

ITEM No ...4.....

REPORT TO: POLICY AND RESOURCES COMMITTEE - 13 JANUARY 2020

REPORT ON: DUNDEE ALCOHOL AND DRUG PARTNERSHIP ACTION PLAN

REPORT BY: CHIEF EXECUTIVE

REPORT NO: 21-2020

1.0 PURPOSE OF REPORT

- 1.1 To present the recommendations of the independent Dundee Drug Commission and the action plan developed by the Dundee Alcohol and Drug Partnership.

2.0 RECOMMENDATIONS

- 2.1. Committee is asked to:

- (a) endorse the Dundee Alcohol and Drug Partnership (ADP) Action Plan for Change;
- (b) agree to the appointment of two elected members to the Dundee Alcohol and Drug Partnership as per paragraph 4.2.8 of the report (one member of the Administration and one member of the Major Opposition Group).

3.0 FINANCIAL IMPLICATIONS

- 3.1 Any additional costs associated with the Dundee ADP action plan will be met from partners' revenue budgets. Additional funding will be sought from Scottish Government and the Drug Deaths National Taskforce to augment and accelerate improvement activity.

4.0 BACKGROUND

4.1 Dundee Drug Commission

- 4.1.1 Due to increasing concerns in relation to the impacts of drug use in Dundee, leaders from the Dundee Partnership asked the Dundee ADP to establish an independent Commission incorporating the strengths and good practice of the Fairness Commission including research, community engagement, user perspective, a partnership approach and a focus on practical recommendations for action.

- 4.1.2 The Dundee Drugs Commission was therefore established and launched at a Dundee Partnership conference in March 2018. Twenty members were recruited, including people with lived experience of substance use and family members affected by a loved one's use of substances as well as academic, professional and service experts. The Commission was tasked with considering what more could be done to turn around the rate of drug deaths in Dundee. The Commissioners were asked to begin investigating the causes and consequences of drug deaths here and to come up with recommendations on practical and achievable actions to reduce drug use and fatalities locally - and also nationally.

- 4.1.3 The Commission met for the first time in May 2018 followed by a further eleven formal meetings up until July 2019. Six of these meetings contained an open, public evidence session where members of the public and local media were invited 'into the room' to observe proceedings.

- 4.1.4 Sources of intelligence included online calls for evidence; focus groups with service users/families; visits to services; staff focus groups; key stakeholder meetings and interviews; literature and evidence review; international research case studies; and 'deeper' dive of drug death data.

- 4.1.5 The report <https://www.dundeeecity.gov.uk/sites/default/files/publications/part1reportfinal.pdf> was launched in August 2019 and presented its recommendations at a specially convened Dundee Partnership Forum attended by over 132 delegates in October 2019. These included community representatives, councillors, MSP's, and staff from the public, voluntary, and private sectors. Importantly, the community representation included people with lived experience and family members affected by the issue. Given the importance of the issue and the need to communicate discussions at the Forum to audiences across the city, a full report of this event was produced incorporating the views expressed by attendees. This is available on the Dundee Partnership website:
https://www.dundeeecity.gov.uk/sites/default/files/publications/20191023_dpforumreport.pdf
- 4.1.6 The Commission made a series of 16 recommendations (See Appendix 1) focused around:
- (a) the need for cultural change across drug treatment services, related disciplines and communities of Dundee, and changes in local systems that will help facilitate such cultural change;
 - (b) an holistic 'system' model - including primary care provision; and
 - (c) the causes and effects of drug use.
- 4.1.7 Furthermore, given the national challenges on drug deaths across the country acknowledged by the Scottish Government, the Commission highlighted a number of areas that would require political leadership at a Scotland/UK level. These include matters such as regulation, funding, use of devolved powers, use of data, resourcing toxicology testing and the disproportionate impact of substance use on women.

4.2 Dundee Alcohol and Drug Partnership Action Plan for Change

- 4.2.1 The Independent Chair of the Dundee Alcohol and Drug Partnership presented an initial set of immediate and urgent actions to the Dundee Partnership Forum on 23 October. These have been fully developed into an action plan (see Appendix 2) that will deliver a combination of immediate improvements and carefully designed long-term change. The full action plan:
- has been developed on behalf of the Dundee Partnership and as such it reflects a broad partnership approach for working with vulnerable individuals and families affected by substance use.
 - considers the underlying causes of substance use including mental health, adverse childhood experiences (ACE) and gender-based violence.
 - contains a focus on specific substance use issues: including prescribing practices, access to and maintaining engagement with specialist services, rapid response to non-fatal overdoses, tackling stigma and being informed by lived experience.
 - incorporates efforts to tackle trauma and mental health (including ACE), working with vulnerable women and children (affected by multiple and complex issues), linking to sexual health, and resilience and prevention work within schools focusing on health and wellbeing.
- 4.2.2 The timescales identified within the plan are ambitious and will require collective prioritisation across all Community Planning partners. Chief Officers from across the Community Planning Partnership are committed to supporting the workforce to deliver against these timescales. While the ADP will lead on monitoring and scrutinising progress, any areas that are not being progressed at the required pace will be escalated to the Chief Officers Group (Public Protection) and onwards to the Dundee Partnership Management Group as necessary.

- 4.2.3 A performance management framework will enable the ADP, and other relevant Community Planning groups, to track the completion of actions and to evaluate their impact on the wellbeing of individuals, families and communities. Each action within the plan will also be supported by a more detailed delivery plan that identifies key milestones for implementation with associated timescales and identifies appropriate measures of impact.
- 4.2.4 Although this plan has a focus on Dundee it does not exist in isolation. There is an expectation that the lead officers and working groups identified within it will take an approach that is evidence based, cognisant of best practice across Scotland and beyond, and supports innovation. There will also be a need to consider in further detail how the work in Dundee links to and is supported by work at a national level, including the work of the National Task Force. The National Task Force will hold its next meeting in Dundee on 15 January and a significant part of the agenda will be dedicated to the Dundee Drug Commission recommendations and the Dundee ADP response.
- 4.2.5 Alongside the creation of the action plan, a number of measures have already been implemented since the Commission's report was published in the summer. These include:
- rapid engagement with people who have suffered a non-fatal overdose - front-line staff are meeting daily to review information from the Scottish Ambulance Service, in a bid to ensure that any vulnerable individuals identified are offered assistance more quickly.
 - options for same-day prescribing are being tested, as is more assertive outreach work to help people stay engaged with treatment services.
 - peer support to assist people's recovery is already becoming established.
 - closer working with third sector partners around hubs in the city centre, Lochee and Stobswell is providing wider access to support in local communities.
 - nurses who work with children and families are undergoing training to become non-medical prescribers. This is intended to provide faster access to treatment and ensure a whole family approach to services.
 - initial discussions with individuals with lived experience to work with the ADP to co-produce opportunities for their greater involvement in service planning and design.
- 4.2.6 Recommendations from a separate report into the specific needs of women affected by substance and domestic abuse, and who could also be involved in prostitution, will be put into place. These reflect the voices of women with lived experience of these issues across the city.
- 4.2.7 The ADP has made a meaningful commitment to incorporating the voice of lived experience in all aspects of its work. Initial discussions have begun with individuals with lived experience to work with the ADP to co-produce opportunities for their greater involvement in all service planning and design. This process will be supported with the assistance of the Scottish Recovery Consortium.
- 4.2.8 A comprehensive review of the membership of the Dundee ADP has been undertaken. All members are now of sufficient status to commit to action on behalf of their organisation. Thereafter, members will be held accountable for delivery against them. Further clinical expertise has been added through the Health and Social Care Partnership's Associate Medical Director and also NHS Tayside's Lead Pharmacist for substance use. To maximise the democratic scrutiny and reporting of the ADP's work to implement this action plan, the Council has been invited to appoint two elected members. Invitations have been extended to the Council's Administration and Major Opposition Groups

5.0 POLICY IMPLICATIONS

- 5.1 This report has been subject to an assessment of any impacts on Equality and Diversity, Fairness and Poverty, Environment and Corporate Risk. A copy of the Integrated Impact Assessment is available on the Council's website at www.dundee.gov.uk/ia. The measures in this action plan will have a direct impact on health and social inequalities experienced by substance users, their families and communities.

6.0 CONSULTATIONS

Extensive consultation informed the Dundee Drug Commission report and all partners have been engaged in the production of the action plan for change. Council Management Team members have been consulted in the preparation of this report.

7.0 BACKGROUND PAPERS

None.

DAVID R MARTIN
CHIEF EXECUTIVE

DATE: 20 December 2019

APPENDIX 1: DUNDEE DRUG COMMISSION RECOMMENDATIONS - AUGUST 2019

A. CULTURE AND SYSTEMS

- 1:** The Dundee Partnership must do all that is necessary to achieve the required standard of leadership - the test of which will be that agreed changes are owned and supported by the statutory and third sectors, recovery communities, service users and families.
- 2:** Challenge and eliminate stigma towards people who experience problems with drugs, and their families, across Dundee to ensure that everyone is treated in a professional and respectful manner.
- 3:** Language matters. People who experience problems with drugs, and their friends and families, are part of our communities - let's make them feel like that.
- 4:** Level the 'playing field' to ensure that all partners, statutory and third sector are held equally accountable. This is necessary to enhance patient safety and quality of provision. The balance between current centralised statutory and other provision needs to be changed.
- 5:** Meaningful involvement of people who experience problems with drugs, their families and advocates.
- 6:** Learning from the things that have gone wrong - attention to continuous improvement to benefit others who are vulnerable.

B. A HOLISTIC 'SYSTEM' MODEL - INCLUDING INTEGRATED PRIMARY CARE PROVISION

- 7:** Choice is important and having the choice of accessing a full menu of services (including community and/or a residential setting) to support recovery should be available to people in Dundee.
- 8:** The provision of services currently offered by Integrated Substance Misuse should be delivered through the development of a new 'whole system' model of care. This should be structured via a joint and equal partnership with both primary care and the third sector, with the key purpose of utilising the unique strengths of all partners.
- 9:** Reframe all substance use services to prioritise access, retention, quality of care and the safety of those using services, in line with the evidence base including, but not limited to: improved retention through having an unambiguous 'no unplanned discharges' policy; optimised Opioid Substitution Therapy; psychological treatments; assertive outreach; and broad integrated care.
- 10:** Involvement of primary care and shared care models.
- 11:** Review and refresh the community pharmacy model for Opioid Substitution Therapy engaging all stakeholders to develop an integrated and holistic approach to the care and treatment of people who use substances. Look to establish a new Community Pharmacy model with additional support.
- 12:** Commission a comprehensive independent Health Needs Assessment for people who experience problems with drugs.
- 13:** Full integration of substance use and mental health services and support. This is recommended UK and international best practice - and it needs to happen in Dundee. Trauma, violence, neglect and social inequalities lie at the root of both mental health problems and substance use problems and most people with substance use problems also have mental health problems.

C. CAUSES AND EFFECTS OF DRUG USE

- 14:** Address the root causes of drug problems.
- 15:** Ensure that the needs of women who experience problems with drugs are assessed and addressed via adoption of gender-mainstreaming and gender-sensitive approaches to service planning.
- 16:** Attend to the intergenerational nature of substance use problems and place the safety and wellbeing of children at the heart of all planning, alongside proactive support for parents. Explore the creation of family support workers in the third sector that can provide support ahead of families reaching crisis point and requiring social work intervention.

Dundee Partnership: Action Plan for Change

RESPONDING TO THE REPORT OF THE INDEPENDENT DRUGS COMMISSION

This plan has been developed on behalf of the Dundee Partnership and as such it reflects a broad partnership approach for working with vulnerable individuals and families affected by substance use. Existing structures, including the Protecting People approach, will be key to the implementation of this plan.

We recognise that in the past when planning and structuring services, we have tended to consider substance use in isolation of the underlying issues that cause it, with not enough consideration to other vulnerability issues, including mental health, adverse childhood experiences (ACE) and gender-based violence.

This plan contains a focus on specific substance use issues: including prescribing practices, access to and maintaining engagement with specialist services, rapid response to non-fatal overdoses, tackling stigma and being informed by lived experience. In addition, the plan also incorporates efforts to tackle trauma and mental health (including ACE), working with vulnerable women and children (affected by a whole range of other issues, including substance use), linking to sexual health, and resilience and prevention work within schools focusing on health and wellbeing. Moreover, elements of this plan have been linked to on-going transformation processes, including the Transforming Public Protection process (and specifically the Leadership improvements being progressed through this programme).

The implementation of this plan is the responsibility of the entire Community Planning system, with the ADP taking a lead on monitoring / scrutinising progress and escalating any areas that are not being progressed at the required pace to the Chief Officers Group and onwards to the Dundee Partnership.

Following an initial period of action to address some of the most urgent issues identified by the Drug Commission report, such as establishing the Non-Fatal Overdoses test of change, this action plan has been developed in collaboration with a wide range of stakeholders. It represents our current assessment of the actions required to address the findings of the Drugs Commission, however the plan will be an evolving document. We are committed to the implementation of the actions contained within the plan but know that there will be a need to recognise quickly where any actions are not progressing as we have anticipated or are not having the predicted impact and to adapt our approach accordingly.

The timescales identified within this plan are ambitious and will require collective prioritisation across all Community Planning partners. They represent our best assessment of likely timescales for completion of actions at this point in the development of the plan. Chief Officers from across the Community Planning Partnership are committed to supporting the workforce to deliver against these timescales.

This plan will be supported by a separate performance management framework that will support the ADP, and other relevant Community Planning groups, to not only track the completion of actions but to evaluate their impact on the wellbeing of individuals, families and communities. Each action within the plan will also be supported by a more detailed delivery plan that identifies key milestones for implementation with associated timescales and identifies appropriate measures of impact. These detailed action plans are currently being developed by the lead officer, supported by the working groups they are chairing.

Although this plan has a focus on Dundee it does not exist in isolation. There is an expectation that the lead officers and working groups identified within it will take an approach that is evidence based, cognisant of best practice across Scotland and beyond, and supports innovation. There will also be a need to consider in further detail how the work in Dundee links to and is supported by work at a national level including the work of the National Task Force.

Key Priority	Relevant Commission Recomm.	Responsible for Actions Planning	Specific Actions – for completion by workgroups	Lead Role/ Group	Target for completion	Outcomes / Indicators of success
1	Tackling the immediate risk factors for drug deaths	9 Drug Death Action Plan workgroup (DDAP), supported by work of the Tayside Drug Death Review Group and Tayside Overdose Prevention Group	<p>Lead the implementation, evaluation and subsequent sustainable delivery of the Non-Fatal Overdose Pathway, including:</p> <ul style="list-style-type: none"> - Design, run and evaluate the Test of Change; - Support the securing of resources to implement findings from the ToC; - Utilise learning from the ToC to review organisations' approach to non-fatal overdose and develop a partnership brief intervention model and associated staff training. <p>Commission the design and delivery of a behaviour change intervention to prevent further overdose using a health psychology model</p> <p>Establishing and evaluate an Early Trends Monitoring system to co-ordinate and support the delivery of proactive and reactive harm reduction messages of emerging drug death trends</p> <p>Explore the development of a Risk-Assessment tool for multi-agency use to guide the response to supporting people affected by drug use.</p>	<p>Chair of the DDAP workgroup/ Lead Pharmacist</p> <p>Sexual Health & Blood Borne Virus Managed Clinical Network / ADP</p> <p>Public Health Consultant/ Chief Inspector Communities/ Tayside Overdose prevention group/DDAP group</p> <p>Chair of DDAP Workgroup</p>	<p>May 2020</p> <p>Summer 2021</p> <p>December 2020</p> <p>March 2020</p>	<p>All NFODs in Dundee are responded to within 72 hours.</p> <p>There is a defined early trends monitoring system in place, which provides an initial response within 72 hours.</p> <p>Relevant and proportionate information is shared to keep individuals safe.</p> <p>There is optimal cover of the Take-Home Naloxone programme to keep individuals safe.</p> <p>Reduction in the number of overdoses.</p>

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			Extend the Take-Home Naloxone Programme to provide optimal coverage and ensure front-line staff, individuals / families and friends are able to access the training to ensure participation in the programme.	Naloxone Lead (Access Directorate NHS Tayside)/ H&SCP	By April 2020		
2	Urgently increase the capacity and capability of specialist services to support access, quality and safety.	9	Whole System of Care workgroup/ H&SCP/ ASP Committee/ Mental Health SPG	Evaluate direct access clinic model to determine future capacity requirements and options in line with the development of a pathway	Whole System of Care workgroup	June 2020	<p>There is an increase in the number of people (in line with estimated prevalence) accessing support and treatment.</p> <p>The option of same day prescribing is available to all the individuals assessed to benefit from it.</p> <p>There is a reduction in the waiting times for access to OST and improve retention of people in treatment.</p> <p>There is improved progression of individuals through support and recovery pathways.</p>
			<ul style="list-style-type: none"> Agree the business case for bridging resources to increase capacity of treatment services to manage current and predicted levels of demand for treatment and ensure a response case management model of support; Work with partners to identify a different name to Integrated Substance Misuse Service 	ADP	End January 2020		
			<ul style="list-style-type: none"> Review and test options for same day prescribing; Implement models to support quick access to treatment options. 	H&SCP/ Consultant Psychiatrist	March 2020		
			Increase the level of non-medical prescribing through recruitment and training opportunities	H&SCP Head of Service	January 2022		

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3	9	Whole System of Care workgroup (under discussion)	<ul style="list-style-type: none"> Pilot assertive outreach model within Integrated Substance Misuse Service to support those at risk withdrawing from support Pilot assertive outreach models within the community delivered by third sector services 	H&SCP Head of Service	June 2020	The number of people discharged from services in an unplanned way is reduced to a minimum.	
		H&SCP	Embed a range of service provision (statutory and third sector services) in key sites across Dundee with the aim of supporting people to continue to expand substance misuse services providing support within various community locations across Dundee	Whole System of Care workgroup	June 2020		There is an increase in treatment and support options available to individuals and uptake of these options.
			<ul style="list-style-type: none"> Expand the Housing First Model, including additional support for vulnerable women. As part of the review of temporary accommodation consider the need for women-only accommodation options. 	Whole System of Care workgroup	June 2020	Individuals are better supported to maintain engagement and progress with their recovery.	
			<ul style="list-style-type: none"> Progress the on-going development of a Peer-Support Framework and support the implementation of the Framework; Develop a whole-system Advocacy Framework and commission supports for the Framework 	Whole System of Care workgroup	October 2020		
			Work in partnership with the Harm Reduction Nursing Team to develop referral pathways and shared care models	Whole System of Care workgroup / Sexual Health and Blood Borne Virus MCN	June 2021		
				Develop a commissioning framework to support access to residential rehabilitation options	Whole System of Care workgroup	April 2020	People leaving prison custody with an identified need have a recovery service access point in the community
			Tayside/Fife Throughcare Network	In partnership review and update the Tayside “Pathways” for people leaving prison custody to ensure there is a clear route to access community based recovery services for	Chair of the Throughcare Network	September 2020	

Key Priority		Relevant Commission Recomm.	Responsible for Actions Planning	Specific Actions – for completion by workgroups	Lead Role/ Group	Target for completion	Outcomes / Indicators of success
			Group	those who have an identified need	reporting through the ADP		
4	Implement a revised person centred, seamless, sustainable and comprehensive model of care	7,8,10,11,13	Whole System of Care workgroup/ HSCP	<p>Map and development and co-produce an agree pathway for people who use substances which supports a recovery model, built on integrated service delivery based within local communities, that provides access to a range of treatment and support options</p> <p>Redesign service pathways, functions and delivery models in line with agreed pathway and commission services to implement the model</p> <p>Agree a model of shared care within general practice</p> <ul style="list-style-type: none"> - Test out model of shared care within the three 2c practices - Evaluate and consider how the model can be delivered within communities and/or near where people live <p>Improve access to Mental Health Services</p> <ul style="list-style-type: none"> - Review and develop protocols for referral and access to service - In line with decision of Scottish Government funding decisions, review options to develop service which have an integrated response for people with mental health issues who use 	<p>Whole System of Care workgroup</p> <p>Whole System of Care workgroup</p> <p>H&SCP Head of Service</p> <p>Whole System of Care workgroup</p>	<p>December 2020</p> <p>December 2020</p> <p>December 2020</p> <p>June 2020</p>	<p>Individuals and families in Dundee affected by substance use have easy access to services within their localities.</p> <p>There is access to high quality shared care model for people experiencing mental health issues who use substances.</p> <p>Dundee has in place a whole-system model of care, including statutory and 3rd sector organisations and based on a locality model (including the 3 community hubs).</p>

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				substances			
				Implement the recommendations from the Independent Evaluation of the 3 Community Hubs	Whole System of Care workgroup/ Resilient Communities	December 2020	
		Conduct a comprehensive Independent Needs Assessment	NHS Tayside Public Health Directorate	Consult and agree on an initial HNA scoping document	Director of NHS Tayside Public Health	End December 2019	Robust and up to date information is available to direct planning, improvement and commissioning decisions.
				<ul style="list-style-type: none"> Agree collaborative commissioning model with national colleagues for timely delivery of a HNA for consideration by the Partnership. This proposal will contain timescales and resource requirements including consideration of how to undertake qualitative elements of the HNA Undertake qualitative work to understand why people are disengaging from care. 	Director of NHS Tayside Public Health	End January 2020	
5	Win the trust and confidence of all stakeholders through effective Leadership, Governance and Accountability	1,4,6	ADP / Chief Officers Steering Group	<ul style="list-style-type: none"> Implement and support the new Governance of the ADP; ensuring explicit lines of accountability and actions are clear and measurable; and Complete and implement the revision of structural arrangements for the governance of Multi-Agency Public Protection strategic groups and ensure the ADP transitions effectively into the new PP governance arrangements Revise the role of the Independent Chairs to establish a shared expectation of their contribution to leadership, 	ADP Chair / ADP H&SCP Senior Manager, Strategy & Performance/ Chief Officer Group	February 2020 April 2020	Effective governance arrangements are in place to lead on and progress efforts to protect vulnerable individuals and families in Dundee. Chief and Senior Officers are aware of and respond to risks in a

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			<p>governance and accountability;</p> <ul style="list-style-type: none"> Establish a strategic risk register for the COG to guide focus of work and to support accountability arrangements for the Protecting People structure; and Implement a Risk Assessment framework specifically focused on the ADP 	<p>Strategy & Performance/ Chief Officer Group</p> <p>ADP Implementation</p>		<p>joint-approach.</p> <p>The ADP has robust and up to date information to inform its decisions.</p> <p>Leaders in Dundee are supported to make informed decisions and exercise robust scrutiny.</p>
			Negotiate and implement an initial Key Performance Indicators (KPI) framework that provides up-to-date insight into the performance of all key services in both the statutory and third sector.	ADP Implementation Group	March 2020	
			Work to enhance the knowledge, understanding and engagement of all Elected Members around the underlying causes of substance misuse issues.	Protecting People Team	December 2020	
			With support from Scottish Government, adopt the <i>Partnership Delivery Framework to Reduce the Use of and Harm from Alcohol and Drugs</i> (focus specifically on section 10 of the Framework)	Dundee ADP/ Scottish Government	April 2020	
			Participation in Scottish Trauma Informed Leaders Training and proposed pilot activity	See details in Priority 9 below.		
6	5	Resilient Communities workgroup	<p>The actions within Key Priority 6 will be informed by the work on Trauma-Informed Leadership pilot, specifically the lived experience element (see Key Priority 9 below)</p> <p>Expand the recruitment of volunteers to support recovery and tackle stigma within communities, incorporating a volunteer training programme</p>	<p>Chief Executive DVVA/ Lead Officer to the Peer Recovery Network</p>	December 2020	<p>Increase in recruited volunteers.</p> <p>People with lived experience are actively participating in all aspects of the</p>

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	drugs, families and carers and those that advocate for them			Establish a Lived Experience Quality group to ensure that involvement of people with lived experience is embedded effectively and meaningfully across the ADP structure and the wider delivery of support.	Chief Executive DVVA / Peer Support Co-ordinator/ ADP Implementation Group and all Workgroups	March 2020	implementation of this plan. The work of all ADP Workgroups is informed by and engages with individuals with lived experience.
				Support the delivery of two development sessions, each year to bring together people who use supports, families and service providers to share information and test out progress.	ADP Implementation Group	December 2020 and annually	
7	Confront and address stigma and strengthen mutual and community support	2,3	Resilient Communities workgroup / Fairness Commission	Further develop and expand delivery of awareness workshops to local community groups and services within every locality to raise awareness of how stigma impacts on individuals' health and wellbeing.	Community Health Team; DVVA	December 2020	Individuals and family affected by substance use are treated in a professional and respectful manner. There is a city-wide support for recovery and a reduction in stigma from local communities. Individuals in recovery are active and contribute to their communities.
				Promote and increase uptake of the Recovery Friendly Dundee pledge across organisations, businesses and community groups	Community Health Team	December 2019	
				Implement a <i>Language Matters</i> campaign to challenge use of stigmatising language.	Senior Health Promotion Officer/ DVVA/ Community Planning Manager/ Fairness Commission	June 2020	
				Promote the range of community groups and opportunities which contribute towards positive health and wellbeing and wider Local Community Planning Partnership priorities, supporting involvement of local communities, including people with lived experience of substance use.	Communities Officers via LCPPs/ DVVA	By October 2020	

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			Work in partnership with the Sexual Health and BBV Managed Care Network to reduce stigma associated with Hepatitis and HIV	Resilient Communities workgroup / Sexual Health and Blood Borne Virus MCN	December 2020		
8	Keep children safe from substance use and its consequences	16	Children and Families Workgroup/ Child Protection Committee/ C&Fs service	Three new non-medical prescribing trainee nurses will be placed within Children & Families Teams (one at the East locality, one at the West and one with the Intake Team). Support the 3 nurses to complete their NMP qualification	Service Manager (Acting) C&Fs Service/ Service Manager Integrated Substance Misuse Service	January 2020 January 2021	Parents who are affected by substance use receive fast access to treatment and are supported to maintain engagement.
			Progress work with 3 rd sector organisations (including Aberlour, children 1 st and TCA) to establish and agree their role in delivering Tier 2 support to families (and ensure the children are supported) earlier on and throughout the recovery process.	Service Manager (Acting) C&Fs Service/ Service Manager Integrated Substance Misuse Service/ 3 rd sector	April 2020	Children & families are safer and better supported. There is a whole-family multi-agency model of care in place to ensure vulnerable children at significant risk are safe.	
			Hold 4 joint development sessions for front-line staff within Integrated Substance Misuse Service, C&Fs Teams and key 3 rd sector organisations to progress and facilitate the interface and joint working between C&Fs and Adult services, and encourage a focus on the whole family.	Service Manager (Acting) C&Fs Service/ Service Manager Integrated Substance Misuse Service/ Senior Advisor Learning and Organisational Development	December 2020	There is active participation from the substance use workforce in child care and protection processes.	

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			Integrated Substance Misuse Service will work closely in partnership with the Children & Families Service to identify a process which will support the increased attendance of staff at CP conferences and the provision of relevant information to support the decision-making at conferences	H&SCP Head of Service/ Service Manager (Acting) C&Fs Service/ Service Manager Integrated Substance Misuse Service	December 2020	There is improved recognition, awareness and response within substance use services to women, children and young people experiencing gender-based violence.
			Increased meaningful contribution at CP conferences, through attendance of staff and other appropriate mechanisms, to address significant risk currently noted on Datix Risk Register.	H&SCP Head of Service/ Service Managers Integrated Substance Misuse Service/ PP Lead Officer Child Protection	February 2020	
			Develop a continuum of services (following on from the New Beginning Service) for vulnerable women (those with multiple and complex needs), and broaden the range of gendered services that provide intensive and tailored programmes to address their needs	Gendered Services Group	April 2020	
			We will continue embedding the Safe and Together and MARAC approaches in Dundee with a specific focus on embedding this approach within substance use services.	Lead Officer VAW/ Service Manager (Acting) C&Fs Service/ H&SCP Head of Service	December 2020	
			Through the Transforming Public Protection work: <ul style="list-style-type: none"> strengthen and evaluate the focus on chronologies and risk assessment and roll out to all practice teams; Revise early screening arrangements for people of all ages to facilitate whole family approaches to risk assessment and risk-management. 	Protecting People Lead Officers H&SCP Head of Service / C&F Head of Service	December 2020	

Key Priority		Relevant Commission Recomm.	Responsible for Actions Planning	Specific Actions – for completion by workgroups	Lead Role/ Group	Target for completion	Outcomes / Indicators of success
9	Implement trauma informed approaches, targeting those at increased risk of substance use / and death	13	Protecting People Team/L&OD team, local Transforming Psychological Trauma Implementation Coordinator (TPTIC)	<p>The Trauma Training steering group will complete a needs assessment for frontline workers (in line with the National Trauma Training Framework and Plan), including:</p> <ul style="list-style-type: none"> • a mapping of the workforce • an assessment of their training needs in relation to trauma-informed work; and • Identifying the key gaps and priorities for training. <p>This will link to the NHS Tayside Trauma Training Strategy currently being implemented with a strong focus on trauma training.</p>	Lead Officer VAW/ TPTIC Consultant Clinical Psychologist L&OD Manager	March 2020	<p>Key workforce groups are trauma informed</p> <p>Our leaders and organisations are trauma informed.</p> <p>Services are delivered through trauma informed environments and practice</p>
				Trauma training at levels 1, 2 and 3 will be delivered by the TPTIC in conjunction with L&OD team and the local level 3 trainer. A review of the Protecting People training framework will incorporate trauma training at all levels.	As above	March 2021	
				Trauma-Informed Leadership – Dundee has been invited to apply for funding from the Scottish Government/NHS Education Scotland to pilot a trauma informed leadership test of change in Dundee, building on the TPP Leadership strand. This includes utilising Trauma Lived-Experience of the workforce.	As above	March 2021 (dependent on outcome of funding bid)	
10	Tackle the root causes of substance use	12,14	Prevention Workgroup	The work on prevention will be informed by the Comprehensive Health Needs Assessment that will take place during 2020	As in Key Priority 4 above	As in Key Priority 4 above	<p>Robust information and up to date is available to inform the development of prevention interventions.</p> <p>There is a streamlined, coherent and co-</p>
				Undertake a Prevention Scoping Exercise to establish the activities currently taking place at environment, community and individual levels (targeting issues including sexual health and gendered-based issues, mental health and	Prevention Subgroup (PP Team & H&SCP Contracts to	December 2020	

Key Priority	Relevant Commission Recomm.	Responsible for Actions Planning	Specific Actions – for completion by workgroups	Lead Role/ Group	Target for completion	Outcomes / Indicators of success
			trauma, and substance use) with the aim of developing a consistent, coherent and joint approach in Dundee, and identifying gaps	organise)		ordinated approach to prevention in Dundee, focused on the root causes of substance use.
			Work with the Children & Families Service (Education) to support the implementation of the Dundee Substance Misuse Curriculum Framework in schools and relevant community settings.	Public Health Naloxone Lead/ Senior Health Promotion Officer	April 2020	Prevention intervention in Dundee are in line with evidence of good and effective practice.
			Development of a Recovery Friendly Pledge for schools	Education Support Officer Health & Wellbeing/ Community Health Team Lead	December 2020	Best use is made of prevention material and key prevention messages that are developed nationally.
			Support greater engagement with Emotional Health and Wellbeing for children and young people – A toolkit for all staff.	Health and Wellbeing Strategy and Action Group	June 2020	
			Continued development of Mentors in Violence Prevention programme.	Education Support Officer Health & Wellbeing	To be identified	
			Development of Community Mental Health and Wellbeing model. Introduction of access to Counselling in schools – aged ten years and up.	Children Services Manager	March 2021	
			Organise one annual meeting for a multi-agency Dundee-wide (this be a Tayside Forum) Prevention Forum to review progress, discuss evidence and agree priorities.	Prevention workgroup	November 2020	

Key Priority		Relevant Commission Recomm.	Responsible for Actions Planning	Specific Actions – for completion by workgroups	Lead Role/ Group	Target for completion	Outcomes / Indicators of success
				Support and learn from the Youth in Iceland Model research project currently taking place in Dundee.	Senior Health Promotion Officer/ Chief Inspector Communities	September 2020	
				Promote the National Count 14 Prevention Campaign in Dundee and ensure the campaign's messages around safe and responsible consumption of alcohol are widespread.	Senior Health Promotion Officer	September 2020	
				Link to the local implementation of the new partnership between Scottish Association of Mental Health and Sportscotland to support mental health in young people.	Education Support Officer Health & Wellbeing/ Active-Schools manager	March 2020	
11	Ensure Gendered Approaches are considered in all activities and accommodated in design and delivery of services	15	All ADP workgroups/ VAW Partnership's Gendered Services Working Group (GSWG)	<p>The Dundee Violence Against Women Partnership (VAWP) will ensure information about existing women's services, including the services on offer and how to access them, is widely available and continuously updated.</p> <p>The learning & recommendations from the research project (conducted by Dundee University/ funded by the Challenge Fund) on the specific needs of vulnerable women will be implemented across all the Protecting People services.</p> <p>Specific training on appropriate Gendered-Responses will be develop and delivered to all mainstream services.</p>	<p>Gender Services Working Group</p> <p>PP Lead Officer VAW/ CEO Women's Aid</p> <p>VAWP Training Consortium/ L&OD service/ Dundee Uni</p>	<p>March 2020</p> <p>June 2020</p> <p>December 2020</p>	<p>Communities/ individuals and service providers are well informed about available support for women, children and young people experiencing gender-based violence.</p> <p>All services and supports to vulnerable individuals are gendered-informed and appropriate.</p>

Key Priority		Relevant Commission Recomm.	Responsible for Actions Planning	Specific Actions – for completion by workgroups	Lead Role/ Group	Target for completion	Outcomes / Indicators of success
				The learning & recommendations from the project (conducted by Sexual Health and Blood Borne Virus MCN) on the needs of vulnerable women in relation to sexual and reproductive health will be implemented across all the Protecting People services.	Lead Officer VAW / Health Psychologist – Sexual Health and Blood Borne Virus MCN	December 2021	Children & Families affected by gender-based violence and substance use are safe
				Lead on the development of pathways for women with complex needs including substance misuse. Identify and implement ways to streamline and integrate to make better use of available resources, and seek to attract additional resources to develop collaborative responses.	Gendered Services Group (VAWP)	December 2020	Vulnerable women can have easy access to and maintain engagement with services
12	Ensure clear and consistent communications are delivered through a partnership approach.	All	Protecting People Cross-Cutting Communications Subgroup	Implement a strategic Protecting People (PP) Cross-Cutting Communications strategy (workforce and public) to deliver communication messages around all PP areas, including substance use.	DCC Service Manager, Communications	April 2020	Coherent, up-to-date and accurate shared messages are communicated.
				Develop a coherent multi-agency/multi-service communication protocol to ensure all planned and reactive communication messages follow due process and all individuals are clear about their role.	DCC Service Manager, Communications	February 2020	Communities and the workforce are well informed of agreed plans and approaches.
				Establish a framework to ensure the communications messages are fully informed and up to date at all times, reflecting progress across the Partnership action plan.	ADP/ DCC Service Manager, Communications	May 2020	

GLOSSARY

1. **C&FS** – Children & Families Service
2. **COG** – Chief Officer Group
3. **CP** – Child Protection
4. **DDAP** – Drug Death Action Plan
5. **DVVA** – Dundee Volunteer and Voluntary Action
6. **H&SC** – Health and Social Care
7. **OST** – Opioid Substitution Therapy
8. **PP** – Protecting People
9. **SPG** – Strategic Planning Group
10. **SHBBVMCN** – Sexual Health and Blood Borne Virus Managed Clinical Network
11. **TCA** – Tayside Council on Alcohol
12. **TOC** – Test of Change
13. **TPP** – Transforming Public Protection
14. **VAW** – Violence Against Women

