



**REPORT TO:** DUNDEE HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD –  
21 APRIL 2021

**REPORT ON:** DRUG AND ALCOHOL PARTNERSHIP: ACTION PLAN FOR CHANGE -  
PROGRESS REPORT

**REPORT BY:** CHIEF OFFICER

**REPORT NO:** DIJB24-2021

### **1.0 PURPOSE OF REPORT**

1.1 The purpose of this report is to inform the Integration Joint Board of the progress made in the implementation the Dundee Alcohol and Drug Action Plan for Change.

### **2.0 RECOMMENDATIONS**

It is recommended that Integration Joint Board:

- a) Note the contents of this report, including progress made to date with the implementation of the Action Plan for Change as contained in section 4.2 and Appendix 1.
- b) Note the amended timescales for the Dundee Alcohol and Drug Action Plan for Change implementation as set out in section 4.3 and Appendix 1.
- c) Note the successful bid for Corra Foundation funding to implement a test of change to progress integrated approaches for people who experience both Mental Health difficulties and who use substances; as contained in section 4.4.
- d) Note the proposal to reconvene the Dundee Drugs Commission to review progress made against the recommendations detailed in their report Responding to Drug Use with Kindness, Compassion and Hope (2019) as detailed in section 4.5.

### **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, Dundee City Council set aside funding of £500,000 to support the delivery of the action plans in response to the Dundee Drugs Commission and the Independent Mental Health Inquiry. As a result of the pandemic, only £100,000 was committed to fund an additional five nurses (part year funding). A further £500,000 was provided in 2021/2022. The Alcohol and Drug Partnership are considering the use of this resource and will make recommendations to Dundee City Council for potential use.

## 4.0 MAIN TEXT

### 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 Dundee City Council, NHS Tayside, Police Scotland, Dundee Health and Social Care Partnership, the third sector and local communities if services are to be effective. The Dundee City Plan also identified reducing substance use as a key priority for the Dundee Community Planning Partnership to improve health, care and wellbeing. The Integration Joint Board, working in partnership with other Community Planning partners, has a range of responsibilities for the protection of vulnerable people, including people who use drugs and alcohol.
- 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 (COG) and to the Dundee Community Planning Partnership. A range of Dundee Health and Social Care Partnership Officers actively participate in the ADP, Chief Officers Group and Dundee Community Planning Partnership, and there is representation from Elected Members at the ADP (both from the administration and opposition groups).
- 4.1.4 In 2018, the Dundee Partnership commissioned an independent review into the impact of substance use in the city. The Dundee Drugs Commission published their report Responding to Drug Use with Kindness, Compassion and Hope in September 2019. The report set out the Dundee Drugs Commission's findings, the challenges faced by those seeking support and made a range of recommendations. The report was accepted in its entirety by the Dundee Community Planning Partnership. The Action Plan for Change was developed as a response to the Dundee Drugs Commission report and recommendations, and was adopted by the Dundee Community Planning Partnership in December 2019 and by partner agencies in January 2020. The Community Planning Partnership owns the Action Plan for Change. The plan contains 12 key priorities including:
- tackling the immediate 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 Implementing the Action Plan for Change

- 4.2.1 The full implementation of the Action Plan for Change was delayed as a result of the onset of the pandemic. Covid-19 infection presented 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 withdrawal, 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 Although progress with the implementation has been impacted by the Covid-19 restrictions, some significant progress has been made to implement the Action Plan for Change despite the additional challenges arising from the pandemic. In addition, 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. Progress made includes:

- 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 was completed 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 the Scottish Drugs Forum to train Peer Volunteers as naloxone trainers.
- The Integrated Substance Misuse Service has rebadged to be known as the Dundee Drug and Alcohol Recovery Service (DD&ARS). Although the progress made with the 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 the service 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. Many individuals are given assessment appointment on the day of referral.
- Funding was secured to progress the development of a shared-care model including Primary Care and DD&ARS. 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.
- The gendered approach is progressing with the appointment of a new member of staff to support all organisations to adopt a focus on gender and trauma related work. A member of staff from Women's Services joined the Non-Fatal Overdose Team to ensure a focus on the specific needs of women.
- The Lived Experienced Network has been established, linking the lived experience input and development of both substance use and mental health.
- Specific measures were put in place at the beginning of the pandemic to support the large number of individuals needing to shield or self-isolate, including outreach support from a multi-agency group of staff.
- 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 was developed and implemented.

#### 4.3 Revised Action Plan for Change

- 4.3.1 In recognition of the impact of the pandemic on both the actions within the Action Plan for Change and the originally proposed timescales for implementation, the Action Plan for Change was reviewed by the ADP Implementation Group.
- 4.3.2 In January 2021, the ADP Implementation Group proposed a revised action plan based on the current understanding of developments with the Covid-19 pandemic situation, the resources currently available, considerations for minimising delays wherever possible and following discussions with operational managers. These discussions were balanced against the current risks arising from the pandemic, the urgent need to address drug deaths and the impact on families and communities. The revised Action Plan for Change 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 and revised timescales for implementation.
- 4.3.3 The ADP Implementation Group is continuing to monitor the implementation and impact of actions within the plan. The chairs of the action plan's workstreams, responsible for leading progress, are all member of the ADP Implementation Group. The ADP Implementation Group meets every 6 weeks and reports directly to the ADP. The Issues requiring immediate attention are escalated directly to the COG. A copy of the action plan and progress report is attached at Appendix 1.

#### 4.4 Corra Foundation Funding – Integrated Substance Use and Mental Health Responses

- 4.4.1 The Dundee Drugs Commission and the Independent Inquiry into Mental Health services in Tayside outlined the need for an integrated mental health and substance use response. Many people experiencing problematic substance use are also affected by mental health issues including childhood and on-going trauma.
- 4.4.2 Following a request to submit bids for funding to the Drug Death Task Force, a substantial bid was submitted proposing the development of an integrated approach to support those affected by substance use and mental health difficulties. The project spans a two-year period and takes a three-phase approach to delivery. The Dundee Health and Social Care Partnership are the key sponsors to the bid. Confirmation of the successful funding bid was received in late March 2021. The bid equates to £450,000 over a 24-month period.
- 4.4.3 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. 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 and will complement other local developments.
- 4.4.4 This test of change will be implemented following a stepped approach including 3 key stages. It will build on and link to existing projects, and be supported by local resources, including the development of trauma informed practice; strengthening collaborative work between children and adult services; improvements in support for vulnerable women; and redesigning public protection screening arrangements. With support from the Dundee Making Recovery Real Network and the LifeLine group (supporting families), each stage will include consultation and co-production with individuals and families. Detailed activities in stages 2 and 3 will be finalised during stage 1. Each stage will be led by an operational manager, supported by the Project Lead and improvement focused staff across partner organisations. The staged approach will include the following:

**Stage 1 - Getting Ready for Change (first 3 months):** provide a firm foundation, developing shared understanding of integration-model, assessing proposed model against NICE Guidelines and ensuring compliance, and planning for change and implementation. It may also include implementing specific operational actions. Appointment of a Project Co-ordinator for a period of 2 years, to support the HSCP Head of Health and Community Care (Project Lead) and co-ordinate the implementation learning and reporting.

**Stage 2** - Enhancing the Community Hubs Model: through an integrated multi-agency approach and begin to test the agreed integration model. Expand the support available from the Community Hubs including benefit, employability, housing and peer support. Identify other locations that the integrated service could utilise. Test and monitor the delivery of an integrated approach from these locations.

**Stage 3** – Strengthening existing provision to develop 24-hour crisis support, adjusting and strengthening the model in light of evidence of impact. Stage 2 activities will provide an opportunity for co-production regarding the best model for 24-hours support, including provision already in place for children and adults.

4.4.5 We anticipate Stage 1 will last for 3 months following the appointment of the Project Co-ordinator. It is recognised that elements of stages 2 and 3 may begin prior to the end of Stage 1 where specific actions are identified. Stage 2 and 3 will utilise the Plan Do Study Act (PDSA) cycle to rapidly test proposed improvements, adopt and implement learnings. We would also utilise the PDSA model to discontinue any approaches which are unsuccessful.

4.4.6 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.

#### 4.5 Dundee Drugs Commission

4.5.1 The Dundee Community Planning Partnership has invited the independent Dundee Drugs Commission to reconvene and assess the progress made in response to the original report. It is proposed that the reconvened Dundee Drugs Commission will:

- Review progress achieved in implementing the Dundee Drugs Commission's recommendations from 2019.
- 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 Partnership.

4.5.2 The purpose of the review is not to repeat the extensive research and discussions of the initial commission. Instead the Dundee Drugs Commission will be asked to focus on the work undertaken in the city to deliver the change set out in the recommendations within their report. To maximise efficiency, it is proposed that the reconvening of the Dundee Drugs Commission takes place over a 6-month period beginning in July 2021.

4.5.3 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.

4.5.4 The Dundee Drugs Commission will then be asked to consider the analysis presented by the Dundee 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 Community Planning Partnership and subsequently passed to community planning partners including NHS Tayside, Dundee City Council, Police Scotland, Dundee Health & Social Care Partnership 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. A copy of the Integrated Impact Assessment is attached to this report.

## 6.0 RISK ASSESSMENT

<b>Risk 1 Description</b>	The implementation of the revised Action Plan for Change, to support the reduction in substance related deaths, does not progress in line with the proposed action and timescales, including a delay in change for those services delivered through the Dundee Health and Social Care Partnership.
<b>Risk Category</b>	Operational, governance and political
<b>Inherent Risk Level</b>	Likelihood 4 x Impact 5 = Risk Scoring 20
<b>Mitigating Actions</b> (including timescales and resources)	Additional funding and national support will lever in additional resources to support the delivery of the action plan.
<b>Residual Risk Level</b>	Likelihood 3 x Impact 5 = Risk Scoring 15
<b>Planned Risk Level</b>	Likelihood 3 x Impact 5 = Risk Scoring 15
<b>Approval recommendation</b>	It is recommended that the IJB accept this risk.

## 7.0 CONSULTATIONS

7.1 The Chief Finance Officer and the Clerk of the IJB were consulted in the development of this report.

## 8.0 DIRECTIONS

8.1 The Integration Joint Board requires a mechanism to action its strategic commissioning plans and this is provided for in sections 26 to 28 of the Public Bodies (Joint Working)(Scotland) Act 2014. This mechanism takes the form of binding directions from the Integration Joint Board to one or both of Dundee City Council and NHS Tayside.

Direction Required to Dundee City Council, NHS Tayside or Both	Direction to:	
	1. No Direction Required	√
	2. Dundee City Council	
	3. NHS Tayside	
	4. Dundee City Council and NHS Tayside	

## **9.0 BACKGROUND PAPERS**

9.1 None.

Authors:

DATE: 2 April 2021

Vicky Irons, Chief Officer  
Diane McCulloch, Head of Health and Community Care  
Vered Hopkins, Lead Officer Protecting People





## APPENDIX 1 DRUG AND ALCOHOL PARTNERSHIP: ACTION PLAN FOR CHANGE -PROGRESS REPORT

### 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.



## TIMESCALES

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

For ease of cross referencing changes the revised timescales are set out for actions, but the original timescales are in brackets below	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>
		Green		Positive outcome to obtain external funding for the research project.
	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)	<p>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.</p> <p>A larger proposal for Drugs Checking through Stirling University (involving a number of areas in Scotland) is being progressed.</p> <p>Comprehensive clinical toxicology testing has now been implemented by NHST and will contribute to surveillance efforts.</p> <p>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.</p>
	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).	Green	Dec 2021 (April 2020)	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

<p>For ease of cross referencing changes the revised timescales are set out for actions, but the original timescales are in brackets below</p>	<p><b>Action – as it appears in the original Action Plan for Change</b></p>	<p><b>Delivery Status (RAG)</b></p>	<p><b>Revised Timescales</b></p>	<p><b>Comments to include:</b></p> <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>
				<p><b>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> </ul>

For ease of cross referencing changes the revised timescales are set out for actions, but the original timescales are in brackets below	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>
				<ul style="list-style-type: none"> <li>• A postal supply service of naloxone has been established and is provided by Hillcrest Futures and We Are With You.</li> <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	Evaluate direct access clinic model to determine future capacity requirements and options in line with the development of a pathway		Oct 2021 (June 2020)	Covid-19 lockdowns are having direct impact on the operation of the Direct Access clinics. The clinics operated a walk-in service without appointment and the restrictions relating to the pandemic did not allow this approach to be maintained (venues were not suitable for social distancing, potential for groups of people attending at one time, restrictions in face-to-face contact).

For ease of cross referencing changes the revised timescales are set out for actions, but the original timescales are in brackets below	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>
support access, quality and safety.				<p>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).</p> <p>During lockdown a direct referral and appointment system is in place, partners agencies, GP surgeries and individuals themselves contact DD&amp;ARS 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.</p>
	Agree the business case for bridging resources to increase capacity of treatment services to manage current and predicted levels of demand for treatment and ensure a response case management model of support;		Dec 2021 (Jan 2020)	<p>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.</p> <p>This action will be reviewed and adjusted at the next review of this action plan.</p>
	Work with partners to identify a different name to ISMS		April 2021 (Jan 2020)	<p>An internal consultation about the name change took place with individuals using ISMS.</p> <p>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 (DD&amp;ARS). This action is complete and will be removed at the next review.</p>

For ease of cross referencing changes the revised timescales are set out for actions, but the original timescales are in brackets below	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>
	Implement models to support quick access to treatment options; including reviewing and testing options for same day prescribing.		Dec 2021 (March 2020)	<p><b>Progress made to date:</b></p> <ul style="list-style-type: none"> <li>• DD&amp;ARS introduced Same Day Prescribing in October 2019, achieving 83% compliance prior to the COVID 19 pandemic. From December 2019 all DD&amp;ARS 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 form 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> <p><b>This action will also be progressed further as part of the ToC project</b></p>
	Increase the level of Non-Medical Prescribing (NMP) through recruitment and training opportunities.		Oct 2021 (Jan 2022)	<p>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.</p> <p><b>This action has been completed and will be replaced by a follow-on action to review the longer-term sustainability of the</b></p>



For ease of cross referencing changes the revised timescales are set out for actions, but the original timescales are in brackets below	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>
				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>  There was some joint DD&ARS /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 DD&ARS staff will be located in the Cairn centre.

For ease of cross referencing changes the revised timescales are set out for actions, but the original timescales are in brackets below	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>
	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>
	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, DD&ARS, CJS and

For ease of cross referencing changes the revised timescales are set out for actions, but the original timescales are in brackets below	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>
				Positive Connections) is holding a quarterly Prison Release meeting 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: <ul style="list-style-type: none"> <li>Test out model of shared care within the three 2c practices</li> <li>Evaluate and consider how the model can be delivered within communities and/or near where people live</li> </ul>		Work commenced Nov 2020 and complete Nov 2022  (Dec 2020)	<b>This action is progressing well - funding has been obtained from the DDTF to run a test of change to develop a shared care 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 Primary Care surgeries in the city.</b>

For ease of cross referencing changes the revised timescales are set out for actions, but the original timescales are in brackets below	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>
				At the next review of the action plan this action will be revised to reflect monitoring of the ToC.
	<p>Improve access to Mental Health Services</p> <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>		<p>Work will commence April 2021 and complete March 2023</p> <p>(June 2020)</p>	<p><b>This work will progress as part of the Test of Change project (supported by the DDTF and funded through Corra Foundation). See details in 4.6 above.</b></p>
	Implement the recommendations from the Independent Evaluation of the 3 Community Hubs		<p>Dec 2021</p> <p>(Dec 2020)</p>	<p>The Community Hubs had to initially shut and thereafter change the way they work due to Covid-19.</p> <p><b>Will progress as part of the ToC project (see 4.6 above)</b></p>
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.

For ease of cross referencing changes the revised timescales are set out for actions, but the original timescales are in brackets below	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>
	Undertake qualitative work to understand why people are disengaging from care.		Dec 2021 (Jan 2020)	<p>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. <b>Work carried out up to April 2021 includes:</b></p> <ul style="list-style-type: none"> <li>• Work by PHS updating available data and a 're-mobilisation' version of the plan to deliver the HNA produced;</li> <li>• evidence around risk factor management and prevention reviewed;</li> <li>• in light of revised national policy and Covid-19 the original scoping of the HNA will be adjusted.</li> </ul> <p><b>Immediate priorities for progress include:</b></p> <ul style="list-style-type: none"> <li>• establishment of a steering group</li> <li>• identification of any additional resource needed;</li> </ul> <p>organise a workshop to engage members of a steering group, national partners, and in particular the 'lived experience' aspects set out in the HNA scope.</p>
5 - Win the trust and confidence of	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.

For ease of cross referencing changes the revised timescales are set out for actions, but the original timescales are in brackets below	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>
all stakeholders through effective Leadership, Governance and Accountability	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	Yellow	March 2022 (April 2020)	April 2021 update: The consultation exercise has now been concluded. A preferred model is to be developed and proposed to the Chief Officers Group in June 2020, with further detailed design and implementation following this.
	Revise the role of the Independent Chairs to establish a shared expectation of their contribution to leadership, governance and accountability;	Green	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	Green	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 into the performance of all key services in both the statutory and third sector.	Yellow	Dec 2021 (March 2020)	Most of the key performance indicators (KPIs) are in place and agreed by the ADP, there are still some issues with reporting and identifying the best way to capture information from the services. We will continue to develop and refine the indicators.  DAISy National Service Users Information System will be implemented in Dundee in April 2021.

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

For ease of cross referencing changes the revised timescales are set out for actions, but the original timescales are in brackets below	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>
				<b>This action will be removed at the next review</b>
<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. DD&amp;ARS 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



For ease of cross referencing changes the revised timescales are set out for actions, but the original timescales are in brackets below	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>
				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	<p>The training of all volunteers is ongoing, 10 volunteers have been trained and another 3 will be receiving training though Zoom.</p> <p>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 Recovery Support line</i>. The volunteer training programme is in place but is being revised due to Covid lockdown.</p>
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)	<p>The Community Health Team stopped delivery of Substance Use &amp; 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.</p> <p>A group has been meeting to review existing training surrounding health inequalities and to explore how best to meet priorities going forward. SDF continue to offer online stigma training and this will</p>

For ease of cross referencing changes the revised timescales are set out for actions, but the original timescales are in brackets below	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>
				be taken into consideration. DVVA have developed a ‘Let’s end stigma and discrimination’ training session which has been piloted and is pending discussion as part of their overall training plan and to assess facilitator capacity.
	Implement a public awareness campaign to address stigma, including use of stigmatising language.		Dec 2021 (June 2020)	<p>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.</p> <p>Design brief has been written and questionnaire has been completed by a number of people with lived experience as a final check of the key campaign messages/methods. Next step is to identify designer/ animator from quotes provided. Have connected with Perth and Kinross and Angus ADPs who will be contributing towards the cost of the animation so that it can be used across Tayside. Expecting to launch summer, depending on COVID messaging prominence at that time.</p>
	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

For ease of cross referencing changes the revised timescales are set out for actions, but the original timescales are in brackets below	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>
				<p>engage in local platforms and by community-based staff to promote such opportunities across partner organisations.</p> <p>Proposal submitted for funding to be allocated to each LCPP to support locally-led responses to tackle stigma and build resilient and supportive communities. This will support embedding of the Recovery Friendly Dundee aim and principles. Currently exploring the role of Health &amp; Wellbeing Networks in the Local Community Planning Partnership structure to support this process and in process of identifying substance use services rep to connect to these platforms.</p>
8 - Keep children safe from substance use and its consequences	<p>Three new non-medical prescribing (NMP) trainee nurses will be placed within Children &amp; Families Teams (one at the East locality, one at the West and one with the Intake Team).</p> <p>Support the 3 nurses to complete their NMP qualification</p>		<p>April 2021 (for evaluation report)</p> <p>(Jan 2020)</p> <p>(Jan 2021)</p>	<p><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></p> <p>Once staff have completed this training, this would support the provision of same day prescribing and support implementation of Medication Assisted Treatment standards within a C &amp; F environment.</p> <p>Indicators are that this co-located model allows for a swift response to support parents who are experiencing challenges, improved</p>

For ease of cross referencing changes the revised timescales are set out for actions, but the original timescales are in brackets below	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>
				<p>levels of communication across both services and the opportunity to work jointly to provide an intensive level of support to families.</p> <p>This approach will now be evaluated and a report submitted to the ADP Implementation Group in April 2021 for consideration.</p>
	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.		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 DD&ARS, 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.		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>

For ease of cross referencing changes the revised timescales are set out for actions, but the original timescales are in brackets below	<b>Action – as it appears in the original Action Plan for Change</b>	<b>Delivery Status (RAG)</b>	<b>Revised Timescales</b>	<b>Comments to include:</b> <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>
	DD&ARS will work closely in partnership with the Children & Families Service to identify a process which will support the increased attendance of staff at <b>Key Meetings</b> (including TATC/ CP conferences/ Children’s Heating/ and LAC Reviews) and the provision of relevant information to support the decision-making at conferences		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 DD&amp;ARS.</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		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 of support for vulnerable women. Multi agency guidance will be launched soon which includes information on these pathways/models.</p>
	<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>		Oct 2021 (Dec 2020)	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.

For ease of cross referencing changes the revised timescales are set out for actions, but the original timescales are in brackets below	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>
				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.
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>		Dec 2021 (March 2020)	<p>Following a request from the Scottish Government to identify local trauma champions – Frances Greig, Diane McCulloch &amp; Elaine Zwirlein have agreed to be local champions.</p> <p>The Trauma Steering Group has now met 4 times since November and has an action plan in place.</p> <ul style="list-style-type: none"> <li>• Mapping and needs assessment/identifying the key gaps and priorities for training across DCC/H&amp;SCP workforce is well under way.</li> <li>• Delivery of STILT January 2021 to Chief Officers Group and another planned before summer.</li> <li>• Learning/Knowledge exchange planned for 6<sup>th</sup> May.</li> <li>• Tests of change underway in L&amp;OD service, HR, C&amp;F service.</li> </ul> <p>Professionals with lived experience – framework development underway.</p>

For ease of cross referencing changes the revised timescales are set out for actions, but the original timescales are in brackets below	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>
	Trauma training at levels 1, 2 and 3 will be delivered by the TPTIC in conjunction with L&OD team and the local level 3 trainer. A review of the Protecting People training framework will incorporate trauma training at all levels.		Dec 2021 (March 2021)	As above
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).		Dec 2021 (Dec 2020)	<p>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.</p> <p>April 2021: The group are currently appraising the Glasgow framework in preparation for wider engagement. We are also reviewing and finalising our delivery plan for the two actions.</p>
	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.

For ease of cross referencing changes the revised timescales are set out for actions, but the original timescales are in brackets below	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>
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)	The Gendered Services group developed a directory of services for women in Dundee -this was launched <b>June 2020</b> The Dundee VAWP website was launched in <b>January 2021</b> . <a href="http://www.dvawp.co.uk">www.dvawp.co.uk</a> Multi agency guidance on supporting those involved in commercial sexual exploitation was launched in January 2021.
	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)	This project began in <b>October 2020</b> and to date has been working to develop a group of women with lived experience to direct the work of the project, begun designing a self -assessment tool for services to use with support from the project and building links with key stakeholders across the city. Two awareness raising sessions are planned for the coming weeks. This project was highlighted at a national event 'Collective Leadership and VAWG'.
	Specific training on appropriate Gendered-Responses will be developed and delivered to all mainstream services.		Dec 2022 (Dec 2020)	As above and a VAWG training consortium has also been developed and delivered a Violence Against Women overview training session and a VAW training programme is now in place and available to the multi-agency workforce – launched January 2021.
	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. The group has a focus on leading development of pathways for vulnerable women in Dundee and part of this has included ensuring that VAW specialist agencies are linked to key



For ease of cross referencing changes the revised timescales are set out for actions, but the original timescales are in brackets below	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>
				<p>areas of work – e.g. VAW agencies are now directly linked in to the Tayside Drug Death Review Group and the Dundee Non- Fatal Overdose group.</p> <p>The Commercial Sexual Exploitation Working Group key activities have included:</p> <ul style="list-style-type: none"> <li>• Supporting the work of the Scottie Centre for women involved in commercial sexual exploitation.</li> <li>• Identification of a single point of contact within Police Scotland for sharing intelligence around prostitution.</li> <li>• Development of a fast track sexual health pathway for vulnerable women.</li> </ul> <p>Development of multi-agency guidance for supporting people involved in CSE which was launched in January 2021.</p>
12 - Ensure clear and consistent communications are delivered through a	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)	<p>Strategy developed and being partially implemented but progress is still required.</p> <p>It is planned to also introduce the Language Matters principles to any future communications</p>
	Develop a coherent multi-agency/multi-service communication protocol to ensure all planned and reactive		April 2021 (Feb 2020)	<p>Joint communication is much improved, work to implement a protocol still needs to progress.</p>

For ease of cross referencing changes the revised timescales are set out for actions, but the original timescales are in brackets below	<b>Action – as it appears in the original Action Plan for Change</b>	<b>Delivery Status (RAG)</b>	<b>Revised Timescales</b>	<b>Comments to include:</b> <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>
partnership approach.	communication messages follow due process and all individuals are clear about their role.			This work is ongoing and the action will be adjusted at the next review
	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.

**Committee Report No:** DIJB24-2021

**Document Title:** DRUG AND ALCOHOL PARTNERSHIP: ACTION PLAN FOR CHANGE - PROGRESS REPORT

**Document Type:** Service

**New/Existing:** Existing

**Period Covered:** 20/04/2021 - 20/04/2021

**Document Description:**

The purpose of this report is to inform the Integration Joint Board of the progress made in the implementation the Dundee Alcohol and Drug Action Plan for Change.

**Intended Outcome:**

It is recommended that Integration Joint Board:

- a) Note the contents of this report, including progress made to date with the implementation of the Action Plan for Change as contained in section 4.2 and Appendix 1.
- b) Note the amended timescales for the Dundee Alcohol and Drug Action Plan for Change implementation as set out in section 4.3 and Appendix 1.
- c) Note the successful bid for Corra Foundation funding to implement a test of change to progress integrated approaches for people who experience both Mental Health difficulties and who use substances; as contained in section 4.4.
- d) Note the proposal to reconvene the Dundee Drugs Commission to review progress made against the recommendations detailed in their report Responding to Drug Use with Kindness, Compassion and Hope (2019) as detailed in section 4.5.

**How will the proposal be monitored?:**

Regular reports to the IJB, Alcohol and Drug partnership, Chief Officer's Group, Dundee Community Planning Partnership, and Dundee City Council Policy and Resources Committee.

**Author Responsible:**

**Name:** diane mcculloch

**Title:** Head Of Health and Community Care

**Department:** Health and Social Care Partnership

**E-Mail:** [diane.mcculloch@dundee.gov.uk](mailto:diane.mcculloch@dundee.gov.uk)

**Telephone:** 01382438302

**Address:** Claverhouse Office

**Director Responsible:**

**Name:** Vicky Irons

**Title:** Chief Officer

**Department:** Health and Social Care Partnership

**E-Mail:** [vicky.irons@dundee.gov.uk](mailto:vicky.irons@dundee.gov.uk)

**Telephone:** 01382436310

**Address:** Claverhouse Office



## **A. Equality and Diversity Impacts:**

<b>Age:</b>	No Impact
<b>Disability:</b>	Positive
<b>Gender Reassignment:</b>	No Impact
<b>Marriage and Civil Partnership:</b>	No Impact
<b>Pregnancy and Maternity:</b>	No Impact
<b>Race/Ethnicity:</b>	No Impact
<b>Religion or Belief:</b>	No Impact
<b>Sex:</b>	No Impact
<b>Sexual Orientation:</b>	No Impact

### **Equality and diversity Implications:**

The report sets out the actions to support people in Dundee who have problematic substance use. It includes the proposals for new service developments and approaches to service practice and delivery. The report recognises the impact of substance use on health and access to services and the difficulties faced by individuals, families and carers. It highlights the difficulties for those who may experience both problematic substance use and mental health difficulties and how this can further impeded access to support.

### **Proposed Mitigating Actions:**

The report describes the actions taken to mitigate this impact and the progress made against this. The report includes reference to funding obtained to test a new model of support for people who experience both mental health and substance use.

### **Is the proposal subject to a full EQIA? : No**

The report sets out the actions to support people in Dundee who have problematic substance use. It includes the proposals for new service developments and approaches to service practice and delivery. The report recognises the impact of substance use on health and access to services and the difficulties faced by individuals, families and carers. It highlights the difficulties for those who may experience both problematic substance use and mental health difficulties and how this can further impeded access to support.

## **B. Fairness and Poverty Impacts:**

### **Geography**

<b>Strathmartine (Ardler, St Mary's and Kirkton):</b>	Positive
<b>Lochee(Lochee/Beechwood, Charleston and Menzieshill):</b>	Positive
<b>Coldside(Hilltown, Fairmuir and Coldside):</b>	Positive
<b>Maryfield(Stobswell and City Centre):</b>	Positive
<b>North East(Whitfield, Fintry and Mill O' Mains):</b>	Positive
<b>East End(Mid Craigie, Linlathen and Douglas):</b>	Positive
<b>The Ferry:</b>	Positive
<b>West End:</b>	Positive

### **Household Group**

<b>Lone Parent Families:</b>	No Impact
<b>Greater Number of children and/or Young Children:</b>	No Impact
<b>Pensioners - Single/Couple:</b>	No Impact
<b>Single female households with children:</b>	No Impact
<b>Unskilled workers or unemployed:</b>	No Impact
<b>Serious and enduring mental health problems:</b>	Positive
<b>Homeless:</b>	Positive

<b>Drug and/or alcohol problems:</b>	Positive
<b>Offenders and Ex-offenders:</b>	Positive
<b>Looked after children and care leavers:</b>	No Impact
<b>Carers:</b>	Positive

**Significant Impact**

<b>Employment:</b>	No Impact
<b>Education and Skills:</b>	No Impact
<b>Benefit Advice/Income Maximisation:</b>	No Impact
<b>Childcare:</b>	No Impact
<b>Affordability and Accessibility of services:</b>	No Impact

**Fairness and Poverty Implications:**

The approach taken recognises that poverty plays a role in the outcomes for people.

**Proposed Mitigating Actions:**

The actions within the action plan includes the development of advocacy services and outreach models. Both will support people to access services including financial support and housing.

## **C. Environmental Impacts**

**Climate Change**

<b>Mitigating greenhouse gases:</b>	No Impact
<b>Adapting to the effects of climate change:</b>	No Impact

**Resource Use**

<b>Energy efficiency and consumption:</b>	No Impact
<b>Prevention, reduction, re-use, recovery or recycling waste:</b>	No Impact
<b>Sustainable Procurement:</b>	No Impact

**Transport**

<b>Accessible transport provision:</b>	No Impact
<b>Sustainable modes of transport:</b>	No Impact

**Natural Environment**

<b>Air, land and water quality:</b>	No Impact
<b>Biodiversity:</b>	No Impact
<b>Open and green spaces:</b>	No Impact

**Built Environment**

<b>Built Heritage:</b>	No Impact
<b>Housing:</b>	No Impact

**Is the proposal subject to Strategic Environmental Assessment**

No further action is required as it does not qualify as a Plan, Programme or Strategy as defined by the Environment Assessment (Scotland) Act 2005.

**Proposed Mitigating Actions:**

None

**Environmental Implications:**

The report will have no impact on environmental considerations

## **D. Corporate Risk Impacts**

### **Corporate Risk Implications:**

The risk implications associated with the subject matter of this report are 'business as normal' risks. The subject matter is routine and has happened many times before without significant loss. There is comfort that the risks inherent within the activity are either transferred to another party, shared equally and fairly between the Council and another party or are negligible.

### **Corporate Risk Mitigating Actions:**

