



Delivering on the Dundee Drugs Commission 23 October 2019

Introduction

Held at the West Park Centre and hosted by David Martin, Chief Executive of Dundee City Council, this Dundee Partnership Forum was attended by 132 delegates. These included community representatives, councillors, MSP's, and staff from the public, voluntary, and private sectors. Importantly, the community representation included people with lived experience and family members affected by the issue.

Welcome

John Alexander, Leader of the Administration, DCC, gave a formal welcome to the event and introduced the topic for the Forum. He stated that this was an important day with regard to the work done over the last year and a half.

In 2017, it was on the council agenda to challenge the rate of drug related deaths and this led to the formation of the Dundee Drugs Commission. We can have pride that we have done this and now have an action plan to make the changes needed.

He said that there are many good reasons why we are doing this, including;

- The current situation where too many people experience suffering is simply unacceptable
- The dehumanisation of the people affected needs to be changed
- Dundee has seen over four hundred drug related deaths over the last ten years

John had recently spoken to a mother who had seen press coverage on the topic and told him something of her situation. Her son is in recovery in a facility in Yorkshire, and she was clearly proud that he has been clean for four weeks now. This is making a difference not just to the son, but to the whole family. The passion and commitment of parents like her is vital to making a difference.

We all need to sign up to help the same people. By working in conjunction with each other, we can make a bigger difference. The Dundee Drug Commission has highlighted this by showing us what work is needed, including the advocacy work needed to support those in, or wanting to be in recovery. Change is needed in order to save lives, and today is an opportunity to listen to how this change can be undertaken.

David Martin then introduced Robert Peat, and in doing so highlighted the event purpose as being to bring partners together and outline the actions arising from the [Dundee Drugs Commission report](#).



Responding to Drug Use with Kindness, Compassion & Hope

Key Messages from the Dundee Drug Commission

a) Introduction by Robert Peat, Commission Chair

Robert began by expressing the thanks of the Dundee Drug Commission to the 1,000+ people who contributed their views to the Commission.

The stated aim of the Commission was to enable Dundee to respond more effectively to the issue of drug related deaths. This is covered in the report published in August, and is supplemented today by two appendices (available [here](#)). The report;

- Provided the opportunity to address issues and reduce drug related deaths
- Identified a system that is fractured at present and requires immediate change

Robert stated that kindness, compassion, and hope will help with making the needed changes. He then talked to slides showing the first six of the Commission's recommendations (see Appendix 1). This included that;

- The governance framework to date has been disconnected and so has been unable to effect change
- We all have a role to play in addressing stigma
- The language that is used by us has an influence on people coming forward for help
- All partners need to be held equally accountable, whether they are public sector or third sector
- Peer led development of services is needed
- We need to learn from what has gone wrong in the past

The Commission would like to be a critical friend to the Dundee Partnership on an ongoing basis, even though it has already reached its conclusions and published its report. Members can also make a contribution to the National Task Force being set up to tackle the issue of drug related deaths.

Robert identified a number of immediate actions, along with some important questions that need to be answered;

- Independent needs assessment needs to be put in place
- Prescribing needs to have a low threshold for access
- There need to be no unplanned discharges from support given by the Integrated Substance Misuse Service (ISMS)
- Daily drop-ins need to be available at times that are convenient for those wanting to access them
- An action plan needs to be agreed with those in Primary Care
- How far has the Alcohol & Drug Partnership (ADP) restructured to promote a 'level playing field' between the third sector and public sector?
- Has priority been given to Opioid Substitution Therapy (OST)?



- Has changing the names of services been considered, in order to reduce stigma and improve access?
- Has someone with authority been tasked to work with substance misuse and mental health services?

Before handing on to Andy Perkins from Figure8, he concluded by reiterating the need for kindness, compassion and hope.

b) Priority Recommendations

Andy began by expressing his thanks to those with clinical expertise in helping the Commission to form their recommendations. Many others who provided information to the Commission wanted to talk about the ISMS, especially;

- Access
- Engagement
- Choice of Services

Criticism of the service included that it is;

- Bureaucratic, centralised and narrowly focussed
- It is slow to enable access to treatment
- There is a high drop-out rate from treatment, especially where non-adherence to the rules leads to clients' treatment being suspended
- Part of a system that is not fit for purpose, with siloed working and a lack of trust

Recommendations seven to thirteen cover this area of work, and Andy talked to slides showing these (see Appendix 1). This included;

- There is a perception that the prevalent treatment option is methadone prescription, and this needs to change so that there is a well-known, full menu of services available
- This change of course to increase choice of treatment options will require a new 'whole system' model of care
 - This will need to include GPs, who are not particularly involved at present (only two are prescribing OST)
 - It will need to address the ISMS being massively over capacity
 - This proposal is covered in depth within the Commission's report
- A useful reference document is 'Taking Away the Chaos: the health needs of people who inject drugs in public places in Glasgow City Centre'. This can be found [here](#)

A consistent theme brought to the Commission was the lack of mental health support for people with substance misuse issues. There is a need to integrate this, and it is also the recommended national best practice. At present, those presenting at either substance misuse or mental health services are frequently told they need to deal with the other issue first, before accessing treatment. This needs to change so that treatment is carried out concurrently, and achieving this has to be everyone's responsibility. It was suggested that the Dundee Partnership should approach the Scottish Government with a view to setting up the country's first integrated substance misuse and mental health service.



In summing up, Andy put across the scale of the issue by highlighting that last year Dundee had more drug related deaths than the entirety of Portugal. He stressed that the opportunity for change is here, and that we need to take it.

c) Understanding What the Data Is Telling Us

Hazel Robertson described the common elements that the Commission have identified about those directly affected by substance use. Most of those needing help are 25-34 years old, and there are many women amongst them who find themselves in particularly difficult situations. Other common factors include;

- Poverty
- Trauma
- Violence
- Exclusion

In trying to help the people affected, any door should be the right door. Quoting Mahatma Ghandi, 'the true measure of a society is how we treat our most vulnerable', Hazel highlighted the need to do better.

Recommendations fourteen to sixteen are most relevant to this area, and talking to slides showing these (see Appendix 1) Hazel's points included;

- Adverse Childhood Experiences (ACEs) affect people in later life. We need to get help to them sooner which will lead to benefits for them, and those around them, throughout their lives
- The safety and wellbeing of children is vital, and proactive support for parents is needed

Hazel stated that we need to identify and implement a transformational, whole family approach in order to address this issue. Poor choices made by people can be corrected – people do not need to be defined by them.

Niamh NicDaeid stated that the statistics seen by the Commission paint a stark picture. She continued that the statistics are needed alongside the personal level of information, as leaders respond to evidence based solutions. Niamh highlighted that;

- Scotland has the highest rate per million population for drug related deaths in the world. Within this, Dundee has the highest rate per capita
- Trend data for Dundee during 2009-2016 is now available for analysis. This can bring out the similarities and differences between Dundee and elsewhere, and this in turn can be used to assist with targeting support
- A 'deeper dive' of the data on a regular basis is recommended
- Supporting evidence for the Commission's recommendations has been published today, and can be found [here](#)
- Trends can help us to identify some of the contributory factors in drug related deaths in Dundee
 - Poverty is a key feature in 85% of cases



- 67% of those who die were known to have mental health or psychiatric conditions
- Compared to drug related deaths in other areas;
 - Antidepressant and antipsychotic drug use is higher in Dundee
 - Those dying are older
 - Proportionately, more women are dying
- The drugs being used and leading to drug related deaths in Scotland differ from what is seen in the rest of the world. Most commonly seen are;
 - Benzodiazepines (also known as street Valium)
 - Gabapentin. Use of this has increased since 2010
 - Pregabalin. Use of this has increased since 2015
 - The latter two of these drugs are even more prevalent in Dundee than the rest of Scotland, and importantly are prescription drugs
- Overall, the data has corroborated the real stories of people coming forward

d) Recovery Communities / Listening to Service Users, Carers and Communities

Jardine Simpson started by stating that being part of the Commission was a humbling experience, and thanked everyone for their contributions. The resulting recommendations are all essential and all evidence based.

He stressed that Dundee's issues are not unique. The effects are apparent in everyday life, and the Commission's recommendations are already being put to use across Scotland as a 'sense check' on areas' responses to the issue of drug related deaths and drug use. Jardine appealed to the leaders of the change process, asking them to frame it within the new national strategy that respects recovery.

Everyone here has a part to play in making sure that the recommendations become a reality. Deep and broad system change needs deliberation, but we are now entering an implementation phase.

Recommendation five calls for meaningful involvement of those with lived experience, their families and advocates. The Scottish Drugs Consortium is standing ready with support and training for those who can be involved in the change. Within those with 'lived experience' Jardine includes people in recovery, their families, and those still using drugs. Training will be available to enable them to act as representatives and give their experience to professionals. They will also be able to act as 'Recovery Advocacy Staff' to assist all those seeking support to get active help with their recovery journey.

Jardine finished by reminding us that the world is watching. Drug related deaths are avoidable, and people do recover and go on to live active lives within their communities.

Following Jardine's speech, a 'talk show style, question and answer' set-up was used to help put across the voices of service users and carers. This was led by Justina Murray, with Sharon Young, Pat Tyrie, and Andy Perkins answering the questions. A summary of the Q&A follows.



Forum

What is it like living with addiction in Dundee?

- Stigma is a big factor
- There is difficulty in accessing services. We need to cater for individuals
- At present there is no 'one door' access, and this needs to be brought in

What are the strongest messages coming from family members?

- Calls for a residential facility, but also recognition that this would be expensive to set up and run
- A day centre may be able to offer help. At best this would help those attending the centre, their children and families, and this would make a difference
- Slow access to services and suspensions from treatment for lapses is common. Same day re-engagement should be in place and can be safely done. It can currently take weeks to get back into a service. This is frustrating and stressful, and doesn't help individuals
- There is a lack of access to mental health support. People often turn to substance misuse in order to avoid some sort of pain, and this then has a devastating effect on people's lives. Mental health support is vital

The focus on lived experience – what did it bring to the Dundee Drugs Commission?

- Peoples' voices being heard in a collective rather than tokenistic way
- They were also able to ask 'what will be different?'
- It enabled the Commission to critique the situation and evidence independently, and find solutions

Why do people with experience feel that people are dying?

- Because they are falling through the gaps and not getting support. As a result, family members and children will be feeling the impact of the deaths for at least the next two decades

How will we know change is taking place in Dundee?

- People will express their hope and that they feel respected
- Seeing all aspects of recovery being addressed, including mental health, benefits, housing, employment, etc.
- People will come out of their first appointment with hope

How did it feel to be on the Dundee Drugs Commission, and how does it feel now?

- Andy: Overwhelming; an immense privilege; sense of duty. Now feel optimistic and believe that change can happen
- Pat: Hopeful of the opportunity for Dundee to shine
- Sharon: Humbling to be on the Commission. Now feel that Dundee needs to be brave and bold; Scotland as a whole can learn from this too

Roundtable Discussion 1

Q1: Do you recognise the picture of Dundee described by the Commission?



Participants had mixed feelings about the picture described by the commission but overall there was a consensus that the **issues highlighted were correct but not wide-ranging enough**. Individuals in the community and professionals feel they have known these issues for years and the Commission report was a '*long time coming*'. People agreed the issues were due to the '*Silo working*' and highlighted the failure of leadership and the system and were not about individual staff. It is clear, and includes the voices of people with lived experience, and also **aligns with the findings of the mental health report**, including how people experience services and access to services.

Issues participants particularly echoed and agreed with

- Stigma
- Culture
- Access to service
- Power Imbalance
- Leadership and partnership working
- Issues with Prescribing and treatment
- Scottish Government Issues

Issues participants felt were missing

Participants felt the opportunity to look at the **wider range of issues was missed due to the main focus on a single service**. Housing was not discussed, which is integral to these issues. Recovery was also not discussed, which is different and much bigger than just treatment.

There was also agreement that the **Commission did not adequately recognize current good practice**, which people felt did exist in places. Partnership working does need to improve but some participants who have previously worked in other council areas highlighted that they felt Dundee had '*less closed doors and more people willing to work in partnership where they can.*' There was a sense that frontline staff want to do a good job, but come up against barriers.

It was felt that **some of the data in the report was misinterpreted**, for example, the interpretation of an unplanned discharge. Not all things labelled 'unplanned discharge' are a stop in treatment, which shows a false elevation of 'unplanned discharges' than is the reality. For example, when someone is sent to jail it will be recorded as an unplanned discharge; however their treatment will continue once they are in prison, and this transition is usually seamless.

Participants felt it was brave of the commission to tackle leadership, culture and values, but felt that it **didn't highlight 'resource issues'** service providers are struggling with.

Some participants felt there was **a lack of focus on education and the experiences of children and young people** despite the whole family approach being discussed.



Forum

People would have liked to have seen children and young people's voices and experiences captured and what it all means for them.

There was a general sense that **prevention wasn't highlighted clearly enough**. Comments included *'If we don't get it right we will be having the same conversations again in 20 years'*.

Despite this being a drug commission, participants were also concerned about **alcohol related deaths** not gaining equal attention, as people in Dundee are dying from this too. It was felt alcohol is particularly important, as relapse to using drugs usually happens while drinking alcohol.

Community stigma and media should have been discussed. The whole community needs to be safe, not just community centres and services.

Q2: Do the recommendations capture the change we need in Dundee?

Overall participants supported the recommendations and felt they were brave, bold and an important blueprint for future work.

Recommendations participants particularly agreed with as priority

- Person Centred Approaches
- 'Addressing root causes' (Trauma, Violence, Neglect and Social Inequalities) was highlighted as specifically important and challenging
- Integration of Mental Health and Substance Use Services
- Addressing Stigma and Culture

While supporting the recommendations, participants did feel they were very broad and had some limitations and that some of the change needed will be difficult and likely take generations.

Suggested limitations of the recommendations

- **Unclear how the recommendations related to other service areas** such as Community Justice, Housing and Employment Services. It was **too focused on specialist treatment services**. This could lead to continued siloes and not result in a Whole Systems Approach
- Did not address the competing agendas between medical vs recovery model, and that **Recovery Communities have not been introduced** into the recommendations
- Commissioning should be collaborative and a **top down approach should be avoided** by the Alcohol and Drug Partnership (ADP) in an attempt to become more effective commissioners
- **Does not address vulnerable adult legislation**
- **Does not address alcohol deaths**, and both are equally important



- Not only about prevention activities from service level involvement but also a **need for wider prevention**

Rights, Respect and Recovery in Dundee

The Dundee Partnership – Our Commitment

Grant Archibald began by stating that the Dundee Partnership is happy to be part of dealing with such a large issue for Dundee, and responding positively to the 1,000+ voices and the recommendations from the Commission.

He recognised the resonance of this morning's messages; that leadership is needed, people need to own their own city, and the need for trust. This needs to get beyond words and into action. We need to improve, not just have an improvement plan. We need to avoid being defensive in the face of constructive criticism and move to services working together to provide support and solutions, and importantly, provide hope for those affected. We need real people to be part of the design.

There are many partners involved and they need to be organised to work together to provide secure places for people to get support.

When we listen to patients and their families, we do really well. We need to take time for reflection and use this to build a network of better services to support those finding themselves in need, and help create a better Dundee. We did this with tackling Hepatitis C, so we know it can be done.

Those present are 'our team' and communication amongst us is needed to address the challenges and support vulnerable families. We are committed to the future of Dundee. Actions, achievement and improvement will lead to a better Dundee that cares for its most vulnerable.

Responding with Urgency – Our Plan for Action

Simon Little, Independent Chair of the ADP, began by commenting on the role of that group. The ADP has not functioned well strategically or in implementation. It is his role as chair, along with the group members, to change this through instituting a culture of transparency and honest self-assessment. Significant improvements can be made quickly; some will take longer. It will take time to redesign services and address the underlying causes of substance use.

The ADP is accountable to the Dundee Partnership, and a group consisting of David Martin (DCC Chief Executive), Grant Archibald (NHS Tayside Chief Executive), David Lynch (Director of the Health & Social Care Partnership), and Andrew Todd (Police Scotland's Divisional Commander for Tayside), will meet six-weekly over the next six months to ensure progress is made.



Forum

Some areas of work had been started on before the Commission report was published (including ISMS delivering more services from localities, Housing First, and assertive outreach carried out by Positive Steps) and there are many recovery groups and other self-help groups in the city already. Simon went on to describe actions to be taken in relation of the working strategic priorities for the ADP, each of which can be mapped to the Commissions' recommendations. He stressed that all of these are equally important

1. Take all available measures to tackle drug related deaths
 - Improve communications between services in relation to non-fatal overdoses
 - A test of change is due to start on 4th November, with a daily gathering of relevant statutory and third sector service leads to share information and coordinate better engagement with someone close to those affected (professional, carer or other family member). If this proves successful, it will be rolled out on a permanent basis
 - Part of the test of change above will be to formalise information sharing so that all who need to know, do know, in order to enable the best support possible
2. Take urgent action to ensure those at greatest risk are protected and engage with services
 - Positive Steps have been undertaking assertive outreach for some months already, seeking out those who are high risk and disengaged from services
 - Financial support from the ADP is enabling Hillcrest Futures to employ a worker to do this too, and the two projects are collaborating
3. Urgently strengthen the capacity and capability of specialist drug services in the short term; prioritising access, retention, quality and safety
 - Actions to Improve Access
 - Work being done on non-fatal overdoses should speed up access to services for those at high risk, including rapid re-engagement with ISMS
 - From 28th November ISMS will begin a test of change with the Direct Access Clinic, giving the opportunity to see a prescriber at the first point of contact. This could result in same day prescribing
 - Geographic access is being improved through delivery of ISMS services in localities and in partnership with other agencies. Currently there are nine sites, but this will be expanded on
 - Three non-medical prescribers have recently been recruited to ISMS. One is able to prescribe already, and the other two are in training
 - Actions to Improve Retention
 - We know that keeping people in services is an important protective factor. Assertive Outreach will help to retain / re-engage people in services
 - ISMS Social Care Support Workers will also carry out Assertive Outreach, focussing on those who have stopped attending ISMS appointments or attending for their OST
 - Actions to Improve Quality
 - Rolling out services to localities, which improves geographic access
 - Co-location is also improving the range, coordination and responsiveness of services. Closer working will also help to build trust between staff



Forum

- Collaborative work between ISMS and the third sector to provide additional support for alcohol, opiate and benzodiazepine detoxification
 - ISMS have requested that buprenorphine is added to Tayside's prescribing options. This allows weekly or monthly replacement therapy to take place (rather than daily) and allows people to restore normalcy to their lives
4. Implement a revised person centred, seamless and comprehensive model of care
 - The ADP and HSCP will work together to agree a design brief for services and challenge stakeholders to propose how that will be achieved
 - There is hope that GPs will be more involved in future plans
 - Mental health services are clearly very important in dealing with substance use. The ADP and HSCP have volunteered for Dundee to develop and test how community services for people with mental health and alcohol or drug problems could be better unified. We are awaiting a response from the Scottish Government on this
 - In the meantime, specialist substance misuse services and specialist community mental health services are to discuss how they work better together
 5. Win the trust and confidence of all stakeholders through effective Leadership, Governance and Accountability
 - The ADP had started discussing improving its leadership prior to the Commission's report being published and have taken a number of steps;
 - Membership has been strengthened, with all members having sufficient status to commit to action on behalf of their organisation
 - Additional clinical expertise has been added
 - An invitation will be extended to the Council's Administration and Opposition to each nominate an elected member representative to the ADP
 - The ADP structure has been changed to emphasise its accountability to the Dundee Partnership. Five work streams will focus on very important areas of work, including implementing the Drug Related Death Action Plan, developing the new comprehensive system of care, and focussing further efforts on prevention
 6. Ensure the meaningful involvement of people who experience problems with drugs, families and carers and those that advocate for them
 - We need to be open to people telling us how they want to be involved and what is most important to them. An early evening event is being held at the Mitchell Street Centre on 30th October to do this
 - If there is interest, the ADP will recruit two members with lived experience and two carers, to bring their experience to the group
 - Each ADP work stream will be challenged to find meaningful ways to involve those with lived experience and their carers and families
 7. Confront and address stigma and strengthen mutual and community support
 - Addressing stigma and discrimination is at the heart of DCC's [Fairness Strategy](#) and so the Fairness Commission will lead and coordinate this work. The ADP



Forum

anticipate carrying out new work with the media to present fair and positive stories about people in poverty and recovery

- Prior to the Commission, a lot of work went into working alongside local people to build Resilient Communities, and tackling stigma has been an important element of this
- The ADP sponsors a number of agencies which are supporting Recovery groups and has also agreed to purchase an extended SMART Recovery licence, to include families and friends activities
- Everyone should be encouraged to sign up to the Recovery Friendly Pledge

8. Keep children safe from substance use and its consequences

- Having a substance using parent, and other traumas associated with that can impact significantly on children's life chances, so it is vital that we stabilise the drug use of parents and help them to recover
- Three specialist nurse prescribers have been recruited to work across social work locality teams and intake service, starting on 1st December. Their initial focus will be families where children are at risk of becoming accommodated or are on the protection register
- Recently, work has been done to strengthen links between ISMS and DCCs Children & Families Service, leading to improvements in recording, access to ISMS for Children & Families staff, and information sharing
- The ADP needs to work closely with the Child Protection Committee, as well as improving its existing Prevention Strategy to improve early interventions
- On 19th October, Scottish Families Affected by Alcohol & Drugs held the city's first Hope Festival. This was well attended and shows the collaboration possible between local family support groups

9. Implement trauma informed approaches, targeting those at increased risk of substance use / and death

- Within ISMS there are arrangements in place to offer high intensity psychological interventions to those who have experienced trauma, through 1:1 work with the ISMS Clinical Psychologist
- During 2020 all ISMS staff will complete training in 'trauma informed practice'. Staff in Criminal Justice Services have already completed this training
- The Protecting People Team are working with NHS Education for Scotland to support workforce development enabling trauma informed approaches across a range of disciplines

10. Tackle the root causes of substance use

- Poverty, disadvantage and childhood trauma are complex and entrenched issues, and will take generations to tackle but the city has made a clear commitment to do so
- The Scottish Government advocate a Whole System Approach through their Partnership Delivery Framework to Reduce the Use of and Harm from Alcohol and Drugs. Dundee has volunteered to be an early adopter of this framework
- NHS Tayside's Public Health Department have committed to take a prominent role in designing and delivering on independent health needs assessment. They are



also looking to strengthen their contribution in other areas relevant to substance misuse

In summing up, Simon stated that there is a lot to do and it will take time, but that reinventing the system of care and tackling the root causes must be kept active, with clear actions and accountability, in order to achieve the improvements that we all want to see.

Roundtable Discussion 2

Q1: Are these the actions that will make the biggest and fastest difference?

There was a mixed response to the current actions. Most participants felt the **actions as a whole were lacking, with pockets of good response**. Some of the positive and negative comments included:

- Should not have been presented to the group but should have been developed in partnership with the experience in the room to help identify the priorities
- Not enough detail, I feel deflated after hearing that
- Vision and leadership not evident from the actions
- Didn't feel bold or brave – feels like more of the same
- Still feels like tweaking around the edges rather than making fundamental changes
- Encouraging to see the need for action has been recognized but need to focus on things that will have the biggest impact
- A good starting point was sorting out the ADP structure and bringing in an Independent chair
- Good initial response to the ISMS challenges, welcome open access clinics and same day prescribing

Suggested areas of strengthening the recommendations

- Everyone agreed that **data sharing** is a major hurdle, were happy to see it as a key priority and expressed a desire for positive change
- Participants have said they have **already started to feel a shift within Integrated Substance Misuse Service (ISMS)**; they feel encouraged and hope this continues as more changes are still needed
- Participants welcomed the commitment to **increase the Assertive Outreach** that Positive Steps is doing, as it also acknowledges issues around housing and homelessness
- Developing **Trauma Informed Approaches** was highlighted as a key piece of work that will help address issues such as culture and stigma



Suggested areas of concern and key priorities

Participants highlighted that issues with ISMS need to be addressed, whilst making sure **ISMS does not dominate the whole change agenda.**

Same day prescribing of Medical Assisted Treatment (MAT) needs to be immediate, on a larger scale and not just a single post. GPs need to be more involved in prescribing, and low-dose street prescribing should be done the same way homeless outreach teams do this for other medications. It is not yet evident that expertise outside ISMS (and focusing on the 3rd sector) will be adequately utilised. Some participants proposed there is a need to take pressure off ISMS, improve alternative prescribing, utilise a whole systems approach, and support a recovery-oriented system of care (ROSC).

Harm Reduction should be listed within the actions, for example the role of community pharmacies and naloxone. Although participants felt there was a significant role for community pharmacies, there was also a sense that there is a need to be careful not to expect too much from them.

Gendered approaches are essential and should not be a separate thing, but integrated into each aspect of the strategy.

Participants felt a **community approach and active involvement with all stakeholders is the key to real change.** This includes services, supporting Recovery Communities to grow and **embedding lived experience into the ADP** and not a side note of the action plan. Comment included, *'two members on the ADP with Lived Experience is tokenism.'*

There was a general agreement that **tackling stigma and making a culture change should be centre stage.** It was highlighted that **culture change was not mentioned in the actions,** along with nothing about addressing kindness, compassion and hope. Performance measurement also needs to be looked at as this helps drive culture and ways of working by those at a policy making level.

Participants highlighted that the **prevention element has not been addressed.** They felt there was a need for greater focus on children and young people affected by trauma, along with early support (intervention) and support for education's preventative role.

Some participants were concerned that providing **more funding to the same services to do more of the same work is not the answer,** and that consideration needs to be given to expanding the choices available, and considering different ways of doing things.

Integration of Mental Health and Substance Use Services should be the main priority. This was a key theme throughout all the discussions.



Specific focus was given by many participants to the **expanding and strengthening the Lead Professional model** as a unified approach plus rolling out a **Person Centred/ Rights Based Approaches** across all services should be a priority.

Participants felt that the actions relating to keeping children safe are inadequate.

Other topics that participants identified as absent from the action plan were crack cocaine; the work of the police; children's voices; detox in prison rather than just replacement therapies; timelines and accountability.

Q2: How do we make sure that these are delivered effectively?

Participants felt that everyone has a **leadership responsibility on all levels**. This could be achieved through good governance, scrutiny and accountability. Senior leaders need to be consistent, visible, pro-active, transparent, and provide the right support. Outcomes need to be measured and everyone needs to **be clear about what success looks like**.

There was a clear and strong message that the recommendations of the Commission and the action plan are wider than the responsibility of just the ADP. **The Community Planning Partnership (CPP) needs to take a leadership role** and encourage all sectors to play their part. The CPP need to assign certain aspects of the recommendations to themselves and to others who have not been involved before, for example work with the DWP and the Fairness Commission to help tackle issues of poverty and employment in relation to substance use.

To ensure that accountability and momentum continue, some participants thought the offer from the commission of continued involvement could be helpful.

Moreover, participants expected to see **named leads for key pieces of improvement work**. For example, a Medical Director leading the work with GP's and primary care, and a lead for the integration of Substance Misuse and Mental Health Services. **Key work needs prioritized as tackling all priorities at once will be ineffective**.

Participants thought that effective communication across all levels of the partnership and to the community is also very important. Suggestions for this included regular updates from ADP/ Protecting People partners through a regular newsletter and reports to the conference delegates and the public via media channels.

Some felt it was important to recognise that when the commission was set up there was a genuine request from the partnership to better understand why what we have tried in the past had not worked and that all organisations have tried really hard individually but perhaps not collectively. Participants felt that a **partnership approach is essential** and that **trust** is important for effective delivery of priorities. Ways to build trust include to start sharing learning between each other and developing joint solutions.



A Protecting People Approach to training, development and working was suggested, which would link to various priorities, such as reducing siloed working, enabling culture change and better data sharing. An example of training could include clarification around what the difference is between treatment, recovery, recovery communities, peer networks and services.

Enabling culture change was a prominent theme in the discussions, and this should take priority along with **reducing stigma**. Suggestions for ensuring we deliver on culture change and tackling stigma include:

- Strengthening community action (participatory budgeting)
- Input from people with **lived experience** is valued and embedded into the work of the partnership
- **Staff need to be supported across all services to:**
 - Be an effective part of the change process
 - Be confident in their roles to reduce aversion to risk
 - Reduce turnover
 - Deal with the emotional aspects of work
 - Reduce frustration and compassion fatigue
 - Have more balanced roles, not just *'all the hard stuff'*
 - Embed Trauma Informed Practice across polices and the workforce

Other actions that participants felt would support effective delivery of these priorities were:

- A **Gaps Analysis** of ROSC and the full menu of services available
- **Health Needs Assessment needs to be independent**
- Making a case for additional funding from Governments whilst also using existing budgets more effectively
- Utilizing a **Public Health Approach**
- Data must be recorded and demonstrated
- Building on good practice from elsewhere
- Utilizing **support from national partners** (COSLA, SRC, SDF).

Making Dundee the City of Recovery

Robin Falconer gave a presentation to raise awareness of Recovery Friendly Dundee and to encourage people to sign up to the Recovery Friendly Pledge. Robin's slides are included in Appendix 3 below.

'Recovery Friendly' originated in Lochee and aimed to tackle the stigma entrenched in society. It has been rolled out to be a citywide programme, with the aim of making Dundee a city where people are treated with respect and dignity, where everyone feels valued and supported rather than defined by their health condition or life circumstances

The key elements of Recovery Friendly Dundee are;



Forum

- The Pledge, for organisations and groups. This includes displaying a signed pledge poster in order to give positive visibility for Recovery, and to challenge stigma
- Ambassadors, recruited to challenge stigma, champion respect and act as a local link / advocate. To date there are nine ambassadors, with more to be recruited
- Awareness Sessions, delivered by the Community Health Team. 116 people have participated so far, mostly service providers but also some community members
- Engagement, is an ongoing process that is currently working towards a showcase event during summer 2020
- East Recovery Sub-Group, made up of service providers and local people in recovery, the sub-group undertakes a range of supportive activities and is developing a drop-in at 101 Whitfield Drive

Questions & Answers

The schedule allowed time for a short question and answer session to be added to the agenda at this point. A summary of this is provided below.

- Ten immediate actions have been identified. What are their timescales (especially the same day prescribing)?
 - With regard to same day prescribing, a test of change started on the 20th October at a drop-in service, seeking to assess people's suitability through clinical judgement being available
 - All the presented actions will be undertaken with as much speed as possible
- What is the future of the Dundee Drugs Commission? Will it convene over the next year?
 - All Commissioners have expressed their willingness to be involved in future developments. How this is undertaken is being given some thought
- It is useful to communicate with the other delegates here. Will we come back together to look at progress?
 - The Dundee Partnership will not let this drift
 - We need to involve not just those present, but the whole city in this agenda

Closing Remarks

Chief Superintendent Andrew Todd thanked everyone for their participation and provided the closing remarks for the event, summarised below;

- Let's not be overwhelmed by the challenge and complexity of this problem. We have well evidenced recommendations and we need to have confidence that acting on them will make a difference
- We will need individual leadership as well as strategic leadership
- We will need courage to listen and learn
- We all do believe that we are doing the right thing, but we need to be flexible in the face of reality and make use of expertise and professionalism
- As has been mentioned several times during the event, we need to embrace the values of kindness, compassion and hope



Feedback

Fifty six feedback forms were returned following the event. These are collated and summarised in Appendix 4



Appendix 1

Presentation: Robert Peat and Members of the Dundee Drugs Commission

Dundee Drugs Commission

“Responding to drug use with kindness, compassion and hope”

‘A year of kindness and compassion can change everything’

FIGURE 8
CONSULTANCY SERVICES LTD

Dundee Drugs Commission

Recommendation 1: The Dundee Partnership must do all that is necessary to achieve the required standard of leadership – the test of which will be that agreed changes are owned and supported by the statutory and third sectors, recovery communities, service users and families.

Recommendation 2: 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.

Recommendation 3: 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.

FIGURE 8
CONSULTANCY SERVICES LTD



Dundee Drugs Commission

Recommendation 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.

Recommendation 5: Meaningful involvement of people who experience problems with drugs, their families and advocates.

Recommendation 6: Learning from the things that have gone wrong – attention to continuous improvement to benefit others who are vulnerable.

FIGURE 8
CONSULTANCY SERVICES LTD

Dundee Drugs Commission

Recommendation 7: Choice is important and having the choice of accessing a full menu of services (including community and/or a residential setting) to support recovery should be available to people in Dundee.

Recommendation 8: The provision of services currently offered by 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, with the key purpose of utilising the unique strengths of all partners.

Recommendation 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 retention through having an unambiguous 'no unplanned discharges' policy; optimised OST; psychological treatments; assertive outreach; and broad integrated care.

FIGURE 8
CONSULTANCY SERVICES LTD



Dundee Drugs Commission

Recommendation 10: Involvement of primary care & shared care models.

Recommendation 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.

Recommendation 12: Commission a comprehensive independent Health Needs Assessment for people who experience problems with drugs.

Recommendation 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 problems and substance use problems and most people with substance use problems also have mental health problems.

FIGURE 8
CONSULTANCY SERVICES LTD

Dundee Drugs Commission

Recommendation 14: Address the root causes of drug problems.

Recommendation 15: Ensure that the needs of women who experience problems with drugs are assessed and addressed via adoption of gender-mainstreaming and gender-sensitive approaches to service planning.

Recommendation 16: Attend to the intergenerational nature of substance use problems and place the safety and wellbeing 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 and requiring social work intervention.

FIGURE 8
CONSULTANCY SERVICES LTD



Appendix 2

Responding with Urgency: Our Plan for Action

Strategic Priorities and Actions for Dundee ADP and Partner Organisations – 23/10/19	
Strategic Priority - Take all available measures to tackle drug related deaths.	
Current Actions	Test of Change – 72hr co-ordinated multi service response to Non-Fatal Overdoses
	Data Sharing agreement
Strategic Priority - Take urgent action to ensure those at greatest risk are protected and engage with services	
Current Actions	Increased Assertive Outreach – Hillcrest and ISMS joining existing work done by Positive Steps
Strategic Priority - Urgently strengthen the capacity and capability of specialist drug services in the short term; prioritising access, retention, quality and safety.	
Current Actions	Test of Change – Prescriber assessment at Direct Access; potential same day prescribing
	ISMS and partners working jointly in 10 locations currently – continue expansion
	3 Non Medical Prescribers recently recruited to ISMS; capacity has increased but will grow further once fully operational
	Test of Change – Pharmacy prescriber to be located in a community pharmacy. Proposed start date to be confirmed.
Strategic Priority - Implement a revised person centred, seamless and comprehensive model of care.	
Current Actions	Initial discussion has been held with GP representatives
	ADP / and Health and Social Care Partnership have volunteered to Scottish Government to pilot fresh approaches to unifying community services for those with both substance use and mental health problems
	Local specialist substance use and specialist mental health services will discuss how they work together



Strategic Priority - Win the trust and confidence of all stakeholders through effective Leadership, Governance and Accountability	
Current Actions	ADP Membership has been strengthened.
	DCC Administration and Opposition will be invited to nominate Elected Member representatives to ADP
	The structure of the ADP has been streamlined and more focused on implementation
Strategic Priority - Ensure the meaningful involvement of people who experience problems with drugs, families and carers and those that advocate for them	
Current Actions	Up coming event (30/10) will seek views on how those with Lived Experience and Carers want to be involved
	New ADP structure proposes 2 Lived Experience Members and 2 Carer Members
	All ADP workstreams will be challenged to actively engage those with Lived Experience / Carers
Strategic Priority - Confront and address stigma and strengthen mutual and community support	
Current Actions	Fairness Commission to lead media work.
	Resilient Communities workgroup to continue its embedded activities; such as Recovery Friendly pledge
Strategic Priority - Keep children safe from substance use and its consequences	
Current Actions	3 Trainee Nurse Prescribers recruited to Social Work locality teams and intake service.
	Closer working links between Children and Families Services and ISMS
Strategic Priority - Implement trauma informed approaches, targeting those at increased risk of substance use / and death	
Current Actions	All ISMS staff to have trauma informed training by end of 2020.
	Protecting People leading workforce development of trauma informed approaches within the wider workforce
Strategic Priority - Tackle the root causes of substance use.	
Current Actions	Dundee has agreed to be an Early Adopter of Scottish Government's Partnership Delivery Framework to Reduce the Use of and Harm from Alcohol and Drugs. The National Public Health Reform team will provide support to development of a Whole System Approach.
	Tayside Public Health Department will take a prominent role in design and delivery of an independent health needs assessment



Appendix 3

Presentation: Robin Falconer – Making Dundee the City of Recovery: The Recovery Friendly Pledge



RAISING AWARENESS – TACKLING STIGMA – SUPPORTING PEOPLE

Wednesday 23rd October 2019
Robin Falconer – Community Health Team

VISION

Dundee is a city where people are treated with respect and dignity and where everyone feels valued and supported rather than defined by their health condition or life circumstances.



THE PLEDGE

- Self-commitment to the Recovery Friendly vision
- Increasing positive visibility of recovery
- Making it easier to challenge stigma
- A commitment to supporting and building ongoing relationships with groups & organisations
- 27 organisations signed up since April 2019



THE AMBASSADORS

- Individuals recruited to challenge stigma, champion respect & act as local link/advocate
- Local engagement with pubs, shops and individuals
- Supported by the Peer Recovery Network through Volunteer Dundee
- 9 recruited so far in the East of the city





AWARENESS SESSIONS

- 3 hour sessions aimed at increasing awareness
- Currently delivered by Community Health Team
- 116 attended since Jan 2018



ENGAGEMENT

- Build on engagement undertaken in Lochee in 2016
- Questionnaire to identify recovery principles
- Seeking creative responses to engagement question
- Establish a partnership between services and communities
- Showcase event summer 2020





EAST RECOVERY SUB-GROUP

- Service providers and local people in recovery working together to take action
- Supporting cooking, healthy lifestyle & walking groups
- Development of a drop-in at 101 Whitfield, incorporating peer support and signposting to other activities



**A Recovery Friendly Dundee will not happen
unless you are a part of it**

Sign up to the pledge
robin.falconer@dundeecity.gov.uk

01382 435854



Thank you

www.dundeehealth.co.uk/content/recovery-friendly-dundee

Appendix 4

Altogether we received 56 feedback forms from the event, and the comments and ratings are summarised below. Some comments expressing similar sentiments have been paraphrased and the total number of those comments noted

Each item was rated on how helpful / useful delegates found them.
(Rating: 1 - not at all helpful / useful to 5 - very helpful / useful)

Key Messages from the Dundee Drug Commission			
Robert Peat and Commissioners			
Comment ↓		Useful / Helpful (1-5) →	4.4
<ul style="list-style-type: none"> • Good overview of Drug Commission report and recommendations to introduce the day (*14) • Key messages were made very clear, including highlighting the challenge faced (*11) • Very clear direction on their expectations was given by Commission members (*8) • Clear communication on the messages – great to see and hear the commitment to making improvement (*3) • Highlighting the recommendations brought home the negative impact of drugs and drug related deaths on our city (*3) • Recognises that it is people with lived experience and communities who have to be part of the solution (*3) 			



Forum

- A great deal of time and effort by Commission members has obviously gone into compiling this (*3)
- Excellent balance of experience / insights, and understanding / explanations (*2)
- It gave confidence that an ongoing Commission in a 'critical friend' role can help establish trust and accountability (*2)
- A copy of what has been done already in relation to the ten emergency priorities would have been useful (*2)
- The theme of kindness, compassion and hope was brilliant – something that I will definitely reflect on in terms of how my organisation responds to people seeking support
- Professionals need to recognise that engagement / treatment with people has to be done in centres / places that people feel comfortable in
- Jardine Simpson – excellent, motivating
- These are issues every organisation in Dundee are aware of but many don't prioritise
- More focus on parallel planning is needed
- What is the external stakeholders' role such as education & third sector?
- Children's voices still not being heard enough
- It would be great to see same day prescribing and choice of services
- Residential / community support is needed
- There should be no wrong door for individuals
- Police role has not been included. Suppliers flooding our city with drugs. Get the big guys, not the users
- Hope it works. Let's look at it in a year's time
- Need a time frame
- Very positive
- Very powerful statement
- Very useful

Dundee Partnership – Our Commitment

Grant Archibald

Comment ↓	Useful / Helpful (1-5) →	3.6
<ul style="list-style-type: none"> • Little specific detail on the commitment being made or the accountability (*15) • Good to know the Dundee Partnership is committed to helping us succeed (*5) • Clear joint leadership commitment given by the Partnership, including NHS Tayside, which is essential (*4) • Dundee Partnership must now put words into action and embrace the recommendations with tangible, measurable outcomes (*3) • Interesting / helpful presentation (*3) • Can Dundee Partnership really move the resources around? Is there enough buy in from all stakeholders to free them up and commit together? (*2) • Not enough about what the NHS is actually actively doing • Missing the 'bold and brave' approach highlighted earlier • No direct response as to what actions will be taken or how greater leadership will be provided to carry forward change • Need to recognise the existing resources in churches, Dundee Drop-In Network, Parish Nursing, etc. • A realistic approach to partnership working is required • Would like to see this working but would have to see the lengths they would go to and work with other service providers 		



Forum

- This would go a long way to put everything in place to ensure continuity and togetherness of help
- Culture shift with front line staff re: trauma informed response to mental health?
- It would be good for all sectors to be on a level playing field and not wear 'a badge'. The third sector has a lot to give
- Hope it works. Let's look at it in a year's time

Responding With Urgency – Our Plan for Action

Simon Little

Comment ↓	Useful / Helpful (1-5) →	3.9
<ul style="list-style-type: none"> • Good to get an overview of the action plan that is being put into place in response to the evidence presented (*11) • The action plan presented is positive, but does not go far enough / is not 'bold & brave' (*8) • It will be crucial to monitor the actions taken in a rapidly evolving field, and ensure accountability is in place (*6) • Information on how any additionality will be resourced would have been useful given limited / tight budget constraints (*4) • The planned approach seems to us person centred, trauma informed practice, with humanity and compassion incorporated (*3) • Nowhere in the immediate action plan does gender get recognised, despite recognition made in the morning about differences for women in substance use (*3) • Agree with the plan, but the delivery of the presentation was a bit long and dry (*3) • Plans need to look beyond 'health' issues and be more of a 'whole' system approach (*2) • Did not see any reflection in the action plan on kindness, compassion or hope (*2) • The summary of the action plan helped table discussions to be well informed (*2) • The action plan showed a helpful alignment to strategic priorities (*2) • Hopeful that progress will be made (*2) • The plan is too short term and is a collection of activities rather than a strategic document. A vision for culture change is needed (*2) • How do strategic outcomes link specifically to each of the 16 recommendations and to other existing actions / plans? • Attempting to get groups to collaborate will take work. • As a Parish Nurse I want to commit to participation and action with this organisation • Leadership is confined to the ADP and doesn't include clinical services (which it should do) • Very clear and impassioned leadership response • The criteria (<i>for accessing support</i>) need to be relaxed. Some people may never completely abstain from using substances. This doesn't mean they should never access talking therapies with clinicians • More thought needs to be taken on addressing the practicalities front line staff face on a daily basis. How can we make support be efficient and effective? • Agree absolutely that action needs to be real, needs to be now, and needs to be felt by those affected • I hope to start hearing more people benefitting from 1:1 sessions with the Clinical Psychologist at ISMS • It's not clear how decisions were made about priorities 		



Forum

- The ADP plan feels like it has been rushed in development to respond to the Commission and try to answer Robert Peat's call for evidence on improvements that have already happened. Not Simon's fault – whole ADP to blame
- Test of change – did we not learn from previous tests of change?
- Worried that the same failing services and organisations are continuing to provide services. Any change?
- Addaction does not inspire me, funded by the HSCP, and do not challenge bad practice for fear of losing funding
- Would have been good to have had more detail available
- Simply read the document
- I just hope that everything happens. I have been here before, getting excited about change and then nothing. Please make sure it changes
- Meat of the day. Well done

Making Dundee the City of Recovery

Robin Falconer

Comment ↓	Useful / Helpful (1-5) →	3.9
<ul style="list-style-type: none"> • Great piece of community work involving local people as true partners. Need more of this kind of thing with adequate support / resources (*5) • One of the biggest issues highlighted by people with lived experience is stigma. It is important to change attitudes and Recovery Friendly Dundee is one way of achieving this (*3) • Good idea – we have signed up as an organisation already (*3) • Brief presentation but clear message (*3) • Would be interested in awareness / stigma training (*2) • Hope more people sign up • Needs to be clear what people are signing up for, including information on the training involved (*2) • Need to ensure that commitment has substance, and comes from senior levels of an organisation for all staff to take the pledge (*2) • Great vision but pledge can be tokenistic without real culture change for some individuals (*2) • Very helpful (*2) • This could be used as the basis of the vision for the response to the Commission and future strategy • Include the press! • Make links with Education as part of early intervention planning. Get our young people involved • It should ensure clear lines of support so agencies who sign up for it can build relationships and develop working partnerships • Good that ambassadors are talking about it in shops, etc. • I know it is early days but this needs to develop quickly to eradicate stigma and promote inclusion • Hope it works. Let's look at it in a year's time • Why wasn't Lifeline and Recovery Dundee involved in this? 		



Forum

Roundtable Discussions			
Comment ↓		Useful / Helpful (1-5) →	4.5
<ul style="list-style-type: none"> • Interesting discussions around strategies, plans, committees and actions (*13) • Useful and interesting to network with, and hear the views & opinions from colleagues from different backgrounds and organisations (*12) • Most useful part of the day (*6) • Good, positive facilitation of discussion and debate at tables (*4) • Good, but too little time to cover all the issues and opinions held around the table. The issue merited more time (*3) • Could have made more of the combined expertise in the room, including contributing to the action plan (*2) • Varied knowledge around the table helped to make this informative (*2) • Issue with rude or defensive facilitator (*2) • Hopeful that active recovery work being done now can be included. All have to be independent • Opportunity to speak for communities was good • Would be good to have the clinical / medical perspective included • Can we link mental health / substance misuse / poverty / stigma discussions in future? Still feels a bit fractured / siloed • Mentioned the need to have easier system to communicate through all services to provide the best support • Discussion tended to regress into operational issues • Always difficult to strike a balance, with the loudest voice often heard but it is important to give delegates an opportunity to be heard • Didn't feel qualified to answer some of the questions • Highlighted further gaps in provision and additional links • Our group felt that changes are not happening quickly enough • Opportunity for different table after lunch to make more connections could have helped • Raised a number of questions • More on action & plans needed 			

Do you have any further comments on the content of the event?
<ul style="list-style-type: none"> • There needs to be regular follow up / feedback to keep everyone informed (*6) • Today was a missed opportunity to make use of the community and other expertise in the room to begin to put detail around the plans for each priority (*2) • A very informative morning and was very happy that at last we are not just coming up with the questions but also recommendations we need to work on (*2) • It was difficult to understand what some of the speakers were saying. (*2) • The plan could have better matched the priorities and recommendations (*2) • Well organised event with good discussion / presentations. Very helpful (*2) • • Need to consider supporting the workforce through the process • Here's to national compassion, kindness and hope • Very little being done regarding children and the whole family preventative agenda • Concerned that this is more of the same, and not listening • It would have been better to have an hour after lunch to allow questions / comments to be made while everyone was present



Forum

- Action needs to include improvements to substance misuse services, treatment and cure, but it isn't only about that
- Can we ensure that root causes / prevention form part of the debate and action moving forward?
- Good, posing a strong challenge and potential way forward
- Thank you for your openness and courage
- Looking forward to being part of Dundee moving forward
- Current providers have failed to change the drug related death rate but are still included in the new plans (Addaction!)
- Thank you for the invitation
- Really enjoyed the event

Please circle an answer for each of the following questions

Was the length of the event:	too long 1	about right 46	too short 6	
Was the venue:	very good 29	good 24	poor 0	very poor 0
How relevant was the agenda:	very relevant 36	relevant 17	irrelevant 0	very irrelevant 0
Time taken on presentations:	too long 4	about right 49	too short 0	
Time taken on questions / discussion:	too long 1	about right 27	too short 24	