



**Minute of the Dundee Partnership Management Group  
held on Thursday, 5<sup>th</sup> September 2019 at 1:30 pm  
at Enterprise House, 3 Greenmarket, Dundee, DD1 4QB**

Present:

Alice Bovill, Community Regeneration Forums  
Alison Henderson, D&A Chamber of Commerce  
Andrew Todd, Police Scotland  
Brenda Campbell, Scottish Government  
Christine Lowden, Dundee Voluntary Action  
Councillor John Alexander, Dundee City Council  
Councillor Kevin Keenan, Dundee City Council  
David Lynch, Health & Social Care Partnership  
David Martin, Dundee City Council (co-chair)

Drew Walker, NHS Tayside  
Gordon MacDougall, Skills Development Scotland  
Graham Smart, Scottish Fire & Rescue Service  
Grant Archibald, NHS Tayside (co-chair)  
Nick Fyfe, University of Dundee  
Simon Hewitt, Dundee & Angus College  
Murray Webster, Community Regeneration Forums  
Stewart Murdoch, Leisure & Culture Dundee

In Attendance:

Andrea Calder, Corporate Division, DCC  
Andrew Fraser, Dundee Drug Commission  
Andy Perkins, Figure8 Consultancy  
Brian Logan, Scottish Government  
David Liddell, Dundee Drug Commission  
Eilish Gilvaray, Dundee Drug Commission  
Elaine Logue, Police Scotland  
Eric Knox, Dundee Drug Commission  
Graeme Cumming, V&A Dundee

Justina Murray, Dundee Drug Commission  
Ken Lynn, Dundee Drug Commission  
Niamh Nic Daeid, Dundee Drug Commission  
Pat Tynie, Dundee Drug Commission  
Paul Davies, Corporate Division, DCC (minute)  
Peter Allan, Corporate Division, DCC  
Simon Little, Alcohol & Drugs Partnership  
Tessa Parkes, Dundee Drug Commission

Apologies:

Gordon Pryde, Scottish Fire & Rescue Service  
Jackie McKenzie, Abertay University

Michael Wright, Scottish Enterprise  
Tom Flanagan, TACTRAN

**Action**

1. WELCOME / INTRODUCTIONS  
David Martin welcomed everyone to the meeting, and a round of introductions was made.
2. DUNDEE DRUG COMMISSION REPORT
  - a) Welcoming Report on Behalf of Dundee Partnership  
Grant expressed the thanks of the Partnership to the Dundee Drugs Commission (DDC) members and welcomed the powerful report from the commission. He continued by adding;
    - The purpose of the DDC work was to enable us to change, join up services better, and provide a safe and caring environment for some of our most vulnerable people
    - Dundee is already trying to build these relationships and lift the process
    - People taking drugs, and their families, need our support and we have lots of people working hard to do this
    - The Partnership take on board the recommendations of the DDC as critical friends
  - b) Presenting the Key Priorities of the Dundee Drug Commission  
Several of the DDC covered different aspects of the report, summarised below.  
  
Eric Knox - Culture & Systems
    - Initially it was difficult to get an overall feel for how we gauge that what we are doing is right. Existing performance management measures make it difficult to effect change

- Inconsistent leadership is evident, making it hard for the Alcohol & Drugs Partnership to look at strategy
- The system was siloed, with a disconnect between the Public and Third Sectors. Information available via the Public Sector was notably less structured
- There was no clear mechanism to drive change
- Recommendations were made around;
  - Leadership
  - Tackling Stigma
  - Equalising the balance between the Public and Third Sectors
  - Involving people with lived experience and their families

#### Tessa Parkes – A Holistic System Model

- Passion and respect is seen within services, but they are often working over capacity, which leads to a 'battle with the system'
- Whole system change and a holistic approach is needed. This needs to be preventative within a better joined up system
- People struggle to deal with very complex circumstances and have limited choice in their care and support
- Support needs to be multi-disciplinary, with all discharges being planned
- People need to be given hope
- During the DDC, information sharing was generally open
- Drug treatment is everyone's business, including mental health professionals, general practitioners, etc.
- Recommendations were made around;
  - Independent needs assessment, c.f. the Glasgow approach
  - A greater choice of services being made available
  - Holistic care and support taking place alongside treatment, including for carers and family members
  - Access, retention, and quality of care all need to improve
  - Integration with other services needs to be put in place. There are international examples of how this can work

#### David Liddell – Causes & Effects of Drug Use

- There are issues around poverty, inequality and the cohesiveness of society
- Many people who misuse drugs have suffered trauma and adverse childhood experiences
- Recommendations were made around;
  - Dealing with general issues via long term support to the most vulnerable families e.g. those impacted by welfare reform
  - Ensure that the needs of women affected by substance misuse are met

#### Niamh Nic Daeid – Deeper Dive of Data

- Statistics can help us understand the situation and reinforce the drive to action
- NHS Scotland's Information Services Division publishes information on drug related deaths
- Reports in the press on the scale of the issue led to the DDC taking an in depth look at the data and evidence. This data was received in May 2019 and corroborated the views of service users
- While the data set for Dundee is small, there are a number of trends that can be seen;
  - Those who died tend to be from socially deprived areas and show higher rates of depression
  - Prescription drugs are more prevalent, including gabapentin. A high incidence of 'street valium' was also noted. This can help us to understand what is different in Dundee
  - Poly drug-use is usually found in drug deaths
- All of the above impact on how we can help people

#### Andrew Fraser – Key Role of Public Health

- Links with various recommendations including those relating to leadership, prevention and needs assessment
- Several recommendations relate to values, and Public Health can have a role in promoting these
- Public Health can have a role in metrics / measuring
- There is a lot of evidence available on what works and doesn't work e.g. around waiting times and retention
- Brokerage can lead to confrontation, but is necessary
- Public Health can help with the integration of services
- Causes need to be identified and understood in order to help with prevention
- Dundee is not alone in having these issues
- Public Health works best when it works with people and across boundaries, including at a strategic level and on the front line

#### Andy Perkins and Tessa Parkes – Role of the Press

- DDC recognised early on that the press are important and need to be engaged with
- We should question the language they use, help them understand the message and stigma
- The press have changed their language in some other countries and it has made a difference
- DCC has seen a shift in reporting during its year of operation
- Continued engagement with the press is needed to continue this and for the press to be part of the solution

#### c) Leadership Responses

David Martin invited responses from several of those present, summarised below. One common theme was a thank you to the Commission members for their hard work and insightful report;

##### John Alexander

- Undertaking the Commission has been a valuable exercise, with possible national as well as local implications
- The report will help us to see what services are needed and identify gaps to be filled, focussing on the individuals affected by drug use
- A continued review will be needed to target resources effectively. To do this we need to adopt a long term strategy, including politically
- We need to focus on partnership and the smaller size of Dundee should help with this
- Some quick wins can be expected, but the majority of what we do is about working towards a vision for the future
- The report highlights an opportunity to do something special

##### Kevin Keenan

- Sees the measured approach taken by the Commission and accepts that most of the work will be long term
- Services need to adapt to help people with times of change / transitions (e.g. a change of jobs)
- The General Data Protection Regulation (GDPR) can be unhelpful with sharing information, but we need to find a way to share what is needed in order to help people

##### Drew Walker

- Agreed with the earlier comments regarding Public Health, and added that we have specialist staff available with substance misuse as their specialism
- Public Health Scotland will help create links with other stakeholders and with enabling a 'once, for Scotland' approach
- Public Health will seek to work with colleagues across the Dundee Partnership to address the challenges outlined in the report

Andrew Todd

- Police Scotland can stretch to deal with the highlighted issues whilst continuing with their traditional role in enforcement
- We may need to challenge what can be done with data in order to improve public safety in the future

David Lynch

- It is helpful that the importance of language is flagged up throughout the report
- We need to ensure that services are empathetic and seeking innovation rather than rigidly sticking to procedures and rules

Christine Lowden

- The report has given a voice to the Third Sector, which often feels silenced due to the commissioning relationship that exists with the Public Sector
- There is a need to speed up the process of 'welfare checks' for people not turning up for recovery related prescriptions
  - Andrew noted that the police do already check up on people for their safety
- Asked how national progress will be prompted?
  - There will be a feed into the National Drugs Group
  - Use will be made of the £10m over two years for drugs support in Scotland

d) Questions & Discussion

David invited more general discussion and questions from the group, summarised below;

- The next Dundee Partnership Forum on 23<sup>rd</sup> October will be used to follow up on initial progress following on from the report's publication
  - as a full morning, there will be time for input from a range of people including those who gave evidence to the Commission, DP members, and the Scottish Government
- It is important to ask 'what would better look like?'
  - We already see people with compassion and interest in helping at the point of contact. This needs to get better, regardless of the issues being presented (it applies wider the drugs services)
  - People with issues or concerns need a readily available place to voice them
  - There needs to be an individualised service for recovery support
- Commitment is needed from the Dundee Partnership to have continuous conversations with communities, and a review date set for the future. There is a lot of experience and knowledge available in communities
- We need time to reflect on 'what next' and to take responsibility for progress on this
  - The ADP needs to be improved
  - We need to set the scene for influencing Scottish activity
  - Lots of work needs done before the next DP Forum
- Simon Little agreed with reported criticism of the ADP. the challenge is to address this so that the ADP functions effectively with a plan for action that makes a difference
  - The ADP proposes to strengthen its membership and streamline its structures
  - Feedback up and down the chain will be better and help to identify what is broken and work to fix it
  - Members need to develop trust and confidence in each other, and use this as a basis to support each other
- The existing problems have been known for a while. These include;
  - Access
  - Discharge planning
  - Value retention

- Risk aversion
- We need to identify a small number of key priorities for the next three to four months and move towards changing the culture
- We need to make time for the 'hearts and minds' aspect, getting everyone on board with regards to language and tackling stigma
  - Justina offered help with developing support and participatory practice
- Links between drug related deaths, mental health, and poverty & inequality are seen at a government level. There are system issues at a national level that need to be addressed, and Sandra and Brian will liaise with local officers on these
- Community members should be used as a sense check to help ensure that we take the best steps forward
- A primary focus of work going forward needs to be reducing the number of needless deaths from drug misuse

e) Conclusion & Thanks

David thanked the Commission members for their attendance and everyone for their participation in the discussion. He expressed a hope that a sense of momentum has been seen today.

A key issue that has been identified is leadership;

- We need to stand up and make clear changes
- We need to frame an action plan with communities

Thanks were also given to Peter Allan and Vered Hopkins for carrying out a lot of the background work to support the Commission.

f) Drug Death / ADP Action Planning & Reporting

Simon Little circulated a paper outlining proposals for the restructuring of the ADP (see attached). Key aspects of the proposal include;

- Strengthening membership
- Restructuring for more straightforward operation and clearer accountability
- Portfolios for key areas
- Some standing attendees to report on their agencies
- Councillor involvement to improve accountability

The ADP will also have to set strategic priorities based on the content of the Commission's report.

Discussion followed, which included;

- There is a need to bring complex structures together; the Dundee Partnership, NHS Tayside, DCC, etc.
  - We need to highlight where people need to be involved so the right people attend the right group(s). Highlighting how groups interlink and what is addressed where would help with this
  - Simon to meet with Grant MacDougall, David Martin, David Lynch, and relevant councillors on this
- An action plan draft will be circulated prior to the DP Forum in October
- A lot of national commitments have been made in the past few months, increasing the influence of this area of work. We need to make best use of these resources, and learn from other areas e.g. Fife
- The findings of the Commission need to be linked to those of other groups
  - E.g. the Dundee Fairness Commission (who also identified stigma and mental health as issues). A visualisation could help give us a better picture and identify opportunities for more joint work
  - GPs also need to be engaged with and involved. The updated ADP structure should help to bring this about
  - Involvement needs to be appropriate and proportionate, possibly through task groups

**SL**

**SL / PA**

- Tackling stigma might best be tackled via a concerted campaign c.f. 'See Me'
- Looking at 'service for the service user' is key and may save funds. Resourcing of alternate activity might then be possible
- We need to make better use of data sharing in order to help the 500+ individuals that we are collectively working with
- Scottish Government funding is being made available to support people with 'severe disadvantage'
- We need to get some 'emblematic quick wins', and show that we have listened and are now acting. Some case studies of actual differences made would be powerful
  - Simon indicated that some case studies already exist. A short life working group has focussed on eight people in order to identify how to cut the number of steps they need to go through to get support to them
- More frontline staff may need to be trained in administering Naloxone
- Each of the Executive Boards will have actions in relation to this agenda
- The three Hubs are all seeking additional financial support, and are key contributors to support of people with substance misuse issues and their families
- Work needs to be done to get the general populace to care more about this agenda. Getting trade unions on board would also be helpful
  - Changing public opinion will be a challenge so we need to make sure our views get out via numerous routes, e.g. LCPPs, local community groups, etc.
- The Chamber of Commerce holds mental health awareness events with employers which can facilitate safe conversations and help employers show their staff that it is okay to speak about issues with them
- There needs to be a balance between enforcement work and support to individuals involved with drugs
- Chains of activities, providing end to end support are needed. Additional communication and sharing of information can help with this

3. ITEMS FOR INFORMATION

The three items below were all noted for information. Any comment or query in relation to them should be addressed to their respective authors.

- a) Health & Wellbeing Annual Update
- b) Tayside Child Healthy Weight Strategy
- c) UNESCO City of Design Dundee, Monitoring Report 2014-2018

4. AOCB

David informed the group that this would be Christine Lowden's last meeting before her retirement. She has been a stalwart of the group for several years and always brought useful contributions on behalf of the Third Sector.

Christine commented that the city and DVA have come a long way. Partnership is very strong in Dundee when compared with elsewhere and the Third Sector has been heard and able to influence Dundee Partnership activity.

9. DATE OF NEXT MEETING

Thursday 5<sup>th</sup> December at 1.30pm, Learning Suite, Camperdown Wildlife Centre, Dundee, DD2 4TF. (Buffet lunch available from 1pm)

Attachments

ADP Governance Proposal