ITEM No …10…..…..

REPORT TO: **DUNDEE HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 25 AUGUST 2021**

REPORT ON: **ALCOHOL AND DRUG PARTNERSHIP: SELF-ASSESSMENT FINDINGS**

REPORT BY: **CHIEF OFFICER**

REPORT NO: **DIJB43-2021**

1.0 PURPOSE OF REPORT

1.1 The purpose of this report is to inform the Integration Joint Board of the findings of the Alcohol and Drug Partnership's self-assessment process undertaken between May and July 2021 to evidence and evaluate the Dundee Partnership's performance in implementing the Action Plan for Change and addressing the 16 recommendations made by the Dundee Drug Commission in 2019.

2.0 RECOMMENDATIONS

It is recommended that Integration Joint Board:

2.1 Note the contents of the report, including the overview of the self-assessment process undertaken between May and July 2021, and findings of the self-assessment (section 4.4 and 4.5 and appendix 1).

2.2 Note that the self-assessment report has been submitted to the Dundee Drugs Commission to support their work to independently evaluate progress towards implementation of the recommendations made by them in 2019 (section 4.6.1).

2.3 Note that amendments will be made to the Action Plan for Change based on the self-assessment findings (section 4.6.2) and instruct the Chief Officer to submit the revised plan to the Integration Joint Board for information once it has been agreed by the Dundee Partnership.

2.4 Note the additional funds provided by Dundee City Council and the Scottish Government and planned investment to support and accelerate actions contained within the Action Plan for Change (section 4.7).

2.5 Seeks additional opportunities to increase funding from both local and national sources, in order to progress the revised action plan and to address developing service requirements.

3.0 FINANCIAL IMPLICATIONS

3.1 There are no additional financial implications associated with the recommendations in this report.

3.2 When setting the 2020/2021 revenue budget, Dundee City Council set aside funding of £500k to support the delivery of the action plans in response to the Dundee Drugs Commission and the Independent Mental Health Inquiry. As a result of the pandemic, only £100k was committed to fund an additional five nurses (part year funding). A further £500k was provided in 2021/2022 resulting in a total of £900k being available. In conjunction with the Alcohol and Drug Partnership and Health and Social Care Partnership it was agreed that this funding should be allocated as follows:

- Continuation of additional nurses £196k
- Third sector supports and outreach £334k
- Resilient communities work £70k
- Children and Families support £79k
- Self-assessment activities £10k
- Dundee Drugs Commission 2 £20k

The remaining balance of £191k is being held for mental health crisis intervention.

3.3 The Dundee Alcohol and Drug Partnership has been notified by the Scottish Government that it is to receive funding of £391k from 2021/22 (recurring for 5 years) to support the implementation of the National Mission to reduce drugs deaths and harm. This funding will be transferred to NHS Boards for onward delegation to Integration Authorities for ADP projects. The Alcohol and Drug Partnership is currently considering proposals for investment as described in section 4.7.

4.0 MAIN TEXT

4.1 In April 2021 the IJB considered a report providing a comprehensive update regarding progress achieved in implementing the Alcohol and Drug Partnership's Action Plan for Change (Article XV of the minute of the Dundee Integration Joint Board held on 21 April 2021 refers). The report also advised that the Dundee Community Planning Partnership has invited the independent Dundee Drug Commission to reconvene and assess the progress made in response to the original report.

4.2 As part of the Dundee Alcohol and Drug Partnership's (ADP) commitment to continuous improvement and to support the work of the Drug Commission, the ADP has prepared a self-assessment which evaluates the performance of community planning partners against the 16 recommendations within the Commission's original report published in 2019.

4.3 The self-assessment sets out in detail the significant progress that has been achieved across the Dundee Partnership over the last 2 years, progressing the recommendations made by the Commission and implementing the Action Plan for Change in the face of extra challenges presented by the COVID-19 pandemic. It summarises the findings of a thorough self-assessment process, led by the Alcohol and Drug Partnership, that included speaking with people affected by drug use, family members/carers, service providers and the workforce about the impact of drug related deaths, changes to pathways of care and support, personalisation of service provision and the development of a culture of collaborative working. It also contains reflections from leaders about the effectiveness of leadership, governance and scrutiny arrangements and behaviours in supporting the implementation of the Action Plan for Change.

4.4 The self-assessment focuses on opportunities for learning and improvement, on conducting an honest, rigorous process that does not shy away from difficult issues. The self-assessment has been informed by evidence gathered through:

- Focus groups with the workforce (30 participants) and people with lived experience of drug use (38 participants);
- Service monitoring reports from 24 individual services working with people impacted by drug use;
- A workforce survey (59 responses);
- The submission of case studies from service providers;
- A leadership self-assessment and supporting workshop; and,
- A review of key strategic and operational reports and documents, as well as an analysis of relevant performance information.

4.5 Self-Assessment Findings

4.5.1 Through the self-assessment process 6 key focus areas have been identified: communication with the workforce and stakeholders / partnership working; staffing issues, staff retention and pressures; treatment options and choice / support choice; mental health; lived experience and leadership. In each of these areas, whilst progress has been made over the last two years, all partners recognise that significant work is yet to be done. In some cases, the challenge set out in the original report from the Drug Commission has been further compounded by the impact of the COVID-19 pandemic, with additional actions now required to address the specific needs and risks arising from the pandemic for people who use drugs and for the workforce.

4.5.2 Overall, during the past two years, the ADP has assessed that partners have made reasonable progress in implementation of 12 of the Drug Commission's original recommendations, with partial progress being made against 4 recommendations. A full summary of progress against each recommendation made by the Drug Commission is included within the self-assessment report (appendix 1, page 70).

4.5.3 Despite the challenges presented by the COVID-19 pandemic during most of this period, the evidence gathered for the self-assessment demonstrates that significant improvements have been made in some areas. This includes the response to non-fatal overdoses and assertive outreach work, extending the naloxone programme, pre COVID-19 introduction of direct access and same-day prescribing, Independent Advocacy, Peer Support programme, developing a gendered approach, progress with trauma-informed approach, anti-stigma work, and improving the governance and function of the ADP. Furthermore, the self-assessment found that during the COVID-19 lockdowns significant innovative practices were developed. There was also an improved collaborative approach between service providers (specifically between public and third sector organisations), trust and relationships between key partners strengthened, and a more focused shared improvement agenda emerged for all partners.

4.5.4 However, the evidence also identifies that partners still have significant progress to make in specific areas. These include responding to pressures and capacity issues within treatment services, accelerating progress with whole-system change (including a shared-care model with Primary Care and an integrated approach for substance use and mental health), improving treatment options (including access to residential support), progressing the Dundee Lead Professional model, eliminating stigmatising behaviour from the workforce, enhancing the focus on prevention and the need to improve communications with the workforce and other key stakeholders.

4.6 Next Steps

4.6.1 The self-assessment has been submitted to the Drug Commission and will inform their programme of work over the next 5 months. Through their activity the Drug Commission will seek to validate the self-assessment findings and to identify any additional evidence regarding progress made to date and remaining challenges. The report provided by the Drug Commission at the end of their review will add further value to the self-assessment work already undertaken by the ADP.

4.6.2 The ADP will now take forward work to adjust the Action Plan for Change to reflect the findings of the self-assessment. This will include:

- Changes to some of the existing actions based on feedback collated through self-assessment process;
- Adding actions to address new areas where gaps have been highlighted by the self-assessment process; and
- Utilising the opportunity to consolidate change and learning from the COVID-19 experience, and take this into next phases of the change process for improvement.

The revised Action Plan for Change will subsequently be shared with the Drug Commission and submitted to the Integration Joint Board and Dundee City Council Policy and Resources Committee for information.

4.6.3 The ADP believes that the work that has taken place over the past two years to improve responses to people who use drugs and the collective work to respond to the challenges presented by the pandemic evidences that there is significant capacity within Dundee, at leadership, strategic and operational levels, to continue to drive forward the full implementation of the Action Plan for Change. The Dundee Partnership is ambitious about its plans for pandemic recovery and the ADP is focused on accelerating key areas of work to address the needs of the most vulnerable people in the city, including those people impacted by drug use. The Dundee Partnership, the Chief Officers Group, the Alcohol and Drugs Partnership and the Leadership Oversight Group for the Action Plan for Change have demonstrated consistent focus and dedication to monitoring and supporting diverse and complex programmes of work over the last two years and will continue their leadership support into the next phase of implementation.

4.6.4 The self-assessment process has identified a number of actions where the ADP recognises an urgent need to accelerate work and to strengthen partnership working to overcome any remaining barriers to progress and full implementation:

- Increasing the focus on the development of a shared care model;
- Intensifying the focus on bringing the integration of substance use and mental health through full delivery of the Dundee Substance Use and Mental Health Integration Project (funded through Corra Foundation);
- Increasing the focus on early intervention and prevention;
- Resolving the current pressures on Dundee Drug and Alcohol Recovery Service (DDARS) (initially short-term but also focusing on the longer-term approach including a system-change and greater focus on a shared-care model); and
- Working to secure future investments (be more systematic about anticipating investments) and how there are utilised to maximise improvements to outcomes.

As described in the existing Action Plan for Change, programmes of work have begun in relation to shared care, integration with mental health services and addressing pressures within DDARS supported by additional investment secured from Dundee City Council, through the funds allocated by the CORRA Foundation on behalf of the National Drugs Death Taskforce and additional recurring funds to ADPs from the Scottish Government (see section 4.7 for further details of investments). The immediate focus will therefore be on accelerating the pace of implementation in order that people who use drugs, their families and communities and the workforce can realise the positive impact of these changes as soon as possible. The process of updating the Action Plan for Change (as described in section 4.6.2) will reflect the focus on acceleration and on further strengthening the interface between these mutually supporting workstreams. Detailed progress will continue to be reported to the Dundee Partnership, Dundee Chief Officers Group, Integration Joint Board and Dundee City Council through the regular update reporting arrangements that are already in place in relation to the Action Plan for Change.

4.6.5 The multi-agency workforce remains the biggest asset in collective work to implement improvements and they have demonstrated commitment, flexibility and resilience in the most exceptionally challenging of circumstances; the ADP and Health and Social Care Partnership recognise the need to continue to invest in their wellbeing in order to achieve the immediate priorities we have identified and to progress the whole of the action plan for change to full implementation over the coming months and years.

4.7 Additional Investment

4.7.1 When setting the 2020/2021 revenue budget, Dundee City Council set aside funding of £500,000 to support the delivery of the action plans in response to the Dundee Drugs Commission and the Independent Mental Health Inquiry. As a result of the pandemic, only £100,000 was committed to fund an additional five nurses (part year funding). A further £500,000 was provided in 2021/2022.

4.7.2 The Alcohol and Drug Partnership has agreed investment of these additional funds with a specific focus on supporting key programmes of work within the Action Plan for Change. This includes:

- Additional nursing capacity within DDARS to address pressures within the service and support ongoing service redesign (196k over 1 year);
- Funds to support a test of change in relation the assessment and referral of people who are in custody delivered by the third sector (£9k over 1 year);
- Further investment to support Dundee City Council, Children and Families Service to continue to develop approaches to children and young people impacted by parental drug use informed by learning from tests of change already carried out within the service (£79K over 2 years);
- Additional funds to third sector to support the continuation of the Albert Street Hub (£90k over 2 years) and Non-Fatal Overdose Assertive Outreach provision (£188k over 18 months);
- Extension of the gendered-services project (hosted by DVVA) to align to the duration of the programme of work funded by CORRA Foundation focused on the integration of substance use and mental health responses (£48k over 1 year); and,
- Additional investment in work to build resilient and supportive communities and to progress anti-stigma work, including the language matters campaign (£70k over 1 year).

In addition, £191k has been set aside for investment to enhance mental health crisis interventions.

4.7.3 The Scottish Government has notified Alcohol and Drug Partnerships of the allocation of additional funds to support the implementation of the National Mission to reduce drugs deaths and harm from 2021/22, recurring for 5 years. A total allocation of £391K has been made for investment as follows:

- £145k to support the priorities of the National Mission (focused on fast and appropriate access to treatment);
- £145k to support access to residential rehabilitation; and,
- £101k to support the implementation of the whole family approach.

The Alcohol and Drug Partnership is currently considering proposals for investment, informed by the outcomes of the self-assessment process and priorities and actions within the Action Plan for Change. Once priorities for investment have been agreed, expected in August 2021, further work will be progressed to support the detailed allocation of funds in-line with social care procurement regulations. This will include taking account of existing procurement arrangements for relevant services across children and adults health and social care as well as the possible need to procure new services.

4.7.4 In addition, the CORRA Foundation is managing four funds with a combined value of £18 million on behalf of the Scottish Government which opened at the end of May 2021:

- £5 million Local Support Fund to provide resources to community and third sector organisations to increase capacity.
- £5 million Improvement Fund to support improvements to services for outreach, treatment, rehabilitation and aftercare, with dedicated support for women.
- £3 million Families and Children fund to support children, young people and families affected by drug use.
- £5 million Recovery Fund for additional residential rehabilitation capacity.

Each fund is open to non-profit organisations working in the drugs sector, including third sector organisations, community organisations and IJBs. The Scottish Government has encouraged ADPs to work with local partners to support bids to these funds which meet local need, strategy and priorities. The Dundee Alcohol and Drug Partnership is currently gathering expressions of interest from local organisations and will evaluate these against local priorities, including those identified through the self-assessment process.

5.0 POLICY IMPLICATIONS

5.1 This report has been screened for any policy implications in respect of Equality Impact Assessment. There are no major issues.

6.0 RISK ASSESSMENT

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

7.0 CONSULTATIONS

7.1 Members of the Dundee Alcohol and Drug Partnership, members of the Action Plan for Change Leadership Group, members of the Chief Officers Group, the Chief Finance Officer and the Clerk of the IJB were consulted in the development of this report.

8.0 DIRECTIONS

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

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

9.0 BACKGROUND PAPERS

9.1 None.

Authors: DATE: 14 July 2021

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DUNDEE ALCOHOL AND DRUGS PARTNERSHIP

SELF ASSESSMENT REPORT

JULY 2021

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Foreword

The Dundee Drugs Commission report *'Responding to Drug Use with Kindness Compassion and Hope'*, was published in August 2019. The Dundee Partnership has now agreed that the Commission will undertake a two-year review to determine the extent to which the recommendations made by the Commission in 2019 and actions subsequently agreed within the Alcohol and Drug Partnerships Action Plan for Change have been effectively implemented.

As a Partnership we are committed to continuous improvement of all of our services, particularly those focused on the identification, protection, support and recovery of Dundee's most vulnerable citizens. Reducing drug and alcohol use and supporting people, families and communities who are affected by problem substance use are key priorities in our efforts across the Dundee Partnership to improve health, care and wellbeing. We welcome this opportunity to reflect on our performance in this area of work as part of our ongoing commitment to continuous improvement and anticipate that the review activities carried out by the Dundee Drug Commission will add significant value to our internal performance management, self-evaluation and quality assurance processes and information.

As leaders we have committed to:

- winning the trust and confidence of the public and partner agencies through effective leadership, governance and accountability;
- supporting practitioners with the right resources and structures to deliver the best possible services to those who need them;
- ensuring meaningful involvement and engagement of people who experience problems with drugs, their families and carers and those that advocate for them;
- confronting and addressing stigma and strengthening mutual and community support;
- tackling the root causes of substance use;
- keeping children safe from substance use and its consequences;
- implementing trauma informed approaches, targeting support to those at increased risk of substance use and death;
- ensuring gendered approaches are considered in all activities and accommodated in design and delivery of services; and,
- implementing a revised person-centred, seamless, sustainable and comprehensive model of care.

This self-assessment sets out in further detail the significant progress that has been achieved across the Dundee Partnership over the last 2 years, progressing the recommendations made by the Commission and implementing the Action Plan for Change in the face of extra challenges presented by the COVID-19 pandemic. It summarises the findings of a thorough self-assessment process, led by the Alcohol and Drug Partnership, that has included speaking with people affected by drug use, family members/carers, service providers and our workforce about the impact of drug related deaths, changes to pathways of care and support, personalisation of service provision and the development of a culture of collaborative working. This self-assessment also contains our own reflections as leaders on the effectiveness of our leadership, governance and scrutiny arrangements, and behaviours in supporting the implementation of the Action Plan for Change. We have focused on opportunities for learning and improvement, on conducting an honest, rigorous process that does not shy away from difficult issues.

As leaders within the Dundee Partnership we recognise that, whilst progress has been made, we have much more to do to improve services and supports to people who use drugs and to reduce drug deaths in the city. We are pleased to see some early evidence of the positive impact that our work to deliver the Action Plan for Change has had on people who use drugs, their families and carers, communities

and the workforce. We know that the full impact of some of the changes that we have made to supports and services may have been masked by the additional difficulties that have been experienced during the COVID-19 pandemic and we will continue to monitor this closely, learning and adapting as we go.

We acknowledge that some of our most ambitious developments, such as implementation of a shared-care model with GPs and the provision of integrated services for people who use substances and experience mental health challenges, are in the early stages of implementation and that positive benefits we hope will be delivered have not yet been felt by individuals, communities and the workforce. It is imperative that we maintain and, wherever possible, increase the pace of implementation in these major programmes of redesign because we know that people who use drugs, their families and communities need to experience the positive benefits they will bring as soon as possible.

We want to thank people with lived experience, their families and carers, Dundee's communities and our workforce for the contribution they have made over the last 2 years to implementing the Action Plan for Change. Your hard work, support and dedication has been invaluable and has been the driving force behind all that we have been able to achieve so far. We look forward to continuing to work with you on the next phase of our improvement journey.

Simon Little
Independent Chair, Dundee Alcohol and Drug Partnership

Grant Archibald
Chief Executive, NHS Tayside

Greg Colgan
Chief Executive, Dundee City Council

Phil Davison
Chief Superintendent, Police Scotland Tayside Division

Vicky Irons
Chief Officer, Dundee Health and Social Care Partnership

Eric Knox
Chief Executive, Dundee Volunteer and Voluntary Action

List of Abbreviations

ADP	Alcohol and Drug Partnership
BBV	Blood born virus
C&F	Children and families
CJS	Community Justice Service
COG	Chief Officers Group
CPR	Child protection register
DCC	Dundee City Council
DDARS	Dundee Drugs and Alcohol Recovery Service (previously ISMS)
DIAS	Dundee Independent Advocacy Service
DVVA	Dundee Volunteers & Voluntary Action
DWA	Dundee Women's Aid
DWP	Department of Work and Pensions
ESG	Early screening group
HSPC	Health and Social Care Partnership
HR	Human resources
IA	Independent advocacy
IEP	Injecting equipment provision
KPI's	Key performance indicators
KWHC	Keep Well health checks
LCPPs	Local Community Planning Partnership
NHST	NHS Tayside
NFOD	Non-fatal overdose
NMP	Non-medical prescribing
MARAC	Multi-Agency Risk Assessment Conference
MAT	Medically assisted treatment
MCN	Managed care network
OST	Opiate substitution therapy
RAG	Red-Amber-Green rating
Rating	
SA	Self-assessment
SDF	Scottish Drugs Forum
SIMD	Scottish Index of Multiple Deprivation

SLA	Service Level Agreement
SMART	Self-Management and Recovery Training
SW	Social work
TCA	Tayside Council on Alcohol
TAY	Team Around You
VAW	Violence against women
WRASAC	Women's Rape and Sexual Abuse Centre

1. Executive Summary

This self-assessment (SA) process has been conducted by the Dundee ADP. As well as being an important part of the ADPs commitment to continuous improvement and self-evaluation it has also been undertaken in a way that will inform the work of the Dundee Drugs Commission (the Commission) during its review activity that will take place from July to December 2021. This process evaluates our own performance in Dundee against the 16 recommendations within the commission's report published in August 2019. It aims to evidence how change achieved to date has led to improvement in the lives of individuals (including any unexpected outcomes) and to develop an understanding of where we need to target our efforts to support further improvement.

This self-assessment is based on information already in the public domain, evidence and views from a wide range of sources. We have utilised existing information and undertaken specific activities, including focus groups, surveys and workshops, to gather new information. We have also gathered case studies from individuals with lived experience.

Through the self-assessment process 6 key focus areas have been identified: communication with the workforce and stakeholders / partnership working; staffing issues, staff retention and pressures; treatment options and choice / support choice; mental health; lived experience and leadership. In each of these areas, whilst progress has been made over the last two years, all partners recognise that significant work is yet to be done. In some cases, the challenge set out in the original report from the Dundee Drug Commission has been further compounded by the impact of the COVID-19 pandemic, with additional actions now required to address the specific needs and risks arising from the pandemic for people who use drugs and alcohol and for the workforce.

Overall, during the past two years, we have assessed that we have made reasonable progress in implementation of 12 of the Drug Commission's original recommendations, with partial progress being made against 4 recommendations. Despite the significant challenges presented by the COVID-19 pandemic, during most of this period the evidence gathered for this self-assessment demonstrates that significant improvements have been made in some areas. This includes the response to non-fatal overdoses and assertive outreach work, extending the naloxone programme, pre COVID-19 introduction of direct access and same-day prescribing, Independent Advocacy, Peer Support programme, developing a gendered approach, progress with trauma-informed approach, anti-stigma work, and improving the governance and function of the ADP.

However, the evidence also identifies that we still have significant progress to make in specific areas. These include responding to pressures and capacity issues within treatment services, accelerating progress with whole-system change (including a shared-care model with Primary Care and an integrated approach for substance use and mental health), improving treatment options (including access to residential support), progressing the Dundee Lead Professional model, eliminating stigmatising behaviour from our workforce, enhancing our focus on prevention and the need to improve communications with the workforce and other key stakeholders.

At the same time, the COVID-19 pandemic had an inevitable impact on our ability to progress with some improvement plans. Although substance use services (especially those defined as 'COVID-19 critical', including DDARS, We Are With You, Hillcrest, TCA and Positive Steps) continued to provide a service, organisations had to adopt different delivery options. There was rapid and significant change to ensure the safety of the individuals accessing services and of staff, and during lockdown limited face to face work could take place.

Furthermore, we are aware that during the COVID-19 lockdowns significant innovative practices were developed, we are committed to maintaining and building on such innovative practices. In addition, an improved collaborative approach has developed between service providers (specifically between public and third sector organisations), trust and relationships between key partners has strengthened, and a more focused shared improvement agenda has emerged for all partners.

Going forward, as a partnership we are clear about the actions that are now required to continue to embed the progress made and accelerate the implementation of further improvements wherever possible. Specific priorities for the immediate future have been identified, including addressing the capacity issues within specialist services, and increasing the focus on the development of whole-system change and on early intervention and prevention. We are also committed to embedding an annual self-assessment process to evaluate progress against the action plan for change until full implementation has been achieved.

2. Introduction and Context (Why Conduct a Self-Assessment?)

This self-assessment (SA) process has been conducted by the Dundee ADP. As well as being an important part of the ADPs commitment to continuous improvement and self-evaluation it has also been undertaken in a way that will inform the work of the Dundee Drugs Commission (the Commission) during its review activity that will take place from July to December 2021.

The Commission was established by the Dundee Partnership in May 2018 with key objectives, including:

- Consider the context, nature, extent and impact of drug use and drug-related deaths in Dundee;
- Identify and investigate the key causes and consequences of drug use and drug-related deaths for individuals and their families along with policy and practical measures to address these;
- Seek the views and involvement of all relevant local stakeholders including individuals with lived experience of accessing substance use services, partner organisations providing support and/or treatment, and public-sector service managers and frontline service providers;
- Assess the effectiveness of the strategic planning and delivery of services co-ordinated by the Dundee Alcohol and Drug Partnership and more broadly across community planning partners as relevant;
- Consider evidence of what has worked elsewhere to combat drug use and drug-related including approaches to achieve prevention and recovery; and,
- Prepare a report for the Dundee ADP and its partners including Dundee City Council, NHS Tayside and the Health and Social Care Partnership with evidence-based recommendations on priorities for practical and achievable action to tackle and reduce drug use and drug-related in the city. Recommendations should also be offered at national and global levels as well as local.

The Commission's report was presented in August 2019 and included 16 recommendations, all of which were accepted by the Dundee Partnership and the ADP.

Following an initial period of actions to address some of the most urgent issues identified by the Commission, including establishing the Non-Fatal Overdoses Rapid Response and Direct Access Clinics, the ADP developed a detailed Action Plan for Change responding to each of the Commission's recommendations. This plan reflected a broad partnership approach for working with vulnerable individuals and families affected by substance use and was developed in collaboration with a wide range of stakeholders.

The implementation of the Action Plan is the responsibility of the entire Dundee Community Planning Partnership, with the ADP taking a lead on monitoring / scrutinising progress and escalating any areas that are not being progressed at the required pace to the Chief Officers Group (COG) and onwards to the Dundee Partnership. The Action Plan for Change has been continuously reviewed and updated to reflect progress made and to adapt to emerging challenges, information and evidence. This has included updates that have been required to reflect the impact of the COVID-19 pandemic on the actions contained within the plan.

Key achievements delivered through the Action Plan for change include:

- ✓ We have developed, established and evaluated the multi-agency non-fatal overdose response team;
- ✓ We have extended the availability and reach of naloxone;
- ✓ We have appointed Non-Medical Prescribing nurses (NMP), including 3 NMP nurses placed within the Children & Families Service;
- ✓ Pre COVID-19 lockdown we introduced same-day prescribing;
- ✓ We have developed an Independent Advocacy test of change;

- ✓ We have strengthened the membership of the ADP and developed a new governance structure;
- ✓ We have established the Peer Support program for Dundee and developed the Lived Experience Framework;
- ✓ We progressed the Anti-Stigma and language matters campaign;
- ✓ We have developed a programme of work to embed trauma informed leadership and practice across statutory and third sector services;
- ✓ We have progressed a range of activities to support mainstreaming of gender sensitive services and supports, with a specific focus on meeting the needs of vulnerable women; and
- ✓ We participate in the Planet Youth pilot.

The Action Plan for Change also outlines the remaining challenges that still need to be progressed or completed in Dundee. Some of these challenges relate to restrictions during the COVID-19 pandemic, others include change processes that are being progressed over a longer timescale than the two-year period that has elapsed since the Dundee Drug Commission report was published.

Remining challenges:

- ➢ Capacity in the specialist treatment services, including recruiting and retaining qualified staff;
- ➢ Our specialist treatment service is under considerable pressure;
- ➢ Coming out of the COVID-19 lockdown, expanding the capacity of the direct access provision;
- ➢ Progressing the implementation of a low threshold model of substitute prescribing;
- ➢ Acting on and expanding the test of change to develop shared care;
- ➢ Progressing with the whole system change – focusing on an integrated approach to substance use and mental health
- ➢ Improve scrutinising governance of statutory organisations; and,
- ➢ Development of a five-year commissioning plan.

In early 2021 it was agreed the Commission will reconvene for a period of 6 months (July – December 2021) to review progress against the original recommendations.

This SA process evaluates our own performance in Dundee against the 16 recommendations within the commission's report published in August 2019. We have focused on establishing the following:

- What works well and is progressing well?;
- What is not progressing well and / or needs improvement?;
- Where there are barriers to further progress?; and,
- What requires additional focus and / or resources?

Overall the SA aims to evidence how change achieved to date has led to improvement in the lives of individuals (including any unexpected outcomes) and to develop an understanding of where we need to target our efforts to support further improvement.

More generally, we recognise the process of self-assessment as good practice; we aim to learn from it and establish it as part of an approach to on-going self-evaluation. We have focused on opportunities for learning and improvement, on conducting an honest, rigorous process that does not shy away from difficult issues.

3. What we have achieved so far

As described in Section 2, the Action Plan for Change sets out the Dundee Partnership's response to the recommendations made by the Dundee Drugs Commission in 2019. The plan sets out a range of actions across 12 key priority areas. All the stakeholders, including people with lived experience, have been working together to implement these actions over the last 18-month period.

Despite the significant challenges presented by the COVID-19 pandemic during most of this period, progress has been made. A summary of progress achieved is provided below alongside additional information about key actions that were undertaken during COVID-19 to meet the needs of people affected by drug use.

3.1 Key Priority 1 – Tackling the immediate risk factors for drug deaths

Dundee Non-fatal Overdose (NFOD) Rapid Response Team

One of the major achievements has been the implementation and evaluation of a sustained, immediate, collaborative, flexible response to non-fatal overdoses, including assertive outreach components.

Prior to November 2019, individuals who experienced non-fatal overdoses (NFODs) in Dundee were formally discussed once per week by the Early Screening Group (ESG). At that time, there was often a delay in contacting these individuals, and many did not meet the statutory three-point test that would enable an adult protection response to be provided (Adult Support and Protection (Scotland) Act 2007). A decision was made in 2019 to improve the process of responding to all known NFODs by ensuring a quick (within 72 hours) response/ contact with all known individuals who have experienced a NFOD. The multi-agency NFOD rapid response team was set up, initially as a six-week 'test of change' that sought to improve the co-ordination of the various organisations responding to an NFOD. This joined-up, acute response has now been established as the Dundee Non-Fatal Overdose Response. To date (May 2021) there have been 460 people discussed through the NFOD Response Team, accounting for 824 incidents. Of these 460 individuals, 146 recorded more than one NFOD incident.

The Dundee NFOD Response Team meets every week day and discusses all of the known NFODs that took place the previous day. A safety plan is developed and the aim is to contact each individual within 72 hours of their overdose experience. A number of outreach workers are in place to contact the individuals who are not in touch with services and progress with the safety plan. Full evaluation report is available in appendix 3.

Additional Key achievements for Priority 1:

- Commenced research to inform the development and implementation of an effective behaviour change intervention following NFOD.
- Strengthened our approach to reviewing drug related deaths and NFODs to include early trends monitoring and commenced comprehensive clinical toxicology testing within NHS Tayside. We are also participating in a national project led by Stirling University, involving multiple ADPs, focused on drug checking.
- Direct involvement from the VAW services to the NFOD Rapid Response team.
- Strengthened assertive outreach capacity, including additional capacity for the SafeZone Bus delivering Harm Reduction and other support to communities across the city, including support out of hours. Positive feedback from those using the SafeZone Bus service has led to the expansion in both the frequency of operation and number of localities visited.

Dundee Take Home Naloxone Programme

A number of steps have been taken to widen access to take home naloxone and address challenges posed by COVID-19 across Dundee, including:

- Naloxone training and kits are supplied by statutory services, third sector partners and non-drug treatment services in Dundee, this has continued during COVID-19. Kits are also issued on prescription from DDARS as part of a risk management strategy during COVID-19;
- A number of services also hold naloxone for use in an emergency, for example some community pharmacies (including all Boots pharmacies) and hostels;
- 8 non-drug treatment services in Dundee registered to supply naloxone under the letter of comfort provided by the Lord Advocate during COVID-19;
- A postal supply service of naloxone has been established and is provided by Hillcrest Futures and We Are With You;
- Health and safety policies in DCC and NHS Tayside have recently been amended to facilitate and encourage carrying and use of Naloxone by relevant staff;
- A naloxone guideline has also been approved for in-patient mental health services;
- Training for trainers was moved to online training during COVID-19 and resources have been developed to support this. For example, a webpage hosted by BBV MCN directing staff/volunteers to training resources from SDF and a locally developed training video;
- An information pack to support non-drug treatments services has been developed;
- Scottish Ambulance Service in Dundee are participating in a national project for paramedics to supply a naloxone kit where a person declines to attend A&E
- A peer naloxone training and supply project has been established in Dundee which is a collaboration between SDF and Hillcrest Futures, supported by the ADP. The project is funded through the innovation fund and has been very successful since its launch. In April and May the peer project has issued over 120 kits across Dundee; and,
- All frontline Police Scotland officers in Dundee have been trained in responding to overdose and offered the opportunity to carry intranasal naloxone kits as part of a national pilot. Police officers in Dundee have used intranasal naloxone in overdose situations on a number of occasions in Dundee since the launch of the pilot.

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

Key achievements:

- Invested in additional capacity within treatment services, with an additional five Band 5 nurses appointed within DDARs to contribute to managing demand within the service.
- Introduced arrangements to support Same Day Prescribing within DDARS prior to the onset of the COVID-19 pandemic through Direct Access Clinics in several localities in the city. These clinics included options for Same Day Prescribing supported by an additional 3 NMP nurses. During the pandemic public health restrictions meant that direct access clinics could no-longer operate safely, however the intention is to reinstate this approach once social distancing requirements are eased.
- Up to beginning of 2021 sustained good overall performance against national waiting time targets despite additional pressures during the COVID-19 pandemic (however, there has been a deterioration in performance in 2021).
- Advance negotiations are in place to expand the role of community pharmacies in providing care and support to individuals affected by drug use.

3.3 Key Priority 3 – Improve retention and treatment in recovery services

Housing First

The aim of Housing First Pathfinder is to support extremely vulnerable people, often with complex needs who require a high level of support and who have a history of homelessness. Housing First gives people a safe home of their own and then puts in place a support structure to help them sustain their tenancy, re-integrate into society; and ultimately thrive. Housing First is a model that provides a human-centred, kind and compassionate response to the systemic issue of homelessness.

Housing First Dundee aims to cause a structural shift away from the use of temporary accommodation that perpetuates repeat homelessness, towards people being housed as quickly as possible in permanent homes with appropriate wraparound support. 82 Housing First tenancies had been achieved by the end of April 2021 and as of end May 2021 the sustainment level for those with Housing First tenancies in Dundee was 88% (further detail is available at the Homeless Network Scotland).

Dundee City Council, Transform Community Development and Dundee Health and Social Care Partnership are currently in the process of mainstreaming Housing First across Dundee. In March 2020 the partnership closed one of the largest hostels in the city with Transform and reconfigured the service to deliver outreach housing support aligned with Housing First principles. This service will continue delivering Housing First support to residents of Dundee and work with the Pathfinder throughout this transition before their planned end date along with other services across the Homeless Partnership to mainstream Housing First across Dundee. The partnership is committed to make Housing First Dundee successful and to continue delivering a person-centred wrap around support service to service users who require this level of support whilst closing the door on a homeless recurring cycle for a number of individuals. Housing First is a key strand within our Rapid Rehousing Transition Plan.

In a joint approach with Criminal Justice Service, a review is taking place of the resources currently in place (mainly based within the Community Justice Social Work service in Friarfield House and managed jointly with DDARS). A report will be presented to the ADP in August with a view to ensure best use and maximise the impact of the available resources.

Key achievements:

- Reduction of unplanned discharges at DDARS.
- Increase in retention and re-engagement with individuals, and a rise in the number of individuals accessing treatment.
- Developed an assertive outreach model to support those most at risk of withdrawing from support.
- Specific assertive outreach for vulnerable women as part of the Housing First model.
- Identified protected capacity (6-month secondment from May 2021) to develop a pathway and framework for accessing residential rehabilitation care.
- Agreed a clear pathway across Tayside for the transition of substance use supports for people leaving prison to community and secured additional capacity (2-year post within a third sector service) to progress full implementation of the pathway in collaboration with the multi-agency Prison Release Working Group
- There has been increased investment from Dundee City Council to support improvements.

3.4 Key Priority 4 – Implement a revised person centred, seamless, sustainable and comprehensive model of care

Shared Care Test of Change

A bid was submitted under the National Drug Deaths Taskforce funding to develop and implement a pilot, known as the CORRA project, within Dundee looking at strengthening and enhancing the current shared care arrangements within the city. Further information about the project can be found here.

The pilot commenced with the appointment of a 35-hour joint GP/substance use post based within the Maryfield practice. The GP appointed will direct approximately one third of this time working with patients who use drugs, in a combination of service delivery and development. An element of the service development work relates to assisting in the design of a sustainable, desirable, high quality Service Level Agreement which will be offered to all of the 21 GMS practices in Dundee. This GP started work on 7/6/21.

An existing GP working within the Lochee practice is also starting joint work with DDARS, with a view to seeing Lochee patients, ultimately within the Lochee practice. The substance use element of this post is initially 5 hours per week, increasing to 10 hours later in the year. In addition, one of the two practices which participates that currently has an existing SLA to provide shared care has agreed to increase the number of patients seen within the practice. Work is taking place within DDARS on identifying patients suitable for transfer.

A further one 'career-start' GP will commence post in August and will dedicate between 4 – 8 hours per week for direct work within DDARS. The funded pilot post will support:

- An understanding of and scoping of the clinical requirements for GP's to commence this approach.
- The review of the model for Dundee.
- The development of the model of clinical support for Dundee Practices.
- The review of the current service level agreement.

Progress with the Dundee Lead Professional model

Lead Professional coordinated meetings continue to take place, involving a multitude of statutory services, third sector and faith-based organisations. These meeting are usually called Team Around You (TAY) and are based around the support provided, with the individual at the centre of any decision making. For example, one recent meeting, to support an individual to move on to a tenancy from homelessness support, involved services attending a TAY meeting to develop a multi-agency support plan, bespoke to the individual's needs and aspirations. Attendance included Transform Communities, Housing First, Dundee Woman's Aid, Hillcrest Futures and We are With You.

Key achievements:

- Secured significant additional resources from the Drug Death Taskforce to progress a 2-year project to develop and test an integrated approach to substance use and mental health. Stage 1 of the project, 'getting ready for change' has commenced, including the establishment of a project board. Recruitment of project support staff is underway.
- Following delays associated with COVID-19, a Tayside Oversight Group has been established to complete a health needs assessment.
- We set up a shared-care test of change based in 2 localities in Dundee.
- We have reviewed the work of community pharmacies
- We have set up a working group to lead on the implementation of MAT standards.

3.5 Key Priority 5 – Win the trust and confidence of all stakeholders through effective leadership, governance and accountability

Protecting People Strategic Risk Register

As part of their response to the COVID-19 pandemic the Chief Officers Group and Protecting People Committees, including the ADP, have developed a strategic risk register to support them to identify, manage and mitigate strategic risks arising from the pandemic. Reporting formats between the ADP and the COG have also been amended to support this approach, with a greater focus on reporting against the risk register.

The risk register has been an effective way for the ADP to maintain an overview of strategic risks, receive assurance about how risks are currently being mitigated and to collectively identify further action that is required. This has included a strong focus on the potential for hidden harm amongst the Dundee population during period of lockdowns and public health restrictions (see a link to the Hidden Harm Report in appendix 3 below). Escalation routes to the COG have also been utilised where further leadership support is required to effectively manage and mitigate risks. The risk register has also encouraged more collaborative working with other Protecting People Committees, including the Child Protection Committee and Violence Against Women Partnership, where cross-cutting risks have been identified.

Next steps include transitioning the risk register to reflect both COVID-19 generated and 'business as usual' strategic risks, adjusting ADP report formats to enhance the focus on impact on risk levels and further development of the interface between the strategic risk register held by the ADP and operational risk registers held by the individual agencies who are represented on the ADP. Regular oversight meetings for the ADP Independent Chair with Chief Officers have been set up.

Key achievements:

- Completed a review of the ADP governance structure and subsequently strengthened membership and revised supporting structures. The effectiveness of these changes has also been evaluated through the leadership self-assessment process undertaken as part of this report.
- Agreed a detailed role descriptor for the Independent Chair, with a focus on values and behaviours as well as skills and abilities.
- Strengthened leadership from third sector organisations, especially in developing tests of change.
- Strengthened our approach to reporting against Key Performance Indicators and begun the process of planning for reporting against new national KPIs, MAT standards and from the DAISy information system as well as addressing known gaps in information gathering and reporting.
- Established a regular reporting schedule to the Dundee Partnership and to Elected Members via DCC Committee and, as part of the ADP governance review, appointed 2 Elected Members as ADP members.
- Appointed Trauma Champions within NHS Tayside, Dundee Health and Social Care Partnership and delivered Scottish Trauma Informed Leaders Training to all COG members, with further sessions planned for other leadership groups.

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

Independent Advocacy (IA)

We invested in independent advocacy capacity utilising funding from the Drug Death Taskforce to support a 2-year project led by DIAS in close collaboration with DDARS. This is a test of change project and early feedback indicates that it is very beneficial in terms of providing independent support to individuals while they access treatment and support from DDARS. In addition, the IA service supports individuals to take control over housing situations, through transition periods and to engage with mental health services.

Key achievements:

- We developed a Peer Support Project model and appointed DVVA to lead the implementation, in partnership with a number of third sector organisations. To date, the project supported 10 peer volunteers to complete training and begin contributing to the provision of recovery support in a variety of different services across the city, with a further 3 volunteers currently undertaking training.
- Progressed the establishment of a Dundee Lived Experience Framework, supported by third sector organisations and Scottish Recovery Consortium.
- Established Lived Experience group specifically for women.

The Dundee Lived Experience Framework

The Framework was developed by a group of organisations co-ordinated by DVVA and it is now being implemented at a range of levels. There is already a variety of peer involvement activities and engagement of people with lived experience in the design and delivery of public services in Dundee.

The purpose of developing a Lived Experience Engagement Framework is to create a shared understanding of lived experience, peer involvement, peer-led recovery and service user and carer engagement.

The Gendered Services Group is supporting a group of women with lived experience of gender-based violence, substance use and a range of complex issues to direct the work of the project. The group has met several times and has co-designed the gendered services project self-assessment tool and contributed to the design of the gendered approach training course which is being piloted during July 2021.

The following organisations undertake Lived Experience work in Dundee (which is still limited due to COVID-19 restrictions):

Community Health Team	Maxwell Centre
Dundee Healthy Minds Network	New Futures
Eagles Wings Trust	Peer Recovery Network
Gendered Services Project	Positive Steps
Haven	RecoverTay
Hillcrest Futures	Scottish Recovery Consortium
Housing First/Transform Community Development	Street Soccer
Lifeline Group (Carers Centre supported)	Tayside Council for Alcohol (TCA)
Lochee Community Hub	We are with You
Making Dundee Home	Albert Street Hub (WRWY)

The main areas where future improvement efforts will focus is on communication, engagement, co-production and decision making.

3.7 Key Priority 7 – Confront and address stigma and strengthen mutual and community support

Language Matters Campaign

Following delays due to COVID-19, the steering group for the Language Matters campaign has now commissioned a production company to develop a short awareness-raising animation to tackle stigma. The group have been liaising closely with the production company and individuals with lived experience, and a co-ordinated commitment to the campaign been agreed across the three Tayside ADPs.

Anti-stigma Commitment

To support actions to reduce stigma among services and organisations, the Language Matters steering group produced an Anti-Stigma commitment which was presented to and approved by the Dundee ADP. This was informed by the Drug Deaths Taskforce Stigma Strategy and local engagement. This Commitment will ensure consistent understanding of the actions required to address stigma across both services and communities, and will act as a tool to review progress. Part of this commitment involved a review of services' titles, which was closely followed by a name change from ISMS to Dundee Drug and Alcohol Recovery Service, recognising the commitment to avoid stigmatising terminology such as substance *misuse.*

Building community capacity and delegation of funding to Local Community Planning Partnerships (LCPPs)

Funding has recently been allocated to each of the eight Local Community Planning Partnerships (LCPPs) to develop and test locally-led responses to achieve priorities within the ADP Action Plan for Change. The key aim is to support people who experience substance use problems to participate actively and be supported within their local community. This is a demonstration of the ADP's commitment to the empowerment of communities, including individuals with lived experience of substance use. The process will be facilitated by local Community Learning and Development teams and will be a unique opportunity for communities and services to work together to develop solutions.

This process will build on the existing positive connections that community teams have with people who are affected by substance use. A wide range of community capacity-building projects have been supported prior to the first Drug Commission Report. COVID-19 has not halted this support with various alternative delivery platforms being used and a significant number of IT devices being distributed via the Scottish Government's Connecting Scotland funding, including people affected by substance use.

Key achievements:

- Utilised capacity available during the pandemic to review the range of existing stigma training resources and to test virtual alternatives.
- Approved an Anti-Stigma Commitment and begun the development of campaign messages and resources for implementation across Tayside.
- Agreed the distribution of funds to each LCPP to support locally-led responses to tackling stigma and building resilient and supportive communities as part of our approach to embedding Recovery Friendly Dundee. It is anticipated that LCPPs will begin to agree specific allocations of these funds for work within their locality in August 2021.
- Renamed ISMS to the Dundee Drug and Alcohol Recovery Service (DDARS).

3.8 Key Priority 8 – Keep children safe from substance use and its consequence

Children and Families Non-medical Prescribing (NMP) Nurses

In 2019 we have located 3 NMP nurses within the Children and Families Social Work Service. Two of the nurses have now completed their NMP training and one will do so shortly. This involves 3 DDARS nurses co-locating and working directly with children's services teams. The nurses provide a range of support alongside children's services colleagues, this includes intensive therapeutic input to parents, initial assessment and sign posting. Indicators are that this co- located model allows for a swift response to support parents who are experiencing challenges due to drug use, there are improved levels of communication across children and adult services and the opportunity to work jointly to provide an intensive level of support to families. There has also been a significant increase in adult services engagement with the child protection process.

During the first lockdown, the NMP nurses had to move back to support DDARS' pandemic response but this has also had positive consequences whereby the nurses were able to navigate their way through communication challenges across the 2 services in a supportive and non-threatening manner. This has appeared to support knowledge and understanding of roles and responsibilities across both staff groups.

An evaluation of this initiative is ongoing, however a workforce survey across the social work and DDARS teams took place to support our understanding of the impact of the pilot across the staff teams and the feedback is very positive (see a link to the evaluation report in appendix 3 below).

Key achievements:

- Completed and evaluated a test of change focused on the co-location of Aberlour and Children 1st to provide additional support to children and families, including at the point of crisis. Based on evaluation results this is now being embedded in ongoing practice.
- Implemented a range of actions to improve support to vulnerable women, including: disseminating a directory of services for vulnerable women; enhancing support pathways for women involved in commercial sexual exploitation; and, providing guidance and additional on-line training for work with vulnerable women.
- Significantly strengthened arrangements for the completion of chronologies and for routine case file auditing within the Children and Families Service, with new chronologies formats now being tested by third sector services.

Initial Assessment Partnership

The Care and Protection Social Work Team, Aberlour and Children 1st have piloted an approach to responding to children and families where an initial assessment is required and drug and/or alcohol use is impacting the parenting that children are receiving. Aberlour or Children 1st have undertaken initial assessments in anticipation that this will encourage families to engage more fully in the process. Since January 2020 a total of 11 families (consisting of 19 children) have received a service through this pilot.

Key achievements identified through the pilot include: more appropriate levels of support being available to families at the point of crisis and beyond, better involvement of third sector organisations in child protection processes subsequent to assessment, stronger partnership working amongst the teams involved and improved outcomes for children and young people. The staff working within the pilot identified strengthened partnership working, supported learning links and supporting families as the three most notable benefits for families and for the workforce.

3.9 Key priority 9 – Implement trauma informed approaches, targeting those at increased risk of substance use / and death

We have established the Trauma Steering Group, including membership from DCC (C&F SW, Education, HR, Neighbourhood Services) NHS Tayside, DDARS Psychology Services, third sector, and the HSCP. The group developed a trauma informed action plan, including delivery of training and supporting professionals with lived experience.

A knowledge exchange event took place to share local learning from tests of change already underway in the city, including within drug and alcohol services, and briefing sessions on trauma informed approach were delivered to all leads of service areas within DCC and most recently a team of health visiting staff.

The group has mapped the trauma informed training needs within DDARS and DCC workforce and begun the delivery of Safety & Stabilisation and Survive & Thrive with third sector drug and alcohol services. Sessions of the Scottish Trauma Informed Leadership Training were delivered to the Chief Officers Group, and will be delivered to senior managers, the Dundee Partnership and IJB members in September.

Trauma champions were nominated from DCC, HSCP and NHST and links established with the Improvement Service leading on trauma work nationally.

Key achievements:

- Agreed initial priorities for inclusion within a trauma informed action plan, including delivery of training and supporting professionals with lived experience.
- Held a knowledge exchange event to share local learning from tests of change already underway in the city, including within drug and alcohol services.
- Mapped the trauma informed training needs within DDARS and begun the delivery of Safety & Stabilisation and Survive & Thrive with third sector drug and alcohol services.

3.10 Key Priority 10 – Tackle the root cause of substance use

The Prevention Workgroup has progressed two key priority areas of work to support the achievement of the outcomes above:

1. The development and implementation of a Dundee Drug & Alcohol Prevention Framework
2. Support the development and implementation of the Planet Youth model in Dundee

Development of Drug & Alcohol Prevention Framework

The Dundee Prevention group has closely studied the Glasgow Prevention Framework and anticipates adopting a similar approach in Dundee. A report was presented to the ADP in June 2021 outlining a plan for developing a framework which holds an ethos rooted in the need for a comprehensive, whole population approach that develops and sustains action across the whole life-course, addresses underlying determinants and causative factors and focuses on inequalities and equity dimensions as integral to the response. This framework will also support a sustained, well-resourced multi-partner response and have the prospect of making a difference, given the complex nature of the problems faced.

Planet Youth Model

Planet Youth is a prevention programme developed by the Icelandic Centre for Social Research and

Analysis (ICRSA) at Reykjavik University. Planet Youth instigated major improvements in the health and wellbeing of teenagers in Iceland, including a huge drop in substance use, increased physical activity levels and families spending more time together. This approach has led to young people in Iceland earning the label of 'the cleanest living teens in Europe'.

Winning Scotland will take a catalytic role in the project, leading the co-ordination of local steering groups and the engagement with Planet Youth for the data collection / analysis phases of the project. Winning Scotland is working alongside Dundee City Council and other partners and the work will be supported with governance and steering groups. The work is currently in phase one with delivery of the survey planned for one secondary school in Dundee in September 2021.

The work will be developed with learning and work undertaken during the Youth in Iceland knowledge exchange project funded by the Society for the Study of Addictions, University of Stirling.

3.11 Key Priority 11 – Ensure gendered approaches are considered in all activities and accommodated in design and delivery of services

Gendered Services Self-Assessment Tool

At the centre of the gendered services project are women with lived experience who are steering the direction the project takes. This group of women have been recruited through the support of many third sector organisations in Dundee.

Members of the lived experience group have worked with the project to discuss the barriers they have experienced when trying to engage with services, and to talk about what would make a service more accessible. The input from the group members has been incorporated into a self-assessment tool which will be used with services to identify gaps in service delivery and any gaps in knowledge for staff. Once gaps or support needs have been identified, the project manager will source training if needed, provide gendered approach training if required, advise on policies and procedures, and support services when they are applying a gendered approach to their service delivery. The tool is currently being tested by Dundee Women's Aid and Hillcrest Futures.

Key achievements:

- Developed a range of information sources to support the workforce to provide enhanced responses to vulnerable women, including a directory of women's services, the VAWP website and multi-agency guidance on responding to commercial sexual exploitation.
- Developed and delivered virtual training and awareness sessions regarding gendered response and violence against women.
- Implemented new approaches to promote collaborative working with women's services and include gender responses within existing service models. This includes implementing arrangements for violence against women services to participate in the Tayside Drugs Death Review Group and Dundee NFOD group and developing fast track sexual health pathways for vulnerable women.

3.12 Key Priority 12 – Ensure clear and consistent communications are delivered through a partnership approach

There has been a renewed focus on public, workforce and staff communications, with key organisations working together and closer than ever to ensure timely, accurate and consistent information is distributed to relevant audiences. Updates were provided to the workforce on a

number of matters, including a recent leadership statement of intent on substance use which included an update on progress against the ADP action plan.

There has also been regular engagement with print and broadcast media, and use of social media channels to distribute information. Key updates in recent months have included work to develop an integrated substance use and mental health response in communities, updates on service delivery during the COVID-19 pandemic and the convening of the Dundee Drugs Commission review. There has also been regular signposting to services during lockdowns using a variety of channels including leaflet distribution and radio advertising.

Communications officers are also now embedded within the ADP structure, providing strategic advice for effective communications and maximising opportunities to provide the public, the workforce and other stakeholders with updates on developments.

Key achievements:

- Agreed a co-ordinated approach to managing communications activity across ADP partners and enhanced the direct involvement of Communications Officers in working groups of the ADP.
- Developed a cross-cutting protecting people workforce communication strategy.
- Developed a cross-cutting approach to public information and awareness raising during the COVID-19 pandemic, including radio campaigns, social media campaigns and distribution of information materials.

4. Self-Assessment Methods (What We Did)

Summary of the process and method of gathering the information for the self-assessment

This self-assessment has been informed by information, evidence and views from a wide range of sources. We have utilised existing information and undertaken specific activities, such as focus groups and surveys, to gather new information.

With respect to routine monitoring information from service providers, we have focused on evidence already collated to minimise the burden on organisations as they continue to respond to the ongoing pandemic. However, with respect to views and experiences of change, improvement or progress, we obtained new evidence to inform the self assessment.

More specifically, we did the following:

- We gathered service-based data from 24 front-line services, including routine service monitoring information which also includes hospital discharge data;
- We conducted 10 focus groups with front-line staff and individuals with lived experience (including separate focus groups for women and for those who have progressed with recovery). The focus groups had a broad focus on improvements, remaining challenges and ways to overcome these challenges. 68 individuals participated in the 10 focus groups;
- We held a workforce survey for staff delivering services to individuals and families affected by substance use. 59 staff responded to the survey;
- With support from the national Improvement service, we evaluated the leadership element (focusing on 'how good is our ADP' approach) around substance use. This process included an online survey (18 respondents) and follow-on seminar with 22 participants from the ADP and wider stakeholders from across the Dundee Partnership;
- With support from statutory and third sector organisations, we collected a range of stories/ case studies and examples. These are included in this report in appendix 1 below; and,
- We collected a range of relevant and informative reports that have been completed since August 2019. These are available in appendix 3.

Given that each data source available to us only tells a partial story, our aim was to utilise a range of information sources so that we can use a triangulation process of comparing multiple sources of evidence.

We are very clear about our information gaps and have plans in place to improve access to robust real-time information. Some of these gaps will be resolved as we progress with the implementation of the national Drug & Alcohol Information System DAISY (commenced March 2021).

We have also included a significant real-time information improvement element to the Dundee CORRA project, an additional member of staff will be placed with Public Health for the duration of the project and will provide dedicated support to statutory and third sector substance use organisations to improve access to collating and reporting information.

What we did

ADP Leadership Assessment	Focus Groups	Workforce Survey	Service Monitoring Data	Case Studies	Review of documents and reports

Leadership Self-Assessment

Supported by the Improvement Service
Self-evaluation survey/ report
Workshop/Seminar
Priorities for improvement and action plan

Focus Groups

Staff (2) 30 participants	Women (2) 21 participants	Lived Experience (1) 6 participants
Parents (3) 3 participants	Carers (1) 4 participants	Service Users (1) 4 participants

Service Monitoring

24 Monitoring reports received from services/projects

Workforce Survey

59 Surveys were completed

Case Studies

9 Case studies received

5. Data / evidence gathered (What we Found)

Introduction to section 5

Section 5 includes the following key data elements:

- It presents the (mainly) numerical data available locally on drug use and its impact on individuals and families (section 5.1);
- It outlines services-based reporting and information (including access to treatment / support, governance processes and experience during the COVID-19 lockdowns (section 5.2);
- It reports back from the focus groups conducted specifically to inform this self assessment (section 5.3);
- It presents the results of the staff survey (section 5.4); and
- It reports back from the specific self evaluation process, supported by the Improvement service, that focused on the leadership of the ADP and the Dundee Partnership (section 5.5).

As much as possible, this section also highlights the gaps in real-time reliable information available locally and clearly identifies areas for development.

5.1 Data and Information

5.1.1 Prevalence data for Dundee

The official national prevalence data for drug use in Scotland was last collated as a snapshot for the period of 2015-16 and published in 2019. This information outlines Dundee as having the 4th highest prevalence of drug use in Scotland. It is estimated there are 2,300 problem drugs users in Dundee – 1600 are male and 700 are female, a ratio of 70% males and 30% females (Scotland has a ratio of 71% males and 29% females). It is important to note that this data is now historical.

5.1.2 Drug Deaths

The number of drug related deaths in Dundee have increased since 2001, with 2019 being the highest number on record. In 2019, there were 1,264 drug related deaths registered in Scotland, of which 72 were in Dundee.

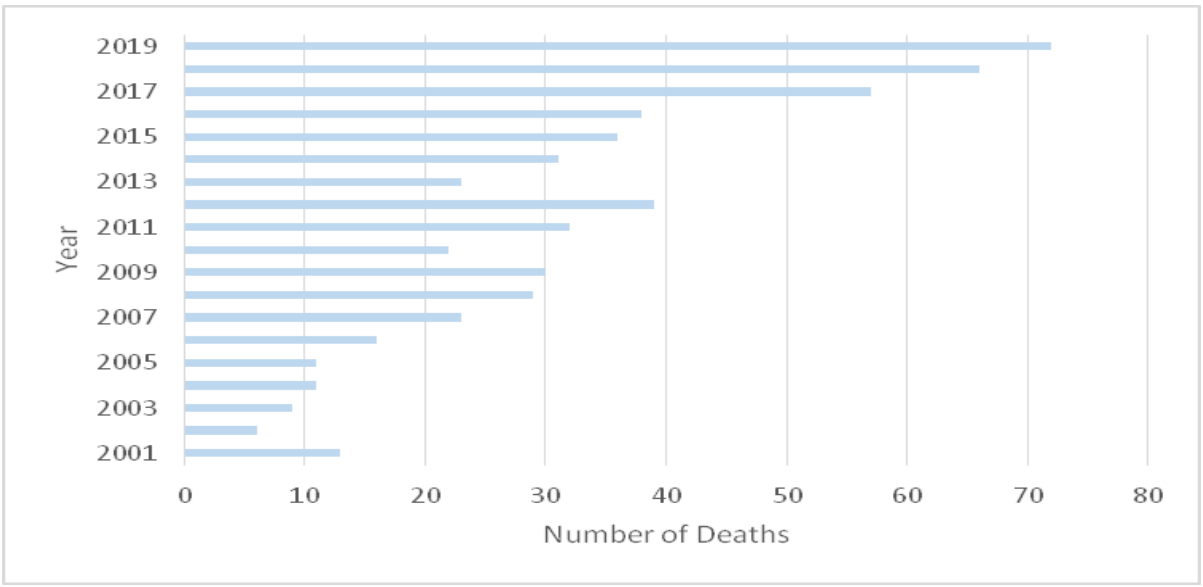


Figure 5.1: Number of drug related deaths in Dundee 2001 – 2019 (Source: National Records of Scotland)

The data above covers the period 2001-2019. Using a five-year average mitigates any annual fluctuations, the graph below shows that for 2015-2019:

- For Scotland as whole, the average of 992 drug related deaths per year represented a death rate of 0.18 per 1,000 of the population.
- Dundee had an average of 54 drug related deaths per year, representing a death rate of 0.36 per 1,000 of the population. This is the highest rate of all local authority areas in Scotland.

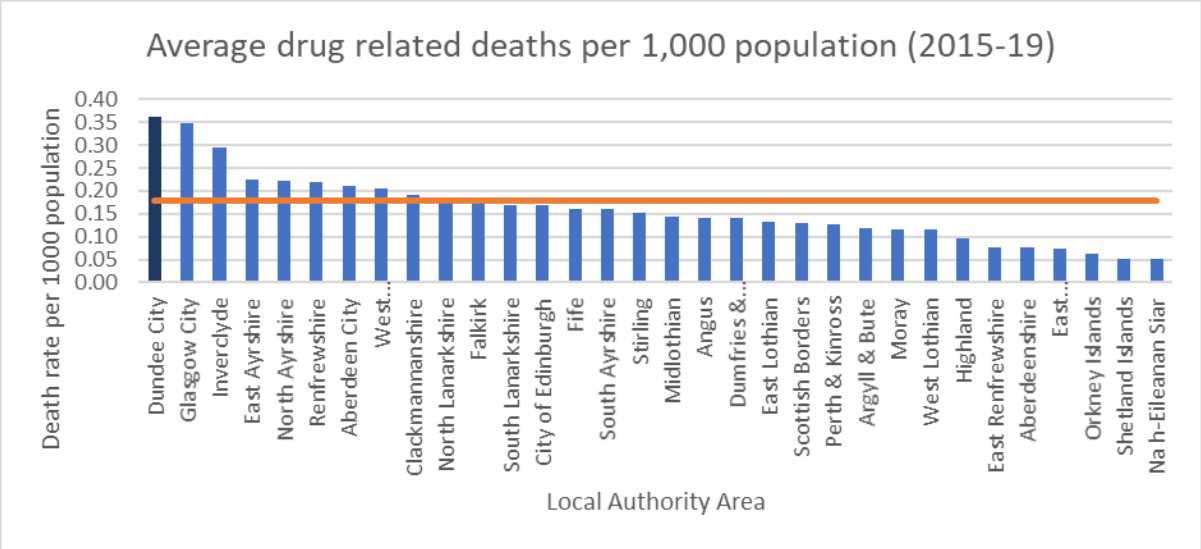


Figure 5.2: Average drug related deaths per 1,000 population by local authority area in Scotland 2015-19 (Source: Drug deaths in Scotland, National Records of Scotland, 2019)

It is significant to note that Glasgow and Inverclyde (as the only two local authority areas in Scotland with higher levels of deprivation than Dundee) follow Dundee with the next highest rates of drug related deaths. These figures demonstrate the strong link between deprivation and drug use, as well as the impact drug use has on some of our most vulnerable communities in Dundee.

Activities to prevent Drugs Deaths Naloxone Project

The table below list the organisations in Dundee currently participating in the take home naloxone distribution in Dundee:

Table 1: Naloxone distributors in Dundee

Organisation type	Organisation
Statutory	DDARS
Third Sector drug treatment	Hillcrest Futures We Are With You
Non-drug treatment	Positive Steps Social Work Community Justice Service Navigators Venture Trust Safe Zone Street Outreach Team The Corner Parish Nurses Women Rape & Sexual Assault Centre (WRASAC)

In addition to the list above, some homeless hostels in Dundee hold naloxone but none have signed up as non-drug treatment services (hostels in other areas in Scotland have signed up). This means that other services go into the Dundee hostels and do provide naloxone from the premises, for example Positive Steps, Hillcrest Futures and our Peer Volunteers who supply naloxone. Furthermore, DDARS are issuing naloxone as part of their routine assessment/ treatment processes, 176 kits were prescribed and dispensed Q1-Q3 2020/21.

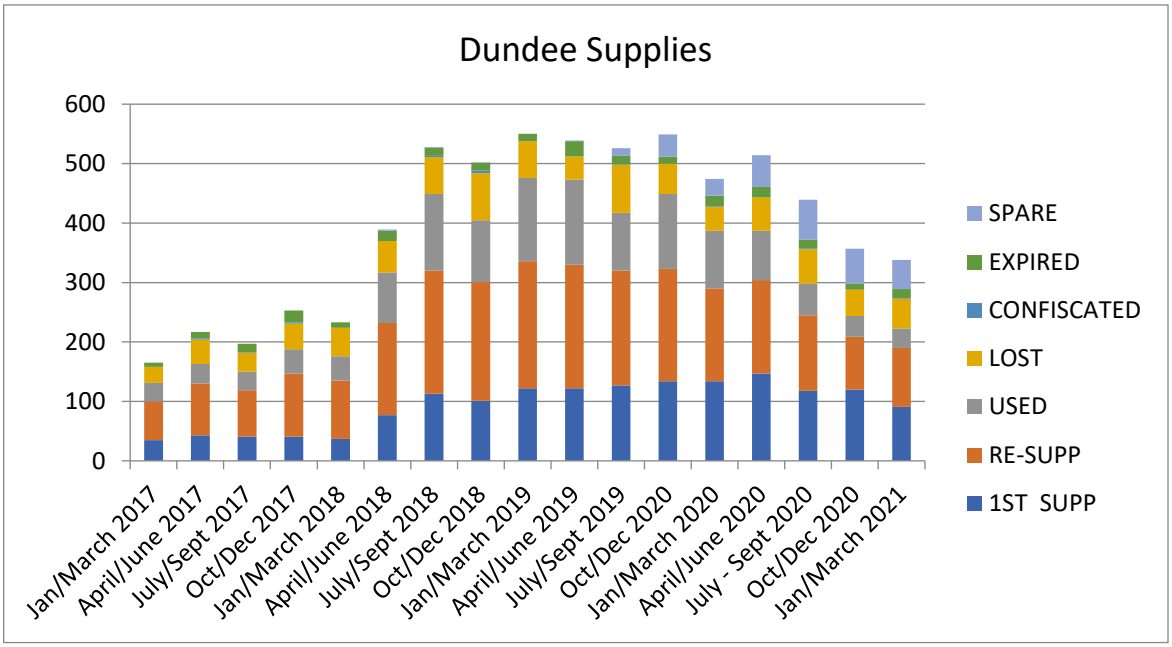


Figure 5.3: Number of naloxone supplies in Dundee since January 2017

The above chart shows the growth of naloxone supplies across Dundee over the last four years. The COVID-19 pandemic had an impact on the number of kits issued due to a decrease in the ability to see people face to face. A number of steps to mitigate this were implemented, including introducing postal naloxone, naloxone supply during outreach and in addition, DDARS issuing naloxone via a prescription to be dispensed at the community pharmacy as part of a risk assessment. 176 kits were prescribed and dispensed in Q1-Q3 2020/21 and are not included in the above chart due to the way data is captured.

5.1.3 Drug related Hospital discharges In Dundee 2015-2020

The most frequently recorded reason for drug related discharges between 2015 and 2020 is due to opioid use, followed by polysubstance use and then poisoning by sedatives/hypnotics. The proportion of opioid use has however dropped significantly and the use of sedatives/hypnotics has in contrast increased accordingly. This highlights a significant change of behaviour around drug use.

In May 2021 a study was conducted by the Health Intelligence Team, NHS Tayside on the numbers of drug related hospital discharges from 2015 to 2020. This was in order to see the relative numbers per year, the split between genders and to examine the age groups for the years. Drug related discharges are increaseing year on year until 2020 whereupon the figures drop to 2018 levels. No conclusions on the reasons can be made for this due to exceptional circuamstances that the COVID-19 pandemic has brought.

This analysis also highlighted a significant shift towards poisoning by sedatives/hypnotics from that of opioid use in recent years. Opioids in 2015 accounted for 74% of drug related hospital discharges with sedatives/hypnotics accounting for 5%. This is part of a pattern that in 2020 changes to 36% for opioids and 20% for sedatives/hypnotics.

Dundee City Drug Related Hospital Discharges:

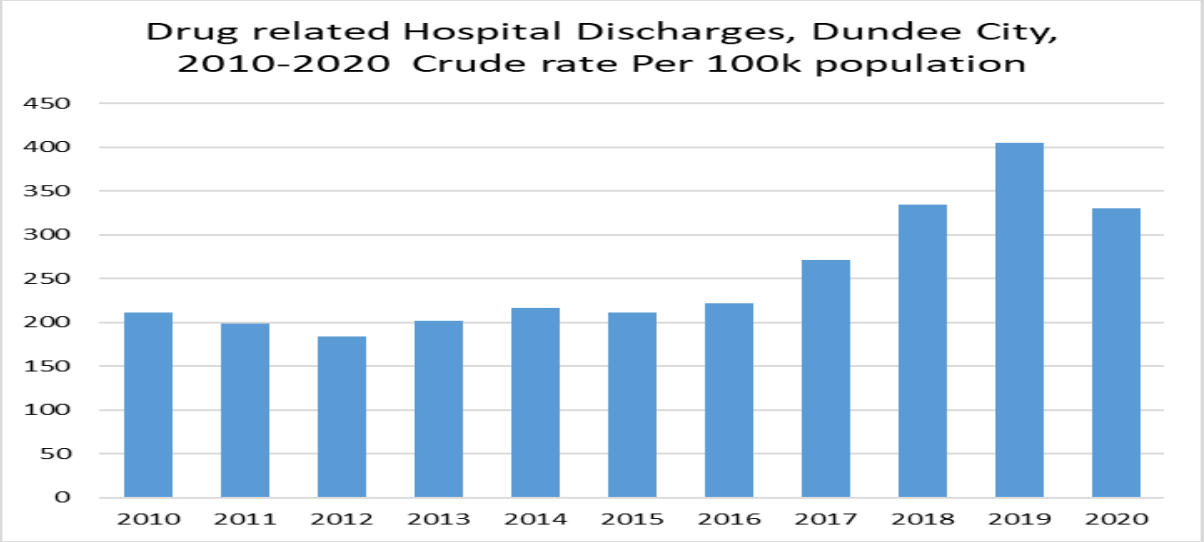


Figure 5.4: Drug related hospital discharges, Dundee City 2010-20 (Source: Health Intelligence Team, NHS Tayside)

Note: In 2020 the trend upwards reversed and hospital discharges for drug related reasons decreased. This could partly be due to the overall drop in hospital attendances because of the impact of the pandemic. However, it is hard to draw any conclusions due to the relative incomparability of 2020 with previous years under the circumstances.

Dundee City Drug Related Hospital Discharge: By Gender

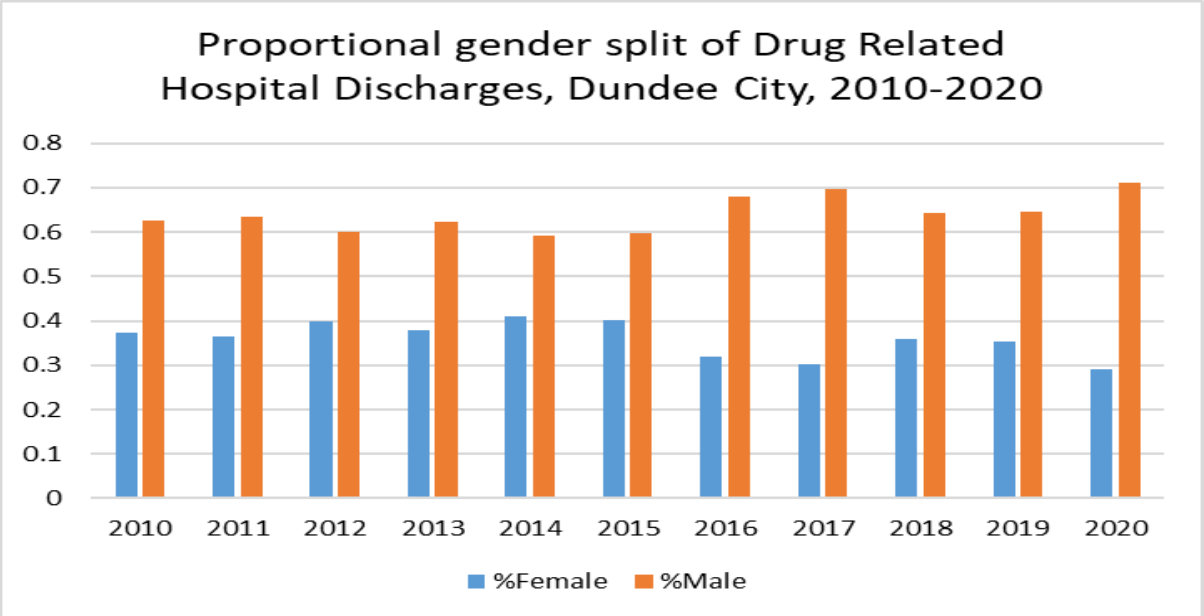


Figure 5.5: Proportional gender split of drug related hospital discharges, Dundee City 2010-20 (Source: Health Intelligence Team, NHS Tayside)

As we know from the data provided above, there are less women accessing specialist substance use services, and this is also reflected in hospital discharge data. It also appears that proportionately women experience less acute problems due to drug use and are less likely to require hospitalisation. However, this needs to be further interrogated.

Dundee City Drug Related Hospital Discharge: Age Groups

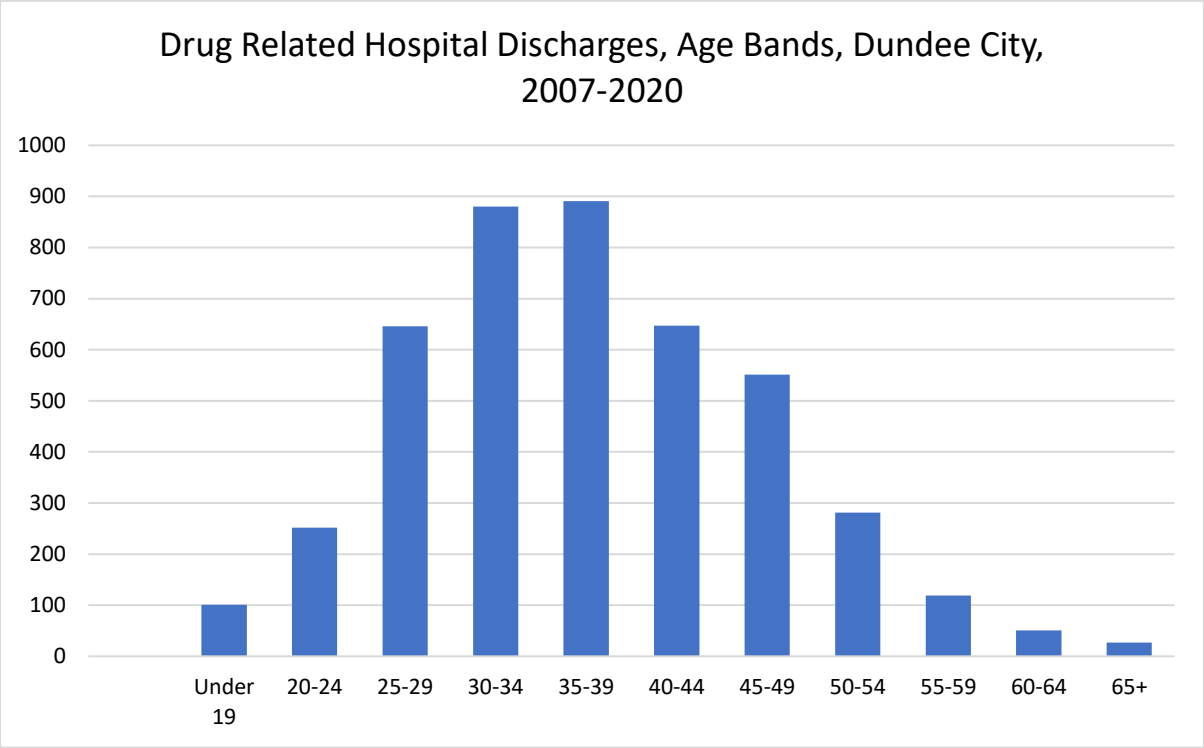


Figure 5.6: Dundee City Drug related hospital discharges by age bands (Source: Health Intelligence Team, NHS Tayside)

Caveats: It is likely that the large bandings in under 19s and over 65s include cases where the recording is not always indicative of illicit substance use but more likely to reflect adverse effects of therapeutic drugs. In the older age group in particular there are diagnostic codes in many of these individual cases where the person is also recorded as suffering from terminal/ serious conditions and therefore are legitimately in receipt of some of the classes of drug that are used to denote a drug related hospital attendance. It is impossible to filter these out without reviewing an individual's medical notes in full and that is not possible from SMR01 data.

Dundee City Drug Related Hospital Discharge: SIMD

There appears to be a clear inequality gradient exists in drug related hospital discharges by quintile. The rate of drug related discharges in the financial year 2019/20 is 20 times higher in the most deprived SIMD quintiles (Quintile 1) than the least deprived (Quintile 5). There should be some caution exercised in interpreting the exact rate of difference however, as the numbers in SIMD Quintiles 4 and 5 are considerably lower.

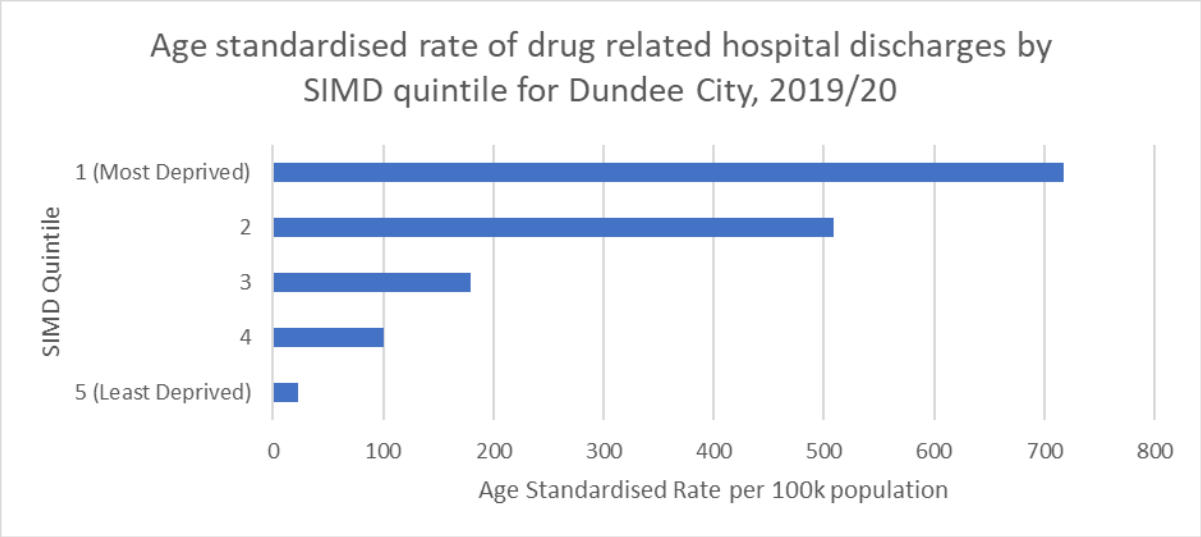


Figure 5.7: Age standardised rate of drug related hospital discharges by SIMD quintile for Dundee City 2019/20 (Source: Health Intelligence Team, NHS Tayside)

5.1.4 Profile of DDARS (formally known as ISMS)

Number of referrals to drug treatment

The chart below presents the number of individuals starting drug treatment with DDARS per quarter. It includes information for both drugs and alcohol treatments. With some small variations, it is clear that number of referrals to the service remains consistently high. Some individuals are re-referrals (i.e. they have accessed a service in the past and are returning).

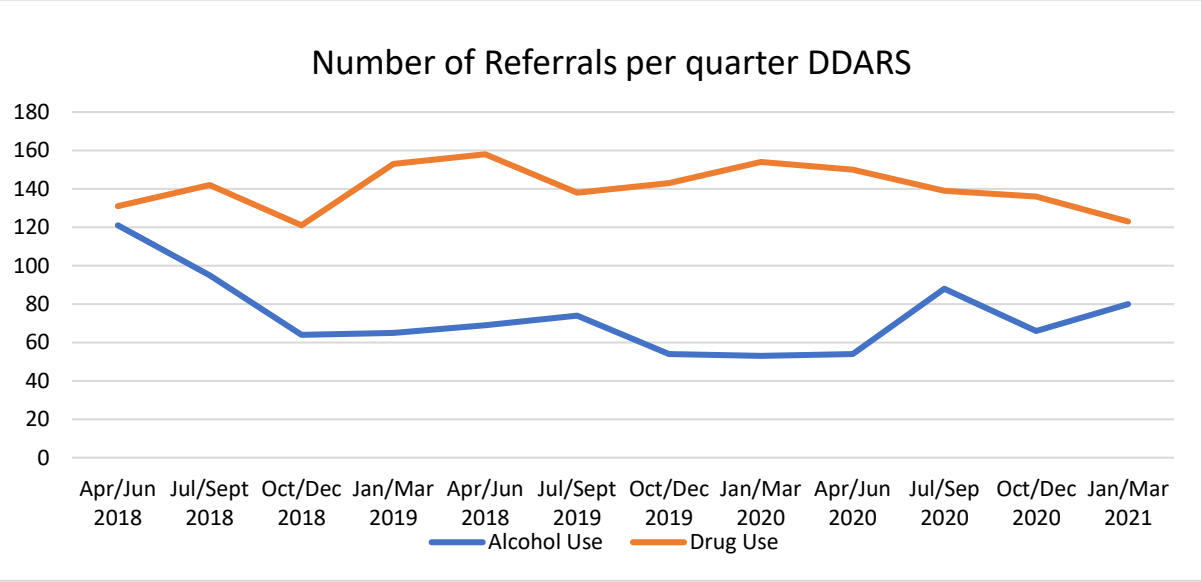


Figure 5.8: Number of referrals per quarter DDARS 2018-21

Age of individuals referred to DDARS (new individuals entering the service/ and returned referrals) Referrals by age group have narrowed in range since 2017/18 where there were two peaks in the groups, including specifically those in age groups 35-39 and 45-54. In 2020/21 over half of the referrals to DDARS were in the age range of 35-44.

Since 2019 there has been an increase in referrals to DDARS of older individuals (mainly the age groups of 35-44). However, we recognise that it is still likely to be the case that most individuals use drugs for a number of years prior to presentation to services, and therefore we cannot assume that there has been an increase in the onset of the age at which people begin to use drug.

DDARS Capacity

Source: EMIS (NHST Client Information System), quarterly monitoring reporting

A snapshot was extracted from the EMIS system of clients that are open on the combined DDARS services caseload on 25th June 2021. It showed that the service had a current client list of 1,374 open clients (including 336 unallocated cases at that time). Of these clients 62.7% were male and 37.3% were female.

The biggest single age group among the clients was aged 40-44 who made up quarter (24.6%) of the total. In total 45% of the clients currently open to the services have been with them since at least November 2019 when the current service structure was implemented on the EMIS system. The total above includes all people in receipt of both drug and alcohol treatment within the service.

Within Dundee Drug and Alcohol recovery Service (DDARS), there are 21 front facing key working Nurses who provide direct clinical care for people who require Opiate substitution Treatment. At this time there are 1144 people who would be included within this category. Of the 21 key working staff we have 4 staff who are undergoing induction and 3.6 current nursing vacancies.

As a result of the numbers of people accessing the service for OST and staffing levels, the average caseloads are 55 (54.8).

There are further specialist nursing roles within DDARS who provide input for people who have additional needs including Alcohol, Detoxification, support for pregnant women, children and families and community Justice.

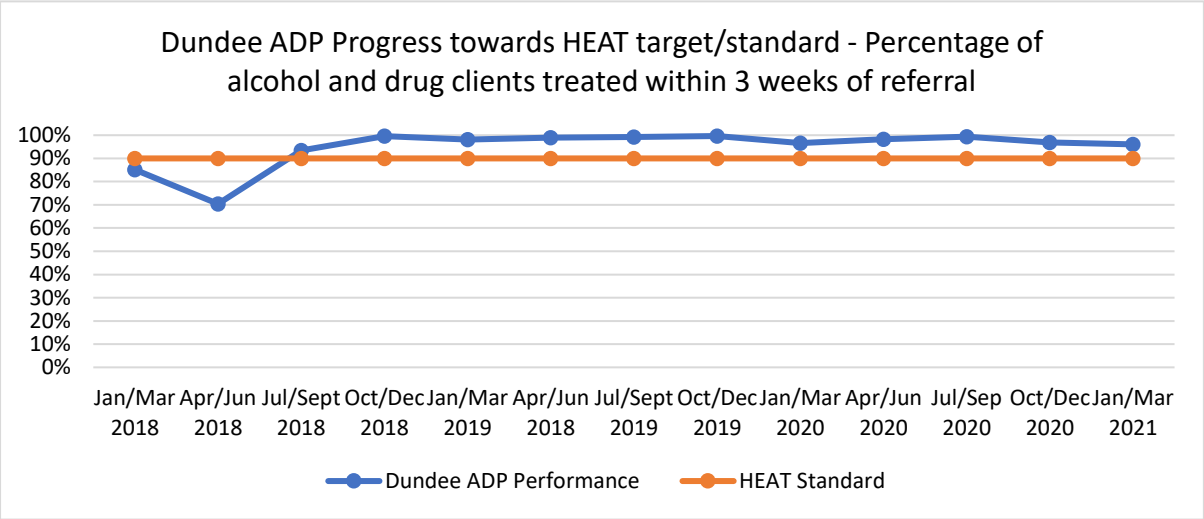


Figure 5.9: Percentage of alcohol and drug clients treated within 3 weeks of referral

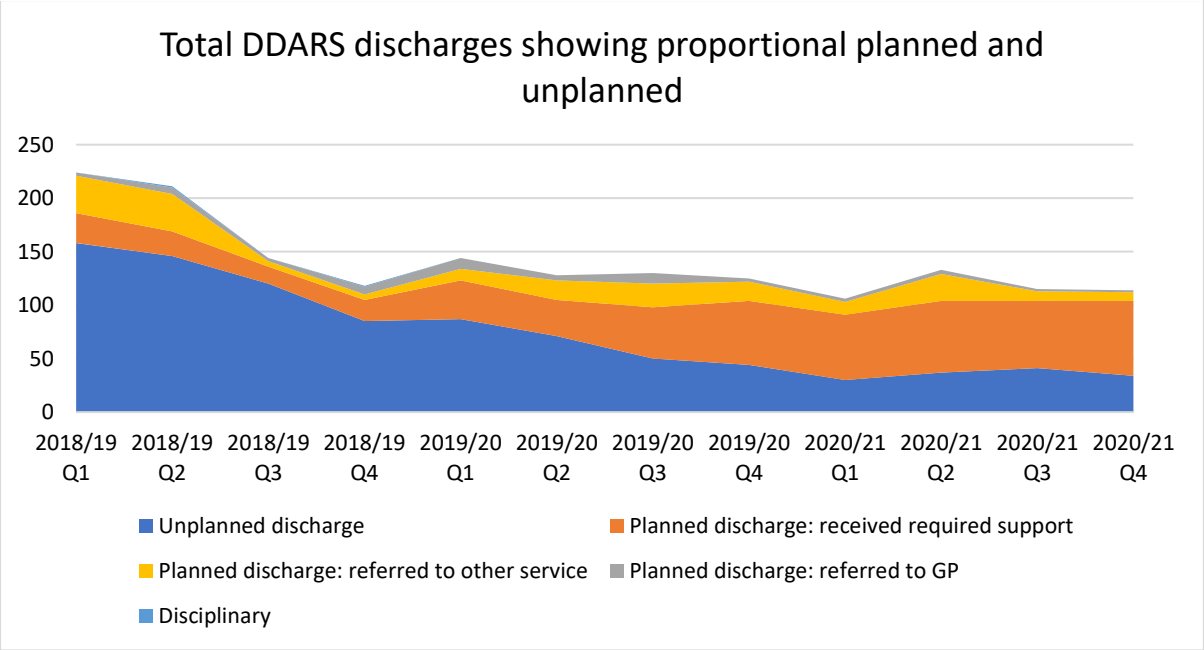


Figure 5.10: Total DDARS discharges showing proportional planned and unplanned (Source: National Waiting Times database)

There has been a steep decline in numbers of unplanned discharges from the first quarter of 2018 until the last quarter of 2018/19. Figures thereafter seem to be levelling off and remain reasonably stable. Overall, there is a continuing decline in numbers of unplanned discharges, proportional levels also dropping since quarter 4 of 2018/19

It is worth noting that there has been a change in the use of categories (e.g. in the past those clients incarcerated were previously counted as 'unplanned discharges' despite the fact that their treatment continued once in prison). There are also further limitations with the database, namely once an individual has not responded to 5 engagement attempts, the only option provided by the system is to record them as an 'unplanned discharge'.

5.1.5 Prescribing / prescription drugs

Information provided by NHS Tayside shows that as of March 2021, there were 1,241 people in Dundee in receipt of Opiate Substitution Therapy (OST) prescriptions. Please note that linking prescription patient data to DDARS and other service data is not currently possible without national data sharing agreements being in place.

Methadone prescription

In recent years there has been an increase in prescriptions of Methadone alternatives. This gives more choice for treatment, allows more stability for the individual and takes less time to dispense.

Recent data shows a shift from the use of opioids to benzodiazepines and consequently there has been a slight decrease (from 2018-2020) in the prescribing of methadone. Expanding/ shifting from methadone to other alternatives – including Buvidal and Buprenorphine – see details in the tables below:

Table 2: Number of patients prescribed methadone during time period (2018-20)

Time period	Total number of patients
01.01.2018 – 31.12.2018	1,228
01.01.2019 – 31.12.2019	1,144
01.01.2020 – 31.12.2020	1,167

Methadone dose ranges

Optimal therapeutic dose 60-120mg daily as per Orange Guidelines. Please note that the total number of patients will not match the above figures as patients may receive prescriptions in each dose range as they are titrated up or down. These figures provide an overview of dosage range only.

Table 3: Number of individuals per methadone dosage range (2018-20)

Time period	< 60ml daily	60 – 120ml daily	>120ml daily
01.01.2018 – 31.12.2018	583	832	11
01.01.2019 – 31.12.2019	542	808	10
01.01.2020 – 31.12.2020	557	870	8

Buprenorphine prescribing

Table 4: Number of individuals prescribed buprenorphine for time period (2018-20)

Time period	Buprenorphine (generic, Suboxone, subutex, espranor)	Buvidal (numbers are too small to report here)
01.01.2018 – 31.12.2018	271	
01.01.2019 – 31.12.2019	367	
01.01.2020 – 31.12.2020	471	

Please note: Buprenorphine dose range not provided as daily dose is not extractable from controlled drugs.

5.1.6 Child Protection Data

Weekly reports have been made to the Child Protection Committee, highlighting the number of children on the Child Protection Register (CPR) since March 2020. These numbers compare the

numbers to the equivalent period in the previous year and breakdown the numbers by those affected by domestic abuse and substance abuse.

The average proportion of children affected by substance use in relation to the entire weekly population on the CPR is 44% for financial year 2019/20 and 43% for financial year 2020/21. (Both have a similar range of 32-56% and 27-55% respectively.)Overall, since the start of the current financial year there has been a drop in the number of children placed on CPR. However, there has been no drop in the number of children placed on the CPR due to parental substance use.

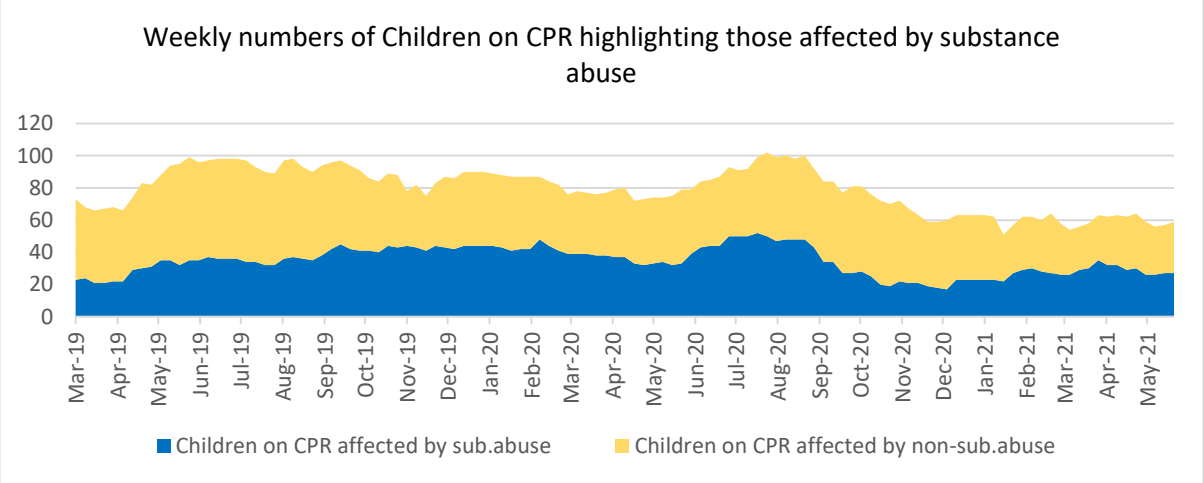


Figure 5.11: Weekly numbers of children on CPR highlighting those affected by substance abuse (Source: Mosaic, June 2021)

5.1.7 Community Justice Social Work data: dedicated Keep well Nurse

The Keep Well service uses anticipatory care health checks to engage with populations who are at higher risk of health inequalities. Dundee Community Justice Service funds a 0.5 WTE Senior Keep Well Nurse who is co-located within this service. The nurse engages with individuals as they attend supervision, unpaid work, throughcare appointments and/or when on home leave from prison.

The situation with COVID-19 has had a great impact on the delivery of Keep Well health checks to offenders, as there was a period of less than 4 weeks in 2020-2021 whereby anticipatory care and assessment was recommenced prior to another lockdown. Therefore, data is included for this year on all additional aid given to respond to individual need.

Table 5: Number of Keep Well health checks (Source: Keep Well Nurses)

Keep Well Health Checks	**2019/20**	**2020/21**
KWHC (fully)	114	6
KWHC (partially complete)		1
Face-to-face health consultations (Nurse)		10
Telephone health consultations (Nurse)		29
Face-to-face and/or telephone support consultations from the KW Associate Practitioner		13
Individuals on waiting list for a KWHC as at 20 April 2021		13

Table 6: Number of referrals from Community Justice social work to mental health nurses

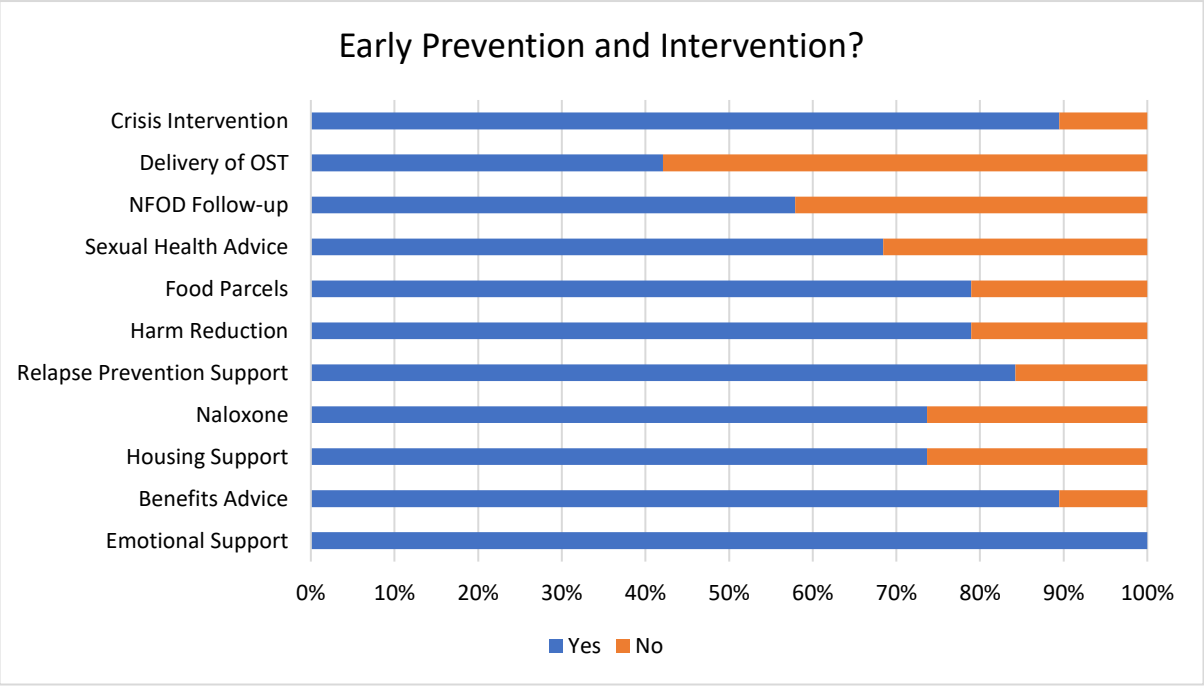
Community Mental Health Nurse	**2019/20**	**20/21**
Referrals from Community Justice Social Work	87	64
of whom engaged with service	55	48
of whom had co-existing Mental Health and Substance Use issues	14	12

5.2 Organisations/ services activity information

The information in this section is based on a questionnaire survey circulated to front-line specialist substance use services. It outlines the type of services / interventions delivered in Dundee, work on quality standards, staff development activities, and how individual organisations responded to / coped during COVID-19 to maintain services and support to vulnerable people. 24 front-line services/projects provided monitoring reports for this section.

Dundee Drug and Alcohol Recovery Service (DDARS)	Children and Families Service
Criminal Justice Social Work	We are With You
Hillcrest Futures	Tayside Council on Alcohol (TCA)
Positive Steps	Aberlour
Dundee Independent Advocacy Service (DIAS)	Axis (Crossreach)
Dundee Women's Aid	Women's Rape and Sexual Abuse Centre (WRASAC)
MIA Barnardo's	Dundee Carers Centre
NHS Public Health	Community Health Team (HHOT)
DVVA Peer Recovery Network	DVVA Lochee Community Hub
DVVA Northeast Project	DVVA Public Social Partnership (PSP)
Gendered Services Project	Police Scotland/CJS
Housing 1st	Action for Children
Children 1st	

5.2.1 Services and support provided during 20/21



Other forms of support that have been provided by services:

- Social Work: Case management (DDARS), community case support (DDARS), adult care, assessment and plans in respect of children and families,
- Advocacy support (DIAS, WRASAC, MIA)

- Mental Health: Support/addiction direct support (Lochee Hub), Structured Psychosocial Intervention (We Are With You), Psychological support (DWA), Counselling/Use of creative therapies (TCA)
- Peer Support (DVVA, Hillcrest)
- Community Engagement (Lochee Hub, Hillcrest)
- Christmas dinners/presents (Lochee Hub)
- Children: Lunch bags, activity packs (Lochee Hub)
- Safe Zone Bus – community outreach provision
- BBV testing and treatment (Hillcrest)
- Domestic Abuse and sexual violence support (DWA, MIA, WRASAC), including refuge accommodation
- Peer Naloxone training (Hillcrest)

5.2.2 Staff training/workforce development?

✓ Extensive training undertaken by staff including Trauma Informed, Naloxone training by 15 service and SMART Recovery by 7.

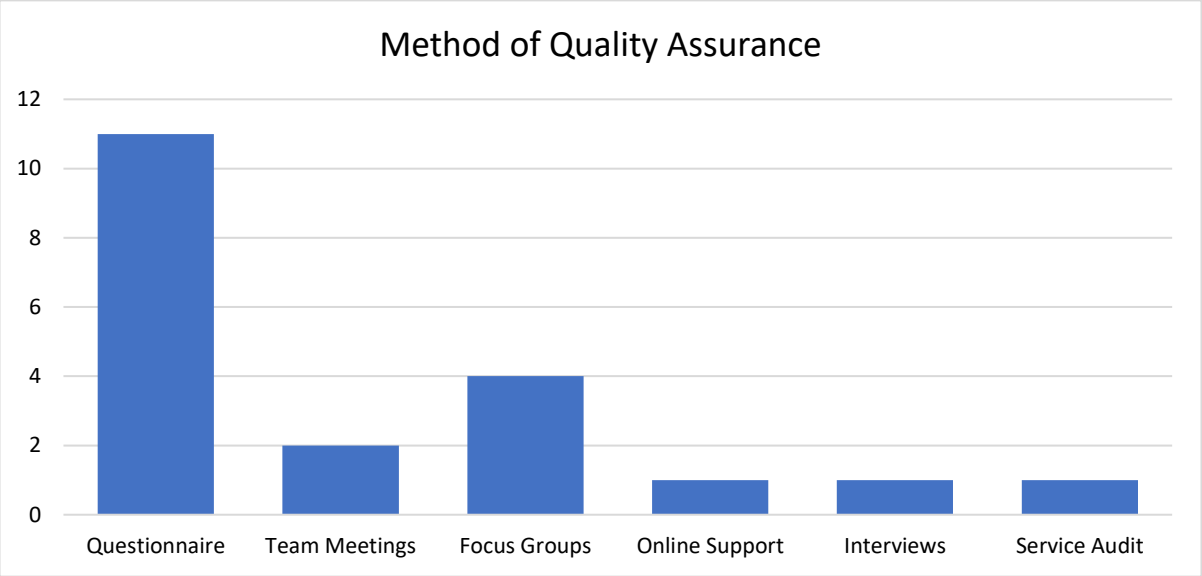
Of the 19 services that completed this question, 100% stated staff deliver or undertake extensive training/workforce development. Some of the training mentioned was general health and safety training that services are required to undertake (e.g. fire safety/PPE training) or mandatory training required within health and social care. Other training mentioned was service/role or substance use specific. Naloxone training was mentioned by 15 of the services involved and SMART Recovery training by 7 services. Other commonly mentioned training was trauma informed, domestic abuse and mental health related. Gender-specific training was also mentioned by some service highlighting the positive impact the Gendered Service project is having.

5.2.3 Quality Assurance and Engagement Activity

✓ Quality assurance tasks completed by both staff and services users to improve service delivery. Examples provided:

- Surveys
- Focus Groups
- Service User Outcomes
- Service Delivery Feedback
- Service User Informed Future Developments

Of the examples provided, questionnaires were the most commonly cited method of quality assurance used by services (11). Following this, focus groups were the second most frequently used (4).



Of the services that explicitly stated, service user feedback is the primary quality assurance process utilised. The types of feedback used to inform quality assurance were: service delivery feedback, service user outcomes and service user informed future developments.

Examples of service delivery feedback:

- Pandemic Survey conducted by Aberlour used to support and shape service design and delivery.
- Routinely asking service users for feedback to drive continuous improvement and ensure service is shaped by the people who will use it (We Are With You, Positive Steps).
- CrossReach involve service users in designated meetings to raise any issues or comment on any aspects of the project's delivery. Service users can also leave comments in their recovery cafe comments book.

- Service satisfaction questionnaires were conducted by TCA to understand how their altered COVID-19 service delivery was being received by clients. TCA also conduct regular, informal 'listening groups' for service users to voice their wishes and preferences for how the group should be conducted and what barriers they have to accessing the group.

Examples of service user outcomes:

- We Are With You use google forms to obtain feedback to review how clients have felt after discharge from their service, including housing support service.
- WRASAC send end of support surveys which can be completed with case worker or individually, however they are rarely returned. Occasionally WRASAC will get informal feedback via texts and include this in their monthly reporting.
- Exit evaluations are completed when women leave DWA refuge or outreach service.

Example of future development quality assurance:

- We Are With You have been developing gender specific work with women. Feedback has been provided by 11 women about how the service is delivered and what should be developed in the future.
- The Gendered Services Project is currently working with women with lived experiences. DWA helped recruit some women for this project. Focus group discussions have involved barriers they have experienced when engaging with services and how to make services more accessible in the future. This feedback has been used to inform a 'self-assessment tool' to be used by services in order to identify service gaps and areas for future development. Once we have identified and gaps or support needs, the project will source training if needed, provide gendered approach training if required, advise on policies and procedures, and support services when they apply a gendered approach to service delivery.
- Positive Steps interviewed individuals with lived experience of substance use to inform how outreach service should be developed and expanded and inform the pertinent skills the service look for when recruiting additional team members.

5.2.4 Support to families/carers

89% of the services that participated in the service monitoring survey stated they offered support to families/carers of the individuals they work with. DDARS primarily supported carers in relation to their involvement with support for family member who engage in substance use, including collection of medication and crisis calls. Whilst Positive Steps provide family members with Naloxone training and supply. TCA, like other services in Dundee, adopted a whole family recovery approach and through this offer counselling to 'significant others'. Other services tend to offer support groups for family member/carers, where individuals could discuss their lived experiences and turn to peers for advice (Hillcrest Futures/We Are With You). Groups such as RecoveryTay have been created to provide activities and a support system for anyone affected by substance use, ultimately aiming to reduce any stigma experienced. There are also two Community Recovery Cafes in Dundee run by CrossReach, which are frequented by families and carers; these cafes provide food parcels, hot food and access to health and mental health services.

The Dundee Carers Centre is a service that specifically aims to make a difference to the lives of carers of all ages. They do this by providing information and support services for carers, ensuring the rights of carers are upheld, empowering carers and developing new services in response to identified unmet needs. Existing services they deliver are in the form of advice, emotional support, peer group facilitation and much more. They have recently formed a partnership with Positive Steps to develop a new friends and families SMART recovery group which will be introduced as of June 2021.

Services which primarily focus on supporting individuals who engage in substance use, occasionally also offer one-off phone calls to family members and provide them with information on services who are better suited to aiding with carer support (e.g. DVVA Peer Recovery Project)

Key organisations providing support to family members:

- Dundee Carers' Centre and the Lifeline Group;
- We Are With You;
- Positive Steps;
- Hillcrest Future and Recover Tay;
- DVVA Peer Support Project

5.2.5 COVID-19

Statement of clarification

It is important to note that throughout all the lockdowns, face-to-face support has been provided on a risk assessed basis and when such support was assessed necessary to meet critical and urgent need. Although, face to face meetings remained exceptional, it is nevertheless the case that they continued and do take place when required.

When Scotland entered the first lockdown on 23rd March 2020 due to the COVID-19 pandemic, substance use services (especially those defined as 'COVID-critical', including DDARS, We Are With You, Hillcrest and Positive Steps) continued to provide a service, whilst considering and implementing different delivery options. There was rapid and significant change to ensure the safety of the individuals accessing services and of staff.

Ensuring clinically safe care for individuals on Medically Assisted Treatment (MAT) during lockdown

At the start of lockdown, the Scottish Government issued guidance in recognition of the specific challenges in balancing risk of death from overdose against risk of death from COVID-19 for patients on Opiate Replacement Therapy, whilst at the same time taking account of risks to all vulnerable patient groups using pharmacies and of pharmacy staff. In addition, the Royal College of Psychiatry also issued guidance for clinicians in respect of individuals on MAT. This stated that *"the clinical priority currently is to safeguard life-saving clinical treatments such as methadone and buprenorphine"*. This also reflected the advice from the Advisory Committee of the Misuse of Drugs (ACMD).

An intensive piece of work was carried out by consultants in the Tayside substance use services to review and assess the individuals who may be able to have their level of supervision reduced. However, in Dundee a large number of individuals remained on either daily / twice or three times supervised consumption, which provided a degree of challenge for some community pharmacies.

In April 2020 NHS Tayside Gold Command approved a multi-agency mitigating action-plan to ensure the safe dispensing of MAT and support community pharmacies.

The action plan was developed in line with the Scottish Government proposals and included the following principles:

- All changes in practice should be informed by an overdose and safety risk assessment;
- Individuals at highest risk should still receive frequent supervised consumption;
- Individuals deemed suitable can be moved to daily pick up;
- Moves to two or three times weekly should be considered rather than moving to weekly dispensing;

- Changes, if required should be made when a new prescription is due or when a consultation takes place to ensure key overdose prevention and safe storage advice is given to individuals. A blanket change to prescriptions is not recommended.
- Naloxone and injecting equipment provision are provided to all individuals on MAT.

Fortnightly update reports monitoring the action plan and any impact were provided to NHS gold Command during the first lockdown.

In addition, a multi-agency virtual team, led by 3rd sector organisations was created to provide rapid daily support to community pharmacies whenever and wherever in the city required. This included supporting social distancing within pharmacies, providing COVID-19 safety advice to individuals while they waited for a service at the pharmacies and information on other support available.

Additional changes and support in place during lockdown

DDARS were required to stop the Direct Access clinics and progressed to a Direct-Appointment system, based on booking slots for assessments. Individuals were able to book appointments directly and these would often be available for the next day. Very quickly and with support from third sector colleagues, DDARS implemented a home-delivery and visits service to individuals needing to shield.

We Are With You continued to deliver support from the Albert St Hub as this is a community pharmacy. Forming an integral part of the multi-agency NFOD pathway, Positive Steps continued to provide same day outreach responses to individuals who have experienced a NFOD and in person support to individuals at high risk of drug related death throughout the pandemic. This included providing vital harm reduction advice, naloxone and ensuring that individuals were linked into other appropriate services such as DDARS. CJS and Housing staff aided in delivery of OST/prescribed medication to individuals who were required to self-isolate or shielding. A further critical aspect of the COVID-response was the changes to prescribing provisions at pharmacies.

One of the most common service delivery changes, especially at the start was moving from face-to-face support to telephone/videocall (DIAS, North East Projects, Housing, DVVA Peer Recovery, DWA, MIA, TCA, CrossReach, DIAS). As restrictions began to ease, some services were able to restart face-to-face support adhering to PPE and other public health guidance. This at first began through outdoor visits in gardens and parks (DKWCT), hill walking groups (Lochee Hub) and health checks. However, when service users' needs were immediate and their safety was at risk, service would conduct visits face-to-face. Where possible Recovery Cafes provided food outdoors and where available provided a range of support (harm reduction advice, sign posting, help with benefits and relapse prevention).

Due to the heavy reliance on technology to remain in contact with many service users throughout the pandemic, many services were concerned for those did not have access to phones/laptops/Wi-Fi. One way to counteract this was to hold outreach face-to-face appointments within Dundee chemists. Other services were able to provide laptops and mobiles to vulnerable individuals/early release prisoners for support and their children for educational purposes through additional funding (Positive Steps, DWA, Dundee Carers).

Other examples of assertive outreach that occurred from various services was:

- Overdose awareness and naloxone kit distribution
- IEP including foil supply
- Wound Care
- BBV Testing and Treatment
- DDAR referrals were put in place.
- Food bags from Fare Share handed out

- Food bank referral made
- Health and Well Being packs
- Safezone Bus

With children at home as a consequence of schools being closed, services were also concerned for their wellbeing. Safeguarding plans for children whose parents engage in substance use were implemented through Children and Families, with them following a RAG rating system to prioritise face-to-face and remote contacts. Families were also provided with food parcels at the request of social work and health to ensure children had food in the absence of free school lunches. Through the Community Support Centres vulnerable children were prioritised for access to childcare and education support during the first lockdown period. All partners across the Protecting People structure worked collaboratively to identify and mitigate the risk of hidden harm to children and to vulnerable adults.

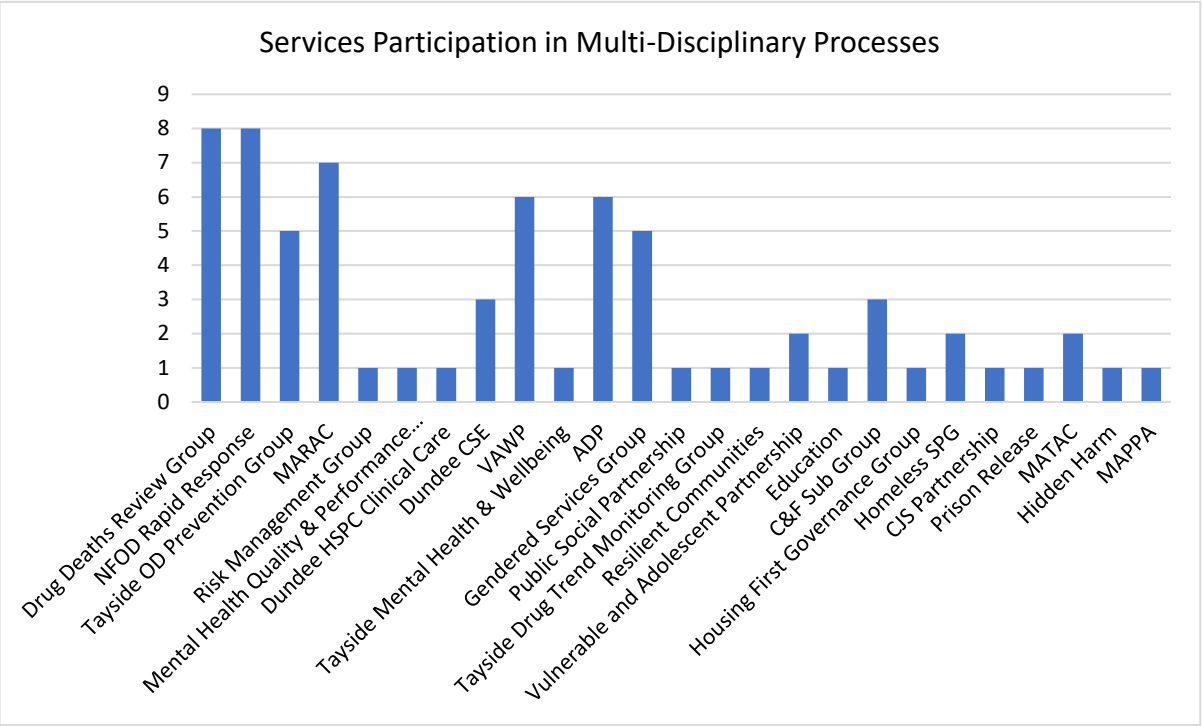
5.2.6 Collaborative work with other organisations (formal/informal)

18 of the services stated they engaged in collaborative work. Marginally more engaged in formal collaboration and 6 services engage in both formal and informal forms. Formal collaborations occurred when individual services agreed to deliver a project/service/support in collaboration and a contract was involved. They also occurred in some cases between services and Police, DCC, Criminal Justice, ADP, DDARS and Mental Health. The list of informal partnerships for each service was often more extensive and occurred between third sector organisations in relation to working together to complete projects together, tests of change and provided what is needed by the community. Some services also stated they are aiming to turn existing collaboration into more formal agreements in the near future to ensure clear project objectives and success.

5.2.7 Participation in multi-disciplinary processes

Of the services that completed the template, 89% participate in multi-disciplinary processes. Specifically, we have also noted very good participation of substance use services in the MARAC process. A small number of services / projects are unclear about how their work specifically fed into the multi-disciplinary process. This has been identified as an area for further improvement to ensure we are getting best value from all available resources.

From the services that gave detailed responses, the Drug Deaths Review Group, Tayside Overdose Prevention Group and MARAC were the most common for services to participate in.



5.2.8 Involving people in their care/treatment planning

The majority of the organisations who responded to the questionnaire said they followed a 'patient centred approach', involving individuals in the planning of their care/treatment informally or formally. Most organisations also adopt an outcome focussed assessments and/or recovery planning which is created between the individual and case worker during early support sessions (DDARS, Hillcrest, Dundee Carers Centre, TCA). More specifically, We Are With You, Hillcrest and CrossReach use or are in the process of implementing Recovery/Outcome Star Planning. This is a collaborative tool developed by individuals who use services. The Plan is agreed jointly between support worker and service users, and is reviewed monthly using the Outcome Star.

Other organisations, including DVVA Peer Recovery and the Lochee Hub adopt a 'bottom up approach' by facilitating peer support relationships to sustain and promote peer recovery. Particularly at the Hub, all group services delivered are requested by the community. To ensure groups are aiding individual recovery, the Hub conduct 6 monthly reviews.

Client feedback is also key to altering preferences for engaging with services and driving service improvement (Hillcrest, Aberlour, Positive Steps). One example provided by Hillcrest is the need to create women only spaces. This aspect of service delivery is currently being analysed through the Gendered Services Project where women who engage with services across Dundee have participated in focus groups discussing barriers to services and what they wish to see.

5.2.9 Challenges or priorities moving forward

As Scotland moves out of a second lockdown and into life post COVID-19, one priority and challenge that almost all services will come up against is resuming full face-to-face support. There is still some uncertainty surrounding which social distancing measures may remain and for how long, which will ultimately impact capacity of services regarding face-to-face support delivery. This has the potential

to reduce the number of individuals receiving support within a similar timeframe pre-COVID. Despite this, all services hope that face-to-face support can resume fully as it is a critical aspect of ensuring individuals safety and recovery. Although one positive that has surfaced from the altered method of delivering support has been flexibility for individuals. This is particularly evident in service users that have child caring responsibilities, additional support needs, physical disabilities or who are carers. Through this shift to delivering support online, individuals are not restricted by location and accessibility, although in some cases concerns around client safety when accessing support from home are present.

Due to social distancing restrictions, staff absences and general increased pressures from the pandemic, many services in Dundee are currently facing challenges surrounding capacity and long waiting lists. DDARS in particular are experiencing significant difficulties as a consequence of staffing issues, which the ADP are monitoring closely and supporting the Health and Social Care Partnership and other partners to manage and resolve. In other services there are backlogs of people waiting for full health check appointments (DKWCT), increased demand for refuge (DWA) and higher number requesting and accessing temporary accommodation (Housing). Community Justice are currently managing the high backlog of court cases which have been postponed due to COVID-19 and TCA are currently experiencing pressures with the increased demand on their alcohol service that the pandemic has brought.

With the impact of the pandemic, services are aware that individuals' needs may be greater post-COVID-19. This is especially true regarding mental health issues. The impact of the pandemic on mental health and well-being of the population has resulted in more individuals who are reporting poor mental health and suicidal thoughts or have attempted suicide (TCA, DWA, MIA, WRASAC). It is now more important than ever to improve communication with Mental Health services and treatment services, which many services are trying to do. Furthermore, services are aware of the strain the pandemic has had on workforce wellbeing, with some experiencing stress. With workload likely to increase as restrictions ease services aim to support their staff to ensure emotional wellbeing remains high.

Following COVID-19 many services aim to expand/participate in the Take Home Naloxone initiative. Positive Steps will support the expansion of Naloxone, engaging with individuals who have had an NFOD, whilst WRASAC aim to be able to distribute as soon as possible and provide internal training to all staff. Hillcrest has successfully recruited 6 peer Naloxone trainers who will soon begin to engage with individuals living in Dundee to support the rollout of Take Home Naloxone. They also aim to work closely with local partners and Community Police who have agreed to work in partnership to deliver outcomes on Naloxone. This initiative is to ultimately reduce drug deaths in Dundee with the hopes in the future to also reduce NFODs.

Moving forward, many services also aim to strengthen partnership working. As a consequence of the pandemic many services had to work together to endure individuals in Dundee were safe, many hope this can continue and be built upon post-COVID. In particular, some services aim to strengthen relationships with statutory services, CJS, Children and Families to embed effective referral pathways and support high risk individuals. Aberlour also hope to establish referral pathways for children impacted by Fatal Overdoses.

5.3 Focus Groups

We have conducted 10 focus groups and all focused on the same 3 broad questions:

- What improvements have been achieved over the past 2 years (especially against the recommendations form the Dundee Drugs commission)?;
- What are the remaining gaps/ what have we not yet progressed with?; and
- What more do we need to do to get to where we want to be?

5.3.1 Focus Groups with front line staff

- ✓ More treatment choices available to individuals
- ✓ Strengthened partnership working
- ✓ Increased willingness to change and adapt
- ✓ Employment of Non-Medical Prescribing nurses with Children & Families service
- ✓ Improved whole system care through Assertive Outreach Model
- ✓ NFOD Rapid Response

What has improved

It was highlighted that there have been specific improvements in the treatment choices available to individuals. Participants also welcomed that introduction of the national MAT standards and progress that has been made with their implementation.

Participants felt partnership working in Dundee has been strengthened, with different services and organisations working closer together, better co-operation, more effective information sharing and collaboration, support and understanding within the system as a whole. It was highlighted that, during the pandemic organisations adopted a 'can-do' attitude and had a sense of a reduction in 'red-tape' which enabled them to change/ adjust/ respond to need and risk almost immediately. There was greater a willingness to change, adapt and do what was needed.

The contribution of the Non-Medical Prescribing nurses based with Children & Families service was highlight as an important example of greater collaboration. Participants reported that many past and historical tensions between organisations have now been resolved, and that increasingly there is a problem-solving approach. There is an increasing sharing of the risks and a more of a joined-up conversation.

More specifically, there has been work on joint risk management, working collaboratively to support those taking responsibility for risks; sharing more information; and developing the lead professional model, to ensure it is not just on one agency carrying all the responsibility for risk. All participants felt that learning from the pandemic period demonstrated the need to further develop the lead professional approach for vulnerable adults.

Participants thought that the assertive outreach and OST delivery have been huge success. The increase in the number of assertive outreach workers is also helping to improve the whole system, including communications between services. The work of the NFOD rapid response team, and outreach workers attached to this response, is viewed by staff as a great success. Utilising outreach workers to deliver OST during lockdown also worked very well and the support delivered was more holistic with staff checking on every aspect of individuals' situations. This includes the dedicated support to individuals released from prison.

The introduction of independent advocacy was highlighted by participants to be very positive, the test of change is working well and there is good response from specialist organisations. Participants thought this will help with retaining individuals engagement with services.

On a more strategic level, participants mentioned the benefits of having an increasing number of front line staff participating in the ADP working groups and welcomed the sense they have a say and can contribute to strategic direction. Staff also welcomed the weekly (now monthly) multi-agency meetings and thought these improved relationships, sharing information and risks, alerting each other to potential risks, developing better understanding of pressures experienced by other services. There was a sense that collaboration and joint work have developed out of those meetings and they should continue.

Lastly, it was mentioned that more organisations participate in the take-home naloxone program, including the police who have been trained at issuing nasal naloxone kits.

What are the gaps/remaining challenges

Next, participants were asked to discuss the remaining gaps, especially in relations to the 16 recommendations presented by the Commission.

Participants highlighted that front line staff (and especially those working within DDARS) still work under considerable pressure, with high caseloads and not enough time to provide comprehensive support to vulnerable individuals. Difficulties with staff-retention were seen as contributing to this situation and some felt that nurses in particular are deterred from wanting to join the drug service due to stigma.

During COVID-19 DDARS had to return to appointment system as direct access was not compliant with public health restrictions. Lack of choice was raised by some participants who thought individuals are not given choices when on a daily treatment plan which impacts on their daily life, on their ability to move on, take up jobs or college places. Essentially individuals feel they are not trusted to take methadone appropriately. It was acknowledged however that the support from the Independent Advocate improves overall communication and addresses mistrust and a reluctance of some individuals to re-engage with DDARS due to previous experiences.

The need to address changes in prevalence and patterns of drug use, especially the shift from opiates use to crack cocaine, Crystal Meth and benzodiazepines was discussed. Participants reported an increase in mental health issues (specifically amongst young people and students) which highlighted the lack of available services and support. There was a clear sense that at the moment we do not have services to support those who are using different drugs. A joint approach for a trauma-informed mental health and substance use approach was seen as key requirement. Options for detoxing people off benzodiazepine and stabilise them while they remain on opiate replacement therapy for harm reduction is also needed.

Participants thought the development of a shared-care approach and creating better links with primary care, specifically for individuals who are on medication and methadone programs, and those that have relapsed during lockdown, remains a gap. Building relationships with individuals should be the focus, as is responding to their emotional and welfare needs. For example, some concerns were expressed regarding GP prescriptions. There is also a need to focus on women, many are affected by isolation but still concerned about re-engaging due to COVID-19.

Despite the increased support, some individuals released from prison are not engaging well and there have been a number of cases of re-lapse. During lockdown isolation has been a problem as work in groups has stopped and there were concerns that re-engaging may be an issue.

Participants highlighted that delays with toxicology reports means there is no access to 'real-time' information following drug deaths which seriously disrupts the review process and the learning/ improving responses.

All participants wanted to see the anticipated development of a lead professional approach strengthened and further embedded in their work. Staff within homeless service reported that there has been an increase in challenging behaviour through the pandemic (it was thought this was due to stress/mental health) and there was a concern that re-engaging people back into a routine could be difficult.

What do we need to do to get to there

Participants thought that there is a need to have greater focus on whole-family and parenting work. Staff within adult services are not always aware they can refer directly to children services, including third sector organisations. There was a general sense that independent advocacy can help facilitate this process and provide support to families.

Overall, participants wanted to see increased retention of staff within DDARS through better understanding of their role and challenges, having patience with the service and being non-judgemental. It was highlighted that there should be more sharing of information about what is happening, and the pressures on DDARS. The aim should be to build long-term partnership working and to increase onward referrals from DDARS to other services, especially in the third sector. An alternative referral system should be considered, or develop a process not based on a referral system to increase choice. Based on current drugs trends, participants also wanted to see a new seamless referral pathway for non-opiates responses.

As we emerge out of lockdown, participants thought there should be another review of prescriptions with a view of increasing the weekly option as this supports other recovery processes [see details of the originals of the initial review in 5.2.5 above]. There was awareness that progress in developing a shared care approach is slow but participants thought this should remain a key focus, along with the focus on the whole-system change. This should include increasing the focus on 'Recovery' and helping people move on, as just now people feel they come into treatment and get stuck. Most thought progress with the 'lead professional' approach and on joint risk management would help.

Going forward, participants wanted to see historical barriers and conflicts put to rest, and for the focus to be on whole-system partnership. They were keen to ensure this also includes individuals with lived experience, and that any inclinations to blame or judge certain staff groups for past situations or events should be let go of.

Remaining challenges – summary of the views of frontline staff

- Reduce the caseload of frontline staff;
- Address issues of recruitment and retention of qualified staff;
- Return to a direct Access system (as soon as COVID-19 restrictions allow);
- Respond to shift in pattern of drug use;
- Progress the development of a shared-care model based on the current test of change;
- Finalise the Dundee Lead Professional model.

5.3.2 Focus Groups: individuals with lived experience

- ✓ More consistent staffing in community hubs
- ✓ Greater focus on peer support
- ✓ Improved joint working between services
- ✓ Positive experiences with Housing First team

- ✓ Making good progress in challenging and eliminating stigma within Dundee
- ✓ Increase in local support groups for individuals while engaging in substance use/in recovery
- ✓ Quick support for parents through Children & Families

What has improved

Participants highlighted that there have been improvements within the community hubs, including more consistency of the staff working from hubs which helped them approach staff and build trust. The greater focus on peer support also meant individuals can learn from the experiences of others, and also benefit from the other activities that are going on, including Street Soccer/Gardening groups/allotment. All helps with building self esteem and confidence, feeling more included, developing strong peer network and watching out for each other's wellbeing.

Participants felt there was an improvement in the joint working between some services which meant they do not need to explain their situation to multiple people and multiple times. They felt issues are being listened to and followed through. The open access/drop in and flexibility of support (as and when needed) was seen as crucial for recovery.

Some reported they had more positive experiences with Housing First than with previous housing supports, and felt better supported to sustain their own tenancy. All participants welcomed the addition of the independent advocacy worker. Those accessing the Albert St Hub reported they have good relationship with pharmacy team, and that they feel cared for and listened too.

Participants in a separate focus group of individuals in recovery thought that in Dundee we are making good progress in challenging and eliminating stigma. The group highlighted that having people with lived experience working alongside staff and having meaningful involvement helps break down barriers to enable those who are not progressing to see someone they know moving in the right direction.

The group felt that the recovery community in Dundee has grown and there are now many groups locally to support people with substance use. There is also a variety of groups to meet people's needs including, walking, Art, Cinema, Allotments and more. Most importantly, lived experience is being recognised as a way to reach people at risk of overdose, for example the work of the Peer Naloxone Trainers.

Speaking specifically to a group of parents who focused on the support they receive from Children & Families Service, participants highlighted that the reduced waiting to get support from the service means they do not need to be in a crisis to receive support. Parents highlighted they received intense support after having their child which helped them to stop using drugs.

What are the gaps/remaining challenges

Focusing on their experiences with DDARS, most participants highlighted difficulties with the consistency of staff and were unable to name their key worker or the date of their last appointment. They reported finding it difficult to build meaningful relationships with a key worker and had a constant sense their key worker was simply too busy. Consequently, participants felt that decisions are being made without speaking to them first which made them feel they are not in control or able to make real choices. Some reported they feel anxious/nervous before attending DDARs appointment, and that they cannot be honest with workers for fear of losing prescription/being suspended/ or treated poorly.

With respect to mental health services, participants had a sense they have poor access to statutory mental health services and typically do not get access to psychiatrist/psychologist, even when they

ask for such support over the years. They felt that issues relating to past trauma are not being addressed.

Participants reported mixed views regarding access to GPs and Primary Care, with some felt they were listened to and others felt they were treated differently and stigmatised due to their drug use.

Focusing on their experiences of community pharmacies, participants reported feeling they are treated differently, especially due to the restricted times they can collect their prescriptions. For example, pharmacies open from 9am-9pm and they can only attend between 10am-1pm and 3pm-7pm. On Sundays participant reported they are unable to enter pharmacies before 12.30pm (opening time is 12.00) and one person said "I feel embarrassed when I need to tell other people who are waiting that I am not allowed in yet". When in the pharmacy, they are made to wait in different area, there is no confidentiality when getting prescription with other customers overhearing personal details.

Participants within the group of those in recovery felt that as a result of COVID-19 people feel more isolated and alone, now more than ever, and are using more drugs to help them cope.

It was highlighted that people still have a fear of speaking to others about their drug use, as they worry about being cut off, they worry about involvement of social service, and there is a general sense that these issues haven't changed in years.

It was highlighted that there needs to be services available for people 24hrs and 7 days a week as issues are not being faced, and do not only occur between 9am – 5pm. More generally, the group thought that, although we are making progress and people are told they have choice and options in terms of their treatment, when speaking to peers who are still in the system, these improvements are still not being recognised or felt by individuals.

The group of parents felt reviews of their methadone prescriptions are not taking place on a regular basis and thought people should only receive such prescriptions for a limited time. It was highlighted there are variations in the quality of support but that some individuals are not ready to change. Participants reported that once again drug dealers hang around community pharmacies in Dundee making it difficult for people to stop using drugs.

What do we need to do to get there

Participants wanted to see more flexibility with the services delivered through statutory organisations, including non-appointment based approach, where appointments are necessary have those in community settings and in a more comfortable/relaxed space. They asked to be listened to, for them to be able to drive decisions, express their views, with no pre-set agenda prior to appointments. Having consistency of key-worker to allow relationship and trust to be built, easier access to mental health services, focused on developing better understanding around the reasons for drug-taking and how to recover.

More generally, participants spoke of the value of feeling respected and listened to, the need to focus on community inclusion and work with the general public to help them understand substance use to reduce stigma.

Overall, participants in the focus group of those in recovery thought that there has been a lot of changes for the better in Dundee, especially around help for individuals to stop using drugs and moving on with their lives. However, those people still caught in the drug-using bubble, it is still hard

to see a way out and that is why services need to do better, to make the way out of drug-use clearer, through community rehabs, accessible community detox for benzo use and more.

There is also a need to have the work of Peer volunteers more visible in all services so that people can see that lived experience is happening and is there at the front of service delivery.
It is important to have more early intervention to stop children getting involved with drugs, more education in schools and reaching communities who do not usually engage.

The group of parents asked that more individuals should be offered the Depot medication in order to limit people having to attend pharmacy. There should be more education in schools to prevent children from getting involved in drug use, including input from those that have been involved in drug/alcohol use. Participants thought there should be more regular reviews of individuals, but also highlighted that some individuals should enter treatment with a more positive attitudes.

Remaining challenges - summary of views of individuals with lived experience

- Ensure consistency and continuity of key workers;
- Improve access to mental health services;
- Improve the consistency and quality of the services provided by Primary Care and GPs;
- Improve the quality of care and support delivered from Community Pharmacies. Including an improvement in the attitudes by staff at community pharmacies towards individuals affected by substance use;
- Develop out of hours support.

5.3.3 Focus groups and feedback from women with lived experience

- ✓ Improved partnership working between women's and substance use services
- ✓ Better understanding of substance use within women's services
- ✓ Increased flexibility in appointments
- ✓ Availability of new drug treatments
- ✓ Increased availability of peer support groups
- ✓ Greater understanding of women's vulnerabilities at homeless hostels

What has improved

Women spoke of the help they received from support workers (specifically within the women's services), and the improvements in partnership working between women's and substance use services. Women spoke of how staff within women's services better understand substance use issues, which the women found very helpful, but highlighted that the quality of the support often depends on the individual staff member delivering it.

Some women highlighted improvements in the support they received from substance use services, but most still felt that support was not available to them when asked for, and that over the past 2 years access to substance use services has not improved. At the same time, women spoke about increased flexibility over appointments and the availability of new drug treatments on offer as definite improvements.

Women highlighted the availability of group work as an improvement, and specifically community groups and peer support, which they all found very beneficial.

The experience of the care and support provided by some of the homeless hostels was highlighted, women felt that staff understood their vulnerabilities, understood the impact of domestic abuse, the links between substance use and mental health, were alert to the risk of suicide, and were overall caring in their approach. This was seen as real progress, despite the lack of available housing.

What are the gaps/remaining challenges

The lack of regular contact with support / key workers was highlighted. Some women noted they do not see their worker for several months at a time and highlighted that there is no opportunity for them to book appointments even when they feel they really need them.

Focusing on the link between substance use and mental health support, some women reported that when facing a crisis situation, they were turned away from Carseview, and often relapsed. This situation was seen as having deteriorated during lockdown with a sense of little support to prevent or respond to relapse. Women also reported they were refused residential mental health support on the ground of their substance use. There were reports of long waiting lists for mental health support, with women having a sense they are seen as a number rather than a person.

Focusing on recovery, some women spoke of being on methadone for over ten years and felt there is little encouragement to reduce their prescription levels. Women reported that, when they asked to reduce their methadone, often and without an explanation they were simply advised that 'this is not a good idea', and felt the lack of contact with their key worker made this situation worse.

Gaps in the provision for emotional support were discussed, with examples including occasions when women were switched to suboxone to replace methadone, often due to risk of suicide, but no emotional support was available to support them during this switch. Women spoke of their sense that staff do not listen to them, that their wishes and views regarding their own care plans and options are ignored, and an overall sense of disempowerment.

Furthermore, women spoke of feeling stigmatised and judged by staff, some spoke of their wish to have an opportunity to talk openly without repercussions or judgement. Women spoke of not wanting to hear comments like 'I've seen hundreds of you' from support workers.

Women described homeless hostels and temporary accommodation as dangerous places, with examples of being stalked and threatened by men, often requiring police intervention. Some described being in fear of leaving their room and any attempt at being friendly often being misunderstood. Women described the drug dealing taking place in hostels, the ease of getting hold of drugs, and had a sense that staff were unaware of this.

Woman spoke of the challenges of getting their own house and tenancy, with some having spent almost one year in a hostel. Many of the women spoke of their experience of domestic abuse, and the challenge of having to sit with a male worker or in a waiting room with men. They described a general gap in the understanding of trauma issues and a lack of a gendered approach to meet their specific needs.

What do we need to do to get there

The majority of the women felt there is a need for more workers and more appointments. They highlighted the need to better support the staff working in substance use and in mental health services, which they thought would help reduce staff turnover, and in turn the need for women to re-tell their story time and again.

Women wanted staff to listen to them, to understand their needs and support them rather than make decisions for them. They asked to be treated as individuals, for there to be recognition they are all different with own individual needs and wishes. They asked for the option to see only female workers.

Women spoke of the need for staff to be more compassionate and understanding, some thought that having more staff with lived experience / peer workers would help as they will have better

understanding of what they are experiencing. For example, women explained that when they are denied the option of being detoxed from Valium, they are then coerced by men to do things they don't want to do in order to get money to buy Valium. This also leaves them vulnerable to sexual assaults and incidents and inappropriate touching. Women had a strong sense that if they were given the option to detox, it will then not be possible for men to coerce then to do things they don't want to do. But this will require staff to listen to them and understand their situation.

The need for a rehabilitation centre was highlighted by several women, and after care/ follow on support once the person returns to the community.

Women highlighted that it can be challenging for those in recovery to attend the main DDARS building, where many people in much earlier stages in their support are also attending. It was suggested that those further on in their recovery should be able to attend a different location. It was highlighted that some key workers can be inflexible regarding timing and location of appointments.
The need for more support for those in recovery was mentioned, with more available choices and options, including simply being able to talk to someone and less focus on increasing medication.

There was a lot of discussion about the provision of crisis support. Several women felt there needs to be a 24 hour crisis support for vulnerable women, and that support between 9am and 5pm during week days is not enough.

More partnership working was also highlighted, in particular in relation to substance use and mental health. It was suggested that links should be improved between Primary Care/GPs and other services. Woman spoke of the benefits when agencies co-operate and talk to one another, and how this saves them the need to re-tell their stories.

Remaining challenges - summary views of women with lived experience

- More frequent contact with key workers;
- Better access to mental health, especially at time of crisis;
- More options and support to reduce methadone levels;
- Expand rehab opportunities for detox from Benzodiazepines;
- Reduce stigma;
- Improve safe accommodation for women.

5.3.4 Focus Group with Carers

- ✓ Increased access to rehabilitation provision
- ✓ New Independent Advocacy service

What has improved

In terms of tangible improvements, although the group recognise and are aware of increased discussion and planning for change, participants reported they are not yet experiencing any improvements in services.

At the same time, participants highlighted that there has been an increased access to rehabilitation provision. The new Independent Advocacy service was seen as important, but participants felt this should not be seen as something replacing the role undertaken by family members and friends who provide regular support. The key is to focus on what individuals want.

What are the gaps/remaining challenges

Participants felt that over the past 2 years there has been a deterioration in the care provided by statutory substance use services, especially during the COVID-19 lockdown. Participants reported of experiencing a reduced service or no service, without being able to contact anyone. It was identified that, unlike other social care services, in some cases individuals had no care plans or reviews. There is still very little choice being offered.

Participants highlighted they were unsure of what the 'recovery' element of the service was, they felt there was no continuity of service and big variations in the quality of service.

It was felt that involvement of carers and families in supporting individuals was discouraged, and that included attendance at appointments.

Participants spoke of the continued stigma around substance use, the derogatory treatment from members of the public and the devastating impact of this. Continued lack of understanding and empathy was highlighted.

What do we need to do to get there

Participants wanted to see an increase in the availability of psychological support and substantial change to statutory services, focusing mainly on the basic principles and values and starting with a respectful conversation and about what people want in their lives, how they are going to get there, and the support required of services.

It was proposed that a set of minimum standards of what people should expect from services should be clearly available, as currently people are hearing about 'what will happen' when they access services but often don't believe that it will. Participants expressed concern about how risk is managed, especially for women.

It was highlighted that often published data from services is out of date (e.g. Drug Deaths data) and wanted to see a focus on the testing of drugs.

Remaining challenges - summary of views of carers

- Availability of psychological support for carers;
- Clear communications of standards expected of services;
- Increase the testing of drugs.

5.3.5 Focus Group with Parents

This focus group included 3 individual parents who provided specific feedback about the support they receive from the Children & Families service.

- ✓ Reduced waiting time to receive support
- ✓ More intensive and comprehensive support after birth of children

What has improved

Participants welcomed the reduced waiting to receiving support from the service, which also meant they no longer needed to reach crisis point to get support. The support provided after the birth of their children felt intensive and comprehensive, with positive outcomes of parents no longer using drugs. All the participants commented they tried in the past to come off drugs but did not succeed.

What are the gaps/remaining challenges

Participants thoughts that reviews of treatment progress were still not happening often enough and that they still felt they are left on methadone for perhaps too long. They thought that OST should be a time limited option. There was also the sense that not all parents received the same level of help, and that some were not ready to change.

One participant thought that currently 'drugs were rife in Dundee' and that the drug dealers are back waiting outside community pharmacies offering drugs to people. But there was also the sense that individuals could choose not to engage with the dealers, and that the support on offer once they had their children helped to do so.

What do we need to do to get there

Participants thought that more individuals should be offered the Depot Medication in order to limit the number of times they need to attend the pharmacies. They thought there should be more education in schools to prevent children from getting involved in drug use. This should include having people that have been involved in drug/alcohol use going into schools to give real life education to children.

There should be more regular reviews of individuals' progress but also that some individuals should come into treatment with a different attitude and be more ready and willing to change.

Remaining challenges - summary of views of parents

- Introduce more frequents reviews of treatment progress;
- OST to become a time-limited process;
- Increase access to Depot Medication;
- Increase focus on prevention;

5.4 Staff Survey

Introduction

We conducted a survey with front line staff from Dundee City Council, Dundee Health and Social Care Partnership, NHS Tayside and third sector services, and received 59 responses. All sections of the survey followed the same 3 broad questions:

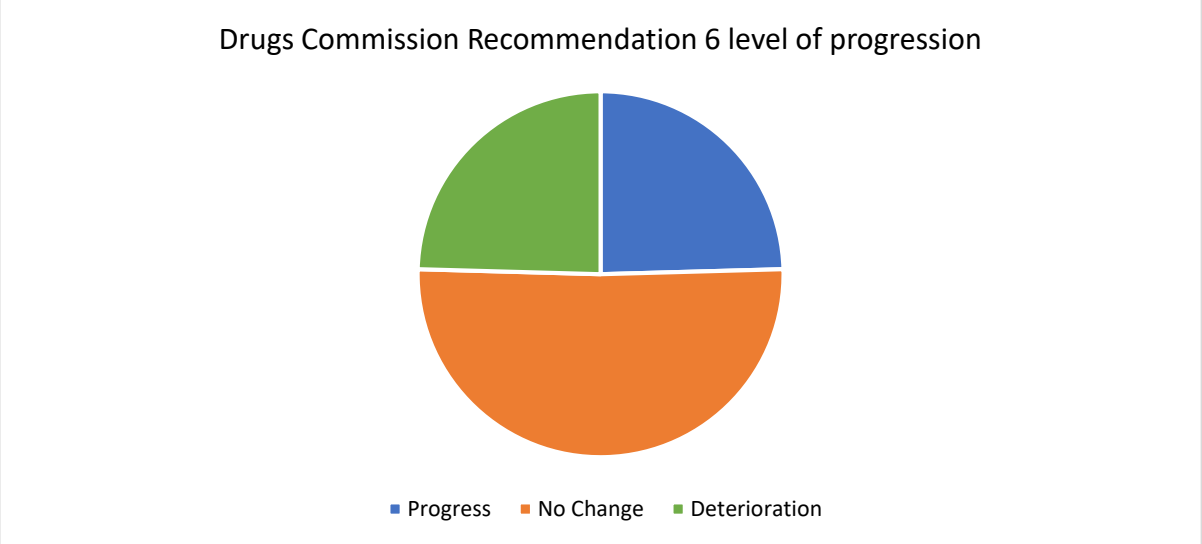
- What progress has been achieved over the past 2 years regarding specific recommendations from the Dundee Drug Commission?
- The impact this progress has had on services, individuals, families, children and communities.
- The improvements that still need to occur to fully achieve the recommendations.

Where relevant, we focused questions within the survey on some specific recommendations made within the Dundee Drugs Commission report.

Results

5.4.1 Recommendation 6: Learning from the things that have gone wrong

- ✓ Improved structure and governance of the ADP
- ✓ Increased transparency, understanding and accountability
- ✓ Increased multi-agency working
- ✓ Identified Trauma Informed Champions



What has improved

It was highlighted by some participants that progress had been made regarding the structure and governance of the ADP, with leadership more frequently in contact with services. Through the monthly service meetings, services feel involved in work and more aware of what is occurring within the ADP partnership, resulting in a clearer view of the progress of actions and their impact.

When lockdown occurred, there was great focus on developing and adhering to a joint Risk Register. Participants believed this helped focus efforts, created transparency on what could be progressed and strengthened understanding/accountability. The pandemic also increased multi-agency working, with organisations having to support each other. Participants stated this resulted in increased productivity

despite the difficult nature of operating during this time, which some believed benefitted individuals accessing support.

There has also been progress in identifying Trauma Informed Champions within NHS Tayside, Dundee City Council and Dundee Health and Social Care Partnership.

Of the participants that believed there had been no change in relation to Recommendation 6, most attributed this to the impact of the pandemic. Some mentioned they were still unclear regarding the ADPs role and few believed change was noticeable within day to day service delivery, with support not always being trauma informed.

What do we need to do to get there

Participants highlighted the need for more communication between the ADP and third sector/statutory services, and between services themselves. This is to ensure information is being passed down to all services who in turn can cascade to individuals and local communities they support. The information should be fully explained so services can understand why changes have been implemented, ensuring transparency within the partnership. Due to lack of communication and information sharing some third sector services were still unaware of the recommendations and wonder if any of Recommendation 6 has been completed.

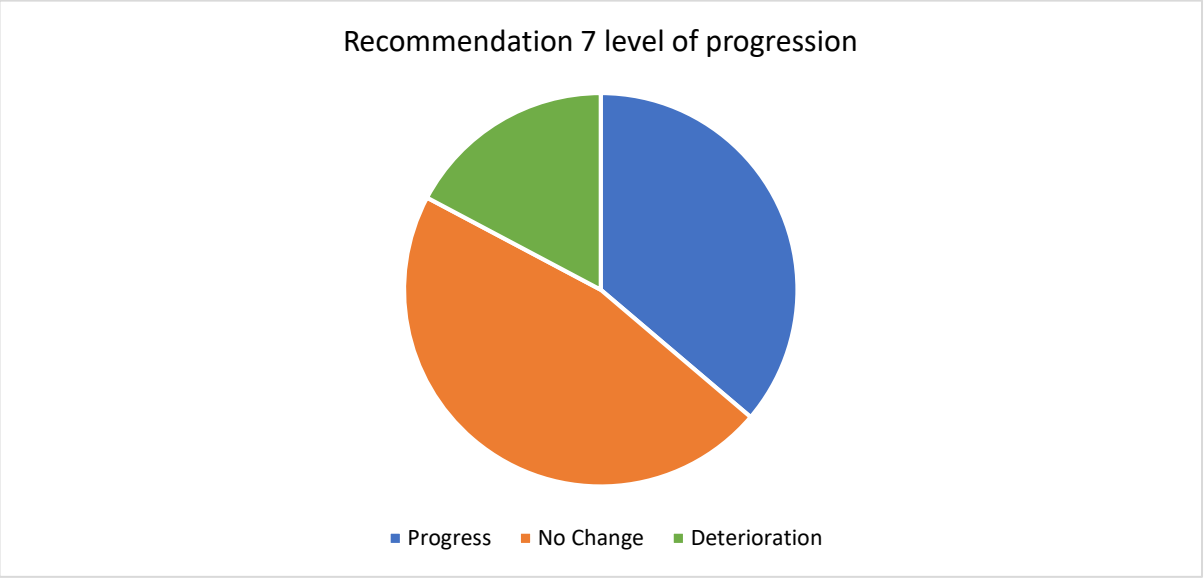
It was also highlighted that there needs to me more trauma training for practitioners and greater investment in staff training for workforce development which would in turn support the implementation of recommendations. Training would also allow nurses within services to operate at a higher band, benefitting the service that can be offered.

Remaining challenges

- Improve communications with frontline staff;
- Ensure services understand the reasons behind proposed change;
- Increase the focus on trauma training and on workforce development.

5.4.2 Recommendation 7: Choice is important

- ✓ Assertive Outreach Model
- ✓ Mainstreaming of Housing First Model
- ✓ Improved pathways for individuals leaving prison through Positive Pathways and Positive Connections



What has improved

Participants highlighted clear, positive progress with regards to the rollout of the Assertive Outreach Model. This model has currently helped identify people needing support quickly, who may have not accessed support on their own, and assists them to access the help they require. Participants also stated progress has been made regarding choice of services through Assertive Outreach. The model is particularly helpful to individuals who have experienced an NFOD or who have disengaged from DDARS. However, to ensure the model's success participants stated there needs to be improved communication between DDARS and third sector services and pathways into ongoing treatment/support need to be clearer to reduce the length of time for allocation/follow up.

The mainstreaming of the Housing First Model was also highlighted as showing excellent progress. This model is currently working well and is easily accessible for Dundee's most vulnerable. Some believe the model to be 'the epiphany' of person lead support, ensuring tailored support for each individual. The success of the model is clear with around 80 people who would normally be in direct access hostels/accommodation now having secured their own tenancy.

Pathways for individuals leaving prison through Positive Connections Service has also been improved, with them gaining easier access to community-based services. Organisations including Housing, Community Justice, Scottish Prison Service, Police Scotland, DWP, Health and DHSCP established a virtual meeting initially in response to the Early Prisoner Release Programme in May 2020. This group have continued to meet quarterly and report to the Community Justice Partnership. The key focus is communication and engagement across services involved in the prison release process, to make it as efficient for services and ensure collectively that our pathways and our processes are accessible for prisoners transitioning and reintegrating in to communities.

The above models/services mentioned have been designed to support individuals at a time of crisis and/or transition and many of the individuals believe and hope this has resulted in improved outcomes for them. Due to many being in the early stages, some believe it is too soon to understand the impact they have made on the wider community.

What are the gaps/remaining challenges

Despite some progress having been made with regards to prison releases, some believe not enough has been done so far and are concerned about the risk of fatal overdoses due to the lack of joined-up

approach between prisons and community. It was also mentioned that some individuals leaving prison are receiving one appointment with DDARS and then no further appointments are offered, with individuals just being placed on opiate replacement therapy. Particular concerns were raised for women who are exiting prison as they are particularly vulnerable and require input to reduce chance of overdose and relapse. More specialised intervention is needed to help women stabilise and increase the chance of contact with children. This would also help women to engage with other services to address other vulnerabilities if substance use is being addressed by specialist services already.

There are still some concerns over individuals not being offered and explained the full range of treatment options. More choices are available for individuals now through assertive outreach, however some feel that individuals are forced to engage with key substance services and this may not always be wanted. Concerns were also raised over the two major third sector recovery organisations having vastly difference approaches in terms of the levels of 1-to-1 support delivery. One is more group work orientated and the other is individualised support. The kind of support an individual receives is determined by their GP surgeries postcode which means type of support is not always appropriate for the individual. Some hope that both services will be available to the whole city. This arbitrary division of services by geographical location is not conducive to person-centered working, and does not encourage partnership working between services either.

Participants also highlighted that choice of treatment needs to be clearer when discussing with treatments instead of 'forcing them' to engage with DDARS. It was also mentioned that there is a lack of appropriate space to deliver support, especially in regards to Constitution House (DDARS). This is resulting in both clients and staff believing there is not any investment for them to work in a nice, welcoming environment.

Finally, some participants believed there has been little evidence to suggest the framework for residential rehab options is working.

What do we need to do to get there

It was highlighted that despite the Housing First Model being a great idea and already having some success, further expansion would be beneficial. Participants hope this expansion would include adequate support for people in new tenancies and removing some of the barriers to accessing housing. There is also hope that it would be available to all individuals who would benefit from the service/level of support. Already service users are questioning why they cannot receive the same level of support as their peers.

Despite some progress also having occurred with regards to Tayside Pathways, there still needs to be clearer, structured pathways for prison leavers. Some still leave prison with no support or plan set up for housing, benefits, drug treatments etc. Lead professional could already be offering support in prison and having all the necessary support in time for individuals release date. Some also suggested the third sector could offer support with this.

Regarding treatment options, some stated that further work needs to be done to streamline the number of agencies offering support as there is some overlap which leads to confusion when referring individuals. There also needs to be greater focus on therapeutic interventions as well as substance replacement. Increased availability of residential rehabilitation services also needs to occur; however, these have to be resourced effectively, financially and workforce wise. Therefore, great focus on the basics needs to occur before further progress is made, by employing more staff and improving partnership working.

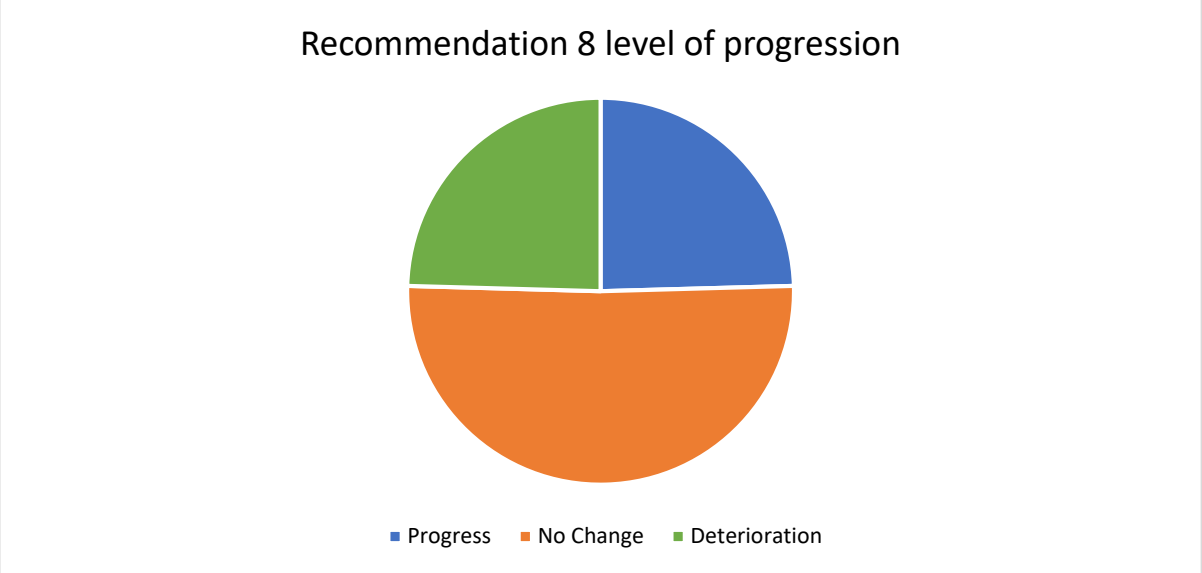
It was also highlighted that there needs to be greater transparency with individuals wishing to access support for their dependency to additional substances such as benzodiazepines. Participants believed that under current capacity it would be unrealistic to accommodate the scale of support that is required to address illicit benzodiazepine use, however this must be stated to individuals in order to avoid further frustration.

Remaining challenges

- Improve joined up support for individuals returning from prison, including a focus on women;
- Ensure treatment options are fully explained to individuals, and that consistent support options are available across the city;
- Improve the spaces available for the delivery of treatment and support;

5.4.3 Recommendation 8: Whole system of care

- ✓ Progress with whole system care
- ✓ Increased involvement and engagement between statutory and third sector services in partnership approaches
- ✓ Increased partnership working
- ✓ Increased support choices being offered
- ✓ Quicker responses to high risk individuals
- ✓ Community Hub Model being established
- ✓ CORRA application has refocussed thinking and enabled new pieces of work to be planned



What has improved

While progress has been made regarding 'Whole System Care', this has primarily occurred within the restrictions of the pandemic, with early work being stalled and/or changed to adapt to the current situation. This includes suspension of the direct access clinics, service delivery from community hubs and the development of the initial Health Needs Assessment. Despite this, participants highlighted there has been an increase in the involvement and engagement between statutory services and third sector services in decisions relating to partnership approaches. This has meant that during very challenging times, services have continued and mobilised to provide support in ways which were not required previously.

Staff believe current progress has resulted in more partnership working, more support choices being offered, quicker responses to high risk individuals and the Community Hub Model being established. Along with COVID-19, staff shortages have also impacted progression. However, with the recent CORRA application and additional Scottish Government funding, this has refocussed thinking and enabled new pieces of work to be planned to further progress whole system care.

What are the gaps/remaining challenges

Most participants highlighted the minimal progress that has occurred regarding mental health support. Access to mental services for anyone who is in receipt of methadone/suboxone continues to be difficult, with Community Mental Health Teams not accepting referrals and GPs generally referring back to DDARS. Due to staff shortages at DDARS, individuals continue to wait for long periods to see the psychiatry service. There is also an issue with individuals being refused by mental health services due to substance use and remaining a high-risk. Therefore, participants highlighted that a clear 'multi-agency pathway', holistic approach needs to be established between DDARS and mental health, to avoid the current detrimental effect on individuals who have experienced trauma such as relapse or overdose.

It was also highlighted that there is no clear model for shared care with GP surgeries or pathways ongoing into support/treatment. There is also too much pressure on the DDARS nursing staff to deal with their own caseload, and the large number of individuals who are unallocated a keyworker due to understaffing. Participants felt that situation contributes to an increased work-related stress, high caseloads and underachieved service outcomes.

What do we need to do to get to there

In order for a whole system of care approach to work participants stated there needs to be improved communication and better multi-agency working. This includes the ADP, DDARS, third sector, NHS and social work.

Staff highlighted that there needs to be a more holistic approach and better partnership working in particular between substance use services and mental health, which should include clearer pathways. Some suggested that a team created specifically for mental health intervention within the Alcohol and Drugs Service may be the way forward. Most of all, participants felt there needs to be increased provision of mental health services for those with substance use problems. Participants thought this will require an attitude shift and for NHS staff especially to understand substance use as being interlinked to mental health.

Some participants working within statutory services stated it would also be useful for third sector services to have a better understanding of what DDARS do and ways in which they can help without adding more pressure on staff.

With the increased use of benzodiazepine, some staff members highlighted the potential benefits of creating dedicated support to that need with a focus on benzodiazepine detox.

Finally, participants highlighted that despite staff shortages there needs to be quicker access into treatment, more choice and flexibility with recovery options. Some highlighted they do not agree with the 'methadone for life' approach that is often taken. Instead there needs to be a reduction programme or alternative choices offered.

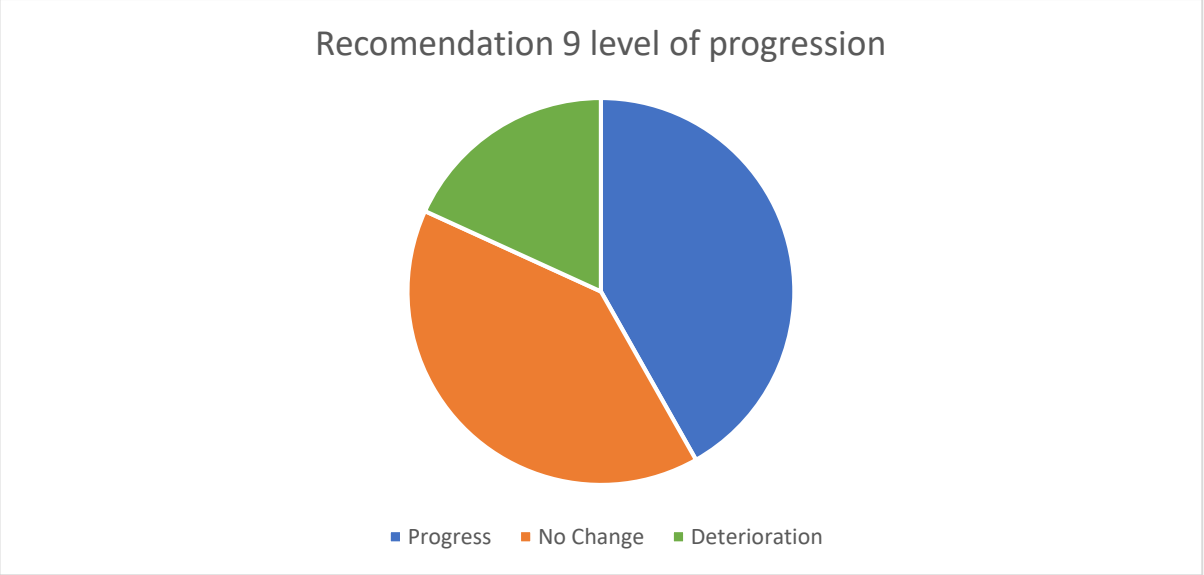
Remaining challenges

- Better access to mental health services and support, especially for those on OST;
- Clear model of Shared Care with Primary Care;

- Improved communications, including increase mutual understanding of what other services/ organisations do.

5.4.4 Recommendation 9: Prioritise access, retention, quality of care and safety

- ✓ More support choices available
- ✓ More joint working between services
- ✓ Easier access to services, especially those that are community based
- ✓ Hostel staff visiting women who would otherwise not engage
- ✓ Employment of peer workers with lived experience



What has improved

Some participants believed there has been some initial progress regarding more support choices available, more joint working, Housing First and easier access to services especially those that are community based. This has resulted in increased engagement. As a consequence, individuals are now meeting with services they would not normally access. Through this, retention of patients has been improved.

Further improvements highlighted were: workers in hostels visiting women who would otherwise not engage and employment of peer workers with lived experiences. In addition, the Housing Service have funded a Community Social Worker post as a test of change in partnership with DHSCP to be embedded within the Housing Options/Homeless Team and to support 3rd sector services delivering a homeless service.

What are the gaps/remaining challenges

Third sector services in Dundee are working closely together and hope they have bridged the gap that existed within statutory services, however it was highlighted that staff in these services are experiencing stress due to the high expectations and needs from clients. Despite this progress, there is still a gap between some third sector services and NHS services which needs to be addressed.

Whist overall access to treatment and retention has increased, some believe this has impacted on the quality of care/safety. There are currently not enough staff to manage the high retention of patients, which impacts the level of care received and ultimately poorer outcome for individuals.

What do we need to do to get there

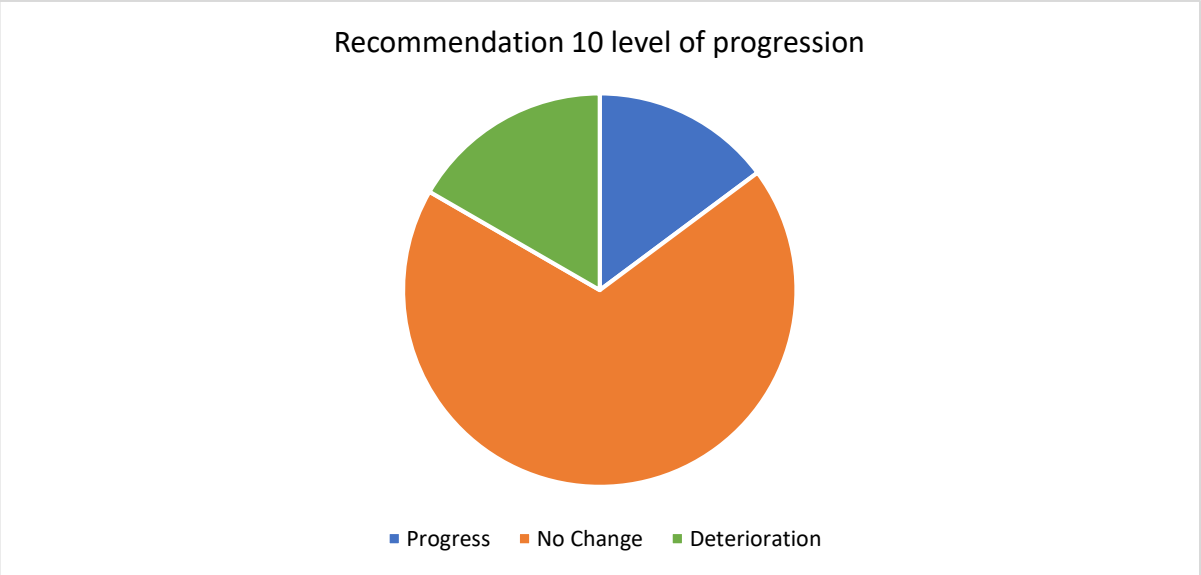
Staff highlighted that funding needs to increase for the continuation of services and more staff employed to deliver the required support. This would also involve investment in staff wellbeing, training and realistic caseloads where all being prescribed are allocated and regularly reviewed.
It was also highlighted that to retain service users and for them to engage in their own recovery, a service must first meet their needs. Suggestions included more treatment options through detoxes and for rehab facilities to be located within communities, essentially bringing services to the individuals to make treatment more accessible for all.

Service advertising and support options should also be discussed and written in 'plain language' for individuals to fully understand what services are available within Dundee and what each can offer. This will allow individuals to make more informed decisions on their own recovery journey.
More co-location of staff from different services should also occur, with DDARS becoming fully integrated with social workers and them becoming more involved in the care of individuals. It was suggested that healthcare staff should become more involved and greater accountability/ involvement should be placed on other third sector services, not just on DDARS. It was highlighted that staff need to work together for the good of the client. Training should also be provided for VAW services, however funding will be needed to allow them to provide this support.

Remaining challenges

- Improve working relationship between statutory and third sector organisations (including the women's services);
- Improve the capacity of services;
- Any information about services and support should be written in plain clear language.

5.4.5 Recommendation 10: Involvement of primary care and shared care models



What has improved

No examples of progress were highlighted due to this recommendation still being in the very early stages.

What are the gaps/remaining challenges

Progress has ultimately been delayed due to COVID-19 and the additional pressures this has caused for primary care services. Despite this, there seems to be a lack of knowledge regarding the primary care and shared care models, with many participants unaware of the current pilot. Those that are

aware commented on the persisting problems of communication with GPs and individuals still struggling to access primary care support.

Staff also highlighted that in general GPs do not give individuals the right support especially regarding mental health. Individuals also continue to be stigmatised as only contacting GPs to access 'drugs', however there is also a problem of individuals being prescribed benzodiazepines, for example, by GPs without any acknowledgement that they are open to recovery services.

What do we need to do to get there

Some participants believed the pilot has been paused until GPs return to operating under normal circumstances, however this is not the case. For the pilot to be successful there needs to be more communication encouraged between GPs and substance services. Following the initial pilot staff suggested applying the findings and expanding the model to more GPs. However, for this to be successful, there needs to better joint working, support without stigma and perhaps more localised services.

Remaining challenges

- Respond to additional challenges posed by COVID-19 pandemic;
- Progress the development of shared care model and ensure all staff are informed about it;
- Address stigma issues, including stigma from professionals.

5.4.6 Key priorities that must be addressed:

Towards the end of the survey staff were asked to highlight the critical issues that they believe should be prioritised for response by the partnership. Below is a summary of the responses.

Mental health and substance use must be viewed as being interlinked and appropriate support must be provided. This will involve taking a trauma approach and addressing root causes of substance use when offering support to aid recovery and harm reduction in individuals lives. A pilot service in a local community may be one way to address this.

In Dundee there has been an increase in polysubstance use that deviates from just opiates and alcohol over recent years. This has resulted in increased risks of harm and increased access to OST prescribing in the absence of integrated holistic care. With this in mind a priority must be addressing the harms posed by benzodiazepines and facilitating prescribing/detoxes. They are present in the majority of drug related deaths yet there are limited options currently available to support people using them and no consensus on best practice regarding treatment.

Staff retention: it was also highlighted through the staff survey that there is great focus on patient retention however not enough focus on healthcare staff retention. With DDARS currently being severely short staffed, this has resulted in long waiting list times and high care loads. This is also caused many staff to experience stress. Therefore, in order for real progress to occur a key priority must be to hire more staff and more support for current staff in the meantime to avoid stress.

Recovery options: with OST prescribing being the primary recovery option and is essentially replacing one medication with another, staff highlighted the need to make more recovery options available. This would help with the current waiting list for OST prescription. Some concerns surrounding the perceived '3 strikes of your off OST' approach was also highlighted and deemed as potentially leading to NFODs. Participants believed that due to OST being a medication it should not be used to control

people or make them comply with appointments. It is important to note that this policy is no longer in place within Dundee and raises further concerns if some believe this still to be in operation.

Prevention and early intervention: it was highlighted that prevention of substance use and early intervention need to be a key priority to address and reduce harm for future generations.

5.5 Leadership/ How good is our ADP?

Background

This element of the self assessment was supported by the Improvement Service. In April 2021, members of the ADP other key stakeholders were invited to complete a Self-assessment Check List where they were asked to rate the extent to which they agreed or disagreed with the statements in the *Leadership Checklist*. Current strengths and challenges were also highlighted and areas for improvement identified.

Findings from the checklist were shared with partners in early June 2021 and a development workshop was then held with partners on the 10th June, facilitated by the Improvement Service. This workshop allowed for discussion on the findings from the survey and identified priority areas for improvement.

Please see the Leadership Self-Assessment Checklist Results in Appendix 3 below.

Key Messages from the leadership checklist

- The ADP's strategic priorities and Action Plan for Change are largely being progressed effectively, albeit disrupted by the COVID-19 pandemic. Closer partnership work is developing, especially in the context of the CORRA project and the Whole System of Care work.
- A number of Action Plans have already been developed to strengthen work to improve outcomes for people affected by drug and alcohol use in Dundee. The ADP has a critical leadership role to play in ensuring these plans are implemented effectively through monitoring progress and performance, identifying and promoting best practice and fostering a culture of continuous improvement.
- ADP leadership have shown determination to bring about positive change and there is a useful degree of creativity and innovation across working groups. Improvements could be made to strengthen oversight and accountability within the ADP.
- It is important that the ADP improves communication about its work effectively to frontline staff, local communities and partner organisations, and improve emphasis on demonstrating impact and outcomes for people affected by substance use.
- Multi-disciplinary, partnership working across the Dundee Partnership needs to improve in order to achieve the greatest impact on outcomes in this area of work.
- It is recognised that currently systems and services providing care and support to individuals affected by substance use are under huge pressure and require support from the leadership to work differently.

As the workshop set up to discuss the Checklist report, key feedback from attendees included the following actions as **initial priorities for improvement by the ADP and Dundee Partnership:**

1. Consider how to strengthen partnership working between the ADP, existing Public Protection structures and other governance/planning forums.
2. Engage staff across the partnership around plans to support whole systems change through forums etc. to discuss and find solutions to challenges.
3. Identify ways to review 'what works' and 'what doesn't work', as part of core business to meet the partnership's agreed outcomes and support continuous improvement.
4. Ensure robust processes are in place to enable people with lived experience to feed into the work of the ADP at all levels.

Other areas identified as important for future consideration:

- Develop a robust performance management system for the ADP with an appropriate suite of indicators to support the monitoring of progress.

See the full report from the workshop (including the action plan) in appendix 3 below

Next steps: Leadership element

Following on from the workshop and the report, a Leadership Improvement Action Plan was developed to be progressed and implemented by the ADP and its governance structure, as well as the Dundee Chief Officers Group (COG) and the Dundee Partnership.

6. Assessment (What the Self-Assessment is Telling us)

Introduction

This section includes a summary of the key messages outlined within all the data presented in section 4. We have identified 6 key themes.

6.1 Communication/Partnership Working

Front line staff highlighted that in Dundee there is now closer working relationships between organisations. This was in the form of improved and better co-operation and more effective information sharing. Individuals with lived experience also echoed this and stated they now feel there is less need to explain their personal circumstances multiple times. The overall consensus is that the pandemic forced services to collaborate and support each other. In turn, this increased productivity, mutual understanding and respect despite the difficult nature of operating during the pandemic. This is an important cultural shift and provides a foundation on which to continue our improvement work.

More specifically, staff value the monthly meetings (weekly meetings during lockdown) for all substance use (and related) services that were established during COVID-19. Staff said as a consequence they feel more involved, informed and included in the work of the ADP.

There was a clear message that our most successful achievements/ impact and best outcomes (including assertive outreach, direct access clinics, community hubs, OST delivery during COVID-19, and the NFOD Team) are those that involve good partnership working, sharing and collaboration. The benefits of improvements in the quality of care/ support and responsiveness are clear for individuals with lived experience and for the staff delivering these services and supports.

However, despite the progress that has been made, there is also a clear message that specific gaps remain with communications across the partnership. More information should be shared with all stakeholders, with local communities in particularly being made more aware of challenges facing individuals who use drugs and the progress being made in improving our responses to them.

Gaps also remain in the sharing of information, especially to create transparency and a shared understanding/motivation to further progress with the recommendations from the Commission. For example, some third sector organisations highlighted they were still unaware of progress being made with the recommendations. The request is that individuals and communities across the city, including front line staff at all levels receive more information about what is happening, the progress made and the remaining challenges.

6.2 Staffing Issues, Staff Retention and Pressure

There is wide recognition from both staff and those with lived experience (backed by the data in section 5.1) of the considerable pressure on DDARS. Specific issues highlighted included high caseloads, the lack of sufficient time to see all individuals and the challenges with retaining staff in the service as well as recruiting staff. The risk of staff stress was also highlighted with a clear sense of the potentially detrimental impact on the overall functioning of the service. There is a clear consensus that these conditions also have an impact on the individuals seeking support from the service. Individuals are not always aware who their key worker is, there is not always opportunity to build relationship with key workers and sometimes long timespans between appointments. This is not the standard of service that the service and the workforce within it aspires to deliver.

Some of the individuals with lived experience feel that time and capacity pressures have resulted in them not always being in control of their treatment and recovery process and that decisions are being made for them without their knowledge.

However, the data also includes suggestions for improvement, including the need for DDARS to share more details of the pressures they are under so other services could support them, increase and improve onward referrals to third sector organisations, and increase focus on staff wellbeing, including training and development.

There are also clear messages of the need to finalise and fully implement the lead professional model in Dundee to create consistency, accessibility, regular contact, and individuals being listened to /involved in decisions affecting them.

6.3 Treatment Options & Choice/Support Choice

Staff members feel that overall improvements have been, and are being, made in relations to the MAT Standards but that there is still a way to go. The addition of independent advocacy is highlighted by staff and those with lived experience as a very important element in supporting individuals to access and act on choices. However, carers also noted they do not wish advocacy to replace their role and firmly believe treatment choice should be down to the individual. The conclusion is that individuals will be more invested in their recovery when they have more agency.

Individuals with lived experience feel that they are often not given an explanation regarding the full range/choices available to them, that they do not have enough choice regarding the dispensing of OST and that the requirement for a daily collection can interrupt with other elements of their lives, including work and/or attending college. Some felt that treatment choice is still limited (and exacerbated by the current pressures facing DDARS) and that this was more apparent during COVID-19.

The assertive outreach model is widely supported, especially as it assists individuals in accessing help. However, there is still a sense that better communication between DDARS and third sector will improve this model further. The Housing First model is also highlighted as a great success by services and service users.

In terms of options for improvements, limiting the overlap between services/streamlining services was proposed as a way to avoid confusion, and increasing access to residential options. There is a need for all organisations to advertise their services in clear, 'plain language' so that information is well understood and aids individuals making informed decisions regarding choice and increase involvement in treatment planning.

Many commented (confirmed by the data in section 4.1) on changes in the prevalence and the changing patterns of drug use in Dundee. There is a clear sense that this needs to be followed by changes to treatment/support options and to the way services operate.

Significantly, there is a lot of support for a 24/7 crisis intervention, with a specialist women's services, housing and welfare support.

6.4 Mental Health

Participants recognised the progress made with a trauma informed approach, especially through the specific training/workforce development and the appointment of Trauma Champions. However, individuals with lived experience and staff noted the slow progress in the development of a joint substance use and mental health approach. Specifically, participants highlighted their experience of

continued lack of access to statutory mental health services for those affected by substance use and issues related to past trauma that are not currently being addressed.

There is overall acknowledgement of how COVID-19 impacted on mental health, with increased isolation and loneliness, an increased use of substances, further increasing the need/demand for mental health support. It is also recognised that due to pressures on the NHS and more people within the wider community requiring mental health support, there is even greater pressure on the availability of support for those affected by substance use.

Specifically, the issue of individuals being refused residential mental health support on the grounds of their substance use was highlighted. As was the issue of waiting lists for mental health support and people reporting they feel that they are 'seen as a number' rather than a person in urgent need of support. Women reported being turned away from Carseview, which they believed directly impacted on relapse. Their GPs often then refer them back to DDARS and creating a vicious circle. This combined has resulted in a clear message of the need for a multi-agency pathway to resolve issues highlighted.

The data includes clear messages that there has been an attitude shift, especially from NHS staff and that there is greater understanding of the links between mental health and substance use, including the need to respond to both in a joint approach. The value of a trauma informed workforce, trauma care, shared care, anti-stigma training is also highlighted.

The increased role and support from community pharmacies is acknowledged, with people asking to see all working together in new pathways that are seamless, clear and well understood by everyone. The need for greater consistency of approach across all community pharmacies was highlighted and there was some criticism of individual models, restricted hours and remaining stigma issues.

Concluding self-assessment remarks to sections 6.2/ 6.3/ and 6.4
We recognise that the challenges described in sections 6.2, 6.3 and 6.4 are symptomatic of continuing Whole System of Care gaps in Dundee. During the past two years, whilst progress has been and is being made, elements of the current systems do not yet operate as a fully integrated model of care, with specific gaps around person-centred approaches and considerable pressures remaining.

6.5 Lived Experience

The data presented in this self assessment highlights some of the progress made over the past two years in providing structured opportunities for individuals with lived experience to participate, influence and shape progress. Participants noted that within the ADP membership there is now representation of carers and that the Lived Experience Framework has been developed and adopted by the partnership as a whole. We are being supported by the Scottish Recovery Consortium to implement the Framework and that individual organisations and services have developed a much clearer approach to their own engagement with individuals with lived experience. The Peer Volunteers project has progressed and there has been clear focus on tackling stigma, which is key to ensure people feel willing and able to participate.

Throughout COVID-19 lockdowns, SMART Recovery groups continued to operate virtually and a specific lived experience group for women was established.

However, there is also clear feedback that the partnership still needs to respond to, which currently is not progressed through developments around the influence of lived experience. This includes individuals with lived experience highlighting the lack of respect when accessing service from some

community pharmacies; carers talking about being continually stigmatised; and accounts of GPs and mental health services not willing to support individuals affected by substance use.

We are therefore aware of the feedback that progress in this area could be accelerated – especially in progressing with the implementation of the Framework which covers all the various aspects of the work. The message is that both the ADP and the Dundee Partnership need to do more to ensure discussions and decisions are well informed by the experiences and views of those with lived experience.

6.6 Leadership

Participants highlighted some developments in the leadership around substance use in Dundee, including strengthening of the membership of the ADP, improved functioning and governance of the ADP, better support from Chief Officers and example of whole system collaboration as in the CORRA project.

Areas for improvement included the need for better oversight and accountability to the work of the ADP, the need to improve links and joint working with other areas of vulnerability through the integrated protecting people agenda, clear gaps in communications (with frontline staff and communities), and providing opportunities for staff to participate in and influence change.

6.7 Overall Assessment of Progress

Having considered the evidence gathered through this self-assessment process, and reflected on the six themes identified, in the table below we have assessed our progress against the 16 recommendations made by the Dundee Drug Commission.

Overall, we have assessed ourselves as having made Reasonable Progress in relation to 14 recommendations and Partial Progress in relation to 4 recommendations.

Self-assessment against the 16 recommendations from the Dundee Drugs Commission

Score	Description	Colour chart
Excellent Progress	Recommendation is either completed in full or, where complex, all sub tasks have been completed to schedule. There are no barriers to further progress and the recommendation will be fully implemented	
Reasonable Progress	Progress against the recommendation has been made in many but not all areas. Expectation that current barriers to progress can be overcome by partners in the short-term / to medium term and full implementation achieved.	
Partial Progress	Progress **has been** made in some areas but significant further focus is required to overcome current barriers and to achieve full implementation.	
No Progress	There is no or very limited evidence of progress and significant barriers which there are no clear plans to overcome in order to achieve full implementation.	

Rec 1	***The Dundee partnership must do all that is necessary to achieve the required standard of leadership – the test of which will be that the agreed changes are owned and supported by the statutory and third sectors, recovery communities, service users and families***. **Key achievements:** • The ADP has strengthened its governance structure and membership with greater clarity regarding responsibilities; this addresses several concerns raised by the Commission. (C) • There is strong evidence that the statutory and third sectors are united on agreed priorities and critical tasks. (SA sections 3, 5) • In general, partnership working between agencies has improved and a broader range of leaders are engaged in progressing activities. (SA sections 3, 5) • The COVID-19 response has brought organisations closer together and stimulated some innovation. (SA Section 5 and Leadership Report) • Multidisciplinary innovations such as the Non-Fatal Overdose response are exemplars. (SA Section 3, Section 5 and Leadership Report) • We have appointed two Trauma Champions to lead the focus on trauma-informed services • We have established regular reporting to Dundee Partnership, to Dundee City Council Policy and Resource Committee, and to Elected Members • The Dundee Chief |Officers' Group (COG) has adopted the Protecting People Strategic Risk Register, in collaboration with all the Protecting People Partnerships and committees.	**Reasonable progress**

	Remaining challenges: • Whilst the ADP has committed to engaging Lived Experience and structures have begun to take shape, progress has been slower than hoped for. There are positive examples of Lived Experience involvement in some areas but this is far from universal. There are mixed views amongst those with Lived Experience with some identifying progress but others not. (SA Section 5) • There is slippage against some tasks in (Action Plan for Change) the Action Plan for Change which cannot solely be attributed to the impact of COVID-19. • The Commission emphasised the need for a comprehensive performance framework, there have been improvements in scale and frequency of performance monitoring but further work is required. (SA Section 3, Action Plan for Change) • The Leadership Report identified that communication of ADP priorities and performance to stakeholders needs to be improved.	
Recs 2 & 3	***Challenge and eliminate stigma towards people who experience problems with drugs, and their families, across Dundee to ensure that everyone is treated in a professional and respectful manner.*** ***And*** ***Language matters. People who experience problems with drugs, and their friends and families are part of our communities - let's make them feel like that.*** **Key achievements:** • Anti Stigma and Language Matters campaign progressed (with support and input from local communities and individuals with lived experience), the ADP approved an anti-stigma commitment (SA Section 3, 5) • Employment of Peer workers and Peer volunteers identified as breaking down barriers (Section 5) • We have developed the Gendered Services project which engages women with lived experience at every aspect of the project • We have tested stigma training virtually, and progressed to delivery • We have allocated specific funds to each of the LCPP's to develop local initiatives led by local communities • We have renamed ISMS to DDARS (Dundee Drug and Alcohol Recovery Service) **Remaining challenges:** • We still receive feedback about incidents of stigmatising practices within community pharmacies, some GP surgeries and by individual support staff.	**Partial progress**
4	***Level the 'playing field' to ensure that all partners, statutory and third sector are held equally accountable. This is necessary to enhance patient safety and quality of provision. The balance between current centralised statutory and other provision needs to be changed.*** **Key achievements:** • The implementation of the ADP Governance review has contributed to increased transparency and accountability. (Self assessment sections 2,3,5 and Leadership Report)	**Reasonable progress**

	• There has been strengthened involvement of and leadership from the Third Sector, e.g. in development of innovative proposals to the DD Taskforce etc, and third sector organisations have benefitted from the success in bringing additional funding to the city. (Action Plan for Change). • The Chief Officer of DVVA co-chairs the ADP's Implementation Group. • Third sector partners are involved in all of the workstreams and subsidiary groups e.g. Drug Death Review Group, NFOD etc **Remaining challenges:** • Whilst some progress has been made, further work is required to provide the level of performance data necessary to properly scrutinise statutory services. (Action Plan for Change, Leadership report) • When compared with statutory services the Third Sector continues to be subject to more onerous contractual arrangements, monitoring requirements and insecure funding. • Whilst advocated for by the Commission, a five-year Commissioning Plan and Service Level Agreements with statutory service have not been put in place. The majority of our 3rd sector have very secured funding – as secure as statutory services	
5	***Meaningful Involvement of people who experience problems with drugs, their families, and advocates.*** **Key achievements:** • Many Third Sector organisations are routinely seeking feedback from service users and this influencing the development of some services (SA Section 5) • DVVA are leading development of a Lived Experience Quality Framework on behalf of the ADP and are assisted in this by the Scottish Recovery Consortium (Action Plan for Change) • The ADP Governance review has committed to all levels of its structure providing meaningful opportunities to engage with and influence decisions. (Governance Review) • We have established an Independent Advocacy test of change led by the Dundee Independent Advocacy service (DIAS) • We have established a lived experience group specifically for women, who co-produced a self-assessment tool for services **Remaining challenges:** • COVID-19 has impacted the pace of implementation of the Lived Experience Framework and levels of engagement are variable. (SA Section 3, 5)	**Reasonable progress**
6	***Learning from things that have gone wrong - attention to continuous improvement to benefit others who are vulnerable.*** **Key achievements:** • The NFOD response, implementation of Same Day Prescribing, expansion of Outreach, support to prisoners on release and expansion of Naloxone provision, all reflect examples of improvements to tackle drug deaths. (SA Sections & 5, Action Plan for Change)	**Reasonable progress**

	• The Tayside Drug Trends Monitoring Group established to act on learning from when things go wrong and propose / implement mitigating actions for the future • The CORRA application is founded on analysis of failings in the current system of and makes proposals for significant improvements. (CORRA application) • The Action Plan for Change has set out a comprehensive improvement programme structured around strategic priorities (Action Plan for Change, Leadership Report) • Focus on a gendered approach and helping organisations to focus on the specific needs of women and girls. **Remaining challenges:** • Whilst COVID-19 has had an impact on the ability to progress, some tasks in the Action Plan for Change have been delayed for other reasons or because original timescales were unrealistic (Action Plan for Change) • Significant learning is still to be implemented as part of the development of an integrated approach for substance use and mental health (CORRA Project).	
7 & 8	***Choice is important and having the choice of accessing a full menu of services (including community and/or in a residential setting) to support recovery should be available to people in Dundee.*** ***The provision of services currently offered by DDARS (ISMS)should be delivered through the development of a new 'whole system' model of care. This should be structured via a joint and equal partnership with both primary care and the third sector, the key purpose of utilising the unique strengths of all partners.*** **Key achievements:** • The CORRA project will deliver a key Test of Change in areas of Substance Use and Mental Health integration, expanded locality services and 24/7 Crisis Care (CORRA submission) • There has been significant additional investment by DCC (~ £1M over 2 years) to strengthen service provision in a range of areas (SEE PREVIOUS ADP reports) • There has been an increase in alternative prescribing options to Methadone with increased take up of Buprenorphine and Buvidal now on NHS Tayside formulary (Self-Assessment 3 and 5) • Proposal to significantly enhance the Community Pharmacy model across Tayside are well advanced. (see report to ADP) • The Independent Advocacy service has been well received and this can assist individuals to secure their desired treatment options (SA Section 5) • Direct access and same Day prescribing arrangements implemented pre COVID-19 (SA Section 3) • Establishing the Primary Care / DDARS Shared Care pilot (SA Sections 3 & 5) • Closer joint working between statutory and third sector organisation (Self-Assessment 3 and 5, Leadership report) • There is a greater focus on peer support (SA Section 3 & 5) • Work is underway to develop a coherent framework for access to and return from residential rehabilitation (SA Section 3 and 5)	**Reasonable progress**

	• Dundee is participating in national research into drug checking and a local group is investigating practical arrangements. **Remaining challenges:** • There are currently considerable pressures on DDARS which arise because of an unexpected turnover in staff, recruitment challenges, combined with growing caseloads. (SA Section 5) • It is anticipated that scaling up the shared care TOC with Primary care will be challenging for a range of reasons, including the current low level of experience amongst GP practices (report to ADP) • Consequently consideration of capacity, capability and sustainability of current and future models must be paramount • The CORRA project will demonstrate our commitment for a change in approach, and is awaiting the appointment of a Project Manager. • It is possible that models of care will require further adaptation to reflect the changing patterns of drug use (SA Section 5)	
9	***Reframe all substance use services to prioritise access, retention, quality of care and the safety of those using services, in line with the evidence base including, but not limited to: improved attention to having an unambiguous 'no unplanned discharges' policy; optimised OST; psychological treatments; assertive outreach; and broad integrated care.*** **Key achievements:** • There has been considerable focus and effort to improve access, retention, quality and safety. (SA sections 3 & 5) • There has been investment in additional capacity at DDARS to support demand • The Non-Fatal Overdose Response is having a crucial impact on rapidly engaging those at high risk in treatment services. (SA sections 3 & 5) • Outreach services (including assertive outreach) have been very significantly expanded and play a crucial role in engaging those who are at high risk or who have variable/challenging relationships with services. (SA sections 3 & 5) • DDARS have continued to offer a scaled back assessment and treatment services during the pandemic, including some limited face to face work • A working group is examining how proposed Medically Assisted Treatment (MAT) standards will be implemented in the City. • Same Day prescribing at drop in etc was established practice pre COVID-19; currently limited by COVID-19 restrictions (SA Sections 3 & 5) • Housing First is playing a significant role on improving retention. The current Pathfinder Model is reviewed with a view to being mainstreamed (SA Section 3 & 5) • Unplanned discharges have reduced (SA Section 5) • Additional support has been put in place for those leaving prison (SA Section 3) including those released under the COVID-19 early release programme. **Remaining challenges:** • Caseload levels at DDARS are currently beyond capacity and there is a need to place additional focus on staff recruitment and retention (SA Section 5)	**Reasonable progress**

	• Increased retention in treatment has brought additional caseload pressures without an increase in staffing (SA Section 5)	
10	***Involvement of primary care and shared care models.*** **Key achievements:** • Primary Care shared care test of change – sessional work Maryfield and Lochee practices, supported by DDARS • Proposals to review Service Level Agreement arrangements and payments for GPs (report to ADP) **Remaining challenges:** • Starting from a low base of shared care in the city, with historical decisions to support alternative models. • In the short-term, very limited scope for GP practices to take pressure off DDARS.	**Partial progress**
11	***Review and refresh the community pharmacy model for OST engaging all stakeholders to develop an integrated and holistic approach to the care and treatment of people who use substances. Look to establish a new Community Pharmacy model with additional support.*** **Key achievements:** • A review of the community pharmacy model in Tayside has been conducted and proposals to significantly enhance provision are well advanced **Remaining Challenges:** • We are still receiving reports of some stigmatising practice in community pharmacies	**Reasonable progress**
12	***Commission a comprehensive independent Health Needs Assessment for people who experience problems with drugs.*** **Key achievement:** • There have been some outputs from national conducted work (Public Health Scotland) Scoping report and collaborative commissioning model agreed **Remaining challenges:** • The ability to progress this work has been severely impacted by Public Health resources being redirected to the COVID-19 response.	**Partial progress**
13	***Full integration of substance use and mental health services and support. This is recommended UK and international best practice - and it needs to happen in Dundee. Trauma, violence, neglect and social inequalities lie at the root of both mental health and substance use problems and most people with substance use problems also have mental health problems.*** **Key achievements:**	**Reasonable progress**

	• The CORRA project will progress the development and implementation of a Test of Change for the integrated approach of substance use and mental health. (SA Sections 3 & 5) • As part of stage one of the test of change, Healthcare Improvement Scotland are facilitating discussions with a wide range of local stakeholders. **Remaining challenges:** • There are significant vacancies in psychiatric services across Tayside; this may impact on the level of clinical engagement in service redesign • The required level of culture change will take longer term to achieve.	
14	***Address the root causes of drug problems.*** **Key achievements:** • Stakeholders have recognised the role of Trauma in contributing to substance use and there are initiatives underway to make services more trauma informed. (SA Sections 3 & 5) • Research into the Youth in Iceland model has concluded and Dundee will operate a pilot at a secondary school in Dundee from September. (SA section 3 and Stirling University Research study outputs) • Work is progressing on a prevention framework (ADP report) **Remaining challenges:** • It is possible that the true level of substance use and harms have been hidden during the COVID-19 crisis and that these, combined with significant and enduring economic impacts will increase demand on services.	**Reasonable progress**
15	***Ensure the needs of women who experience problems with drug use are assessed and addressed via adoption of gender sensitive approaches to service planning.*** **Key achievements:** • Gendered approach has been adopted across the partnership, with considerations being examined and collaboratively addressed for existing service models (SA Sections 3 & 5) assessment tool • New information and staff development resources are available (SA Section 3) • Lived experience involvement in service redesign discussions (SA Sections 3 & 5) • Pathways strengthened for those involved in commercial sexual exploitation (SA Section 3 & 5) **Remaining challenges:** • It is generally recognised that the women's services have been under considerable pressure during the COVID-19 crisis • Dundee records very high levels of Violence Against Women and especially domestic abuse.	**Reasonable progress**

16	***Attend to the intergenerational nature of substances problems and place the safety and well-being of children at the heart of all planning, alongside proactive support for parents. Explore the creation of family support workers in the third sector that can provide support ahead of families reaching crisis point requiring social work intervention.*** **Key achievements:** • Additional Non-medical Prescribing Nurse Practitioners (3) are in place in Children's Services and these are reported as having a very positive impact. (SA Sections 3 & 5) • Test of Change undertaken by Aberlour and Children 1st providing additional support to children and families, including at point of crisis (SA Section 3) • A Whole-family approach strengthened. **Remaining challenges:** • A recent independent review of SCRs (Significant Case Reviews) and ICRs (Initial Case Reviews) identified that parental substance use was an issue in a high proportion of cases in Dundee.	**Reasonable progress**

7. Next Steps

Introduction

In this section we outline our plans, focus and commitments for future improvement actions and for embedding annual self-assessment reviews (sections 7.1-7.4).

7.1 Adjustments to the Substance Use Action Plan for Change

Following the process of conducting this self-assessment, we now plan to introduce the following adjustments to the substance use action plan for change, our key partnership document/ tool for recording and monitoring progress against specific actions. Once these adjustments have been made the document will be shared with the Commission (anticipated sometimes towards the end of August 2021):

- We will make changes to some of the existing actions based on feedback collated through self-assessment process;
- We will add actions to address new areas where gaps have been highlighted by the self-assessment process;
- We will utilise opportunities to consolidate change and learning from the COVID-19 experience, and take this into next phases of the change process for improvement;
- We will put plans in place to repeat an annual self-assessment process.

7.2 Immediate priorities for next phase of implementation

The self-assessment process has identified a small number of actions where we recognise an urgent need to accelerate our work and to strengthen partnership working to overcome any remaining barriers to progress and full implementation:

- Increasing the focus on the development of a shared care model;
- Intensifying the focus on bringing the integration of substance use and mental health through full delivery of the Dundee Substance Use and Mental Health Integration Project (funded through CORRA);
- Increasing the focus on early intervention and prevention;
- Resolving the current pressures on DDARS (initially short-term but also focusing on the longer-term approach including a system-change and greater focus on a shared-care model); and
- Work to secure future investments (be more systematic about anticipating investments) and how we are utilising these to maximise outcomes.

We believe that our work over the past two years to improve responses to people who use drugs and our collective work to respond to the challenges presented by the pandemic evidences that we have significant capacity within Dundee, at leadership, strategic and operational levels to continue to drive forward the full implementation of the action plan for change. We are ambitious about our plans for pandemic recovery and are focused on accelerating key areas of work to address the needs of the most vulnerable people in the city, including those people impacted by drug use.

The Dundee Partnership, the Chief Officers Group, the Alcohol and Drugs Partnership and the Leadership Oversight Group for the Action Plan for Change have demonstrated consistent focus and dedication to monitoring and supporting diverse and complex programmes of work over the last two

years. Our multi-agency workforce remains our biggest asset and they have demonstrated commitment, flexibility and resilience in the most exceptionally challenging of circumstances; we recognise the need to continue to invest in their wellbeing in order to achieve the immediate priorities we have identified and to progress the whole of the action plan for change to full implementation over the coming months and years.

7.3 Ongoing self-assessment activity

It is our intention to repeat a self-assessment process in future on an annual basis as the primary mechanism through which we collectively review and evaluate progress against the action plan for change and evidence this to our internal and external partners.

The ADP will also continue to consider self-assessment findings from other programmes of self-evaluation activity taking place across the protecting people strategic structure and within individual service providers. In addition, we are committed to participating in the emerging national structures and processes responding to the impact of substance use, we are willing to share our learning from this self-assessment and to learn from other areas.

8. Appendices

Appendix 1: Case examples

Comments ADP members\Case Studies Submitted.docx

Appendix 2: Work on Lived Experience

T:\10 ADP\2021\Lived Experience\Final report Lived Experience Engagement Report - 9 March 2021.docx

Appendix 3: Evidence Portfolio - relating documents/ strategies/ reports

Dundee Action Plan for Change
Dundee Action Plan for Change

Dundee ADP Strategic Plan (2020-2022)
Dundee ADP Strategic Plan

Dundee ADP Annual Report (2020)
ADP Annual Report 2019-2020

Leadership Self-Assessment Checklist Results
T:\10 ADP\2021\Drugs Commission\Self Assessment\Leadership element\Dundee ADP Leadership Self-assessment_Draft Report.pdf

Leadership Workshop Report
T:\10 ADP\2021\Drugs Commission\Self Assessment\Leadership element\Dundee ADP Self Assessment Workshop Report - June 2021.docx

Dundee Drugs Commission Report, August 2019:
https://www.dundeecity.gov.uk/dundee-partnership/dundee-drugs-commission

Evaluation Report of Non-Fatal Overdose Rapid Response Multi-Agency Team
Tayside NFOD Report

Children & Families: Survey of NMP Nurses Pilot
Comments ADP members\Final NMP nurses survey report July 2021.docx

Community Pharmacy Report
Comments ADP members\Community Pharmacy Services and substance use April 2021.docx

Evaluation of Community Hubs (Dundee University)
Dundee Community Hubs Evaluation Report - University of Dundee October 2019

Designing a Behaviour Change Intervention to Reduce the Risk of Overdose
Designing a Behaviour Change Intervention to Reduce the Risk of Overdose

Dundee Hidden Harm Report to COG
Comments ADP members\Dundee Hidden Harm Report.docx
Comments ADP members\Hidden Harm Report supplementary information.docx.