



**REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD –  
22 FEBRUARY 2023**

**REPORT ON: DUNDEE ALCOHOL AND DRUGS PARTNERSHIP STRATEGIC  
FRAMEWORK AND DELIVERY PLAN**

**REPORT BY: CHIEF OFFICER**

**REPORT NO: DIJB4-2023**

### **1.0 PURPOSE OF REPORT**

To submit to the Integration Joint Board for noting the Dundee Alcohol and Drug Partnership Strategic Framework 2023-2028 and supporting delivery plan, and to provide an overview of recent developments in the provision of drug and alcohol services and supports.

### **2.0 RECOMMENDATIONS**

It is recommended that the Integration Joint Board (IJB):

- 2.1 Note the content of this report and the Dundee Alcohol and Drug Partnership's Strategic Framework 2023-2028, *Working Together to Prevent Harm and Support Recovery*, and supporting delivery plan (section 4.1 and appendices 1 and 2).
- 2.2 Note the intention for the Alcohol and Drug Partnership to develop a performance management framework, investment plan and strategic risk register to support the implementation of the strategic framework and delivery plan (section 4.2.6).
- 2.3 Note the key areas of progress achieved over the last six months in reducing harm associated with drug and alcohol use (section 4.3).
- 2.4 Instruct the Chief Officer to bring forward further updates regarding progress in implementing the strategic framework and delivery plan in-line with the Alcohol and Drug Partnership's future public reporting schedules.

### **3.0 FINANCIAL IMPLICATIONS**

- 3.1 Delegated resources to the Dundee Integration Joint Board (IJB) provide funding for statutory and commissioned drug and alcohol services. These resources are managed within the overall Dundee IJB Financial position. Additional funding is allocated annually from the Scottish Government to manage developments to support national drug and alcohol priorities. The specific utilisation of these funds is managed via Dundee Alcohol and Drug Partnership to meet local priorities within these national guidelines.
- 3.2 The value of anticipated Scottish Government funding for drug and alcohol services in addition to funding allocated for statutory services provided by Dundee Health and Social Care Partnership for 2023/24 is approximately £2.6m. The totality of this funding will be used to support the implementation of the delivery plan with direction of spend provided through the publication of the Alcohol and Drug Partnership's Strategic Framework.

- 3.3 The total funding available to the Alcohol and Drug Partnership in 2023/24 will also include external funding, such as from the CORRA foundation, and from permitted carry forwards from previous years uncommitted funding allocations. This includes carry forward of unspent additional funding made available for investment in drug and alcohol and mental health services by Dundee City Council. Dundee City Council has provided an additional investment of £1.660m over the period 2021/22 to 2022/23.

## 4.0 MAIN TEXT

### 4.1 Background

4.1.1 In June 2022, following the publication of the update report from the Dundee Drugs Commission in March 2022, leaders from across the Dundee Partnership published an initial statement of intent asserting their commitment to providing a comprehensive, accessible, trauma-informed and compassionate response to drug related harm. At that time leaders also noted that a detailed response to the recommendations made by the Commission would be contained within a replacement strategic framework and delivery plan developed by the Dundee Alcohol and Drugs Partnership. The replacement plan was to be developed to not only to respond to recommendations made by the Commission over their two reports, but to provide a single, prioritised framework that addresses national policy priorities and local needs. Importantly, the revised framework was also to be extended to cover alcohol related harm, as well as drugs.

4.1.2 On 22 December 2022 the Dundee Chief Officers Group, the multi-agency governance group for the strategic Protecting People Partnerships in Dundee (including the Dundee Alcohol and Drugs Partnership), approved the replacement Strategic Framework 2023-2028: Working together to prevent harm and support recovery, and a supporting rolling two-year delivery plan. At the point of submission to the Chief Officers Group, the framework and delivery plan were accompanied by a full Integrated Impact Assessment (covering both statutory equality and fairness duties). The strategic framework and delivery plan were published on 17 January 2023 following a range of briefing activities, including for members of the Integration Joint Board, and supported by communications activity. The strategic framework and delivery plan are attached as appendices 1 and 2.

4.1.3 The strategic framework sets out the Alcohol and Drug Partnership's vision that "*People in Dundee thrive within safe, nurturing and inclusive communities, supported by accessible and effective alcohol and drug services that focus on prevention, protection, harm-reduction, resilience and recovery.*" This vision is underpinned by 5 key priorities:

- Reducing significant harms linked to drug and alcohol use by delivering the right care in the right place at the right time.
- Reducing the enduring impact of drug and alcohol use through an increased focus on prevention.
- Empowering people with lived experience to participate in and influence decision-making, commissioning, planning and improvement.
- Promoting cultures of kindness, compassion and hope, tackling stigma and discrimination and embedding trauma-informed approaches.
- Ensuring appropriate and effective governance arrangements and strengthening communications with stakeholders.

In each priority area the strategic framework sets out short (by 31 March 2024), medium (by 31 March 2025) and long-term (by 31 March 2028) ambitions. The whole framework is underpinned by a statement of values that will inform the work of the Alcohol and Drug Partnership as they move forward with implementation: human rights; person-centred; trauma-informed; kindness and compassion; innovation; collaboration; transparency and evidence-based.

4.1.4 Overall, the revised strategic framework and delivery plan have been developed to sit within a wider planning context that recognises poverty and deprivation and the range of trauma and adversities present across the population that contribute to high levels of drug and alcohol related harm. The framework and delivery plan reflect the high priority given by all local partner agencies to tackling harm caused by drugs and alcohol, and recognise the need to continue to work at pace to improve responses to people currently affected alongside preventing future harm.

## **4.2 Strategy Development Process**

4.2.1 From the outset the strategy development process has focused on collaboration with relevant stakeholders, including people with lived experience and the workforce. This has been crucial to ensuring shared ownership of the strategy. There has also been a focus on ensuring that the strategy responds to local need and priorities, whilst considering other sources of evidence and information. This has included local commitments to implementing a whole-system protecting people approach, reducing stigma, tackling health inequalities, and implementing gendered approaches. Local intelligence and data were provided by NHS Tayside Public Health Directorate and consideration was given to priorities within Dundee's City Plan, as well as recommendations made by the Dundee Drugs Commission. From a national perspective, the strategy responds at a local level to the priorities set out in the Scotland's National Strategy: Rights, Respect and Recovery, that National Mission on Drug Deaths and the National Alcohol Framework: Preventing Harm, Changing Scotland's relationship with alcohol. Overall, this approach has supported the Alcohol and Drugs Partnership to maintain a strong focus on the needs of at-risk people and communities in Dundee, prioritising those things that matter most to Dundee and will make the biggest difference to the safety, wellbeing and recovery of people who use drugs and alcohol.

4.2.2 Work to develop the strategic framework and delivery plan began in July 2022 with a consultation process that included individuals affected by drug and alcohol use, local communities and frontline staff. An on-line consultation took place supplemented by focus groups; this generated just over 100 submissions, some from individuals and some that represented the input of several people who had participated in focus group discussions. Contributions made directly informed the content of both the strategic framework and the delivery plan, with many highlighted throughout the final published documents. A separate report detailing the contributions made through this consultation exercise has been compiled and will be published by the Alcohol and Drugs Partnership in due course (following thorough checking in relation to information governance requirements). However, key themes that emerged from the consultation were the importance of the work of the Alcohol and Drugs Partnership being informed by lived experience in a meaningful way, strong support for same day access to treatment and outreach services, as well as for out-of-hours services and the closure of Constitution House as a site for service delivery. There was also a significant level of support for trauma-informed responses, actions to tackle stigma and improve access to mental health supports.

4.2.3 A dedicated development session took place with a wide group of frontline staff in October 2022 to inform and progress the development of the delivery plan and to ensure that all the key partners could influence the actions being committed to. This session built on the draft action commitments previously submitted to the Dundee Partnership (in June 2022), allowing partners to further refine these to reflect current circumstances, policy direction (national and local) and available resources. The strategy and delivery plan incorporate:

- areas of work partners have already committed to (including a focus on non-fatal overdose, improving access to mental health services, a focus on the gendered approach and trauma-informed work, and tackling stigma);
- key national priorities outlined within the Scottish Government National Mission and Alcohol Framework which we are expected to implement locally (including the implementation of MAT standards; extending access to residential rehabilitation,

implementing the whole family approach, extending Alcohol Brief Interventions and revising the alcohol over-provision policy for Dundee); and,

- new aspirations focusing on progressing the prevention approach (specifically Planet Youth) and work with lived and living experience.

Further development sessions were held with Alcohol and Drug Partnership members, and additional colleagues, with a focus on the interface with the third sector and arrangements for the operation and governance of the Alcohol and Drugs Partnership.

- 4.2.4 The rolling two-year delivery plan is considered to be a working document which the ADP will monitor and adjust as actions are progressed and implemented and as policy direction and other contextual factors change. To align the plan with the financial year cycle, year one of the delivery plan will commence in January 2023 and will end at the end of March 2024. The delivery plan will be subject to a detailed review at the end of each financial year and updated to reflect the actions planned over the next two years. The annual review of the delivery plan will continue to take an approach that enables all partners, including people with lived / living experience, to inform the process.
- 4.2.5 Significant effort has been made to present the strategic framework and delivery plan as accessible, public facing documents. This has included clear prioritisation of ambitions and aims, alongside supporting actions. The approach taken has helped to declutter the landscape, focusing resources effectively to support an increased pace of change, and enhancing transparency and accountability (by having a simple, clear and transparent plan against which progress can be measured and publicly reported). Both documents have also been formatted to make better use of graphics and other supporting information highlights.
- 4.2.6 The framework and delivery plan note some important areas of work that are to be completed by the end of April 2023 to support the implementation of the plan moving forward. This includes:
- development of a full performance management framework. This will then be followed by the publication of an annual report from the end of 2023/24 onwards detailing progress against the framework, delivery plan and indicators identified within the performance framework.
  - Working in partnership with the Integration Joint Board, Dundee City Council and NHS Tayside to approve a rolling two-year investment plan to support the implementation of the rolling delivery plan. Subsequently the investment plan will be reviewed and an update published on an annual basis.
  - Updating the ADP's strategic risk register to reflect the current risks that impact on their ability to support and lead the full implementation of the delivery plan. This approach has been successful the other Protecting People Partnerships, helping leaders to identify risks to delivery at an earlier stage and work together to overcome barriers and challenges.

Progress has already been made in the early weeks of 2023 in developing these supporting documents through focused work at ADP meetings and through dedicated working groups.

### **4.3 Other Developments in Drug and Alcohol Services**

- 4.3.1 As well as the significant effort that has been directed towards the development of the strategic framework and delivery plan, partners across drug and alcohol services in the city have continued to focus on a number of priority improvement activities since the summer of 2022. In particular, sustained commitment across partner agencies has seen good progress in relation to implementation to the Medication Assisted Treatment (MAT) Standards and residential rehabilitation pathway despite many services also dealing with extraordinary winter pressures associated with COVID and the flu. A summary of key areas of progress is provided below:

- **MAT (Medication Assisted Treatment) Standards and waiting times** – work has continued within Dundee Drug and Alcohol Recovery Service (DDARS) to support and progress direct-access clinics (established mid-September 2022). Two full day drop-in clinics are being offered from two locations, with a further bookable clinic available one day per week. During October 2022, the second month of operation, 53 people attended clinics, with 28 identifying their attendance as relating to drug use; Opioid Substitution Treatment was put in place for 16 people. Advocacy support is now being offered at the point of assessment, including information leaflets being provided to people to take away and consider.

DDARS Buvidal clinics have increased from 2.5 to 4.5 days per week. Options for further increases in the number of clinics are being explored, including additional support from pharmacy.

Dundee has now moved from scoring RED on the national RAG assessment for MAT 1 (same-day prescribing) to scoring AMBER, with a view to full implementation (GREEN) of MAT 1 by April 2023.

- **The Service Manager post within Dundee Health and Social Care Partnership** with responsibility for drug and alcohol services expected to take up post in March 2023, bringing with them a wealth of experience in drug and alcohol services.
- **Dedicated support for the non-fatal overdose daily response** – progress is being made with recruiting two members of staff that will provide dedicated support on a Tayside basis for this project. Due to delays with recruitment, additional hours have been secured from a community pharmacy technician who will cover this role for Dundee until staff are appointed.
- **Dundee’s residential rehabilitation pathway** is now live and We Are With You (WRWY) are leading implementation. Information about how to access residential rehabilitation spaces and undergo the preparation process has been circulated to all the relevant organisations. Key workers have been appointed (by WRWY) to support individuals (and their families) access and return from residential rehabilitation. Specific collaboration between We Are With You and the Dundee Independent Advocacy Service ensures all individuals have access to independent advocacy to support holistic recovery. Since 1 October 2022, 24 people have been referred to Dundee’s residential rehabilitation pathway, with 17 people currently being supported at different stages of the pathway (for some this will include a period of time in residential rehabilitation while for others access to services in the community will be more appropriate).
- **Shared Care with Primary Care** – work has been progressed with Primary Care practices to support and enable GPs to sign up to the service level agreement (SLA). This has included the project progressing with Third Sector key worker recruitment, exploring how DDARS nursing colleagues can provide clinical support and options for involvement of the Sources of Support Service. Progress is being made in reviewing the Information Sharing Agreement between the Third Sector and General Practice and agreeing the key steps enabling a person to transition from DDARS to Shared Care, including targeted support to sustain engagement with people transition to receive support under Shared Care.
- **Transition of Services from Constitution House** – a short-life working group has been established to work with NHS Tayside Estates leads to identify new service model, property requirements and other support required to relocate from Constitution House. Work has been progressed to set out the detailed property requirements for the different elements of service currently delivered from Constitution House. Site visits have been conducted to alternative service delivery sites. One site has been identified as potentially suitable for the clinical aspects of the service; early discussions are taking place regarding future use of this site.

- **Working Better Together and HIS Pathfinder Projects** - the ADP has approved a proposal that will bring together the Working Better Together Project and HIS Pathfinder to focus on the implementation of MAT standard 9 (Mental Health – people with co-occurring drug use and mental health difficulties can receive mental health care at the point of MAT delivery) and progress work on recommendation 14 from ‘Trust and Respect’ (Consider developing a model of integrated substance use and mental health services). The following deliverables have been identified for the revised project:

1. Development of an Implementation Plan for MAT Standard 9.
2. Development of specific support to the workforce (including implementing the recommendations from the Staff Burnout Report published in 2022).
3. Creation of an Interface Agreement describing how Services work collaboratively to meet the needs of clients with both a Mental Health and a Substance Use service need.

To support this shift, Dundee Health and Social Care Partnership are exploring options for increasing capacity within operational management structures to lead this work.

- **Intelligence-led approach** - A multi-agency needs assessment steering group has been convened, chaired by a Public Health Consultant. This is a Tayside wide group and the work plan focuses on ensuring that The Tayside ADPs (and other stakeholders) have access to on-going needs assessment information (rather than one-off assessments). Under the direction of this group a Public Health trainee is currently progressing work in relation to the impact of cocaine use and it has been agreed the focus for the next six-month period will be on alcohol related harm.

The collection of experiential data to evidence MAT implementation has begun in Dundee. Following the submission of the first thematic report to the Scottish Government local leads have received excellent feedback on the approach taken in Dundee and progress made to date. Dundee is significantly further forward than other partnership areas across Scotland, with many requesting further information about the approach that has been developed in Dundee.

- **City Year of Kindness** – Community Learning and Development, as part of their building stronger, resilient and supportive community-activities and work on health inequalities, have continued to progress work with local communities tackling stigma and highlighting the language matters campaign. Funding allocated by the ADP to each LCPP area has been utilised for anti-stigma work and a formal proposal for the extension of this funding is currently being developed. The language matters campaign is currently being evaluated. Partners have continued to deliver trauma-informed training to frontline staff and are supporting services to develop trauma-informed approaches to delivering services and supports to vulnerable people.

A multi-agency working group has been convened to develop an approach to delivering the City Year of Kindness.

- **Prevention** - the ADP Prevention Framework is complete with further activity planned to promote and implement the framework, as it is an evolving resource. In December 2022 an informal briefing session on the ADP prevention framework and associated work (specifically developments within the Planet Youth project) was provided to members of the Integration Joint Board, Dundee City Council and NHS Tayside Board (non-executive members).

The ADP is also planning to develop specific preventative measures focusing on the impact of alcohol use, including extending the delivery of Alcohol Brief Interventions and refreshing the Dundee overprovision report and implementation by the Licensing board.

- **Governance and Strategic Planning** - The Dundee ADP Partnership Delivery Framework self-assessment has been submitted to the Scottish Government and approved by the Chief Officers Group. A local development session focused on areas for improvement identified through this assessment took place on 22<sup>nd</sup> November 2022 and focused on the identified gaps within the self-assessment, specifically within the broad areas of: quality improvement work; governance and oversight; and joint work between the ADP and the IJB. A further development session, held on 20 December 2022, focused on approaches to strengthening membership of the Alcohol and Drugs Partnership and its governance structures.

John Wyllie has been appointed as the new Independent Chair of the Dundee Alcohol and Drugs Partnership, for an initial period of 2 years, starting November 2022.

- **Communications (Workforce and Public)** - through the Substance Use Services Group a short life working group with a mix of partners has been set up to develop the content for the new ADP website. There is a focus on ensuring a positive approach and using non-stigmatising language and images along with space for highlighting community action.

4.3.2 Since the publication of the original Commission report in 2019 Scotland experienced a 5% increase in drug-related deaths (1,339 deaths recorded) in 2020. In 2021, this was followed by the first year-on-year reduction in deaths since 2013 (9 fewer than 2020). In Dundee, there has been a reduction in drug-related deaths for two consecutive years; drug-related deaths reduced from 72 in 2019 to 57 in 2020 and then to 52 in 2021. There is a continued determination across all ADP members to prioritise the implementation of the framework and delivery plan in order to further reduce drug-related deaths in future years whilst also enhancing the focus on addressing harm related to increasing levels of alcohol consumption.

## 5.0 POLICY IMPLICATIONS

5.1 This report has been subject to the Pre-IIA Screening Tool and does not make any recommendations for change to strategy, policy, procedures, services or funding and so has not been subject to an Integrated Impact Assessment. An appropriate senior manager has reviewed and agreed with this assessment.

5.2 As described at section 4.1.2, please note that the strategic framework and delivery plan were subject to a full Integrated Impact Assessment at the point of consideration and approval by the Chief Officers Group.

## 6.0 RISK ASSESSMENT

6.1 This report has not been subject to a risk assessment as it does not require any policy or financial decisions at this time.

## 7.0 CONSULTATIONS

7.1 Members of the Dundee Partnership, members of the Chief Officers (Public Protection) Strategic Group, members of the Alcohol and Drug Partnership, Dundee City Council Leadership Team, the Chief Finance Officer, Heads of Service, Health and Community Care and the Clerk have been consulted in the preparation 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	Direction to:	
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Dundee City Council, NHS Tayside or Both		
	1. No Direction Required	X
	2. Dundee City Council	
	3. NHS Tayside	
	4. Dundee City Council and NHS Tayside	

**9.0 BACKGROUND PAPERS**

9.1 None.

Vicky Irons  
Chief Officer

DATE: 24 January 2023

Kathryn Sharp  
Service Manager, Strategy and Performance

Vered Hopkins  
Lead Officer, Protecting People

Melanie Hyatt  
Development Officer, Protecting People

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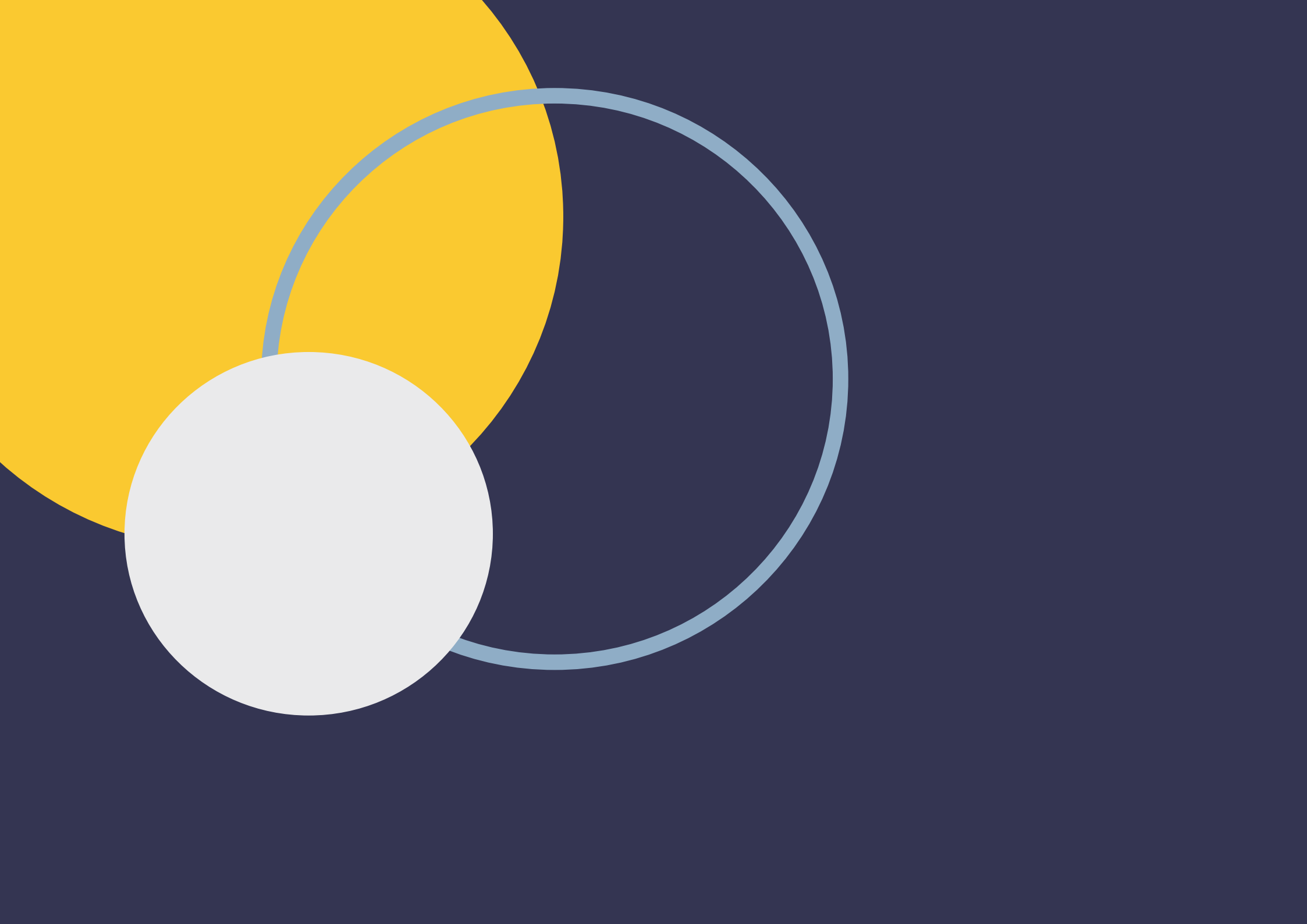
Naomi Cairns, Graduate Trainee, Protecting People / Communications



# Dundee Alcohol and Drug Partnership Strategic Framework 2023-2028

Working together to prevent harm and  
support recovery





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## ADP Chair Person Forward

The number of alcohol and drug deaths, and level of harm caused by alcohol and drugs use in Dundee are unacceptable. Every life lost to drugs and alcohol is a tragedy, and I offer my sincere condolences to everyone who has been impacted, especially those who have lost loved ones. The aim of this strategic framework is to set out how we will reduce the number of deaths, reduce the harm caused by substance use and improve lives.

The Dundee Alcohol and Drug Partnership (ADP) is absolutely committed to preventing the escalation of harm and supporting individuals to full recovery, including working as part of an integrated protecting people approach to prevent and respond to vulnerability and trauma experienced by people across their lifetime. People are the reason for the ADP's existence - we are people, from a huge variety of backgrounds, working hard to help other people – that is, and will always be our focus.

Over the past two years, the Dundee ADP has joined the national efforts to shift away from tackling drugs as a criminal justice issue and towards a public health approach. We have focused on improving the treatment and care for those affected by alcohol and drug use, addressing the wider complex needs that people experience and addressing the underlying social determinants of health. To achieve this, we have strengthened the focus on Public Protection and are developing stronger links with mental health services. We recognise such links as key to ensure that we are providing support which is truly person-centred and this approach will continue to underpin everything we do.

Dundee is fully embracing the roll out of the national Medication Assisted Treatment (MAT) Standards, with a clear focus on the experiences and feedback from those who receive MAT. We have developed a process to support more individuals to access residential rehabilitation and are implementing a joint project with local GPs helping them to support more individuals within Primary Care. Working with the Children & Families Service, the ADP is contributing to the development of the Whole Family Approach

with a focus on supporting Kinship Carers. We have supported local communities in the city by providing each local area funding to develop their own grassroot solutions to improve the lives of their residents.

Focusing on the impact of alcohol use, we have appointed a new co-ordinator to lead on the delivery of the Alcohol Brief Interventions aiming to prevent people from developing harmful consumption patterns. However, we recognise that over the past two years we have focused on those affected by drug use and that more should be done to support those affected by alcohol use. This strategic plan includes a commitment to extend the focus on the harm caused by alcohol use. This will include a focus on the population-wide approach through our commitment to update the alcohol overprovision report and support the Dundee Licensing Board to implement an overprovision policy.

Our aim is to do everything possible to prevent people from overdosing. But on the occasions when people are experiencing a non-fatal overdose we have developed a multi-agency team of highly skilled staff to provide immediate support and fast access to services. The drop-in clinics have now been reinstated (post COVID-19) and individuals can receive a treatment of substitute prescribing on the same day they approach such clinics. In 2021 a number of local organisations in the city successfully applied for additional Scottish Government funding for the development of new projects. These include developing a gendered approach and a focus on the specific needs of women; a new community recovery service; support for bereaved families; and independent advocacy.

While there is still a lot to do, much progress has been made supported by a truly multi-agency effort and my thanks go to partners across the city who are rising to this challenge on a daily basis. Our frontline staff have demonstrated outstanding commitment during the COVID-19 pandemic and this strategic plan includes a commitment to provide them the support to continue delivering high quality services and support. They are committed



and caring individuals who deserve our respect, support and care as they deliver critical services to those in our communities in most need of support and compassion. It is important that we listen to, understand and act on the needs of people using our services and those delivering them – we are delivering services for people by people and needs and service provision require to be matched as closely as we can.

It is also important that we tackle the undoubted challenges we face positively, with determination and resilience. The ADP will need everyone's support, whatever their individual circumstances are if we are to make a sustained and lasting difference. As Independent Chair I ask on behalf of the ADP for your help and ask that your care and compassion extend to action, in whatever way you are able, to assist us to improve people's lives across Dundee.

It is important as we move forward that we deliver on our plans if we are to achieve better outcomes for people. Determined focus will be key to delivery and we have set out a range of areas we wish to tackle in the short, medium and long term, over the lifetime of the plan. The areas that we will focus on have been the result of wide consultation with a range of partners and stakeholders, including individuals with lived and living experience and I wish to thank each and every person who has shared their views for their valuable contribution and guidance.

In closing, this strategic plan focusses on the outcomes we want to achieve, and which are necessary to progress our aim of reducing deaths and improving lives. Let us move forward together with determination, kindness and compassion focussing on the things we can all do to tackle addiction and harm caused by alcohol and drug use. By doing this we can and will make things better for everyone who lives in, works in or is otherwise linked to Dundee.



John Wyllie  
On behalf of the Dundee  
Alcohol and Drug Partnership

# 1. INTRODUCTION AND BACKGROUND

## 1.1 WHO ARE WE AND WHAT WE DO

The Dundee Alcohol & Drug Partnership (ADP) brings together partners from a range of local organisations including NHS Tayside, Dundee City Council, Dundee Health & Social Care Partnership (HSCP), Police Scotland and third sector services. The ADP also has representation from two local Councillors and a representative from the Lifeline Carers' Group. The chair of the ADP is an independent person that is not connected to any of the partner organisations.

The ADP is responsible for developing a local strategic framework for reducing the harms from alcohol and drug use and supporting wellbeing and recovery of people who experience longer-term challenges from drug and alcohol use. A strategic framework is an overall plan of action which sets out what we will do to achieve this.

This new strategic framework covers a 5-year period, and considers:

- the recommendations from the Dundee Drug Commission;
- national policy (this is what the Scottish Government asks all ADPs across Scotland to include in their plans);
- information we have about how drugs and alcohol affect the health and wellbeing of people in Dundee;
- and importantly the views of local communities and people with lived experience in Dundee.

The ADP will use this framework to decide where funding will be spent and to regularly check that progress is being made. The framework will be available to the public so that anyone who wishes to do so can share their thoughts and ideas about what is being done and the progress made.



**Our vision**

*People in Dundee thrive within safe, nurturing and inclusive communities, supported by accessible and effective alcohol and drug services that focus on prevention, protection, harm-reduction, resilience and recovery.*

**Our mission**

*To deliver effective, accessible and trauma-informed services that focus on prevention, protection, harm-reduction and resilience, informed by evidence and lived experience.*



## Our Values

### Human rights:

Ensuring everything we do promotes and protects the human rights of everyone in Dundee.

### Person-centred:

Ensuring that everything we do and all the services we deliver focus on the needs of individuals.

### Trauma-informed:

Ensuring that everything we do takes into account experiences of childhood and on-going trauma of everyone involved.

### Kindness and compassion:

Ensuring that all our actions and services are delivered with kindness and compassion without stigma, judgement or punitive approach.

### Innovation:

We will always search for new, different, improved, better approaches to preventing harm and supporting recovery.

### Collaboration:

Ensuring that all the relevant organisations work together with people who have lived / living experience to achieve best outcomes.

### Transparency:

Ensuring we consult regularly, communicate effectively and clear information is available on how we are accountable for our work.

### Evidence-based:

Ensuring the availability of reliable and objective evidence to inform decisions and policy directions.

<sup>1</sup>Please note that throughout this document, the text in quotation marks represents feedback from our consultation, including the voices of individuals with lived / living experience, carers and frontline staff. Please note that where quotes have been included these are in the language used by the person who provided them. We recognise that some quotes include stigmatising language. This highlights the need to continue to prioritise work to tackle stigma and promote a trauma-informed approach to supporting people affected by drug and alcohol use, which has been included as a key priority within this strategic framework.


***“Making help available when asked - waiting lists are not good for people with addictions that have asked for help they're ready now... anything can happen in the 3 months plus that they're waiting for help after they initially ask”***

Staff member<sup>1</sup>

## Our Priorities and Outcomes

This Strategic Framework follows the national approach outlined within Rights Respect & Recovery, and the Scottish Government's National Mission focusing on improving health by preventing and reducing alcohol and drug use, harm and related deaths. It also reflects Dundee's Community Planning priorities and local arrangements to prevent and reduce the impact of harm to vulnerable people as part of our integrated Protecting People approach. You can read more about the local and national context for our strategic framework in the next sections of this framework.





The scope of this strategic framework, and the priorities and outcomes within it, extends to the following:

- Children & young people and their parents / carers with particular focus on those at risk of early initiation of substance use;
- Adults, older people adversely affected by alcohol and drug use;
- Those with additional support needs – affected by mental health issues, blood borne virus, vulnerable to sexual exploitation/ domestic abuse, homelessness, poverty and deprivation;
- People in prison and those subject to community-based sentences;
- Carers and families in recognition of their key role in contributing to the recovery of people, as well as their own support and wellbeing needs;
- The workforce across all specialist and generic service providers: supporting and providing learning and development opportunities and core competencies, as well as workforce wellbeing for statutory, third sector, and independent sector agencies, peer workers and volunteers alike;
- Area - Dundee City with a focus on the specific demographic needs of localities and areas of greatest deprivation, Tayside-wide 'hosted' services - Psychology, In-patient Unit, Scottish Prison Services Healthcare, Police Custody Healthcare and commissioned services.



## 1.2 LOCAL CONTEXT THAT HAS INFORMED OUR STRATEGIC FRAMEWORK

### Protecting People in Dundee and a Whole Systems Approach

The work of the ADP is part of a wider Protecting People approach that responds to the lived experience of people at risk of harm. Dundee is one of the first areas in Scotland to formally adopt this approach and only in recent years has this become a more common feature across Scotland. We believe this approach reflects the lived experience of children, young people and adults, it responds to complexity of need and focuses on underpinning root causes rather than presenting issues alone.

To help us achieve a whole-system approach, membership of the Dundee ADP has been extended to ensure links are made with other policy areas, including mental health, housing, education and Community Justice.

Responding to the growing awareness that those affected by alcohol and drug use often experience other issues in their lives the ADP is committed to progress with a Whole System Approach. This approach includes the treatment, care and support available in Dundee, the prevention efforts where we will develop a partnership response addressing the root cause of vulnerabilities, including childhood trauma and a focus on minimising harm.

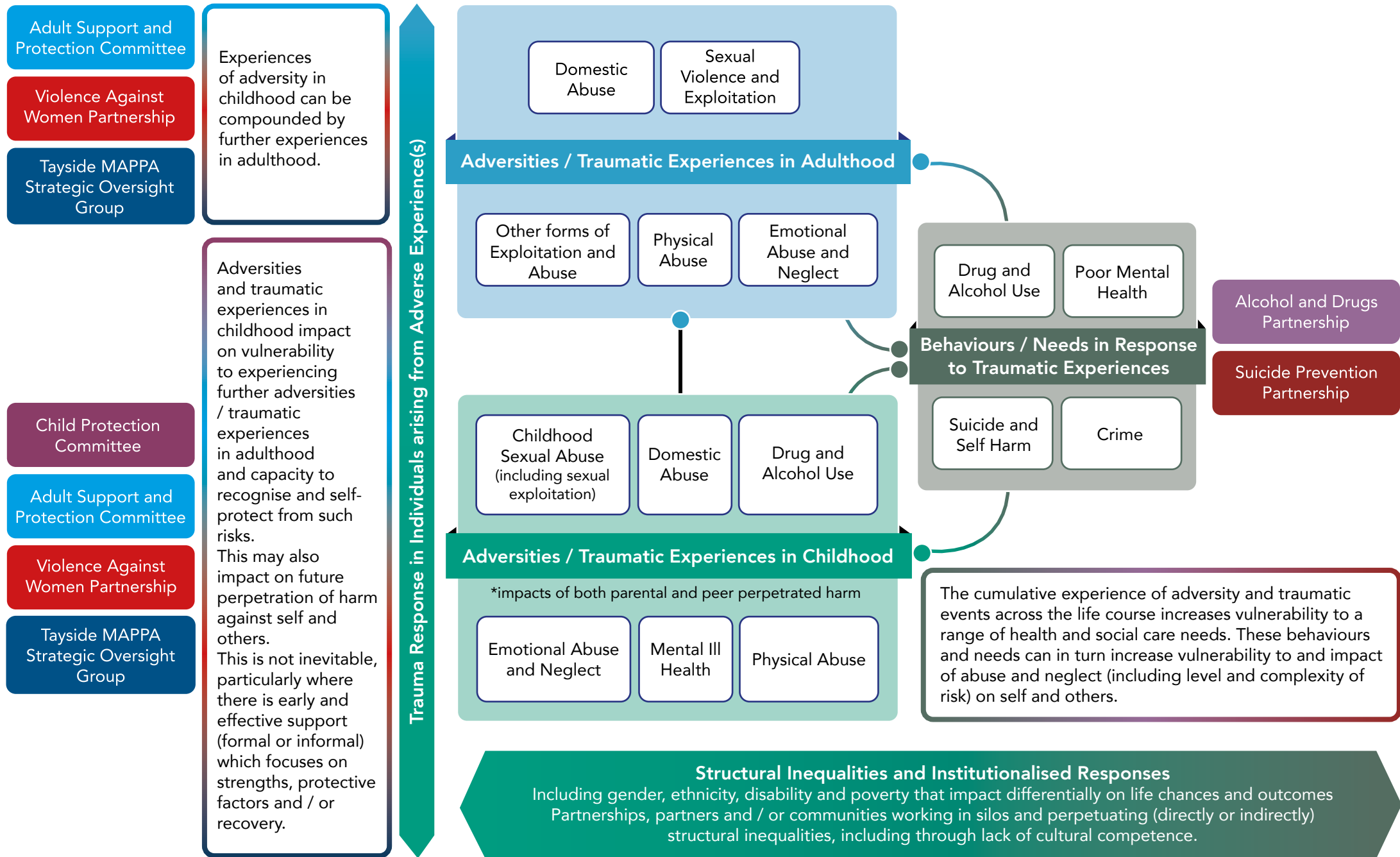
***“Don't give people Methadone without real support being in place: Support being regular one-to-one meetings focussed around psychosocial support, counselling, and help to address the underlying problems that predispose people to drug use”***

Staff member

***“Culture change within recovery service [...] towards supportive collaborative engagement with service users. More regular training and increased availability of support for staff within recovery services. Considerably smaller caseloads that allow for the delivery of regular intensive individualised support without compromising the health and well-being of those working in the services. Skills sharing through peer review groups, joint working, case reviews of successful outcomes, celebrating achievements as opposed focusing on case reviews only where something went wrong”***

Community member

The graphic below illustrates the reasoning behind our approach:



## Reducing Stigma in Dundee

***“Stop shaming people by making them access services that reveal why they are there”***

Carer with lived experience

Tackling the issues of stigma and discrimination affecting individuals, their family members and staff forms a key focus within this strategic plan. As a partnership, we will achieve this by implementing the Language Matters campaign, proactive engagement with the local media and work with local communities. Focused work responding to and tackling stigma also takes place within the health and care system, including work with local communities and services to reduce stigma.

The Dundee ADP is committed to strengthening the Public Health Approach to Justice, supporting individuals and families affected by substance use in their recovery. This means we will focus on:

- prevention and early intervention;
- the underlying factors affecting the lives of vulnerable people and families; and
- evidence-based decision making.

***“Safe places for people to be involved without judgement, having service users involved is a great idea but not if they feel judged by the wider community if they are labelled as the lived experience user”***

Carer with lived experience

## Substance Use and Health Inequalities

Risk of substance use overlaps with the social determinants of health inequalities in general. Health inequalities are the avoidable and unfair differences in health outcomes for certain population groups particularly those who experience poverty and other forms of social disadvantage. Dundee city has high levels of deprivation concentrated in the city's Community Regeneration Areas with associated disproportionate effects on health and wellbeing including increased likelihood of harms from drug and alcohol use. An Engage Dundee survey in August 2020 asked a specific question about access to services which showed that 98 respondents had tried to access support from substance use services during lockdown. These respondents had the lowest rate of satisfaction by some margin compared to those who had accessed other types of services.

***“Activities and drop in hubs that look at reducing isolation, meeting others, forming relationships, giving people a purpose. This needs to be the centre that other services link in with to reach in to the people needing support instead of having to be referred on to outside services. Make the services be available when they are needed right at the start”***

Carer with LE



## Gendered Approach

The Dundee Drugs Commission (2018) included clear recommendations to ensure that the needs of women affected by drug use are assessed and addressed via the adoption of gender-mainstreaming and gender-sensitive approaches to service planning. At the same time, research was commissioned in Dundee to look at the needs of women affected by a range of issues. In summary, this research project provided evidence suggesting that vulnerable women in Dundee experiencing a range of complex issues are not receiving the services they need to support recovery. Developing a gendered approach is also part of the Public Sector Equality Duty, and as such it is a statutory responsibility.

### **Barriers highlighted by women with lived experience included:**

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

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

The Gendered Service Group was developed to lead the development of the gendered approach. It reports to both the ADP and to the Violence Against Women Partnership (VAWP).

## Dundee's City Plan 2022 – 2032

The Dundee City Plan sets out the outcomes that community planning partners in Dundee (known as the Dundee Partnership) will seek to deliver to improve the wellbeing and quality of life of the residents of Dundee. The City Plan focuses on three key priority areas: reducing inequality and poverty; improving the city's economy; and tackling climate change.

The ADP's strategic framework directly contributes to the strategic priority aiming to reduce inequality and poverty ('reduce child poverty and inequalities in income, education & health'). Evidence presented below, (within section 2 of this strategic framework) demonstrate a clear link between the impact of substance use and deprivation, with people living in the most deprived areas being more vulnerable to, and much more likely to experience the negative impact of substance use.

The ADP's strategic framework includes a commitment to respond to pressures and capacity issues within treatment services, accelerate progress with the whole system change, improve treatment options, eliminate stigma, enhance the focus on prevention and improve communication with the workforce and other stakeholders. All of these commitments directly support the aims of the Dundee City Plan.

The ADP plans to link its work on lived and living experience with the Fairness Leadership Panel which is leading the efforts to reduce poverty for children, families and communities. With many vulnerable families and individuals in recovery impacted by the costs of food and fuel, access to benefit and debt advice, such collaboration will help to improve outcomes.

***“Address fear and shame issues of asking for support before reaching crisis point, especially women who may fear social work involvement/child removal.”***

staff member

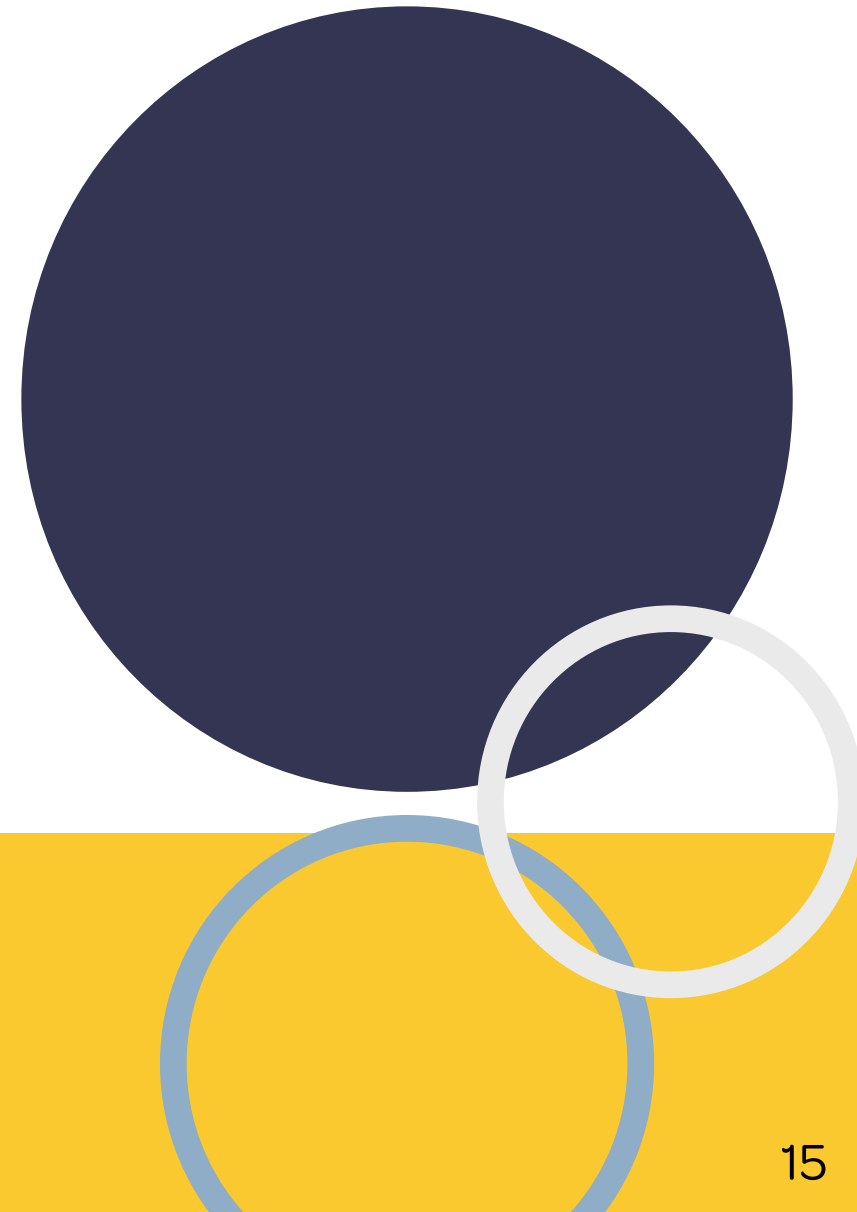
# Reports from the Dundee Drugs Commission

The original report of the Dundee Drugs Commission (the Commission) was published in August 2019 and included 16 recommendations for reducing drug deaths and responding to the impact of drug use in the city.

In response to the 16 recommendations, an action plan was developed on behalf of the Dundee Partnership which has been implemented and monitored by the ADP. In February 2021, the Dundee Partnership invited the Commission to conduct a two-year review of progress against the recommendations made in their original report. The Commission was also asked to consider the impact of COVID-19, present new findings, including additional recommendations where required.

The Commission update report was published by the Dundee Partnership on 22 March 2022.

The update report adds a further 12 recommendations for the Dundee Partnership to consider. Following the publication of the Commission reports, leaders from across the Dundee Partnership published a statement of intent reasserting their commitment to providing a comprehensive, accessible, trauma-informed and compassionate response. This commitment and the recommendations made by the Commission are reflected within this strategic framework.





## 1.3 NATIONAL CONTEXT THAT HAS INFORMED OUR STRATEGIC FRAMEWORK

### Scotland's National Strategy: Rights, Respect and Recovery

Published in 2018, this strategy outlines a commitment to a Human Rights-based, person-centred response to individuals and families experiencing alcohol and drug related harm, and to ensuring a focus on those who are most at risk. The strategy focusses on taking an improved public health approach in justice settings - reducing use and harm - and taking vulnerable people out of the justice system. This strategy also includes a focus on prevention, and specifically a reduction in the individual, family and societal factors which increase the likelihood of alcohol and drug use and related harm.

### The National Mission on Drug Deaths: Plan 2022-2026

Scotland's National Mission on Drug Deaths was developed in 2021 with a new Minister appointed to lead the implementation of the National Mission. The plan was published in August 2022 and reflects a commitment to progress the shift away from tackling drugs as a criminal justice issue and put it firmly in the space of public health. It focusses on improving the treatment and care provided for people affected by drugs, addressing the wider complex needs that people experience and the underlying social determinants of health.

***“Change takes too long and the frustration of not being listened to has a lot to do with this, example is people asked for a 24/7 centre years ago. Even if change can't take place overnight, there should be regular progress updates for community groups re. what the ADP is doing - being transparent about the reasons for any delays”***

Lived Experience Focus Group

### National Alcohol Framework: Preventing Harm, Changing Scotland's relationship with alcohol

Published in 2018, this Framework adopts a population-wide approach to change Scotland's relationship with alcohol and improve health and well-being. Outlining bold measures, including the minimum unit price for alcohol, restrictions on alcohol sales and focus on supporting families affected by alcohol consumption, this Framework aims to turn around the harm associated with high-risk alcohol consumption.

This Framework sets out the national prevention aims on alcohol, outlines the activities that will reduce consumption and minimise alcohol-related harm arising in the first place. It commits to updating the guidance on the Licencing (Scotland) Act 2005 to provide local Licencing Boards additional clarity. It also calls on local areas to improve Licencing Policy Statements, including the development of a local overprovision body of evidence and policies.

With a focus on prevention, the Framework commits to the development of an education-based, person-centred approaches delivered in line with evidence-based practice to aim to reach all children and young people including those not present in traditional settings, such as Youth Groups, Community Learning and Development, looked after and accommodated children, excluded children and those in touch with services.

You can read more about the National context in Appendix 1 on page 38.

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## 2. IMPACT, SOLUTIONS AND AMBITIONS

In this section, for each of the 5 key priorities identified, we present the evidence (where available) about the impact of drug and alcohol use. This includes feedback from the consultation process held during July and August 2022.

We then outline the ambitions we plan to achieve within each priority. Ambitions have been separated into their anticipated timescale for achievement: short, medium and long-term. We will begin work to implement some of the longer-term ambitions within the next one to three years, but acknowledge they will take longer to fully achieve.

More details on the actions we will take to achieve our ambitions, including how actions will be monitored and who has responsibility for implementation of each action, are provided in our rolling 2-year delivery plan. The 2-year delivery plan will be fully updated and published by the ADP on an annual basis, with the first update being published in April 2024.

### Short Term

Delivery within one year  
(by 31 March 2024)

### Medium Term

Delivery within one to two  
years (by 31 March 2025)

### Long Term

Delivery within three  
years or more

## 2.1 Reduce significant harms linked to drug and alcohol use by delivering the right care in the right place at the right time

### 2.1.1 Why Is This Important?

Below we present a selection of the evidence available to highlight the harm caused by both alcohol and drug use, and show numbers accessing services.

#### Impact of Alcohol use and harm

- **Alcohol deaths** – In Dundee, there were 43 deaths in 2020 (an increase of 43% from 2019), and in 2021, 46 alcohol deaths were recorded (an increase of 53.3% from 2019).
- **Alcohol-related hospital discharges** - 2021-22 saw the highest ever number for Dundee of 1069 individuals, with men age 65-69 and women age 40-44 being the highest groups.
- **Alcohol and deprivation** – during 2021-22, individuals living in the most deprived areas of Dundee were 5 times more likely to have an alcohol-related hospital stay. National figures show those living in the most deprived areas as 5.5 times more likely to have an alcohol related death than those living in the least deprived areas.

#### Treatment numbers for alcohol

- During 2021-22 specialist services in Dundee received 619 new referrals for alcohol treatment, an increase of 10.5% on the previous year.
- The overall numbers of people receiving treatment for alcohol use vary on a daily basis, and during 2021 averaged on 294 individuals in treatment each month.

#### Impact of Drug use

- **Drug deaths** - there were 52 drug related deaths recorded in Dundee for 2021, a reduction of 8.7% from 2020 (57 individuals). This is also a reduction of 27.7% on the peak number recorded in 2019 (72 individuals).
- **Drug-related hospital admissions** for 2021-22 was 380 individuals, with the majority (63%) age 25-45.
- **Individuals experiencing a non-fatal overdose (NFOD)** have been declining since 2019 – during 2019-20, 636 NFOD were recorded; in 2020-21 418 NFOD recorded; and in 2021-22 319 NFODs were recorded.
- **Impact of drug use and deprivation** - Nationally during 2021, people in the most deprived areas were 15.3 times as likely to die from drug use as those in the least deprived areas. In Dundee, in 2021 more than half the deaths occurred in areas of greatest socioeconomic deprivation.

#### Number of individuals in treatment for drug use

- During 2021/22 specialist drug services in Dundee received 601 new referrals for drug treatment, a decrease of 15% on the previous year. There is an overall reduction in the number of individuals presenting to specialist drug services over the past years.
- Numbers of people in Dundee receiving Medication Assisted Treatment (MAT) vary on a daily basis, during 2021 on average there were 1208 people in receipt of MAT each month.

## Feedback from consultation

*“The provision of providing safe places for use - whilst this does not necessarily reduce 'use' it significantly reduces harm (not needing to hide use etc). A safe environment with supportive and trained staff, may be able to start to address use and trauma”* Member of the Community

*“After care for people, what do they do if they fail? What support available [...] Number of people who take more than one attempt to get clean are high - but no one ever talks about the struggle”*

Carer with lived experience

*“Have the staff work together more out in the city not all at the DPC (DDARS), hate the DPC building. Can they work in other places please? I feel too judged going to that building. I don't even go sometimes because it feels horrible”*

Individual with lived experience

## 2.1.2 What Have We Already Been Doing?

### Non-Fatal Overdose Rapid Response

In 2019 we have established a multi-agency team to provide a rapid response to all known non-fatal overdoses (NFOD) and support individuals who have experienced a NFOD to access services quickly. The team meets virtually every week day and contacts each individual who has experienced a NFOD within 72 hours. Outreach workers connected to the team reach people in their own home and support them to engage with treatment services.

### Naloxone

We have made naloxone widely available in the city, both as part of the 'take-home' scheme and within a wide range of services and professionals.

## Ambitions

### Short Term

- Significant increase in the number of individuals receiving same-day prescribing.
- Individuals report they have choice over medication and feel supported to access and remain in treatment.
- Increasing number of people (including those affected by alcohol use) are supported by Primary Care, with third sector key working arrangements.
- More people access residential rehab through the Dundee Pathway.

### Medium Term

- Significant progress has been made with all MAT standards (including the Shared Care model).
- The Residential Rehab pathway is fully implemented, progress has been made with community rehabilitation and plan are in place for evaluation.
- Key services have secured funding.
- There is an increased access to community-based behaviour change tools (including CBT tool kit for public to access).

### Long Term

- Reduction in the number of Non-Fatal Overdoses (NFOD) and drug-related deaths.
- Reduce the harm caused by alcohol use, and the number of alcohol related deaths.
- Improved the quality of life and wellbeing for individuals affected by substance use, including 'out of hours' support.
- Reduction in the number of children and young people significantly affected by parental, or their own substance use.
- There is less injecting related harm (BBVs, wounds and infections) and support for those affected by cocaine and benzodiazepines use.

## 2.2 Promote cultures of kindness, compassion and hope, tackle stigma and discrimination and embed trauma-informed approaches

### 2.2.1 Why is this important?

#### Tackling Stigma

- People affected by alcohol and drug use often report experiencing stigma and judgemental language, as well as blame and shame for their efforts to survive their traumatic experiences.
- A range of research has found that children and wider family members affected by drug and alcohol use of their parent / family member often feel unable to access support through stigma, shame and secrecy.

#### Discrimination and Inequality

- The NHS Health Scotland Burden of Disease study highlights that alcohol and drug dependence are major contributors to absolute inequalities.
  - The disease burden of drug use disorders is 17 times higher and alcohol dependence 8.4 times higher in the most deprived areas of Scotland when compared with the least deprived areas.
  - Across Scotland 54% of drug-related and 41% of alcohol-related hospital admissions were for people living in the 20% most deprived areas.
  - 29% of people living in Scotland's 10% most deprived neighbourhoods felt that drug 'misuse' was a 'very' or 'fairly' common local problem compared with 12% overall.

#### Trauma

- Trauma is common across the entire population, but evidence shows that many people using alcohol and drugs have experienced particularly high levels of trauma and adversity in their lives:
  - The World Health Organisation has highlighted that 75% of women and men attending drug or alcohol services report having experienced trauma and adversity.
  - The Hard Edges Scotland report evidences that, for many people interviewed their experiences of multiple and severe disadvantages, such as trauma, had contributed to their route into using drugs and / or alcohol.
- Many people assume that people who use alcohol and drugs have made poor decisions, or that it is a 'lifestyle choice'. Working in a trauma-informed way means recognising the strengths of people affected by alcohol and drug use and trauma, and supporting their resilience

**Feedback from consultation:**

*“Another campaign to try and challenge stigma on the tv/radio, but no “correct” language is ever advertised through this forum. The language matters campaign is targeting the audience who already work with this population but is not reaching the wider demographic who need the education most”*

Staff member

*“Make the positive link between substance use and mental health and the impact of underlying trauma, in attitude and service provision and delivery. Move away from judgemental attitudes that drug and alcohol use are a lifestyle choice”*

Member of Community

*“Consider the barriers to engagement and literacy skills of target audiences and the format for information sharing”*

Carer with LE

*“The mental health and aftercare element is missing (or not obvious throughout the aims). There's getting 'clean' or 'sober' but then what? How do people re-build their lives, tackle their mental health and keep them on the recovery journey”*

Staff member.



*“The media need to be held accountable for how they report on stories that involve substance use. The language used is always damaging. If the media are convinced to make some small word and phrase changes, it could go a very long way. The media holds a huge role in how the rest of the community view substance use”*  
Staff Member

*“We need to create more empathy and understanding within the wider community towards people in addiction. This requires a cultural shift involving the press, the way we educate young people and also adults in the community who have a very low tolerance towards people in addiction”*  
Staff member

## 2.2.2 What Have We Already Been Doing?

By working across the Protecting People Partnerships, we have focused on delivering a range of learning and development opportunities to our workforce. This has included people working in drug and alcohol services but also the wider workforce who support people who have experienced drug and alcohol related harm. Over the last 2 years there has been a focus on both trauma and gendered services. Trauma training has been offered to frontline staff and managers, as well as strategic leaders. Through our Gendered Services Project, 17 training sessions have been delivered to almost 200 participants, with additional sessions also been provided to ADPs in Glasgow and Dumfries and Galloway.

The Dundee Anti-Stigma Language Matters advertising campaign ran from May – June 2022 on social media and YouTube. It is anticipated that the campaign has potentially reached 22,000 followers through Dundee City Council social media channels and 54,000 followers through NHS Tayside social media channels. The local campaign aligns to the Scottish Government’s Challenging Drug and Alcohol Stigma campaign.

## Ambitions

### Short Term

- Individuals and families report some reduction in the stigma they experience.
- Front line staff report to feeling less burnout and better support.
- Training and development sessions around poverty, health inequalities and the impact of substance use are delivered.
- More people present to services, and there is an increase in the number of vulnerable women accessing and being supported by services.

### Medium Term

- A tiered-approach to tackling commercial sexual exploitation is in place.
- There is successful collaboration with other partnerships (including VAWP and suicide prevention) to tackle stigma.
- Services no longer include references to 'substance, drug or alcohol' in their names.
- Trauma-informed work is embedded within secondary education, university and professional courses, and on-line training on trauma and stigma is available.

### Long Term

- People in Dundee benefit from effective, integrated person-centred support to achieve their recovery.
- People affected by substance use report being treated with dignity, respect and without stigma.
- The workforce across all services report feeling valued and supported to adequately fulfil their role.
- All organisations in Dundee adopt a trauma-informed focus and practices.

## 2.3 Reduce the enduring impact of drug and alcohol use through an increased focus on prevention

### 2.3.1 Why Is This Important?

- One in three adults say they have been negatively affected by the alcohol or drug use of someone they know.
- In Scotland, it is estimated, that up to 60,000 children are affected by parental drug use and up to 51,000 children by parental alcohol use.
- In Dundee, over the previous 5 years there has been an overall reduction in the number of children assessed as being at risk of significant harm from parental drug use. However, the number of children assessed as being at significant risk due to alcohol use has remained the same.
- Dundee's Planet Youth survey, carried out in two Secondary Schools, found that:
  - Alcohol (37%), tobacco (27%) and cannabis (9%) are the substances of greatest use of those young people surveyed in the 30 days previous to them taking part.
  - 2/3 of young people who have tried alcohol did so for the first time by the age of 13.
  - One quarter of young people who have tried alcohol received it from a family member.
  - The average age of first-time experiences of trying alcohol, being drunk, smoking, using cannabis, vaping and using illegal drugs was 12/13 years old for the participants of the survey.

#### Feedback from consultation

*"Deprivation needs addressed. It is one of the main factors in drug and alcohol harm. If people have hope and aspirations they have fewer reasons to 'get out their heads'. If their future looks bleak, why bother"*  
Staff member

*"Prevention and intervention must start young. Education should start in primary school. Often high school is too late"*  
Individual with lived experience

*"There is a lack of activities for young people in the community and the resulting boredom leading to young people using drugs"*  
Community member

*"Mental health waiting lists need to be reduced."*  
Member of the Workforce



### 2.3.2 What Have We Already Been Doing?

#### Planet youth – Prevention approach

Working in partnership with Winning Scotland, a national charity which acts as a catalyst for change, Dundee Children and Families Service and the ADP are part of a Scottish Planet Youth pilot. The pilot involves a number of other areas in Scotland, including a totality of thirteen secondary schools, two of which are in Dundee; Baldrigon Academy and St Paul's RC Academy.

Over 500 pupils from Scotland participated in a questionnaire covering:

- mental and physical wellbeing,
- levels of sleep,
- attitudes to school / their own future,
- adverse childhood experiences,
- social behaviours / interests in their local neighbourhood / community,
- sexual behaviours / attitudes to sex,
- self-harm / suicide and exposure to and use of substances including alcohol, drugs, tobacco, vaping, caffeine.

Dundee had a high response rate of 84%.

The questionnaires identified key focus areas for prevention work, including promoting healthy, positive relationships and developing social and learning opportunities in the community for young people. An action plan encompassing these key areas and the four domains of the Planet Youth approach will be developed with a focus on using improvement methodology.

## Ambitions

### Short Term

- Non fatal overdoses (NFOD) response (including outreach work) is supported by dedicated staff.
- The Kinship-Carers' team within C&Fs is fully established and operating.
- Harm reduction approach is adequately implemented (including MAT4).
- The Dundee Prevention Framework is live and beginning to be used.
- Improvement plan for whole families and family inclusive practice is developed.

### Medium Term

- Planet Youth approach is available to all schools in Dundee.
- The NFOD response is extended to include and support a wider group of high-risk individuals.
- The Whole Families Approach is fully embedded, and the Dundee Family Support Hubs are developed.
- Communities are supported to develop local responses.

### Long Term

- Fewer people develop problem alcohol and drug use.
- Individuals, children and families supported at lower /earlier levels of intervention, and families report feeling appropriately supported.
- Reduction in the incidence of violence related to drug and/or alcohol use.
- All partners accept equal responsibility for implementing our prevention and intervention strategies.

## 2.4 Empower communities and people affected by substance use to participate in and influence decision-making, commissioning, planning and improvement

### 2.4.1 Why Is This Important?

- According to Research carried out by Baljeet Sandhu in 2017, there are many identified benefits of working with and involving those with lived experience in service design and delivery in the social sector. This includes benefits for those with lived experience (Experts by experience, of gaining a voice, a sense of purpose and influence and developing new skills) and to service providers (including ensuring change reflects true need, improve effectiveness, maximise impact) and more.<sup>2</sup>
- Scottish Health Action on Alcohol Problems Report published in 2020<sup>3</sup> includes an overview of literature about the potential benefits of the involvement of people with lived / living experience in developing policy and practice. This includes: providing a platform for people who are marginalised to be heard; ensuring that policy making is not based on stereotype or assumption and leads to more realistic, responsive and effective policy; innovation; and supporting public acceptance of policy. The report also suggested that unlike policy discussions in relation to mental health, lived experience from individuals with drug and alcohol related challenges is not yet fully valued in planning and policy making.

<sup>2</sup>The Value of Lived Experience in Social Change: The Need for Leadership and Organisational Development in the Social Sector - Research Report By: Baljeet Sandhu ([scottishrecoveryconsortium.org](http://scottishrecoveryconsortium.org))

<sup>3</sup>Stand up and tell me your story' Meanings and importance of lived and living experiences for alcohol and drug policy: findings from a qualitative study SHAAP, 2020 (<https://www.shaap.org.uk/downloads/reports-and-briefings/224-stand-up-and-tell-me-your-story-new-shaap-report-on-lived-experience.html>)

### Feedback from consultation

*"Just empower people. Separating those with lived experience from other people means that the individual is required to declare their life history to have support to be empowered. If the atmosphere is inclusive then there will be no barriers to those with lived experience"*

staff member

*"Can't say it enough. Community Community Community. Individuals in recovery don't want to be thrown back onto circles of people actively using, there has to be a pathway for progression after the addiction is under control. Clubs, universities, work opportunities"*

Staff member

*“Comes back to community centres.  
Can there be somewhere that  
families that are affected can go for  
support? I worry for young children  
being subjected to being brought up  
by people with addiction. That this is  
seen as the norm. As someone who  
was raised by an alcoholic, I know  
what that is like. I just assumed that  
everyone’s parents were like mine”*

Carer with lived experience

*“Lack of community activities  
are evident throughout Dundee  
to engage young people in the  
prevention of alcohol/drug  
taking which also can result  
in antisocial behaviour within  
communities”*

Member of the Community

## 2.4.2 What We Have Already Been Doing?

- As part of a national initiative and the introduction of Medically Assisted Treatment (MAT) Standards, gaining direct feedback from the individuals who receive MAT is key measure of the impact of our work. Dundee has established an on-going process to allow regular access to the experiences and views of individuals receiving MAT. The data collected is qualitative in type and we are including individuals who have been receiving MAT for between 6 months and 30 years. A survey designed to gain feedback from both carers and staff is being developed and will be rolled out the early new year. NHS Tayside Public Health are also rolling out a survey to gain feedback from individuals receiving harm reduction supports across services.
- The Community Health Team (CHT) has the key aim of tackling health inequalities at a local level by using a community-led approach. Local Health and Wellbeing networks have been set up to bring those responsible for making decisions closer to the communities and ensure that the health priorities expressed by communities are focused on. To support and develop this approach, the ADP allocated funding to each electoral ward to support Local Community Planning Partnerships to priorities recovery and develop innovative local projects. This is being done through the establishment of dedicated sub-groups and the development of specific local projects / activities.



## Ambitions

### Short Term

- Peer Recovery Network / mutual aid groups become more established.
- Opportunities are available for individuals with lived experience to become involved and influence strategic decision-making, planning, service development processes.
- Opportunities are in place for workforce with lived experience to influence wider organisational culture.

### Medium Term

- People in recovery have opportunities to participate in their local community, and in the work of partnerships, including the work of the ADP.
- Advocacy support is fully available.
- The contribution of people with lived / living experience is remunerated.
- The extent and impact of culture change and meaningful involvement are measured and evaluated.
- The ADP participatory budgeting Test of Change (ToC) is evaluated and mainstreamed.

### Long Term

- Individuals and communities will be supported by improved and effective interventions, directly responding to the needs of individuals in recovery and their communities.
- People affected feeling listened to, believed, understood and there is a culture of listening, inclusion and power sharing that support meaningful contribution of people with lived and living experience, and the communities in which they live.
- Strategic planning and commissioning are meaningfully informed and directed by the skills, knowledge and experience of lived and living experience and the wider communities in which they live.



## 2.5 Ensure appropriate and effective governance arrangements and strengthen communications with stakeholders

### 2.5.1 Why is this important?

- The ADP has identified from its own self-assessment, as well as from the findings of the Drug Commission, that improvements are required to the way that partners work together through the ADP to reduce harm and support recovery.
- The ADP directs the investment of a significant amount of public money, it is therefore important that we are transparent, fair and accountable in our work.
- We know from feedback we have received historically from the public and from our workforce that we need to be better at communicating the priorities, work and impact of the ADP. This is important so that people know what is happening but also have more chances to influence our work.

### 2.5.2 What have we already been doing?

As part of a national initiative the Dundee ADP has undertaken a self-assessment against the Partnership Delivery Framework for ADPs. The framework includes 5 quality standards focused on: strategic planning, demonstrating how public money is used to maximise benefit and deliver measurable outcomes; demonstrating quality improvement; appropriate governance and oversight; and, how the ADP and the Integration Joint Board (IJB) work together. The self-assessment found the main strengths of the ADP currently related to the quality outcomes for strategic plan and use of public money. Areas for improvement, however, were identified in all aspects and have informed the strategic framework and delivery plan. The new Independent Chair of the ADP has used reviewed the self-assessment and the ADP has undertaken two development sessions focusing on improving governance and arrangements for partnership working.



# Ambitions

## Short Term

- Decisions / recommendations made by the ADP are more fully informed by individuals with lived experience and available evidence.
- There is a new governance structure, firmly embedded in the Protecting People structure with clear links to all areas of vulnerabilities, to support the work of the ADP.
- The ADP has a clear and transparent joint commissioning and investment plan.
- The ADP has a clear and transparent performance framework.
- Membership of the ADP has been revised to ensure all the required skills and expertise are included.
- The work of the ADP is more fully informed by an understanding of strategic risks and their potential impact on the population.
- The ADP has a clear plan about how it will work as part of a wider partnership to support workforce wellbeing and provide learning and development input to enable change.

## Medium Term

- The ADP's joint commissioning and investment plan is implemented.
- Communication Pathways have been refreshed to ensure staff and communities are aware of the available services and how to access them.
- There is a joint approach with other Public Protection Partnerships and Committees.
- The ADP commissions services in a way that is fair, open, transparent and collaborative.
- The work and decision of the ADP is more fully informed by evidence of impact on outcomes for vulnerable people.
- An increased proportion of the ADP budget is invested through participatory budgeting processes.
- The multi-agency workforce feels better supported in implementing change and improvement across drug and alcohol services.


## Long Term

- There is clear accountability, transparency, inclusion and involvement.
- Clarity about the resources required, commissioning arrangements and evidence the effectiveness of investments.
- Key stakeholders, including those with lived experience, the workforce and communities, are confident that their views are listened to, respected, understood and contribute to positive change.
- There is clear and regular communication with local communities.

### 3. GOVERNANCE STRUCTURE AND ACCOUNTABILITY



The Dundee ADP is one of the groups that forms part of our Protecting People approach. The ADP is accountable to the Dundee Chief Officers (Public Protection) Strategic Group. This group is made up of the Chief Officers from Dundee City Council, Police Scotland (D Division) and NHS Tayside, supported by a range of other senior officers from across the public and third sector. The Chief Officers Group is the strategic forum with responsibility for identifying strategic risks, priorities and performance targets as part of a whole systems approach to the leadership of public protection responses.



The ADP also informs the Dundee Partnership of progress related to priorities in the City Plan that relate to drug and alcohol use. This includes contributing to their ongoing performance management and reporting arrangements.

In addition to these collective, multi-agency governance arrangements, each individual member organisation of the ADP is accountable within their own, single agency governance structures for the specific services and supports they provide. For example, the Health and Social Care Partnership is accountable to the Integration Joint Board (IJB) for its performance in delivering drug and alcohol treatment and support services. Work will continue throughout the first year of this strategic framework to strengthen and better co-ordinate the way that our multi-agency and single agency governance arrangements work together to provide assurance, including to the public, about our progress in reducing harm and supporting recovery.

The IJB has an important role in hosting the funding provided to the ADP; the IJB provides financial management and is accountable, on behalf of the ADP, for the proper governance of financial resources direct by the ADP.

The ADP is committed to enhancing public reporting regarding its work and the impact this is having on outcomes for people who use drugs and alcohol and prevention of harm. A full performance management framework that identifies how the outcomes set out in the framework will be evidenced is currently being developed and will be published by end March 2023. From the end of 2023/24 onwards, the ADP will also publish an annual report

detailing progress against this framework, our delivery plan and indicators identified within the performance framework. The ADP will also continue to contribute to public performance reports from Dundee City Council, NHS Tayside, the Integration Joint Board and the Dundee Partnership.

As well as local governance arrangements the ADP also actively participates in national reporting, oversight and support arrangements. Some examples of this include:

- Annual return to the Scottish Government detailing financial expenditure, activity and impact;
- Support to local organisations to meet reporting requirements associated with MAT standards, currently involving monthly returns with overview of progress;
- Participation in support networks for ADP Chairs and Lead Officers;
- A quarterly report on waiting times for specialist substance use services and on the number of individuals accessing treatment (part of the new national 'Treatment Targets');
- A quarterly report on the number of alcohol screenings and brief-interventions; and,
- A quarterly report on the number of individuals from Dundee accessing residential rehabilitation establishments.

# 4. COMMISSIONING AND FINANCE AMBITIONS

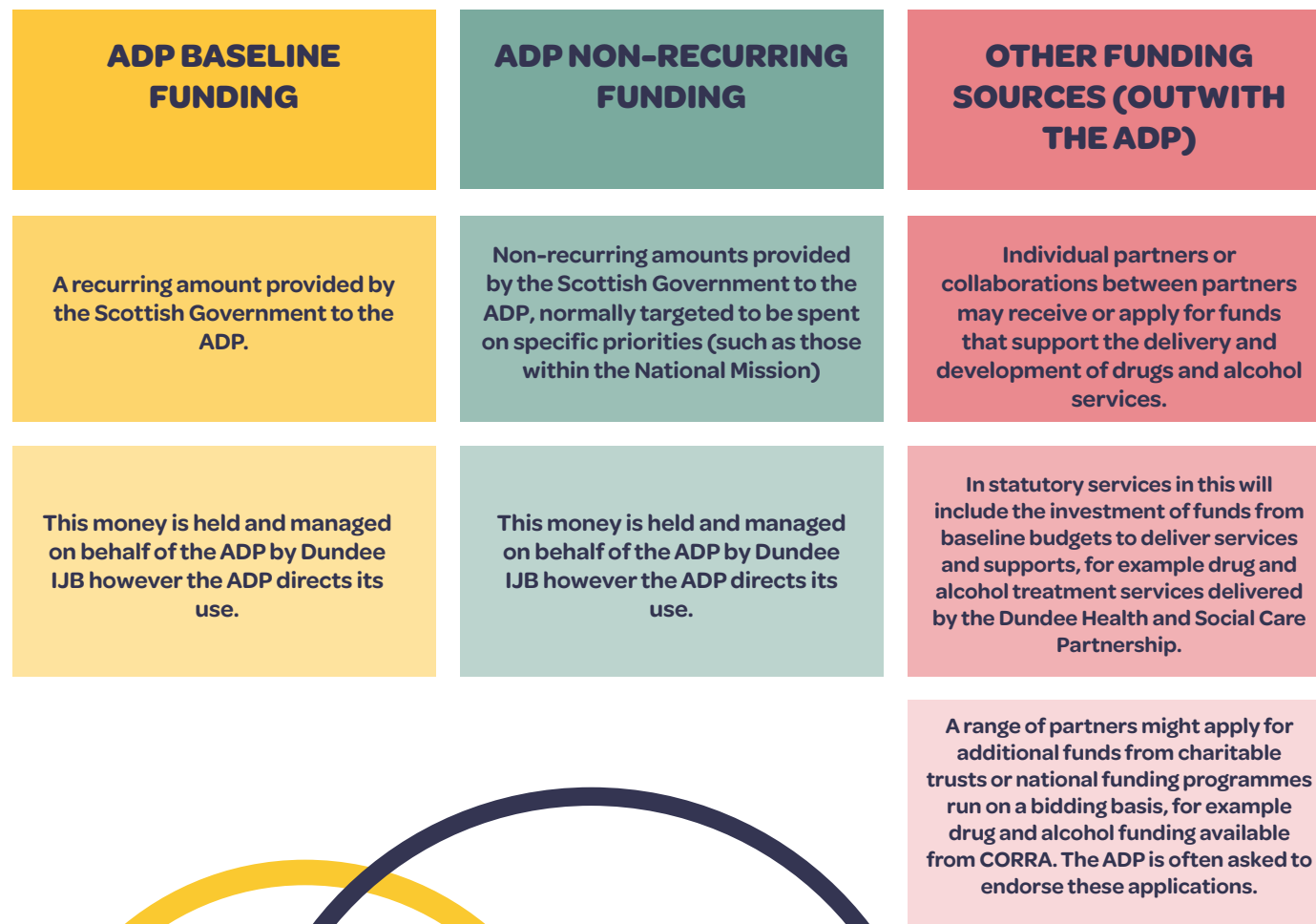
## Commissioning Ambitions


The ADP has established a Commissioning Group, chaired by the Dundee Integration Joint Board Chief Finance Officer and with representation from all other local commissioning partners. The Commissioning Group's responsibilities include:

- Developing a finance and commissioning framework;
- Ensuring it has access to sound evidence of need/ impact and outcomes to inform finance and commissioning recommendations;
- Managing the ADP ring-fenced funding allocation from Scottish Government; and,
- Considering the totality of funding available for drug and alcohol services and providing recommendations to the ADP.

The Commissioning Group, and the wider ADP, also receives support from the Health and Social Care Partnerships Social Care Contracts Team to ensure that where the ADP is commissioning services this is done in a fair, open and transparent way. The Team also provide support to the ADP to monitor the value and effectiveness of the investments they have made.

## Where does funding for the ADP come from?





For 2022-23 baseline funding to support ADP funding was £1,637K. This funding allocation must be spent on the provision of projects and services that deliver locally agreed outcomes in relation to reducing the use of, and harm from, alcohol and drugs. The funding allocation is the minimum that should be spent on these services. This funding is also supplemented with recurring funding from Dundee IJB's delegated budgets which are utilised to support core teams and statutory services.

In 2022-23 the baseline allocation has been supplemented by additional non-recurring funding allocated for specific priorities within the National Mission of £1,591K and Scottish Government Programme for Government funding of £486K.

During 2022, 13 projects were successful in securing additional investment from funds managed by CORRA on behalf of the Scottish Government to support the delivery of priorities in the National Mission. Funds awarded vary in size and duration but over the coming years represent an additional investment of over £2.5 million.

## ADP Financial Ambitions

All ADP areas in Scotland currently face financial uncertainty, with an increasing amount of funding being allocated on a non-recurring (or temporary) basis. This means that often new investments require consideration of how to adapt to any future funding constraints and continue work once temporary funding has ended. At the point that we are publishing this strategic framework there is not yet confirmation of funding available to the ADP for 2023/24 as both national and local annual budget processes are in progress. However, the ADP anticipates that wider public sector financial pressures will have a challenging impact on ADP budgets as well as on the ability of all partner organisations to continue to invest and attract additional money in drug and alcohol services.

At this point, it is the ADP's intention to work in partnership with the IJB, Dundee Council and NHS Tayside to approve a rolling two-year investment plan to support the implementation of the rolling two-year delivery plan. We expect that the first investment plan will be published in April 2023.

The ADP's investment plan will set out how baseline and non-recurring funding available to the ADP will be invested to support the priorities and outcomes set out within this strategic framework and actions within the delivery plan.

This investment plan will be regularly reviewed and an annual update will be published starting in April 2024.

# **5. TWO YEAR ROLLING DELIVERY PLAN**

## **Preventing Harm and Supporting Recovery**

Please see Delivery Plan document



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# 6. Appendices

## APPENDIX 1: National context

### National Mission and Medication Assisted Treatment (MAT) Standards

In 2020 the Scottish Government announced the formation of the National Mission to escalate the implementation of the national strategies, and address the impact of drug use. The Government appointed a national Drug Death Task Force (DDTF) to lead the implementation process. The National Mission involved work across a range of key areas, including housing mental health and the justice system. The areas of focus for the Mission included Whole Family Approach/ access to Residential Rehab/ MAT standards (specifically appropriate access to treatment)/ and tackling stigma.

The key aims of national mission include:

- providing fast and appropriate access to treatment and support through all services improving frontline drugs services (including the third sector);
- ensuring services are in place and working together to react immediately to people who need support and maintain that support for as long as is needed;
- increasing capacity in and use of residential rehabilitation;
- implementing a more joined-up approach across policy and practice to address underlying issues.

### National Mission Plan: 2022-26

Specific measures focused on within the national plan include:

- Implementation of all the MAT Standards (see details below);
- Improving access to Residential Rehabilitation;
- Focus on being informed by those with lived experience, community and grass-roots organisations; and,
- Examining options for safe drug consumption facilities.

The Dundee ADP is committed to the local implementation of the National Mission to save lives, reduce harm, promote recovery, and specifically to ensure:

- Fast and appropriate access to high quality treatment and support services, including access to residential rehabilitation where individuals are treated with respect and dignity;
- Creation of a more joined-up approach that supports people affected by drugs and alcohol to address all the underlying challenges they face;
- Acknowledgement that alcohol and drug use is often a symptom of other underlying issues and adopt a person-centred, trauma-informed and family-aware approaches;
- Better support after non-fatal overdoses and focusses on overdose-prevention; and
- Support for the vital role of front-line staff and organisations.

## MAT Standards

Published in 2021, the MAT Standards are ten evidence-based standards to enable the consistent delivery of safe, accessible, high-quality drug treatment across Scotland. They focus on how treatment is offered and take a person-centred approach contributing to a number of the National Mission's outcomes. The ten standards reinforce a rights-based approach for people who use drugs and the treatment they should expect, regardless of their circumstances or where they are.

### The standards of care for Medication Assisted Treatment (MAT)

1. All people accessing services have the option to start MAT from the same day of presentation.
2. All people are supported to make an informed choice on what medication to use for MAT, and the appropriate dose.
3. All people at high risk of drug-related harm are proactively identified and offered support to commence, re-commence or continue MAT.
4. All people are offered evidence-based harm reduction at the point of MAT delivery.
5. All people will receive support to remain in treatment for as long as requested.
6. The system that provides MAT is psychologically and trauma informed (Tier 1); routinely delivers evidence based low intensity psychosocial interventions (Tier 2); and supports the development of social networks.
7. All people have the option of MAT shared with Primary Care.
8. All people have access to advocacy and support for housing, welfare and income needs.
9. All people with co-occurring drug use and mental health difficulties can receive mental health care at the point of MAT delivery.
10. All people receive trauma informed care.

**DUNDEE**  
PARTNERSHIP



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# Dundee Alcohol and Drug Partnership Two Year Delivery Plan 2023 – 2025



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## **DUNDEE ALCOHOL AND DRUG PARTNERSHIP TWO YEAR DELIVERY PLAN 2023 – 2025**

This is the Dundee Alcohol and Drug Partnership's (ADP) two year rolling delivery plan, which will support the achievement of the priorities, outcomes and ambitions set out in our strategic framework. It is a working document which will be monitored and adjusted as actions are progressed and implemented, risks and contexts change, and new learning and evidence is identified.

This delivery plan will be subject to a detailed review at the end of each financial year and updated to reflect the actions planned over the next two years. The updated delivery plan will be published.

Like the ADP's Strategic Framework, the delivery plan represents the collaborative work of all ADP partners and wider stakeholders across Dundee. The actions that have been prioritised by the ADP for implementation over the next two years have been informed by:

- **the public consultation on the strategic framework;**
- **the knowledge and expertise of our workforce across services for vulnerable and at-risk people;**
- **the priorities and requirements of national policy and associated funding streams;**
- **and our local needs assessment and priorities.**

The annual review of the delivery plan will continue to take an approach that enables all partners, including people with lived / living experience to inform the process.



The ADP is currently working to fully update its strategic risk register to reflect the current risks that impact on their ability to support and lead the full implementation of the delivery plan. This approach has been successful in our other Protecting People Partnerships, helping leaders to identify risks to delivery at an earlier stage and work together to overcome barriers and challenges. This approach has also been helpful in informing adjustments to delivery plans to respond to emerging risks and priorities.





**OVERALL HIGH-LEVEL  
PRIORITIES FOR DUNDEE**

**1**

**Reduce significant harms linked to drug and alcohol use by delivering the right care in the right place at the right time**

**2**

**Promote cultures of kindness, compassion and hope, tackle stigma and discrimination and embed trauma-informed approaches**

**3**

**Reduce the enduring impact of drug and alcohol use through an increased focus on prevention**

**4**

**Empower people and communities affected by substance use to participate in and influence decision-making, commissioning, planning and improvements**

**5**

**Ensure appropriate and effective governance arrangements and strengthen communications with stakeholders**

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# HIGH LEVEL OUTCOMES FOR THE DELIVERY PLAN

**1. Reduce significant harms linked to drug and alcohol use by delivering the right care in the right place at the right time**

Reduction in the number of Non-Fatal Overdoses (NFOD) and drug-related deaths.

Reduce the harm caused by alcohol use, and the number of alcohol related deaths.

Improving the quality of life and wellbeing for individuals affected by substance use, including 'out of hours' support.

Reduction in the number of children and young people affected by parental, or their own substance use.

Reduce injecting related harm (blood-borne viruses, wounds and infections).

Support for those affected by cocaine and benzodiazepines use.

**2. Promote cultures of kindness, compassion and hope, tackle stigma and discrimination and embed trauma-informed approaches**

People in Dundee benefit from effective, integrated person-centred support to achieve their recovery.

People affected by substance use report being treated with dignity, respect and without stigma.

The workforce across all services report feeling valued and supported to adequately fulfil their role.

All organisations in Dundee adopt a trauma-informed focus and practices.

**3. Reduce the enduring impact of drug and alcohol use through an increased focus on prevention**

Fewer people develop problem alcohol and drug use.

Individuals, children and families supported at lower /earlier levels of intervention, and families report feeling appropriately supported.

Reduction in the incidence of violence related to drug and/or alcohol use.

All partners accept equal responsibility for implementing our prevention and intervention strategies.

# HIGH LEVEL OUTCOMES FOR THE DELIVERY PLAN

## 4. Empower people and communities affected by substance use to participate in and influence decision making, commissioning, planning and improvements

Individuals and communities will be supported by improved and effective interventions, directly responding to the needs of individuals in recovery and their communities.

People affected feeling listened to, believed and understood.

There is a culture of inclusion that supports meaningful contributions from people with lived and living experience, and the communities in which they live.

Strategic planning and commissioning are meaningfully informed and directed by the skills, knowledge and experience of lived and living experience and the wider communities in which they live.

## 5. Ensure appropriate and effective governance arrangements in place and strengthen communications with stakeholders

There is clear accountability, transparency, inclusion and involvement.

Clarity about the resources required, commissioning arrangements and evidence of the effectiveness of investments.

Key stakeholders, including those with lived experience, the workforce and communities, are confident that their views are listened to, respected, understood and contribute to positive change.

There is clear and regular communication with local communities.



# YEAR ONE OF DELIVERY COMMITMENTS 2023-24

## OUTCOME ONE

Reduce significant harms linked to drug and alcohol use by delivering the right care in the right place at the right time

### ACTIONS WE ARE COMMITTED TO UNDERTAKE

Significantly progress the implementation of all Medically Assisted Treatment (MAT) Standards and fully implement MATs 1-5.

Extend the assertive outreach work to all high-risk groups.

Support local community pharmacies to participate in the Buvital Test of Change (ToC).

Significantly progress MAT 9 through the Working Better Together (WBT) and Pathfinder Substance Use and Mental health projects.

Review the Alcohol Treatment and Support pathways.

Improved targeted responses to cocaine and benzodiazepines use.

Close Constitution House and reset co-located services in community settings.

Establish the substance use element of the 24/7 crisis care response, including the Progress the delivery of Distress Brief Interventions.

Progress the development of the shared care / key working

programme with 3rd sector partners.

Implement and monitor the Residential Rehab Pathway.

Continue the development of a multi-agency systematic Whole Family Approach, including collaborative Kinship Care approach and work with birth parents.

Continue to support the Non-Medical Prescribing (NMP) nurses within Children & Families (C&F) service.

Revise and refresh the unborn baby protocol (New Beginnings).

**THIS IS WHERE WE AIM TO BE BY END OF YEAR ONE (end March 2024)**

Significant increase in the number of individuals receiving same-day prescribing.

Individuals report they have choice over medication and feel supported to access and remain in treatment.

Increasing number of people (including those affected by alcohol use) are supported by Primary Care, with third sector key working arrangements.

More people access residential rehab through the Dundee Pathway.

## OUTCOME TWO

Promote cultures of kindness, compassion and hope, tackle stigma and discrimination and embed trauma-informed approaches

### ACTIONS WE ARE COMMITTED TO UNDERTAKE

Run series of activities with local communities and organisations to tackle stigma.

Evaluate and promote the Language Matters campaign, and create a wider community campaign which focuses on correct language to use to reduce stigma across Dundee.

Develop support to bereaved families and children.

Continue embedding the Gendered approach, and increase support to parents affected by substance use.

Progress the recommendations and learning from the Staff Burnout report, with specific focus on staff trauma and experiences of stigma.

Consider the findings of the evaluation of the pilot of 'Responding to Poverty and Health Inequalities Training' and build in learning to work around substance use and recovery.

Work with the Trauma Steering Group to implement key milestones from the trauma implementation plan.

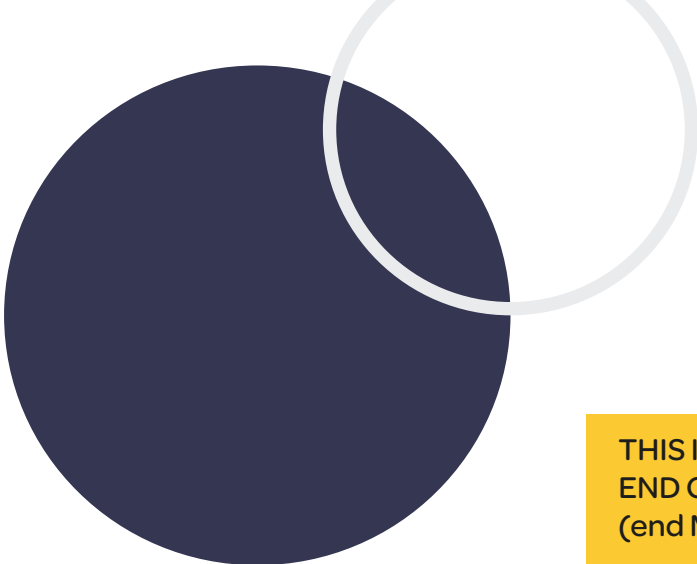
**THIS IS WHERE WE AIM TO BE BY  
END OF YEAR ONE  
(end March 2024)**

Individuals and families report some reduction in the stigma they experience.

Front line staff report to feeling less burnout and more support.

Training and development sessions around poverty, health inequalities and the impact of substance use are delivered.

More people present to services, and there is an increase in the number of vulnerable women accessing and being supported by services.



## OUTCOME THREE

Reduce the enduring impact of drug and alcohol use through an increased focus on prevention

### ACTIONS WE ARE COMMITTED TO UNDERTAKE

Plan to extend the Non Fatal Overdose (NFOD) response to include a wider group of high-risk individuals (joint approach with other triage meetings), and appoint staff to manage the NFOD rapid response.

Identify solutions for long-term funding for assertive outreach and independent advocacy, and provide learning sessions regarding role of an advocate.

Map Services and programs against Whole Families Approach

Framework to identify gaps. Support and monitor the multi-agency Kinship-Carers work (within C&Fs and third sector).

Develop multi-agency collaborative and sustained approach to deliver effective, evidenced-based harm reduction.

Invest in the Planet Youth approach: at least two schools progress the approach.

Embed the Dundee Prevention Framework and support organisations and communities to use it effectively.

Promote/ improve gender-based violence interventions within services (including duty to enquire re domestic abuse).

Coordinate harm reduction messaging for changing drug landscape, including a horizon scan to anticipate future changes (e.g. cost of living) and the impact on substance use patterns.

Workforce development: further roll out and implement Trauma-Informed Practice across services.

**THIS IS WHERE WE AIM TO BE BY END OF YEAR ONE (end March 2024)**

NFOD response (including outreach work) is supported by dedicated staff.

The Kinship-carers' team within C&Fs is fully established and operating.

Harm reduction approach is adequately implemented (including MAT 4).

At least two of Dundee's schools progress the Planet Youth approach.

The Dundee Prevention Framework is live and beginning to be used.

Improvement plan for whole families and family inclusive practice is developed.

## OUTCOME FOUR

Empower people with lived experience to participate in and influence decision-making, commissioning, planning and improvement

### ACTIONS WE ARE COMMITTED TO UNDERTAKE

In partnership with the third sector (via Dundee Volunteer and Voluntary Action) continue to expand Peer Recovery Network and mutual aid.

Develop a meaningful and safe local approach to the involvement of people with lived experience in strategic decision-making and planning, including learning from best practice already in place at a local level.

Develop a meaningful and safe local approach to gather feedback (including MAT implementation) to inform service development. This

should include mechanisms for sharing themes with the workforce.

Develop and share an accessible list of current opportunities for those with lived experience to become involved in drug and alcohol work, including supporting resources and learning opportunities.

Establish opportunities for workforce with lived experience to influence service design, delivery and wider organisational culture.

Strengthen connections between the ADP and other fora in which lived experience is shared (including

Carers Partnership, Violence Against Women Partnership (VAWP) and mental health).

Provide additional support to smaller community-based organisations to enable them to access available sources of funding to support drug and alcohol work informed by lived / living experience.

**THIS IS WHERE WE AIM TO BE BY  
END OF YEAR ONE  
(end March 2024)**

Peer Recovery Network / mutual aid groups become more established.

Opportunities are available for individuals with lived experience to become involved and influence strategic decision-making, planning, service development processes.

Opportunities are in place for workforce with lived experience to influence wider organisational culture.



## OUTCOME FIVE

Ensure appropriate and effective governance arrangements and strengthen communications with stakeholders

### ACTIONS WE ARE COMMITTED TO UNDERTAKE

Review ADP governance, within the broader Protecting People approach.

Develop a clear and transparent joint commissioning and investment plan.

Develop an approach to support learning, development and wellbeing across the workforce that enables the delivery of ADP priorities and actions (aligned to existing multi-agency and single agency plans).

Improve communications with local communities.

Progress an intelligence-led approach to prioritisation and commissioning, including needs assessment, improved reporting and enhanced analysis of data (including DAISy implementation).

Progress the implementation of the National Partnership Delivery Framework (PDF), focusing on the gaps identified through the self-assessment.

Review the membership of the ADP to ensure all the required skills and expertise are included.

Update ADP reporting process to ensure that involvement of lived / living experience can be identified and considered when decision making.

Develop and publish a performance framework.

Develop and publish a public facing annual report.

Fully refresh the ADP's strategic risk register.

Working alongside the other Protecting People Partnerships develop induction resources for new ADP members.

**THIS IS WHERE WE AIM TO BE BY  
END OF YEAR ONE  
(end March 2024)**

Decisions / recommendations made by the ADP are more fully informed by individuals with lived experience and available evidence.

There is a new governance structure, firmly embedded in the Protecting People structure with clear links to all areas of vulnerabilities, to support the work of the ADP.

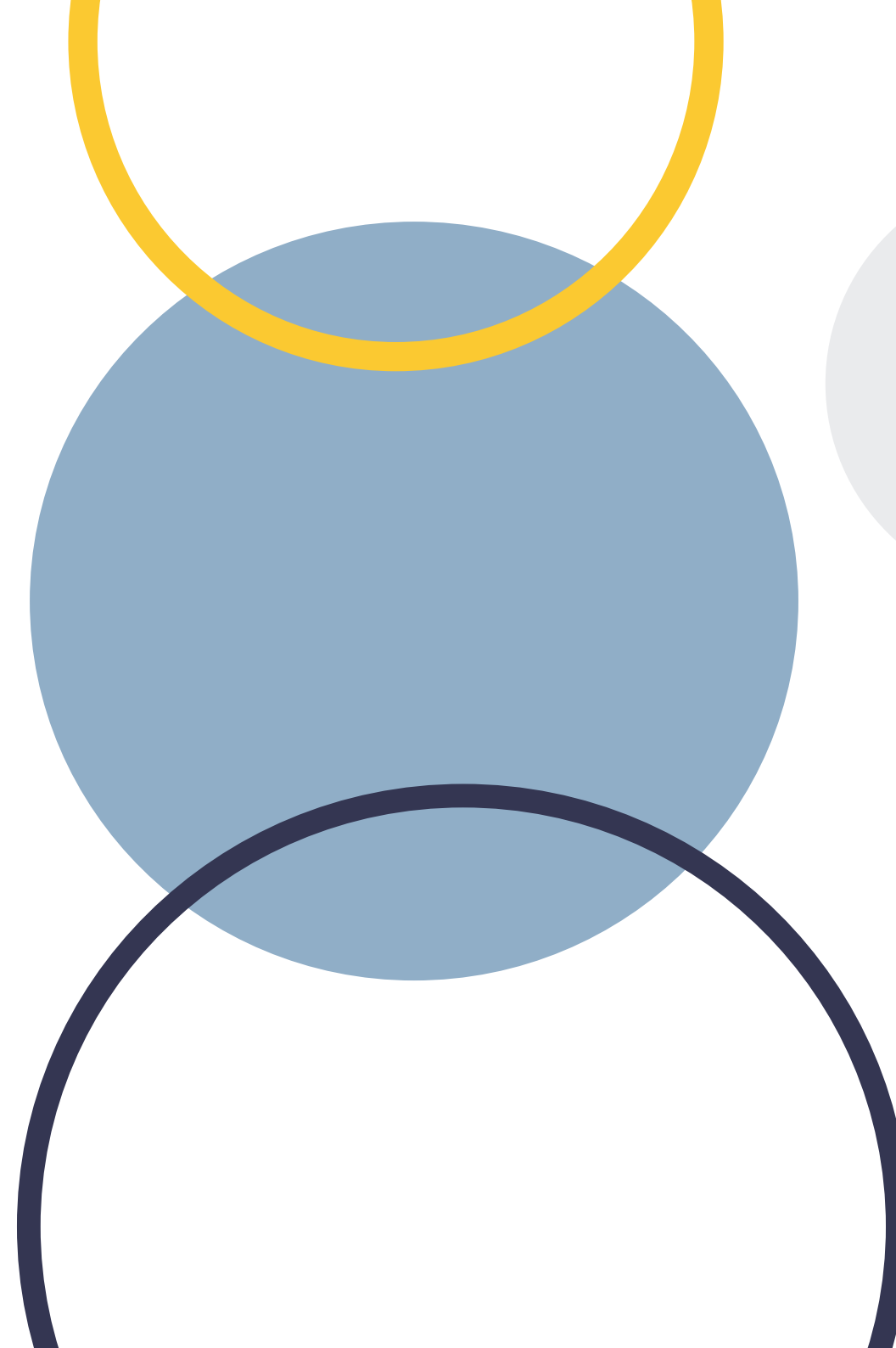
The ADP has a clear and transparent joint commissioning and investment plan.

The ADP has a clear and transparent performance framework.

Membership of the ADP has been revised to ensure all the required skills and expertise are included.

The work of the ADP is more fully informed by an understanding of strategic risks and their potential impact on the population.

The ADP has a clear plan about how it will work as part of a wider partnership to support workforce wellbeing and provide learning and development input to enable change.



# YEAR TWO OF DELIVERY COMMITMENTS 2024-25

## OUTCOME ONE

Reduce significant harms linked to drug and alcohol use by delivering the right care in the right place at the right time

### OUTCOMES WILL BE ACHIEVED THROUGH THE FOLLOWING ACTIONS

Progress the implementation of MAT standards 6-10.

for key services.

Evaluate the residential rehabilitation pathway.

Link to Positive Pathways work and treating people holistically to help address their life circumstances.

Progress the development of a model of rehabilitation support in the community.

Increase community-based access to behaviour change tools (e.g. consider purchasing Online Cognitive Behaviour Therapy (CBT) tool kit for public to access).

Significantly progress the establishment of a shared care model with Primary Care and the third sector.

Address issue of short-term funding

**THIS IS WHERE WE AIM TO BE BY  
END OF YEAR TWO  
(end March 2025)**

Significant progress has been made with all MAT standards (including the Shared Care model).

The Residential Rehab pathway is fully implemented, progress has been made with community rehabilitation and plan are in place for evaluation.

Key services have secured funding.

There is an increased access to community-based behaviour change tools (including CBT tool kit for public to access).

## OUTCOME TWO

Promote cultures of kindness, compassion and hope, tackle stigma and discrimination and embed trauma-informed approaches

### OUTCOMES WILL BE ACHIEVED THROUGH THE FOLLOWING ACTIONS

Develop a three-tier approach to tackling commercial sexual exploitation.

Embed trauma-informed work within secondary education, university and professional courses.

Extend collaboration with other partnerships around the work to eliminate stigma (including VAWP and suicide prevention work).

Develop online training on trauma and stigma.

Remove references to 'substance, drug or alcohol' in the names of services.

**THIS IS WHERE WE AIM TO BE BY  
END OF YEAR TWO  
(end March 2025)**

A tiered-approach to tackling commercial sexual exploitation is in place.

There is successful collaboration with other partnerships (including VAWP and suicide prevention) to tackle stigma.

Services no longer include references to 'substance, drug or alcohol' in their names.

Trauma-informed work is embedded within secondary education, university and professional courses, and on-line training on trauma and stigma is available.

## OUTCOME THREE

Reduce the enduring impact of drug and alcohol use through an increased focus on prevention

### OUTCOMES WILL BE ACHIEVED THROUGH THE FOLLOWING ACTIONS

Expand Planet Youth to further schools in Dundee.

Extend the NFOD response to include a wider group of high-risk individuals.

Implement plans to address identified gaps in the Whole Families Approach Framework mapping.

Contribute to the development of the Dundee Family Support Hubs (lead by C&Fs service).

Continue to provide funding to communities for them to develop local responses. These can encompass prevention, early intervention and recovery.

**THIS IS WHERE WE AIM TO BE BY  
END OF YEAR TWO  
(end March 2025)**

Planet Youth approach is available to all schools in Dundee.

The NFOD response is extended to include and support a wider group of high-risk individuals.

The Whole Families Approach is fully embedded, and the Dundee Family Support Hubs is developed.

Communities are supported to develop local responses.

## OUTCOME FOUR

Empower people with lived experience to participate in and influence decision-making, commissioning, planning and improvement

### OUTCOMES WILL BE ACHIEVED THROUGH THE FOLLOWING ACTIONS

Create sustainable opportunities for people in recovery to participate in their local community.

The ADP develops approaches to conduct its work in partnership with those with lived experience.

Create meaningful opportunities for people in recovery to participate in and influence the work of a range of partnerships.

Develop a streamlined and connected approach to evaluating / measuring culture change and meaningful involvement.

Enhance the supporting infrastructure that is available to enable lived / living experience work, including advocacy approaches.

Reflect on the evaluation of the ADP participatory budgeting test of change and set out future mainstream approach.

Consider mechanisms by which the contribution of people with lived / living experience can be explicitly valued and remunerated.

**THIS IS WHERE WE AIM TO BE BY  
END OF YEAR TWO  
(end March 2025)**

People in recovery have opportunities to participate in their local community, and in the work of partnerships, including the work of the ADP.

Advocacy support is fully available.

The contribution of people with lived / living experience is remunerated.

The extent and impact of culture change and meaningful involvement are measured and evaluated.

The ADP participatory budgeting ToC is evaluated.



## OUTCOME FIVE

Ensure appropriate and effective governance arrangements and strengthen communications with stakeholders

### OUTCOMES WILL BE ACHIEVED THROUGH THE FOLLOWING ACTIONS

Implement the ADP's joint commissioning and investment plan.

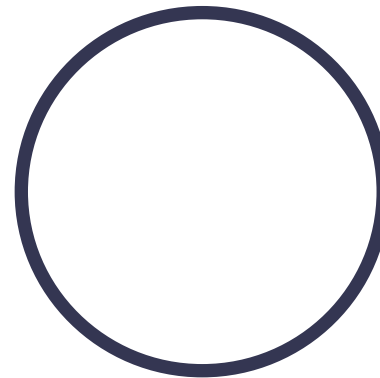
Develop approaches to support the collation, analysis and reporting of outcome information.

Review and implement the ADP's approach to collaborative commissioning.

Develop a sustainable approach to participatory budgeting for the ADP.

Refresh communication pathways to ensure staff and communities are aware of the available services and how to access them.

Progress joint approaches with other Protecting People Partnerships and Committees to public and workforce communications.



**THIS IS WHERE WE AIM TO BE BY  
END OF YEAR TWO  
(end March 2025)**

The ADP's joint commissioning and investment plan is implemented.

Communication Pathways have been refreshed to ensure staff and communities are aware of the available services and how to access them.

There is a joint approach with other Public Protection Partnerships and Committees.

The ADP commissions services in a way that is fair, open, transparent and collaborative.

The work and decision of the ADP is more fully informed by evidence of impact on outcomes for vulnerable people.

An increased proportion of the ADP budget is invested through participatory budgeting processes.

The multi-agency workforce feels better supported in implementing change and improvement across drug and alcohol services.







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