

ITEM No ...6.....

REPORT TO: POLICY AND RESOURCES COMMITTEE – 28 SEPTEMBER 2020

REPORT ON: PROGRESS OF IMPLEMENTATION OF THE DUNDEE ALCOHOL AND DRUG PARTNERSHIP: ACTION PLAN FOR CHANGE

REPORT BY: CHIEF EXECUTIVE

REPORT NO: 243-2020

1.0 PURPOSE OF REPORT

The purpose of this report is to provide the Policy and Resources Committee with an update on the progress made with the implementation of the Action Plan for Change responding to the Dundee Independent Drugs Commission, including the need to adjust some of the timescales within the plan in response to challenges and learning as a result of the COVID-19 pandemic.

2.0 RECOMMENDATIONS

It is recommended that the Policy and Resources Committee:

- 2.1 Note the contents of this report, including progress made to date in implementation of the Action Plan for Change.
- 2.2 Note the range of actions undertaken across the Dundee Partnership to meet the needs of people who use drugs and alcohol during the COVID-19 pandemic and the challenges and learning arising from this.
- 2.3 Note that the ADP would ask the Dundee Partnership to approve proposal to adapt timescales for implementation of specific actions within the plan, as outlined in section 4.7

3.0 FINANCIAL IMPLICATIONS

- 3.1 There are no additional financial implications associated with the recommendations in this report.
- 3.2 When setting the 2020/2021 revenue budget the Council set aside funding of £500,000 for the Dundee Partnership to support the delivery of the action plans in response to the Dundee Drugs Commission and the Independent Mental Health Inquiry. Future updates or reports will detail any allocations made from this funding.

4.0 MAIN TEXT

4.1 Background

- 4.1.1 Drug use has a devastating effect on individuals, families and communities in Dundee and historically there has been a high rate of drug deaths in the City. It is estimated that in Tayside there are 4,600 problem drug users, 50% of which live in Dundee City. This has resulted in Dundee having the fourth highest prevalence of problem drug use in Scotland. Substance use disproportionately affects the most vulnerable and socioeconomically deprived in our community and is associated with other aspects of adversity, including mental health problems, crime, domestic abuse and child neglect and abuse. With Dundee being the fifth most deprived local authority in Scotland,

substance use is not only recognised as a national but also a major local public health issue as it both a consequence and driver of entrenched health inequality.

4.1.2 The Action Plan for Change was developed as a response to the report and recommendations made by the independent Dundee Drugs Commission, and was adopted by the Dundee Partnership in December 2019 and by Dundee City Council in January 2020 (Article IV of the Minute of the Policy and Resources Committee on 13 January 2020 refers).

4.1.3 The plan contains 12 key priorities addressing specifically the substance use issues highlighted within the report from the Dundee Drugs Commission, including:

- tackling the immediate risk factors for drug deaths;
- prescribing practices and access to and maintaining engagement with specialist services;
- rapid response to non-fatal overdoses;
- tackling stigma;
- focus on supporting children and families;
- being informed by lived experience; and
- the need to focus on prevention and communications.

4.2 Covid-19 Lockdown and Recovery Period

4.2.1 Covid-19 infection presents a significant risk for people with problematic drug and alcohol use as they often have underlying health conditions and may find it harder to socially distance. They are therefore at increased risk of transmission from the infection and subsequent harm. Risk also arises from potential disruption to the supply of drugs including withdrawals, substitution of substances, and increased drug use to self-medicate for mental health issues that may develop as a result of lockdown.

4.2.2 Since March of this year, reports from front-line services, including public and third sector organisations, suggested that during the Covid-19 period a number of innovative initiatives and new ways of working - including immediate and flexible responses to emerging issues; joint outreach work; greater focus on multi-agency sharing of risk, support and responsibility; increased sharing of information; and increased openness and trust – have been adopted.

4.2.3 From Thursday 26th March the broader ADP partnership introduced a weekly multi-agency conference call to ensure regular and effective communications to support the delivery of services to those affected by substance use. This arrangement enabled the fast establishment of a joint response for:

- home delivery of Opioids Substitute Treatment (OST);
- OST supervision at community pharmacies;
- issues relating to the availability of safe injecting equipment (IEP);
- issues relating to the availability of naloxone;
- continuation of the multi-agency response to Non-Fatal Overdoses;
- ensuring continuation of mental health and wellbeing supports;
- identifying support to vulnerable groups, including women and children at risk; and
- ensuring everyone had access to food.

4.2.4 Key steps taken to continue the safe provision of services to people who use drugs during the pandemic, in-line with national guidance included:

- suspending the ISMS Direct Access Service and revising all prescribing and dispensing arrangements, in line with national COVID guidance issued on 23 March from the National Drug Death Task Force and the Royal College of Psychiatrists. The new arrangements increased demand on Community Pharmacies, and inadequate access to PPE initially, impacted their ability to provide supervised dispensing of OST. Some pharmacies made the blanket decision to stop all supervision of OST. To help this situation, targeted support for Community Pharmacies was put in place through the quick development of a multi-agency virtual team that provided support where it was needed. Staff from Dundee Council were redeployed to support this process and work jointly with third sector colleagues. In addition, specific measures were put in place to support the large numbers needing to shield or self-isolate.
- modification of the multi-agency rapid response to non-fatal overdoses (NFODs): due to the requirement for individual organisations to develop and implement their own Service Continuity Plans, during the initial weeks of lockdown there was less capacity to support this process. ISMS continued to offer a duty service but often assessments and prescribing decisions had to be made without face to face contact.
- continued availability of Injecting Equipment Provision (IEP), through local Harm-Reduction services co-ordination. Hillcrest continued operating a needle exchange service through the Cairn Centre and saw people daily which also allowed for naloxone distribution and conversations about the risks of overdose and COVID-19. In addition, an IEP postal service was initiated and operated across the city.
- All the local SMART Recovery meetings had to be postponed leaving many individuals in recovery with limited support. As lockdown continued, on-line and virtual support was set up providing much needed relief for many.
- A multi-agency group led by the Children and Families, Community Justice Service developed a pathway to support individuals returning to the community under the early release of prisoners' scheme taking into account that the transition from custody to community is a risk period for overdose as individuals return to less controlled conditions.
- The Tayside In-Patient Unit (Alcohol Detox) had to be closed for some weeks, increasing the pressure on resources in the community. This unit re-opened in early July but with reduced capacity to allow for social distancing requirements.
- During the lockdown period, there were reports that stimulant use increased (including by young people) along with reports of new drugs that were being spotted in Dundee. Specific Harm Reduction leaflets were developed and distributed to warn people of the consequences of such substances and ensure they were aware of the services they can access.
- Continued close monitoring of trends of non-fatal overdoses and suspected drug deaths and non-fatal overdoses to identify early and respond to emerging concerns.
- Early implementation and continued availability of COVID-19 testing for people with problem substance use in the community.

- 4.2.5 Looking to the future, and recognising the value of such positive changes, the ADP is working to identify which of the above developments should be adopted and further developed long term. This will now be incorporated into the work of the Whole System of Care group. Following a comprehensive safety assessment, some individuals were moved to two or three times weekly supervised dispensing (instead of daily dispensing). Most face to face meetings were postponed and there was an increase in outreach provision of a range of services and support.

It will be a number of months before the ADP will more fully understand the medium to long-term impact of the pandemic on vulnerable and at-risk groups. This will include understanding the direct and indirect impacts of the pandemic and associated responses, such as the consequences of delayed help-seeking by people who are at risk and the impact of factors such as reductions in household income on levels of risk and complexity of need.

- 4.2.6 Dundee's Chief Officers Group has overseen and supported the development of an Integrated Protecting People COVID-19 Recovery Plan covering the work of the COG and protecting people committees (including the Alcohol and Drug Partnership). Detailed operational recovery planning for public protection responses is the responsibility of individual organisations, often working in collaboration with one another. However, in their governance and leadership role the COG and Protecting People Committees will seek assurance that robust recovery plans are in place. They also have a critical role in providing leadership and strategic support for the implementation of recovery plans; ensuring that cross-cutting themes are identified and that there is support to unlock any barriers to implementation. Further detail regarding the wider protecting people pandemic response and recovery plan is to be submitted to the Community Safety and Public Protection Committee on 28 September 2020.

4.3 **Drug deaths during Covid-19**

- 4.3.1 Testing is being conducted for COVID-19 at post-mortem when the disease is suspected. All suspected drugs deaths continue to be investigated through the Tayside Drugs Deaths Review Group and trends monitored by Public Health. For most of the lockdown and following period, the numbers of suspected drug death notifications were similar to the numbers in the previous 3 years at this point in time.
- 4.3.2 Any suspected clustering (that could indicate concerns due to emerging substances and/or COVID-19 infection) were promptly investigated by Public Health and Police Scotland jointly and in parallel with NFODs trends.

4.4 **Alcohol – risks, licensing, increased consumption**

- 4.4.1 During the COVID-19 period, various factors were at play with respect to changes to alcohol consumption, including indications that home-consumption might have increased, but information is still being gathered. At the same time it is likely that the closure of on-licenses led to a decrease in consumption. There is a concern that potential increases in home drinking during the COVID-19 period may result in corresponding increase in alcohol harm.
- 4.4.2 The data to date continues to indicate there has not been a considerable increase in the demand for services, compared to pre-lockdown levels, but it is still possible that such an increase might happen in the future.

- 4.4.3 Police Scotland confirmed that during lockdown off-sale deliveries have not been identified by them as a cause for concern.
- 4.4.4 However, alcohol related harm continues to be a concern for Dundee and the ADP is continuing to submit objections to new off-sales licences, in line with the Dundee Licensing Board Overprovision Policy Statement.
- 4.4.5 Public information materials were issued by the Protecting People Team, covering a range of protection issues (including information and advice on child / adult protection, violence against women, suicide prevention and substance use issues). These messages were issued as part of wider public awareness campaign that took place throughout lockdown and beyond.
- 4.5 **Overall Progress with Implementing the Action Plan for Change**
- 4.5.1 Specific details of the progress made with the implementation of the Action Plan for Change are available in Appendix 1 attached. Appendix 1 also includes details regarding areas of work where, due to COVID-19, progress was slower than anticipated or had to stop all together.
- 4.5.2 Summarising the progress that has been made to date, the availability and reach of naloxone in the city has been extended, and front-line staff worked hard (especially during the COVID-19 lockdown) to ensure harm reduction services and messages continued to be delivered. This includes utilising outreach measures to deliver Injecting Equipment Provision (IEP). This also includes wrap-around support to family members carers and significant others.
- 4.5.3 During 2019 there were **438 non-fatal overdose incidents** recorded and the Dundee multi-agency Non-fatal Overdose Rapid Response team was established to respond quickly to all recorded non-fatal overdoses. The team meets during each week-day and the pathway includes the development of an assertive outreach response engaging with every person who experienced a non-fatal overdose within 72 hours, and offering those not already in treatment a fast track to access treatment. This team continued operating during the COVID-19 lockdown and since June has been gradually returning to normal service. Additional assertive outreach will be appointed (following additional allocation of funding from the DDTF). Furthermore, an evaluation of the NFOD response has recently been completed and the findings anticipated imminently.
- 4.5.4 ISMS has developed the Direct Access clinics – offering same-day prescribing, and plans are in place to extend this provision. Three new appointments have been made for non-medical prescribers and five new Band-5 nurses were appointed to support access to and retention within treatment. Closer collaboration and joint working arrangements between ISMS and Children & Family teams have been established and progressing well.
- 4.5.5 There has been a marked reduction in the number of unplanned discharges from ISMS and a significant assertive outreach service (delivered through third sector and statutory organisations) is now in place.
- 4.5.6 Additional funding has been allocated to Dundee from the Drugs Deaths Task Force to test the development of a shared care model and work will commence based at several GP surgeries. The NHS Health Improvement Scotland (HIS) are working with the Partnership to progress the improvement of the Whole-System of Care and a review was conducted by HIS to help start the process.

- 4.5.7 Membership of the ADP has been strengthened and a new governance system put in place to provide leadership, monitor progress and ensure appropriate support is available to implement the required changes. A multi-agency communications approach was developed, led by Dundee Council Communications Team, and is functioning well.
- 4.5.8 The Lived Experience Network has been established, linking the lived experience input and development of both substance use and mental health. Progress has been made on tackling stigma and developing the Language-Matters campaign in Dundee.
- 4.5.9 The gendered approach is progressing, with an appointment of a new member of staff to support all organisations to adopt a focus on gender and trauma-related work.
- 4.5.10 Research funding has been secured to support the development of a health psychology intervention following a non-fatal overdose.
- 4.5.10 Finally, the ADP is developing a prevention approach, including participation in the Youth in Iceland model.

4.6 Proposed adjustment to timescales

Given the changes described in Section 4.2 above, the ADP will review the actions and timescales linked to the original Action Plan and revise these. Reviewed timescales for the Action Plan will be developed over the next 2 months and will take into account the impact of Covid-19, service developments, a focus on further improvements, the impact of the new government funding and the emerging strategy. While the aim will be to continue to implement the current Action Plan, this will allow for the actions which have not been progressed to date to be reprioritised.

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/iia.

6.0 CONSULTATIONS

- 6.1 The Chief Officers Group (Protecting People), Council Management Team, Dundee Adult and Drugs Partnership and the Acting Chief Social Work Officer have been consulted in the preparation of this report.

7.0 BACKGROUND PAPERS

- 7.1 None

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DATE: 10 SEPTEMBER 2020

UPDATE ON PROGRESS WITH THE 12 KEY PRIORITIES WITHIN THE ACTION PLAN

Introduction

The Action Plan for Change was 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, are key to the implementation of this plan.

The Plan does consider substance use within the context of other vulnerability issues, including mental health, adverse childhood experiences (ACEs) and gender-based violence. It 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 ACEs), 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 (including, establishing the Non-Fatal Overdoses pathway), 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 remains an evolving document. Although there is commitment to the implementation of the actions, there is recognition that where actions are not progressing as anticipated or are not having the predicted impact, they will need to be adapted.

The timescales committed to within this plan were ambitious and required collective prioritisation across all Community Planning partners. However, as outlined above, in light of the COVID-19 pandemic there is a need to revise some of the timescales committed to at the outset.

This plan is supported by a separate performance management framework managed by the ADP Implementation Group. Each action within the plan is supported by a more detailed delivery plan that identifies key milestones for implementation with associated timescales and identifies appropriate measures of impact.

Priority 1: Tackling the immediate risk factors for drug deaths

Naloxone Programme: The entire Recovery Process in Dundee aims to prevent drug deaths. In addition, there are specific prevention measures for drug deaths that are in place, including the provision of the Take-Home Naloxone programme. Naloxone is an emergency antidote to opioid overdose and provides a quick and effective way to reverse the effect of the overdose temporarily, giving more time for the emergency services to respond. At the start of the COVID-19 pandemic there were changes to the Lord Advocate advice with respect of

naloxone, making it more available and accessible. In Dundee these changes have been implemented to help reduce the risk of drug deaths.

During the COVID-19 lockdown and beyond, Harm Reduction services, including the provision of injecting equipment (IEP) and take-home naloxone continue to function from the Cairn Centre and some of the Homeless Hostels. A postal service has been utilised since May 2020 for the delivery of IEP and naloxone. Additional provision of IEP and naloxone (including broader harm reduction advice and service) is also available from homeless hostels. Since May, an outreach facility has been developed, managed through a number of statutory and third sector organisations, to deliver IEP and naloxone to individuals.

Non-fatal Overdoses Rapid Response: The daily multi-agency meeting to discuss all known non-fatal overdoses (NFOD) continued throughout lockdown, with both Police and Ambulance Services continuing to share their data. Initially during lockdown, the assertive outreach service was replaced by phone contact and support. From June however, the assertive outreach service has been resuming gradually. Throughout the period, individuals were accepted for treatment through ISMS, and the service continued offering urgent face to face appointments for those open to ISMS who had experienced an NFOD or were presenting with other high-risk concerns.

Additional funding has been received through the National Drugs Deaths Task Force to fund a process co-ordinator and analytic support for the NFOD Rapid Response process. This will provide valuable support for the provision, preparation, analysis and recording of information for the rapid response pathway.

During July/August an evaluation of the Dundee NFOD Rapid Response team and pathway took place and a report will be presented to the ADP.

Drugs deaths: Public Health are continuing to monitor drug death trends closely. The number of notifications of suspected drug deaths are currently similar to those in previous years, and are reviewed in parallel to the non-fatal overdose trends.

Research proposal: to progress the design and delivery of a behaviour change intervention to prevent further overdose using a health psychology model – this proposal was successful. Funding has been allocated from the Research Fund of the DDTF. The research project will commence during 2020.

Monitoring drug trends and availability: during the lockdown period and beyond regular engagement was maintained with individuals using drugs (including those released from prison) and local communities to ensure harm reduction information, including information on specific risks was available. Initial concerns were that there would be lack of street drugs and that prices would increase but this did not happen.

COVID-19 testing: early in the pandemic processes were implemented to support people with problem substance use to access COVID-19 testing if required, in the community. This continues to be supported and a recent table-top exercise conducted to prepare for the possibility of an outbreak of COVID-19 in people with problem substance use in future.

Developing a Drugs Checking system: work will progress based on a four-cities approach led by Stirling University. Dundee is committed to support this project and fully participate.

Priority 2: Urgently increase the capacity and capability of specialist services to support access, quality and safety

Access to treatment: The Dundee Substance Use Integrated Service (ISMS) introduced same day prescribing at direct access drop in clinics in September 2019. These clinics take place on Mondays and Thursdays, during which people can drop in and have a comprehensive assessment with nursing staff alongside harm reduction interventions, followed with an assessment by a Consultant Psychiatrist to commence Medically Assisted Treatment (MAT) on the same day.

All services in Dundee have been compliant with HEAT A11 access to services target: during 2019-20 93% of all clients (1007 individuals out of 1069) in every service in Dundee were seen within less than 8 days. 3% (33 individuals) waited 8-14 days and 1.3% (14 individuals) waited 15-21 days. A total of 15 people out of 1069 waited longer than 21 days in 2019/20 for treatment.

Since the establishment of the Direct Access Clinics in 2018 ISMS has been providing drop in nursing comprehensive assessment which led to a significant reduction in waiting times for this service. From October 2019 prescribing assessment was also available at direct access clinics with 45% of people accessing same day prescribing, increasing to 85% from January 2020. Overall the 2019-2020 waiting times indicate good performance with 98.5% of people accessed treatment within 21 days, exceeding the HEAT target of 90%, and 681 of the 732 referrals (93% beginning treatment) / same-day prescribing / quick access to services non-medical prescribers.

Whole-system improvement work: As part of the Dundee Whole-system of Care work (following from the recommendations of the Dundee Drugs Commission), we are currently working on proposal to address the gap in Consultant Psychiatrist and other front-line capacity. This would be with a view to expand the direct access service to five days per week and progress on the MAT quality improvement and retention in treatment.

Three Non-medical Prescribers were appointed and placed within Children & Family Teams to ensure targeted support is available to parents using drugs and to protect children. Additional five, Band-5 nurses were appointed to support access to and retention within the ISMS service. The service has completed the recruitment process for the five additional posts, with three staff commenced employment with the team and two to follow.

However, during the COVID-19 period changes had to be implemented. The Scottish Government issued guidance in recognition of the specific challenges in balancing risk of death from overdose against risk of death from COVID-19 for patients on Medically Assisted Treatment (MAT), whilst at the same time taking account of risks to all vulnerable patient groups using pharmacies and of pharmacy staff. Following guidance issued by the Scottish Government, a home-delivery service was successfully implemented to ensure that patients required to shield or to self-isolate can maintain their access to MAT. This included joint working across ISMS, the Third Sector and Dundee City Council.

In addition, following comprehensive multi-agency reviews of all individuals MAT prescribing arrangements, where it was assessed safe to the individual and their family, individuals were moved from daily supervised consumption to twice or three-times weekly. The support for patients accessing community pharmacies has been established through We Are With You supporting patients, managing expectations and providing additional advice and guidance. This service has been highly valued by the community pharmacists for both the responsiveness of the service and the positive outcomes for both patients and the general public.

Priority 3: Improve retention in treatment and recovery services

The rate of unplanned discharges for ISMS in 2019-2020 is under half that for 2018-2020. Unplanned discharges have had a downward trend since the introduction of direct access clinics in 2018 and further reduced by coding prison transfers correctly. In addition, a non-clinical assertive outreach approach has been introduced to support retention on opiate substitution treatment. ISMS works with a population experiencing high rates of physical, mental health and social comorbidities and polysubstance use and the funding of clinical posts to support assertive outreach in this population would be beneficial to optimise treatment and harm reductions interventions to reduce substance related harms.

Assertive outreach model: As a result of additional funding this year from the Scottish Government Challenge Fund, there is capacity within the NFOD pathway to attempt an outreach response to all individuals who are not in treatment or who have disengaged from services. The assertive outreach service being delivered by a number of organisations, including Positive Steps, Hillcrest and We Are With You also proactively identifies individuals at high risk of drug overdose via outreach to street begging sites, homeless accommodation and community centres.

Outreach practitioners provide tailored harm reduction support and assertively link individuals in to appropriate treatment and recovery services (including ISMS, specialist harm reduction services, and We Are With You). Dedicated outreach support is also provided to individuals liberated to Dundee from prisons with workers helping to ensure that individuals are linked into appropriate substance use services and facilitate attendance at appointments when required.

The harm reduction outreach model provides wrap-around support to not only those individuals who have had a non-fatal overdose but also to family members carers and significant others. Having a trusted lead practitioner who can engage with whole family and provide structured support to understand the core issues to build resilience and confidence to make the changes required.

Progress with developing a shared-care model: funding has been obtained from the DDTF to run a test of change with the aim of integrating MAT within a community based General Practice setting. This will be delivered in part by community sited GPs who have an additional substantive GP service delivery role within selected practices in Dundee. The GP/MAT service would work alongside and be integrated with the Integrated Substance Misuse Service (ISMS) but be based within the selected practices. The substantive GP role would be within the same selected practices. This test will commence towards the end of 2020 and will be closely monitored with a view of extending across the city.

Priority 4: Implement a revised person centred, seamless, sustainable and comprehensive model of care

See priority 3 above for progress with Shared Care with General Practice.

Comprehensive model of care: Health Improvement Scotland (HIS) is in the process of conducting a review of the Whole System of Care in Dundee, including specific developments that occurred during Covid-19 which could improve service provision going forward. Interviews and focus groups have taken place during July and August and a report will be presented to the ADP.

Developing an integrated mental health and substance use response is a key priority for Dundee. Following the recommendations within both the Dundee Drugs Commission Report and the Listen Learn Act Plan (recommendation 14) an expression of interest was put to the

DDTF to work jointly to develop such an approach in Dundee. This is a complex area of development and if successful, this additional support will allow the scope of change to be accelerated and broadened.

Progress with health needs assessment: Work is ongoing with national colleagues in NHS Health Scotland to deliver on this but progress has been limited and hampered by public health pressures arising from the COVID-19 pandemic. However, the delayed instigation of this work will capture better the changed landscape and 'new normal' in which people with problem substance use are living to support continued change going forward.

Priority 5: Win the trust and confidence of all stakeholders through effective Leadership, Governance and Accountability

During 2020, following a governance review of the ADP, membership of the partnership was strengthened and now includes an extended membership of all the key organisations, lived experience (Carers) and Elected Members. The Lived Experience memberships have not been taken up yet, but a Lived Experience Quality Group has been established and is being supported by the Scottish Recovery Consortium. It is expected this Group will bring forward representatives to the ADP in due course, or alternatively make alternative suggestions as to how those with Lived Experience be engaged in decision-making.

A new Governance Structure was developed, including 6 Workgroups and an Implementation Group. This new structure has leadership responsibility for the implementation of the action plan for change.

The ADP has continued to be part of Dundee's wider integrated protecting people governance and strategic structure, reporting directly to the Dundee Chief Officers Group. A full report on developments related to the leadership of public protection issues since September 2019 will be submitted to the Community Safety and Public Protection Committee on 28 September 2020. Key developments with specific relevance to the actions identified within the action plan for change are:

- Work has been completed with the Independent Chairs to develop a role descriptor that clearly sets out the purpose and main accountabilities of the position, as well as the personal qualities, values, behaviors, skills, and the knowledge, understanding and experience required to effectively fulfil the role. The role descriptor will be utilised to support the recruitment and ongoing development of Independent Chairs.
- A strategic risk register for public protection has been developed, with an initial focus of strategic risks arising from the COVID-19 pandemic. The risk register is currently being further developed to transition to a business as usual strategic risk register with robust supporting reporting arrangements between the Alcohol and Drug Partnership and the COG.
- A short-life working group has developed options for consultation for a future integrated protecting people governance and strategic planning structure. It is anticipated that a consultation exercise will be completed before the end of the 2020 calendar year.
- The participation of the Chief Officers Group and the wider Dundee City Council Management Team in a programme of work to embed trauma-informed leadership across the organization with a view to enhancing workforce wellbeing and improving responses to people who have experienced trauma has been confirmed. Implementation of this work has been delayed by the COVID-19 pandemic but recommencement is identified as a priority within the Integrated Protecting People Recovery Plan.

Priority 6: Ensure the meaningful involvement & engagement of people who experience problems with drugs, families and carers and those that advocate for them

The Dundee ADP sought to find out how people with lived experience would like to be involved in decision making and improving services and what would be meaningful to them. An event was held in October 2019 with the purpose of beginning a joint journey for improvement. The aim of the ADP is to ensure this process is meaningfully led by individuals with lived experience.

It was agreed to establish the Lived Experience Quality Assurance 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. However, although initial progress was made at the beginning of 2020, during lockdown it was not possible to continue with this work. With lockdown easing, decision was taken to establish a Lived Experience Network which is now supported by the Dundee Peer Recovery Network and aligning the work with the Dundee Healthy Minds Network, ensuring an integrated response for substance use and mental health.

The details of the focus of the work have not yet been finalized as that is to be determined by the network members. The network was chosen to allow informal flexibility of involvement to be able to engage with as many people as possible and make it more accessible for those who feel unable to participate in a formal group or arrangement. Efforts to progress this under these challenging circumstances are underway, but is proving difficult.

Through the engagement with individuals of lived experience, people have also been supported to feed into the national agendas, including the Drug Death Task Force. The ADP will continue to work closely with the Scottish Recovery Consortium to seek guidance to ensure lived experience and recovery communities are supported and included in the design and delivery of services.

The Dundee Carers Centre continues to support the Lifeline group which engages with the ADP (through the membership) and provides feedback to services for those who care or have cared for a family member affected by substance use.

The Peer recovery network has been engaging with people through their newly established *Chit Chat Line* which offers peer support over the phone. This help line supports individuals in recovery who are struggling and can talk to peer volunteers.

Despite the postponement of many actions as a result of COVID-19, it should be acknowledged that significant city-wide efforts were and are still being made to continue providing support within local communities to people experiencing substance use-related challenges. Group members and volunteers are heavily involved in such efforts within communities. Joint efforts are in place to mitigate some of the detrimental consequences of the Covid19 lockdown and the disproportionate impact on vulnerable groups, including those affected by substance use.

Online recovery meetings are being run by We Are With You, TCA, Axis and Hillcrest. Support is also provided via telephone and WhatsApp, and that includes SMART Recovery groups, to Peer volunteers. There are also NA meetings taking place virtually.

Priority 7: Confront and address stigma and strengthen mutual and community support

All training on stigma had to be cancelled during lockdown, there could also be no progress with the recovery-friendly pledge, activities providing opportunities contributing to health and wellbeing for those in recovery were stopped too and there were delays with the recruitment

of Recovery Friendly Ambassadors. Despite the postponement of many of the actions as a result of COVID-19, it should be acknowledged that significant city-wide efforts were and are still being made to continue providing support within local communities to people experiencing substance use-related challenges. Group members and volunteers are heavily involved in such efforts within communities. Joint efforts are in place to mitigate some of the detrimental consequences of the Covid19 lockdown and the disproportionate impact on vulnerable groups, including those affected by substance use.

Language matters: A multi-agency 'Language Matters' working group has been established and has now reconvened to continue work to develop and implement a local language matters campaign to challenge use of stigmatising language relating to substance use.

Working group members have carried out engagement with people with lived experience of substance use, all of whom reported hearing negative language on a daily basis. This work has helped us to identify the key settings in which stigmatising language is encountered most often, the impact on those affected and their views on what needs to change.

This evidence, along with literature on addressing stigma, national work and similar campaigns from elsewhere have shaped a number of proposals for a Dundee based language matters campaign. This will use a range of approaches, tailored for different settings and audiences.

A Recovery Friendly Dundee Public Attitudes and Solutions survey has been conducted and the results are currently being analysed. The findings will help inform local developments to address stigma and build capacity of local communities to support recovery going forward. A series of public events were planned for June but had to be cancelled. Alternative methods are being considered which will connect people to providing local community-led responses to substance use support.

Priority 8: Keep children safe from substance use and its consequences

One of the planned 4 multi-agency events was held in March for the East Locality Team and was very successful, with staff from both ISMS and Children & Family service engaging in joint discussions. Due to Covid-19 all the others events had to be postponed, and currently, the Learning & Workforce Development service is considering options for future approaches for development work and there are plans to bring people together in small groups for joint virtual sessions.

Three Non-Medical Prescribing nurses have been appointed and located within Children & Family teams. There are early reports that this new approach significantly improved attendance as and the engagement with Child Protection Conferences, collaboration and joint working between ISMS and Children & Family Teams has improved, and there has been an overall improvement in the provision of services to vulnerable families and children.

Specific pathway has been developed to facilitate closer working relationship between ISMS, Children & Family service and the relevant third sector organisations focusing on families.

Priority 9: Implement trauma informed approaches, targeting those at increased risk of substance use / and death

A Trauma Training steering group was established in early 2020. The aims of the group are to ensure that the National Trauma Training Framework is delivered in Dundee and to coordinate delivery of Scottish Trauma Informed Leadership Training (STILT). This second strand will lead to the development of an action plan around ongoing organisational change relating to trauma informed leadership with a focus on developing the concept of professionals with lived experience.

Prior to COVID-19 the group had begun a mapping exercise to ascertain the current levels of trauma training need within the workforce (Dundee City Council and H&SCP) in conjunction with the Transforming Psychological Trauma Implementation Co-ordinator (Tayside). STILT training to be delivered by NHS Education Scotland (NES) was also planned for the Chief Officer's Group, however, had to be postponed.

Due to the impact of COVID-19 much of this work has been paused since March 2020. However, discussions are now underway to re-start the work, including with NES to reschedule the COG STILT sessions and dates are in place for the trauma training steering group to begin meeting again.

Priority 10: Tackle the root causes of substance use

The initial focus of the Prevention Group is to complete the Scoping Activity as outlined in the Action Plan for Change. The outcome of the scoping activity is intended to drive the ongoing work of the prevention group to support a consistent, coherent and joint approach to prevention in Dundee. The scoping activity proposal was developed, but due to COVID-19 there was a lack of capacity to move forward. This still remains the case due to the increased pressures on NHS Tayside Public Health and the Protecting People team.

The prevention workgroup has clarified that some of its actions link to wider partnerships and organisations, including the Dundee Partnership and Children & Families Service (Education). The group has asked that consideration/clarification be given on the role of the ADP Prevention workgroup with respect to such actions. The Prevention group recommends that a wider communication and engagement approach is adopted with respect to prevention work and this still needs to be developed.

The group will be proposing changes, due to the above, to some of the actions to clarify and strengthen the commitments.

Youth in Iceland Model: The Youth in Iceland knowledge exchange project is funded by the Society for the Study of Addictions, University of Stirling. A steering group has been established and have been meeting regularly since November 2019 to review the evidence base and scope potential for implementing the Youth In Iceland Prevention Model in Dundee.

YiIM is a community-based approach aiming to prevent young people's substance use through reducing risk factors and increasing protective factors. Key components are parents, organised extracurricular/recreational activities, schools, and involvement of young people. The approach has dramatically decreased rates of alcohol, drug and tobacco use among young people in Iceland and since has been adopted in over 30 other countries with adaptations for locally specific conditions.

Work is underway to review the evidence, including that gained first hand, for its applicability to Dundee, gain an in-depth understanding of how the model could be implemented/adapted locally, and make recommendations to decision-makers in the City Council, Health Board, and Alcohol and Drug Partnership. A final event is planned for early 2021 to provide recommendations regarding the approach and its applicability to Dundee. A 40-minute documentary film, briefings for policy makers and comic style communications are in development.

Prevention Information provision: The provision of accurate, timely and accessible information is important for drug and alcohol prevention, particularly when carried out as part of a multi-component approach. This acknowledges that people have a right to be informed and that greater knowledge can influence public opinion and social norms. Evidence around

mitigating longer term impacts of COVID-19 restrictions has further highlighted the need for accessible information and relevant messaging.

Regular information has been provided through key settings and digital media during this time, targeting priority groups. This has included:

- Local dissemination of national assets and messaging including the Count 14 low risk alcohol guideline campaign, Alcohol Focus Scotland resource on alcohol use during Covid-19 and Foetal Alcohol Spectrum Disorder resources.
- Distribution of campaign resources such as unit measuring cups and unit calculators to key settings such as local council, criminal justice, Castle Huntly open prison, Dundee University Student Union.
- Production of local resources on alcohol and COVID-19 including social media graphics, printed materials for distribution with food parcels and a digital animation highlighting key messages and sources of support.
- Harm reduction posters and leaflets addressing polysubstance use which was identified as a key overdose risk by the Non-Fatal Overdose and Drug Death Review Groups.

Priority 11: Ensure Gendered Approaches are considered in all activities and accommodated in design and delivery of services

The Dundee Drugs Commission included clear recommendations around the development of a gendered approach. This recommendation was made specifically to ensure that the needs of women affected by drug use are assessed and addressed via adoption of gender-mainstreaming and gender-sensitive approaches to service planning.

Research was also commissioned in Dundee to look at the needs of women affected by a range of issues. This research was funded by the Scottish Government Challenge Fund and led by Dundee Women's Aid. This research project provided evidence suggesting that vulnerable women in Dundee experiencing a range of complex issues are not receiving the services they need to support recovery. Barriers highlighted by women with lived experience included:

- being stigmatized and therefore not receiving appropriate care;
- being subjected to dangerous situations while vulnerable; and
- facing barriers of 'conditionality'.

Women reported that their accounts were often not believed by staff, or that staff were reluctant to work with them once they opened up and told their full stories. This makes it difficult to maintain engagement with the support available. Specific issues were highlighted around accessing mental health support when also experiencing Gender-Based Violence and/or substance use issues and being placed in mixed sex accommodation.

The Gendered Service Group was set up to lead the development of the gendered approach. It reports to the ADP Implementation Group and to the Violence Against Women Partnership. A key element of the work focuses on the development of the Gendered Services Project Manager post which is funded through the National Challenge Fund and will be based within the Protecting People Team. This post will progress the learning from the research project to improve services and responses for vulnerable women. The aim is for all services to become gendered in their design, delivery and ethos.

This group is progressing well with their action, including:

- The Gendered Services post has been recruited and start date is 21st September;
- Information on women's services has been published widely;
- The VAW Website is almost complete;
- Training has been delivered during July and there are further plans to deliver the training during the 16 days of action (November/December) alongside the launch of a VAW Training Programme.

Priority 12: Ensure clear and consistent communications are delivered through a partnership approach

A Communications Plan was developed in early 2020 to support the required strategic shift and the changing role in communication for partners agencies.

This plan has a number of strategic aims, including:

- To support the delivery of the action plan for change;
- To aid public understanding of drug issues and provide context;
- To increase public understanding of the work being done/outcomes delivered;
- To ensure consistent stakeholder/internal communications;
- To promote good working practices between partners and clarify roles in response to media inquiries.

This Communications Plan reflects a whole city approach, mirroring the wider Dundee Partnership and Protecting People arrangements, and involves a joined-up relationship between the key organisations and their main areas of responsibility.

Five agencies are defined as having key roles within this: Dundee City Council, NHS Tayside, Dundee Health and Social Care Partnership, Dundee Volunteer and Voluntary Action and Police Scotland.

Given the finite communications resources of partner organisations, it has been decided to divide responsibilities in line with the action plan and the expertise / membership of each work stream.

Dundee City Council Communications leads on the over-arching work of the Drugs Commission and inquiries relating to policy. NHS Tayside leads on matters relating to treatment and public health.