.1 Forum & Topical Working Group

WM updated the Forum met before Christmas and looked at what the Christmas campaign should be and decided on a selection of harm reduction messages which were put out through social media. WM said they spoke about the remit of the Forum and being more of an advisory body to the ADP. She said the Forum is looking to increase its lived and living experience membership.

13.0 **Meetings Update**

13.1 IJB

No updates. BC has left meeting so unable to update.

13.2 Licencing Board

CS updated that the board has been meeting as usual, but it has been very quiet. He said the Licence Board have been really encouraged by how the licensees have managed through the pandemic and have been very careful with all the restrictions. He added they received a good report from the Chief Constable in his annual report. The next meeting is the 21st Feb and the following one the 21st March.

13.3 Community Safety Resilience Board

No updates. LT informed he is no longer attending that board and it will be the Stuart Clemenson the new Area Commander attending in the future.

13.4 Mental Health Partnership

No updates, have not been meeting.

14.0 **Decisions/Actions**

Actions

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| --- | --- | --- | --- | --- |
| No. | Ref. | Action | Personnel | Timescale |
| 1 | June 6.3 | Partnership Delivery Framework to be taken to the Chief Officers Group. | DM | To be taken to the next meeting. |
| 2 | June 10.1 | Review terms of reference for the Forum to present to the ADP. | WM | Asap |
| 3 | Jan 5.0 | Share Quality Improvement Officer’s contact details with AM. | RC | Asap |
| 4 | Jan 9.1 | Representative from ADP funded project to present paper at next meeting. | NC | For next meeting. |
| 5 | Jan 9.1 | DM to share Scottish Sentencing Council video. | DM | Asap |
| 6 | Jan 11.0 | KR to forward NES flyer for NC to circulate. | NC | Complete. |

15.0 **AOCB**

LT said we might want to give some thought to the chairing of the group as we move forward as he has been in the role now over the three years. To be discussed at the next meeting.

**Date of next meeting**

2nd March 2022