

## ITEM No ...3.....

**REPORT TO:** POLICY AND RESOURCES COMMITTEE – 22 FEBRUARY 2021

**REPORT ON:** REVISED DUNDEE ALCOHOL AND DRUG PARTNERSHIP: ACTION PLAN FOR CHANGE

**REPORT BY:** CHIEF EXECUTIVE

**REPORT NO:** 22-2021

### **1.0 PURPOSE OF REPORT**

The purpose of this report is to inform the Policy and Resources Committee of amended timescales for implementation of some actions within the Dundee Alcohol and Drug Action Plan for Change.

### **2.0 RECOMMENDATIONS**

It is recommended that Committee:

- a) note the contents of this report, including progress made to date with the implementation of the Action Plan for Change.
- b) note that the amended timescales for the Dundee Alcohol and Drug Action Plan for Change implementation as set out in Appendix 1.
- c) Note that an additional verbal briefing is to be offered for all Elected Members to provide further information about progress of implementation to date and future plans.
- d) Note the proposed timescale to reconvene the Dundee Drug Commission to review progress made since it made its recommendations in 2019

### **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. So far £100,000 has been committed to fund additional five nurses (see Priority 2).

### **4.0 BACKGROUND**

#### **4.1 Public Protection Overview**

- 4.1.1 Dundee has a number of challenges around public protection given the socio-demographic characteristics of the city alongside high prevalence rates of domestic abuse, drug and alcohol use, drug related deaths and mental health issues.

The number of drug deaths in the city has increased every year for the past 10 years and in 2019 there were 72 (46 males, 26 females) drug deaths in Dundee. Most of the increase in drug deaths has occurred in the 35-44-year-old and 45-54-year-old age groups. 2019 figures also indicate an increase in the rate of women's drug deaths.

- 4.1.2 The Dundee City Plan identifies community safety and the protection of vulnerable people as a top priority and also recognises the importance of excellent collaborative working between the Council, NHS Tayside, Police Scotland, the third sector and local communities if services are to be effective. The City Plan also identified reducing substance use as a key priority in efforts across the Dundee Partnership to improve health, care and wellbeing.

The Council, working in partnership with other Community Planning partners, has a range of responsibilities for the protection of vulnerable people, including people who use drugs. These responsibilities are primarily discharged through operational and strategic arrangements for adults and children delivered across Children and Families Services, Health and Social Care Partnership, Neighbourhood Services and Corporate Services.

- 4.1.3 Within a community planning context the Dundee Alcohol and Drugs Partnership (ADP) leads on the multi-agency strategic activities to address the issue of drug use and deaths in Dundee. This includes leading the development of the Action Plan for Change, supporting local services with the delivery, monitoring its implementation and reporting on progress. The ADP reports to the Dundee Chief Officers Group for Public Protection and to the Dundee Community Planning Partnership. The Community Planning Partnership owns the Substance Use Action Plan for Change. A range of Council Officers actively participate in the ADP, Chief Officers Group and Dundee Partnership, and there is representation from Elected Members at the ADP (both from the administration and opposition groups).

#### 4.2 Progress in Implementing the Action Plan for Change

- 4.2.1 At its meeting on 28 September 2020, the Policy and Resources Committee considered a progress report on the implementation of the Dundee Alcohol and Drug Partnership: Action Plan for Change. Committee noted the contents of the report, including progress made to date in implementation of the Action Plan for Change and the range of actions undertaken across the Dundee Partnership to meet the needs of people who used drugs and alcohol during the COVID-19 pandemic and the challenges and learning arising from this.

- 4.2.2 Some significant progress has been made despite the additional challenges.

The work of the Non-Fatal Overdose (NFOD) Rapid Response team continued and was strengthened by additional assertive outreach staff. All individuals experiencing NFOD are still being contacted within 72 hours and are offered fast appointment for services. The evaluation of the work of the team has been complete and a report (with recommendations) will be considered by the ADP. External funding has been secured to conduct research project to the behaviour change intervention to prevent further overdose using a health psychology model.

The establishment of the Dundee Take home Naloxone Project has been complete and naloxone is widely available in the city. A training programme is also in place and there is regular monitoring of progress. As soon as lockdown restrictions allow, it is planned to work with SDF to train Peer Volunteers as naloxone trainers.

Although the progress made with the ISMS Direct Access clinics had to be postponed due to lockdown restrictions, fast appointment system has been put in place to ensure individuals can access treatment without delay. During lockdown a direct referral system was put in place, where partners agencies, including GP surgeries and individuals themselves contact ISMS directly to book appointments. It is recognised that this is a return to an appointment-based system but is in line with the lockdown requirements. Most individuals are given assessment appointment on the day of referral (more detail in appendix 1 below).

Funding has been secured to progress the development of a shared-care model including Primary Care and ISMS. Work has begun within the Lochee GP surgery. Additional funding has been provided to the SafeZone Bus to provide out of hours support in local areas. Independent advocacy is also being developed utilising additional funding from the Drugs Death Task Force.

- 4.2.3 Although progress with the implementation of the Action Plan for Change has been impacted by the Covid-19 restrictions a number of new innovative, immediate and flexible responses to emerging issues were developed. These responses are still in place and it is expected will now remain for the long term. These include steps taken to continue the safe provision, in-line with national guidance, of prescribing and dispensing arrangements. Additional support had to be put in place for community pharmacies and the joint-working arrangements are still in place.

Specific measures were put in place to support the large number of individuals needing to shield or self-isolate, including outreach support from a multi-agency group of staff. New arrangements had to be put in place to ensure continued availability of Injecting Equipment Provision (IEP), and there was a substantial increase in the availability of naloxone to individuals and families.

Key life-saving measures such as the work of the multi-agency non-fatal overdoses rapid response team have been strengthened. The team continues to meet 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, offering those not already in treatment a fast track to access treatment. More recently, a member of staff from Women's Services joined the team to ensure a focus on the specific needs of women. An evaluation of the NFOD response has recently been completed and the findings anticipated imminently.

Organisations continue to deliver on-line and virtual support, providing much needed relief for many vulnerable individuals. A new multi-agency pathway supporting individuals returning to the community under the early release of prisoners have been developed and implemented.

Additional funding from the national Drug Deaths Task Force allocated in November 2020 enabled the provision of additional support for the SafeZone Bus, an increase in the number of assertive outreach workers, the development of an independent advocacy support and beginning to develop a shared care model including Primary Care and ISMS.

- 4.2.4 Application to CORRA to access Drug Death Task Force Funding – a Test of Change (ToC) project:

This project will focus on reducing the number of deaths in the city by developing an integrated substance use and mental health response, delivered within community localities, and including crisis interventions available at evenings and weekends.

The Dundee Drugs Commission and Independent Inquiry into Mental Health services in Tayside outlined the need for an integrated mental health and substance use response. Many people experiencing problem substance use are also affected by mental health issues including childhood and on-going trauma. Evidence from front-line services in Dundee highlights the potential benefits of a 24-hours crisis intervention to support those affected by complex needs. The delivery of these elements will add value to the multi-agency community hubs/ locality approach already adopted in Dundee.

This project plans to test a level of integration not yet seen in Scotland and the learning will be shared across the country. This is an ambitious project that will focus on testing key approaches within mainstream services in Dundee to the benefit of people already accessing services, building on measures to engage meaningfully with those not accessing services, and developing reliable joint real-time information systems.

We anticipate feedback about the funding application from CORRA by mid-February and the P&R Committee will be informed of the outcome.

#### 4.3 Revised Action Plan for Change

- 4.3.1 In September 2020 the ADP was asked to provide new suggested timescales, for the delivery of the action plan, as soon as practicable. (Article VI of the Minute of the Policy and Resources Committee on 28 September 2020 refers). The revised Action Plan for Change is attached in Appendix 1. It continues to respond to the recommendations made by the independent Dundee Drugs Commission. It reflects the impact of Covid-19, service developments, a focus on further improvements, the impact of the new government funding (confirmed and anticipated).
- 4.3.2 The ADP's Implementation Group is continuing to monitor the implementation and impact of actions within the plan and the membership of this group has been strengthened to support this work. The chairs of the Action Plan's workstreams, responsible for leading progress, are all member of the Implementation Group. The Implementation Group meets every 6 weeks and reports directly to the ADP. Issues requiring immediate attention are escalated directly to the COG.
- 4.3.3 The Implementation Group proposed the revised timescale (within Appendix 1 below) based on the current understanding of developments with the Covid-19 pandemic situation, the resources currently available, considerations for minimising delays wherever possible, discussions with operational managers leading on process, taking account of factors relating to health and wellbeing of the workforce (in context of the Covid-19 pandemic impact), urgent need to address drug deaths and impact on families and communities.

It is anticipated that the recent announcements from the Scottish Government with respect of additional funds to tackle drugs deaths and renewed national focus on the impact of drug use could have positive impact on delivery timescales that emerge in coming months. If this is the case, the P&R Committee will be updated accordingly.

#### 4.4 Dundee Drugs Commission

- 4.4.1 When the Policy and Resources Committee met in September members requested a timetable for future input from independent Drugs Commission. A specification for this is being prepared by the ADP for approval by the Dundee Partnership Management Group and will be the basis of preparatory discussion with the chair of the Dundee Drug Commission. It is proposed that the reconvened Dundee Drug Commission will:
- Review progress achieved in implementing the DDC's recommendations from 2018
  - Consider the impact of, and the lessons learned from, measures taken in response to the COVID-19 pandemic
  - Agree any new findings emerging from the review and make additional recommendations if required
  - Prepare a final report for the Dundee ADP and its partners including Dundee City Council, NHS Tayside and the Health and Social Care
- 4.4.2 The purpose of the review is not to repeat the extensive research and discussions of the initial commission. Instead the Commission will be asked to focus on the work undertaken in the city to deliver the change set out in the recommendations that were accepted in full by the Dundee Partnership in 2019. To maximise efficiency, it is proposed that the reconvening of the Commission takes place over a 3-month period beginning in July 2021.
- 4.4.3 In preparation, the Dundee ADP will prepare a self-assessment document that provides a robust evaluation of the successes in securing improvements and plans for progressing in the near future. This will also state the outstanding challenges faced and the measures in place to overcome these. A group of stakeholders will be invited to submit independent views on the rate and effectiveness of services' transformation.

- 4.4.4 The Commission will then be asked to consider the analysis presented by the ADP and local partners, hold sessions with the most significant players identified in the initial process, before completing their work by agreeing any additional recommendations. These will be presented to the Dundee Partnership and subsequently passed to community planning partners including NHS Tayside, Dundee City Council, Police Scotland and Dundee Volunteer and Voluntary Action for endorsement.

## **5.0 POLICY IMPLICATIONS**

- 5.1 The Action Plan for Change was subject to an assessment of any impacts on Equality and Diversity, Fairness and Poverty, Environment and Corporate Risk in September 2020 and remains relevant. A copy of the Integrated Impact Assessment continues to be available on the Council's website at [www.dundee.gov.uk/ia](http://www.dundee.gov.uk/ia).

## **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**

None

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DATE: 1 FEBRUARY 2021

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## DUNDEE SUBSTANCE USE ACTION PLAN REVIEW / JANUARY 2021

### Background

This document presents an 18-months review of the Substance Use Action Plan for change. The Action Plan 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.

This review was led by the ADP Implementation Group and includes updates on progress with 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 review provides updates on the efforts to tackle trauma and mental health (including ACE), working with vulnerable women and children (affected by a whole range of issues, including substance use), linking to sexual health, resilience and prevention work, and improvements in governance, leadership and communications.

Despite the best efforts and the hard work of front-line organisations, due to Covid-19 progress with some specific actions within the plan has been delayed and timescales were revised accordingly. Moreover, we also recognise that at the time, the actions were developed within a short timescale and it is possible that some actions belong elsewhere or are simply not relevant.

This review also includes a *red / amber / green (RAG) assessment* to indicate the rate of progress and whether some concerns have been identified going forward.

### RAG ASSESSMENT

	Action Completed or on progressing well
	Action in Progress and issues being closely monitored
	Significant delays or at risk
	Action not relevant / Required change

### TIMESCALES

For ease of cross referencing changes the revised timescales are set out for actions, but the original timescales are in brackets below.

Key Priority	Action – as it appears in the original Action Plan for Change	Delivery Status (RAG)	Revised Timescales	Comments to include: <ul style="list-style-type: none"> <li>• is the action still relevant / should it be taken off;</li> <li>• if revised – new wording should be provided.</li> </ul>
1 - Tackling the immediate risk factors for drug deaths	Lead the implementation, evaluation and subsequent sustainable delivery of the Non-Fatal Overdose Pathway, including: <ul style="list-style-type: none"> <li>- Design, run and evaluate the Test of Change;</li> <li>- Support the securing of resources to implement findings from the ToC;</li> <li>- Utilise learning from the ToC to review organisations' approach to non-fatal overdose and develop a partnership brief intervention model and associated staff training.</li> </ul>	Green	May 2020  Waiting for the report to be released	The evaluation has been completed and a report written, pending finalising before circulation. A short-life working group would lead the implementation of the recommendation.  <b>Action mostly completed and once the evaluation report has been circulated the action will be amended.</b>
	Commission the design and delivery of a behaviour change intervention to prevent further overdose using a health psychology model	Green	February 2022  (Summer 2021)	Funding for an 18-month research project is secured and the project commenced September 2020. The research aim is to develop and implement an effective behaviour change intervention following NFOD.  <b>Change of timescale due to the length of time to complete the research project but the action is progressing as planned. Positive outcome to obtain external funding for the research project.</b>
	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	Yellow	Dec 2021  (Dec 2020)	In progress, and specifically close reviews of DD and NFOD trends have been strengthened and there is still a need to extend to reviews of other harms, including hospital admissions and naloxone reporting.  A larger proposal for Drugs Checking through Stirling University (involving a number of areas in Scotland) is being progressed.  Comprehensive clinical toxicology testing has now been implemented by NHST and will contribute to surveillance efforts.  <b>This is a national project led by Stirling University and the delay is due to the inability to progress during Covid-19 lockdown. Progress of this action sits out with Dundee.</b>

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	Continue to extend the reach of the Take-Home Naloxone Programme to provide optimal coverage for individuals / families and friends through access to training and supplies of kits. Continue to support front line staff to access Naloxone training relevant to their role (e.g. administration in an emergency and/or naloxone training for trainers to allow staff to train others and supply kits).		Dec 2021  (April 2020)	<p><b>As the text below outlines, there has been significant progress with the Dundee Take Home Naloxone programme. This action is mostly completed as the programme is well established and progressing to plan. The current timescale reflects the remaining element of this action which is to train Peer Volunteers as naloxone trainers, this could not happen during the Covid lockdown. All other elements of this action are completed and this action will become ‘business as usual’ and removed from this plan at the next review:</b></p> <p>Going forward, the IG recommends sufficient progress has been made, this action will become ‘business as usual’ and removed from this plan. During 2021, the focus of this action will be on Peer-Training for Naloxone</p> <p>A number of steps have been taken to widen access and address challenges posed by covid-19 across Dundee:</p> <ul style="list-style-type: none"> <li>• Naloxone training and kits are supplied by statutory services and some third sector partners in Dundee, this has continued during covid-19. Kits were also issued on prescription from ISMS as part of a risk management strategy during Covid-19.</li> <li>• A number of services also hold naloxone for use in an emergency, for example some community pharmacies (including all Boots pharmacies) and hostels.</li> <li>• Health and Social Care policies have recently been amended to facilitate and encourage carrying and use of Naloxone by relevant staff.</li> <li>• A naloxone guideline has also recently been approved for in-patient mental health services.</li> <li>• 4 non-drug treatment services in Dundee registered to supply naloxone under the letter of comfort provided by the Lord Advocate during covid-19.</li> <li>• A postal supply service of naloxone has been established and is provided by Hillcrest Futures and We Are With You.</li> </ul>

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				<ul style="list-style-type: none"> <li>• Training for trainers was moved to online training during Covid-19 and resources have been developed to support this. For example, a webpage hosted by BBV MCN directing staff/volunteers to training resources from SDF and a locally developed training video.</li> <li>• An information pack to support non-drug treatments services has been developed.</li> <li>• Scottish Ambulance Service in Dundee are participating in a national project for paramedics to supply a naloxone kit where a person declines to attend A&amp;E.</li> <li>• A project for peer involvement in Naloxone training and delivery has recently been successful in securing funding from the innovation fund. This work will be a collaboration between SDF and Hillcrest Futures and is supported by the ADP.</li> </ul>
2 - Urgently increase the capacity and capability of specialist services to support access, quality and safety.	Evaluate direct access clinic model to determine future capacity requirements and options in line with the development of a pathway		Oct 2021 (June 2020)	<p><b>Covid-19 lockdowns are having direct impact on the operation of the Direct Access clinics, as no face-to-face contact can take place. Finalising this action has therefore been delayed due to Covid-19. It is planned to resume operation of the direct access clinics as soon as possible. This action will also be supported by the Test of Change Project funded through DDTF (details in 4.6 above).</b></p> <p><b>During lockdown a direct referral system is in place, partners agencies, GP surgeries and individuals themselves contact ISMS directly to book appointments. It is recognised that this is a return to an appointment-based system but is in line with the lockdown requirements. Most individuals are given assessment appointment on the day of referral.</b></p>
	Agree the business case for bridging resources to increase capacity of treatment services to manage current and		Dec 2021	<b>Progress has been made with the appointment of additional five Band-5 nurses to increase capacity and support the service through a period of change.</b>

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	predicted levels of demand for treatment and ensure a response case management model of support;		(Jan 2020)	This action will be reviewed and adjusted at the next review of this action plan.
	Work with partners to identify a different name to ISMS		April 2021 (Jan 2020)	An internal consultation about the name change took place with individuals using ISMS. <b>The name-change has now been agreed and approved by the Clinical Governance Group. The service will be known as the Dundee Drug and Alcohol Recovery Service. This action is complete and will be removed at the next review.</b>
	Implement models to support quick access to treatment options; including reviewing and testing options for same day prescribing.		Dec 2021 (March 2020)	<b>Progress made to date:</b> <ul style="list-style-type: none"> <li>ISMS introduced Same Day Prescribing in October 2019, achieving 83% compliance prior to the COVID 19 pandemic. From December 2019 all ISMS direct access clinics were supported by same day prescribing. However, since end of March 2020, requirements to adhere to social distancing meant same-day prescribing continued with limited capacity;</li> <li>Progress is being made locally with the implementation of the national MAT standards (including improvement access to treatment);</li> <li>Despite the additional pressures posed by Covid-19, Dundee continues to meet all the National Waiting Times targets;</li> <li>Feedback from the Women's Services is of a clear improvement in the arrangements for meeting the needs of vulnerable women, including access to treatment.</li> </ul> <b>This action will also be progressed further as part of the ToC project</b>
	Increase the level of Non-Medical Prescribing (NMP) through recruitment and training opportunities.		Oct 2021 (Jan 2022)	6 additional NMP nurses have been appointed (in addition to the additional five band-5 nurses appointments mentioned above). The nurses are currently in various stages of the NMP training, some have completed the training.  <b>This action has been completed and will be replaced by a follow-on action to review the longer-term sustainability of the</b>

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				prescribing system, the requirements / needs and capacity of current prescribing arrangements. The date for completing the original action has been brought forward. A date will be set up for the follow-on action.
3 - Improve retention in treatment and recovery services	Pilot assertive outreach model to support those at risk of withdrawing from support; including assertive outreach models within the community delivered by third sector organisations.		April 2021 (June 2020)	Additional Assertive Outreach staff are now appointed through Positive Steps and Hillcrest. During Covid-19 organisations (statutory & 3 <sup>rd</sup> sector) increased interventions delivered through outreach and much learning was gained about this way of working. Future plans are developed to link up assertive outreach to the gendered approach – to ensure specific focus on vulnerable women. <b>This action is largely completed and will be removed from the plan at the next review. The monitoring of the work will be part of the ToC project.</b>
	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 use services providing support within various community locations across Dundee.		Oct 2022 (June 2020)	<b>This action will progress through the ToC project (funded by DDTF MCN).</b>  <b>There was some joint ISMS /3<sup>rd</sup> sector work progressed in between lockdowns but progress has been impacted by Covid-19. However, there is an increase in the co-location arrangements and additional ISMS staff will be located in the Cairn centre.</b>
	Expand the Housing First Model, including additional support for vulnerable women.		March 2021 (June 2020)	The expansion of the Housing First model is progressing successfully and the target within year 1 was surpassed. The Rapid Rehousing Transition Plan has allowed for funding to be allocated to DWA to employ 2 assertive outreach workers, linking in with Housing First and delivering the support in line with the Housing First principles. <b>This action is complete and will be removed at the next review</b>

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	As part of the review of temporary accommodation, explore options regarding the need for women-only accommodation options.			This action is progressed by the Dundee violence Against Women Partnership
	Develop a commissioning framework to support access to residential rehabilitation options		Oct 2021 (April 2020)	<b>Access to residential rehabilitation is currently provided through a Spot-Purchasing approach, and residential rehabilitation is available for those who are assessed to benefit from it.</b> Plans are in pace to develop a clear framework and will be progressed once the pressure of Covid-19 ease up.
	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 those who have an identified need		Nov 2021 (Sept 2020)	<b>An agreed pathway for the transition of substance use support from custody to community is in place but requires improvements.</b> A new post appointed for 2 years based within Positive Connections will progress this and support the establishment of a clear pathway. A multi-agency group (including Neighbourhood services, prison healthcare, ISMS, CJS and Positive Connections) is holding a quarterly Prison Release meetings and will oversee the progress of the pathway. <b>This action will be adjusted to focus on monitoring progress of the new arrangements.</b>
4 - Implement a revised person centred, seamless, sustainable and comprehensive model of care	Develop and implement a multi-agency co-produced clear pathway, from the start of treatment and into recovery for people who use substances, built on an integrated service delivery based within local communities, that provides access to a range of treatment and support options.		Progress will begin <b>April 2021</b> as part of a 2 years project. (Dec 2020)	<b>This action is about a whole system / culture changes and is for the longer term. Progress will now be escalated with the ToC project beginning April 2021 (see summary description of the ToC project in 4.6 above).</b>  This work was supported by the National Health Improvement Service (HIS) but the support stopped with lockdown. HIS have conducted a scoping exercise in July / August 2020 and the recommendations will be progressed by the IG.
	Agree a model of shared care within general practice: - Test out model of shared care within the three 2c practices		Work commenced	<b>This action is progressing well - funding has been obtained from the DDTF to run a test of change to develop a shared care</b>

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	- Evaluate and consider how the model can be delivered within communities and/or near where people live		Nov 2020 and complete Nov 2022 (Dec 2020)	<b>for Primary Care and substance use – a GP lead has been appointed and work is currently being progressed in Lochee. Testing a shared-care model will complete in Nov 2022 and will be expanded to other PC surgeries in the city.</b>  At the next review of the action plan this action will be revised to reflect monitoring of the ToC.
	Improve access to Mental Health Services <ul style="list-style-type: none"> <li>Review and develop protocols for referral and access to service</li> <li>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 substances</li> </ul>		Work will commence April 2021 and complete March 2023 (June 2020)	<b>This work will progress as part of the Test of Change project (supported by the DDTF and funded through CORRA). See details in 4.6 above.</b>
	Implement the recommendations from the Independent Evaluation of the 3 Community Hubs		Dec 2021 (Dec 2020)	The Community Hubs had to initially shut and thereafter change the way they work due to Covid-19.  <b>Will progress as part of the ToC project (see 4.6 above)</b>
Health Needs Assessment (HNA)	Consult and agree on an initial HNA scoping document		Jan 2020	HNA scoping document developed in January 2020
	Agree collaborative commissioning model with national colleagues for timely delivery of an 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		Feb 2020	A collaborative commissioning model was agreed in February 2020 and included timescales. However, all the plans had to be postponed due to Covid-19.  <b>The Health Needs Assessment will be conducted externally by HIS and this has been delayed due to Covid-19. At this point we do not know when this will take place and progress with this action sits out with Dundee.</b>

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	Undertake qualitative work to understand why people are disengaging from care.		Dec 2021 (Jan 2020)	Commitment has now been obtained from Public Health Scotland that, as part of their support to progress with the Whole System work, during 2021 they will progress with an assessment of needs, including long-term needs for prevention. Due to other commitment relating to the Covid-19 response, this assessment will not be as comprehensive as originally planned but will ensure progress is made.
5 - Win the trust and confidence of all stakeholders through effective Leadership, Governance and Accountability	Implement and support the new Governance of the ADP; ensuring explicit lines of accountability and actions are clear and measurable; and		April 2020 (Feb 2020)	New structure is in place but need to further improve and imbed.
	Complete and implement the revision of structural arrangements for the governance of Multi-Agency Public Protection (PP) strategic groups and ensure the ADP transitions effectively into the new PP governance arrangements		March 2022 (April 2020)	The consultation exercise is still to be completed and the agreed changes will be implemented thereafter. It is currently anticipated that the consultation will be completed and decisions made by March 2021. Implementation will progress during the 2021/22 financial year.
	Revise the role of the Independent Chairs to establish a shared expectation of their contribution to leadership, governance and accountability;		May 2020 (March 2020)	As part of Transforming Public Protection (TPP)
	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		March 2021 (March 2020)	<b>This action is largely completed and will be removed from the plan at the next review.</b> During the Covid-19 period, a specific Protecting People risk register (RR) was developed with separate sections for each of the PP Partnership / Committee. Initially this RR focused on the Covid-19 specific risks and is currently being transitioned to business as usual content. It is planned to have this up and running before the end of March 2021.
	Negotiate and implement an initial Key Performance Indicators (KPI) framework that provides up-to-date insight		Dec 2021	Most of the key performance indicators (KPIs) are in place and agreed by the ADP, there are still some issues with reporting and

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	into the performance of all key services in both the statutory and third sector.		(March 2020)	<p>identifying the best way to capture information from the services. We will continue to develop and refine the indicators.</p> <p>DAISy National Service Users Information System will be implemented in Dundee in April 2021.</p> <p>There are now national KPIs and national Medically Assisted Treatment (MAT) standards, we are awaiting guidance from the national team regarding what we will be expected to report on going forward.</p> <p>The Implementation Group will review this action going forward with new specific actions to implement reporting – the focus will change when reporting becomes business as usual.</p>
	Work to enhance the knowledge, understanding and engagement of all Elected Members around the underlying causes of substance misuse issues.		Dec 2021 (Dec 2020)	<p><b>This action is on-going and progressing</b> - focus of engagement so far has been on providing progress reports rather than enhancement of knowledge.</p> <p>An update report was presented to the P&amp;R Committee in late September and a follow up report in February 2021.</p> <p>We will continue to provide regular updates to Elected Members, 2 briefings a year on progress.</p> <p>There are now 2 Elected Members' representation on the ADP.</p>
	Participation in Scottish Trauma Informed Leaders Training and proposed pilot activity		Dec 2020 and <b>complete by Jan 2021</b>	<p><b>This action is progressing well:</b> COG sessions took place in December 2020 and another one will happen January 2021. It is now considered that this action is more relevant than ever given wider impact of Covid-19 on both service users and the workforce.</p> <p><b>This action will be removed at the next review</b></p>

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<b>Key: Priority 6</b> <b>Lived Experience</b>	Develop a whole-system Advocacy Framework and commission supports for the Framework		Completion by Nov 2022 (Dec 2020)	<b>Additional 2 years funding for Independent Advocacy received from the DDTF, will be managed by the Dundee Independent Advocacy Centre. ISMS will work closely with DIAS to develop and implement.</b>  This action will be adjusted to reflect monitoring at the next review
	Progress the on-going development of a Peer-Support Framework and support the implementation of the Framework.		Dec 2021	Peer Support Framework presented to and accepted by the ADP on 20 Oct. DVVA will lead the implementation of the Framework. This work is ongoing but good progress is being made.
	Establish a lived experience quality framework to ensure that involvement of people with lived experience is embedded effectively and meaningfully across the ADP structure and the wider delivery of support.		Oct 2021 (March 2020)	<b>This action is progressing well:</b> the Lived Experience network is in the process of being formed, and has broader involvement of people with lived experience, including mental health, substance use and VAW. Support is provided by DVVA and Scottish Recovery Consortium.  The Gendered Services Project is developing a group of women with lived experience (of a range of issues leading to increased vulnerability e.g. mental health issues, VAW, substance use and homelessness). This group will link to the ADP Lived Experience structure
	Support peer volunteers to assist recovery and tackle stigma within communities, incorporating a volunteer training programme.		April 2021	The training of all volunteers is ongoing, 10 volunteers have been trained and another 3 will be receiving training though Zoom.  Out of those, 4 volunteers are supporting recovery, three are providing peer to peer support via phone or face to face at the Lochee Hub and one is on a placement with Transform providing support through Zoom. 2 volunteers are supporting the <i>Chit Chat</i>

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				<i>Recovery Support line.</i> The volunteer training programme is in place but is being revised due to Covid lockdown.
7 - Confront and address stigma and strengthen mutual and community support	Develop and deliver a co-ordinated training programme to build capacity of community groups, organisations and services to address stigma.		Dec 2021 (Dec 2020)	The Community Health Team stopped delivery of Substance Use & Stigma awareness workshops due to COVID-19. However, the broad intention is that this action is still important. The intention is to explore a co-ordinated programme to ensure that messages are consistent.
	Implement a public awareness campaign to address stigma, including use of stigmatising language.		Dec 2021 (June 2020)	Progress is being made, albeit a little slower due to the impact of COVID and need to consider appropriate timing. The Anti-stigma Commitment has now gone to the ADP to adopt and this will support next steps. A design brief is currently being written so that campaign materials can be developed and ready once we are able to go ahead.
	Strengthen links between treatment/recovery services and local community group support by supporting engagement with Health and Wellbeing Networks, Local Community Planning Partnerships and other local platforms.		Dec 2021 (Oct 2020)	<b>Slow progress due to Covid-19 lockdown.</b> It has been agreed to make an amendment to this action which focuses on strengthening links between substance use services and community-based support – through LCPPs and the Health & Wellbeing Networks. This will require joint responsibility of substance use services to engage in local platforms and by community-based staff to promote such opportunities across partner organisations.
8 - Keep children safe from substance use	Three new non-medical prescribing (NMP) trainee nurses will be placed within Children & Families Teams (one at the East locality, one at the West and one with the Intake Team).		April 2021 (for evaluation report) (Jan 2020)	<b>Good progress has been made: the nurses are in place and well-integrated within C&amp;Fs Teams. One nurse completed the NMP course and two are on progress to completing. This action is complete and will be removed at the next review.</b> This approach will now be evaluated and a report submitted to the ADP Implementation Group in April 2021 for consideration.

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and its consequences	Support the 3 nurses to complete their NMP qualification	Green	(Jan 2021)	
	Progress work with 3 <sup>rd</sup> sector organisations (including Aberlour, children 1 <sup>st</sup> 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.	Yellow	April 2021 (April 2020)	<p><b>Some delays due to Covid-19 lockdown.</b> Progress is being made through established and regular joint meetings between 3<sup>rd</sup> and statutory sector teams.</p> <p>Aberlour and Children 1<sup>st</sup> are part of a co-location test of change that is progressing and monitored (while complying with lockdown restrictions). The organisations also made links with the new Family Support service.</p>
	Hold 4 joint development sessions for front-line staff within ISMS, C&Fs Teams and key 3 <sup>rd</sup> 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.	Red	Jan - Oct 2021 (Dec 2020)	<p><b>This action is delayed due to Covid-19 restrictions.</b></p> <p>One joint event was held for East location prior to lockdown and all others postponed for now</p> <p>Considerations / plans in pace to hold the west event digitally in early 2021. Thereafter, hold 2 follow-on events for both localities in October 2021.</p>
	ISMS 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	Green	Jan 2021 (Dec 2020)	<p><b>Engagement with and attendance at CP conferences has improved, and this process is now supported by the 3 NMP nurses located within C&amp;Fs teams.</b></p> <p>The system for providing information is running well and improvements are being introduced– C&amp;Fs are getting regular reports from ISMS.</p>
	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	Yellow	Aug 2021 (April 2020)	<p><b>The Gendered Services Group has made good progress around this action.</b> A directory of services for vulnerable women (which includes New Beginnings, Pause and other non- specialist services which have a women-only element) has been developed and circulated and work is also ongoing within the Commercial Sexual Exploitation group to develop fast track pathways/models</p>

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		Yellow		of support for vulnerable women. Multi agency guidance will be launched soon which includes information on these pathways/models.
	<p>Through the Transforming Public Protection work:</p> <ul style="list-style-type: none"> <li>strengthen and evaluate the focus on chronologies and risk assessment and roll out to all practice teams;</li> <li>Revise early screening arrangements for people of all ages to facilitate whole family approaches to risk assessment and risk-management.</li> </ul>	Green	Oct 2021 (Dec 2020)	<p>The new chronology function on the Mosaic case recording system was introduced in May 2020. Managers are reporting positive feedback about the tool, as well as its value in assessments and in working with children and families. This new function is currently being tested within the Education service.</p> <p>An initial review of early screening arrangements took place during 2019/20. More detailed work is planned for 2021 to focus in on the specific connections, links and potential future efficiencies across children's and adults screening fora.</p>
9 - Implement trauma informed approaches, targeting those at increased risk of substance use / and death	<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"> <li>a mapping of the workforce</li> <li>an assessment of their training needs in relation to trauma-informed work; and</li> <li>Identifying the key gaps and priorities for training.</li> </ul> <p>This will link to the NHS Tayside Trauma Training Strategy currently being implemented with a strong focus on trauma training.</p>	Yellow	Dec 2021 (March 2020)	<p><b>This work is at risk due to competing demands, lack of capacity to lead the work and the ongoing pressures of the Covid-19 pandemic.</b></p> <p>Following a request from the Scottish Government to identify local trauma champions – Diane McCulloch &amp; Elaine Zwirlein have agreed to be local champions. Progress with trauma training is anticipated to be made as part of the ToC project.</p>
	<p>Trauma training at levels 1, 2 and 3 will be delivered by the TPTIC in conjunction with L&amp;OD team and the local level 3 trainer. A review of the Protecting People training framework will incorporate trauma training at all levels.</p>	Yellow	Dec 2021 (March 2021)	As above

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10 - Tackle the root causes of substance use	Develop a Prevention Framework for Dundee to include wider engagement with partners to scope evidence, build on previous work and current practice in Dundee (and elsewhere in Scotland).		Oct 2021 (Dec 2020)	The framework will provide best practice tools to address environment, community and individual level causes of harm (targeting issues including issues including sexual health and gendered-based issues, mental health and trauma, and substance use). The aim is to develop this resource to drive a consistent, coherent and joint approach in Dundee and to be utilized as a benchmark for developing future priorities. Initial discussions are progressing in Dundee and with Glasgow where a Framework has already been developed.
	Support and learn from the Youth in Iceland Model research project currently taking place in Dundee.		Dec 2022 (Sep 2020)	Keep oversight and have a clear links to the pilot for future prevention strategy and actions plan development.
11 - Ensure Gendered Approaches are considered in all activities and accommodated in design and delivery of services	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.		Feb 2021 (March 2020)	<b>The directory of services is now available</b> and a number of other publications/guidance documents have been developed in response to the pandemic and others are in development. The VAWP website is ready in terms of content but is awaiting completion from IT.
	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.		Aug 2022 (June 2020)	Gendered Services Project bid was successful and we now have a worker in post. The project will run for 2 years starting August 2020.
	Specific training on appropriate Gendered-Responses will be develop and delivered to all mainstream services.		Dec 2022 (Dec 2020)	VAW Overview training has been developed and piloted with further dates planned. This training includes a section on gendered analysis and approach.

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	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.		Oct 2021	The Gendered Services Group has made good progress around this action. A directory of services for vulnerable women (which includes New Beginnings, Pause and other non- specialist services which have a women-only element) has been developed and circulated and work is also ongoing within the Commercial Sexual Exploitation group to develop fast track pathways/models of support for vulnerable women. Multi agency guidance will be launched soon which includes information on these pathways/models.
12 - Ensure clear and consistent communications are delivered through a partnership approach.	Implement a strategic Protecting People (PP) Cross-Cutting Communications strategy (workforce and public) to deliver communication messages around all PP areas, including substance use.		Feb 2021 (April 2020)	Strategy developed and being partially implemented but progress is still required.  It is planned to also introduce the Language Matters principles to any future communications
	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.		April 2021 (Feb 2020)	Joint communication is much improved, work to implement a protocol still needs to progress.  <i>This work is ongoing and the action will be adjusted at the next review</i>
	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.		April 2021 (May 2020)	There has been great improvement in the quality and frequency of communications (especially during lockdown), still work to progress the framework.