



RECORD OF MEETING

TASK GROUP NAME:	Management and Performance Sub Group
CHAIRPERSON:	Tracey Gervaise
DATE OF MEETING:	01 December 2009
LOCATION:	Room 201, Council HQ, Elgin
APOLOGIES:	Mike Perera, Integrated Services Manager, NHSG (MP) Blair Dempsie, Operations Manager, TMC (BD)
ATTENDING:	Tracey Gervaise, Public Health Lead, NHS (TG) John Campbell, Support Team Lead, ADP, TMC (JC) Lynn Geddes, Director, MCA (LG) Hugh Mackie, Chief Inspector, Grampian Police (HM) Amanda Ware, Community Analyst, TMC (AW) Adrian Moar, Local Authority Liaison Officer, TMC (AM) April Charlesworth, Service Manager, TPS (AC) Richard Donald, Acting Head of Educational Support, TMC (RD)
MINUTES:	Donna Matthew, MADP Administrator, TMC (DM)

AGENDA ITEM/TOPIC	ACTION POINT	ACTION BY
1. Minutes and Action Points from Previous meeting	Minutes from previous meeting held on the 5 th October 2009 have been approved.	
2. Introduction of incoming Chair	JC advised that Tracy Gervaise (TG) had been nominated as Chair of the Management and Performance subgroup and had accepted the nomination. All present confirmed the appointment and wished TG well. TG stated that we would be looking into voting for a Vice	

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	<p>Chair. DM to send out nominations by email to all members of the group. The voting will be considered at the next M&P meeting on the 12th January 2010.</p>	
<p>3. Realignment of future M&P meeting date</p>	<p>JC informed the group that 2010 dates for M&P meetings will need to be reviewed due members unable to attend set dates. DM had sent out a Doodle but there was a limited response from the group.</p> <p>AC asked if the dates for Healthier Strategic Group (HSG) and Partnership meetings were included in the papers for any purpose. JC advised that as we were accountable to the Community Planning Partnership through the HSG, we were required to set meeting dates to merge with this cycle. TG also commented that this gives the group time to make any amendments required, by the Partnership, before being sent to the HSG. TG also commented that it would be a good idea to have a diagram showing the structure of the MADP for the group and partners so that everyone knows who we are reporting to etc. JC to take forward.</p> <p>It was decided that we would move previous dates for 2010 forward from the Monday to the Tuesday. DM to book rooms for these dates and send out to group.</p>	
<p>4. Developing the Strategy</p>	<p>JC informed the group that we have had develop very quickly the Strategy for 2009 – 2011 to ensure that the MADP had direction. It would be inappropriate for the MADP to go beyond 2011 due to timings of events happening i.e. the General Election at Westminster, Elections in Scotland and the end of the major funding streams. It would be good governance to work towards developing a new strategy to go beyond 2011.</p> <p>Time lines are still to be inserted into the strategy and the document will be sent out for wider consultation. The M&P will look at the key actions today to discuss further changes.</p> <p>The 1st consultation of the strategy went out to HSG, Partnership and the Finance and Commissioning Sub Group (F&C). This will go out for wider consultation once it has been developed further.</p> <p>JC commented that we have tried to keep the document</p>	

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	<p>as simple as possible and that it is up to date as we can get. We need to look at how we want to deliver locally through the key priorities and include a full funding picture.</p> <p>Anna Jermyn (Research Officer, TMC) will be completing a strategic assessment of alcohol and drug services over an 18 month timeline. This would be viewed over 2010/11.</p> <p>HM commented that he doesn't think we should have to do a strategic assessment. We should be looking at the healthier theme. HM doesn't think it fits with what the ADP are doing.</p> <p>TG informed the group that there would be more discussions on this at Community Planning (CP) level.</p> <p>JC also informed the group that any feedback on the Strategy was welcome but should be submitted by 6th December.</p>	
<p>5. Action Points (Section 6)</p>	<p>JC informed the group that we are looking at the 6 key points from the 'Road to Recovery' to inform our strategy. There are 2 sections that could easily slip into each other. The sections are Children's and families (6.4) and Families (6.5). These can slip into support each other.</p> <p>TG commented that she had met with JC and completed a mapping exercise that brought information together, so the points still need some tweaking. Due to budget cuts we should look and focus on safe delivery of what we have set our selves up to do.</p> <p>Included in the papers was a tool that MCHSCP have been using to monitor performance. This is to give the group an idea on what template we can use to monitor our performance until we have a corporate design. The template has columns for the target, milestones and who is leading. The template will also break down higher level and lower level targets. This should be used to further breakdown the high level outcomes that will be evidenced in section 6 of the strategy and managed by the M&P subgroup. HM advised that it would be useful to take a half day out to put this together at a future date.</p>	

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	<p>JC informed the group that Sandy Riddell (Director of Community Services, TMC) met with ministers last week.</p> <p>AC commented that the information on the key points seemed to be all based on quantity and not quality. TG advised that this was completed through a mapping exercise for a start and it is up to this group to identify the changes needed such as where does funding go. We need to work together on this.</p> <p>LG thought there was a problem with the quality issue as stated above. There was very little of the voluntary sector in the strategy and it would be hard for services such as Moray Council on Addiction accessing funding. A lot of children and families work is done by voluntary sector and this is not shown in the document. TG replied that everyone will have an opportunity to go through all priorities to see where everyone fits in. It was also pointed out that this is a high level strategic document and does not specifically identify who, other than statutory commitments, will deliver operational services.</p> <p>HM commented that we should articulate national outcomes and local outcomes. We need to look at what we need in order to do our business. We should also be clear on the outcomes that we are working towards; this will follow on and will be a lot easier.</p> <p>TG commented that the group need to contribute as much as possible. We need to ensure we get this correct. If an extraordinary meeting needs to be set up then this can be arranged.</p> <p>6.1 Prevention</p> <p>JC informed the group that the key priorities are formed from national strategy and D&A framework which was developed by the Scottish Government.</p> <p>We are trying to look right through all areas including early year's experiences. ABI is a heat target that we need to deliver on as well as Safer Streets, D:Rug, AA, Op Avon, MIB, Health Improvement Officer etc. That is just the starting point. What else is there that we can do? Fit into one heading, then break down to a balance card. What have we missed and not got? How do we</p>	

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	<p>link to get 4/5 higher level actions?</p> <p>LG commented that a lot of peer work is being done. There is a perception of what young people think of alcohol. The Loft is currently working on this as well as the Health Point and YPAC. A lot of this is being done through education which is being led by the voluntary sector. All of this is not included in the strategy. It was noted that most, if not all of this work was commissioned by statutory services.</p> <p>TG informed the group that we can take a priority to another theme group (i.e Wealthier and Fairer) if we need to as this is more accessible.</p> <p>6.2 Recovery</p> <p>HM commented that arrest referral is more on the recovery side of things more than law enforcement. This should maybe be changed.</p> <p>LG also commented that counselling meets heat target 74. Treatment recovery is done by voluntary sector. This should also be added in to recovery. JC advised that we should maintain the strong link to National outcome 6 and include 8 and 9 but we should not divert too far from this.</p> <p>LG asked if employment is important and should be included. JC replied that employability is a large piece of work and we are unsure of where we are with employment. The F&C Group are currently looking at a solution for employability.</p> <p>LG asked if detox is under client pathways and JC said yes. Community detox is included in tier 3 and not buying in recovery.</p> <p>Law Enforcement</p> <p>AM commented that Op Avon sits with prevention as well as safer streets. Domestic violence is also more prevention than law enforcement.</p> <p>HM also commented that Op Avon is more prevention than law enforcement would be how much drink we have</p>	

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	<p>seized. HM asked about SOA on alcohol violence. Where does that sit in our group? One of the outcomes that Grampian Police are trying to reduce is alcohol fuelled violence.</p> <p>HM asked if it is possible to have 1 point in 2 different sections.</p> <p>TG commented that this does over arch a few things but as long as we can cross reference to this then it will be recorded in the plan. MCHSCP score card shows that it is a huge business but is only on 10 priorities.</p> <p>6.4 Children’s and Families and 6.5 Families</p> <p>LG asked what the definition of children was. As young people can be classed as over 25 etc. TG replied that the National Strategy didn’t give any information on definition of children.</p> <p>AC also asked if there is a definition for carers. This again needs to be clearer in what a carer is. JC replied that we would take the definition from the Moray Carers Strategy.</p> <p>TG asked RD how this reflected in curriculum for excellence. RD commented that there is currently health in schools but this would come under Prevention.</p> <p>JC informed the group that Community Planning commented that the families’ part was weak and that is why we should incorporate with section 6.4 (Children’s and Families).</p> <p>Service Delivery</p> <p>JC informed the group that we are looking to work towards a Single Door Access. All referrals will go through one point. We will be able to monitor this pathway to show the person is moving into the service they require, and more importantly exiting services.</p> <p>LG asked if AA and AI Non would be included in the Single Door Access? JC replied that this will be part of recover pathway. We have to ensure we are allowing people to move through the system and that targets are</p>	

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	<p>set. Services to allow people to go into tier 3 and 4 services. Allow pathway to have that movement through and have support services wrapped around that. Ensure we are providing key services.</p> <p>TG informed the group that the additional changes to the strategy would be made and then further developed before being circulated for final consultation.</p>	
7. Date and Time of next Partnership meeting	<p>The next meeting will be held on the 12th January 2010 in Room 201a, Council HQ, Elgin.</p> <p>Addendum</p> <p>Please note the meeting will now be held at 11.00am.</p>	

CHAIRPERSON'S NOTES/COMMENTS

ISSUES TO BE REPORTED TO *Moray Alcohol and Drug Partnership*

CONSULTATION PROCESS – PARTICIPANTS/OUTCOMES (where relevant)

DETAILS OF EVIDENCE RETAINED AND LOCATION

252 High Street, Elgin, IV30 1BE