



**Minute of the Dundee Partnership Management Group
held on Thursday, 5th December 2019 at 1:30 pm
at Camperdown Wildlife Centre**

Present:

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 Martin, Dundee City Council (co-chair)
Drew Walker, NHS Tayside
Elaine Logue, Police Scotland
Eric Knox, Dundee Volunteer & Voluntary Action

Gordon Pryde, Scottish Fire & Rescue Service
Graham Smart, Scottish Fire & Rescue Service
Grant Archibald, NHS Tayside (co-chair)
Jackie McKenzie, Abertay University
Nick Fyfe, University of Dundee
Simon Hewitt, Dundee & Angus College
Murray Webster, Community Regeneration Forums
Stewart Murdoch, Leisure & Culture Dundee
Tom Flanagan, TACTRAN

In Attendance:

Andrea Calder, Corporate Division, DCC
Audrey White, Children & Families, DCC
Diane McCulloch, Health & Social Care Partnership
Glyn Lloyd, Children & Families, DCC
Jill Brash, Chief Executive's Services, DCC

Joyce Thompson, NHS Tayside
Paul Davies, Corporate Division, DCC (minute)
Peter Allan, Corporate Division, DCC
Simon Little, Alcohol & Drugs Partnership
Zara Barclay, Chief Executive's Services, DCC

Apologies:

Alice Bovill, Community Regeneration Forums
David Lynch, Health & Social Care Partnership
Gordon MacDougall, Skills Development Scotland
Philip Long, V&A Dundee

Action

1. WELCOME / INTRODUCTIONS

David Martin welcomed everyone to the meeting, and a round of introductions was made.

2. MINUTE OF THE PREVIOUS MEETING

Agreed as accurate.

3. MATTERS ARISING

a) Tay Cities Deal / Michelin Update

The General Election has resulted in a delay to the Tay Cities Deal and it is anticipated that this will now be finalised in late January / early February.

- Up to date information is held on the website
- A rephrasing of receipt of funds has been requested, with that from the UK government to be received over ten years rather than fifteen, which impacts on the spend profile
- There is no risk to the Deal, regardless of the outcome of the election
- Of the additional £50m to be received from the Scottish Government, £40m has been earmarked for a transport project in Perth & Kinross. Of the remaining £10m, £7m is to be used at the Michelin Scotland Ltd. Innovation Park

Overall for Michelin, £60m of investment has been secured;

- Work will include developing a Strategic Skills Centre for the Tay Cities Area. This will include contributing towards the Tay Cities Deal, decommissioning work, etc.

- It will be led by Skills Development Scotland in partnership with D&A College and have a focus on STEM. Feedback on progress will be brought to the Partnership
- A waste to energy plant will be sited next to the park and provide low carbon energy for it
- Already there are a number of active enquiries about becoming a tenant on the park
- The aim is to have 850+ jobs on site within five years
- To date 450 people have left jobs from the site, with 62% of these moving to another job at the same or better wages. Many of those on lower wages have taken the opportunity to move to part time work and/or undertake retraining. Current production on site will cease in June 2020
- There is a lot of positivity around Hydrogen developments, including a refuelling station and Hydrogen powered buses

Discussion followed that included;

- The Michelin Development Fund will have a new steering committee for the eight years of funding remaining. It is used for loans to SMEs, and has £50k available for job creation in and around Dundee. In total £5m has been earmarked for the Fund
- Suggestion made that the next meeting be held at Michelin which the group agreed to (PAD)
- While there may be 100-150 people who lose their jobs in June, a similar number of jobs are likely to be starting at the Harbour around then
- A report will be made of the lessons learned and actions taken since the closure announcement. This will help there be a 'softer landing' in case of any future similar announcements
 - It is felt that there is definitely a 'Dundee factor' and a 'Michelin factor' to this
 - There is a definite need for a compelling proposition to be put forward
 - There needs to be respect between the parties involved

b) Dundee Partnership Forum Report

Paul gave a brief overview of the contents of the report. The group agreed that the report could be circulated to partners and DP Forum delegates.

Discussion highlighted that there was less time at the event for questions than some people wanted, but also that conversations are still ongoing with stakeholders to address questions as they arise.

4. EXECUTIVE BOARD UPDATE – CHILDREN & FAMILIES

Glyn Lloyd talked to the report circulated prior to the meeting. The main points included;

- A range of plans are being enacted which place a particular focus on reducing inequalities through work on five inter-related key priorities; early years, education, health, specific inequalities, and protection
 - Specific inequalities highlighted include those experienced by looked after children, young carers and children with additional support needs
- Highlights from the past year included;
 - Health Visitors – the new national Health Visiting Pathway is being delivered
 - Family Nurse Partnership – expanded to include mothers aged 20-24
 - Local Family Support Hubs – Use of the Fast Online Referral Tracking is being prepared for, coordinated through the Third Sector
 - Parenting Strategy – four key priorities have been finalised and a delivery plan is being consulted on

- Attainment Challenge & Pupil Equity Funding – some positive trends emerging. Recognition that more work is needed to match benchmark authorities
- Looked After Children – placements are more stable than previously and the Breakthrough mentoring scheme has been rolled out to all eight secondary schools
- Individualised Support to Reduce Risk – Edges of Care staff have been recruited and initial sessions held with identified families
- Performance is generally headed in the right direction
- The Executive Board expressed its wish to 'relentlessly pursue the same agenda' going forward. The Partnership agreed this was appropriate

Discussion followed that included;

- Children & Families has been a topic of discussion for at least one LCPP, highlighting a lack of services and long waiting times for mental health support for children
 - NHS Tayside currently has a target of seeing 85% of young people within 8 weeks of initial referral (to be achieved by mid-2020) and are trying to recognise the routes into them needing mental health support to help reduce the need
 - A number of interactive tools are also being looked at as an additional part of the service
 - Lots of activity is taking place in schools including psychologists, Health & Wellbeing Workers (through PEF monies), social workers, and implementation of Team Around the Child providing a layered response
 - School counselling services are in development
 - A CAMHS report to the Children & Families Executive Board has highlighted what is working and issues that need to be addressed
 - The Tayside Mental Health Strategy will help to reinforce other actions
- Substance Misuse also needs connected into the mix as it impacts on the outcomes of some young people
 - School exclusion is a good indicator of risk of entering into substance misuse, so lowering exclusions is a key task
- There has been a positive impact of good school leadership, especially in primary schools
- There is still a need to improve performance in relation to work with looked after children

5. DUNDEE HEALTHY WEIGHT PARTNERSHIP

Joyce Thompson talked to the paper circulated prior to the meeting. The main points included;

- Obesity is a disease. 1 in 4 children are affected by it by Primary 1, 1 in 3 schoolchildren and 2 in 3 adults are affected by it
- Obesity is now a bigger cause of cancer than smoking
- It contributes to the high incidence of Type 2 Diabetes, which requires 9% of the NHS budget to treat
- Obesity is a multi-factored issue that needs collective, concerted effort to tackle. We are looking to use a Whole System Approach that builds on existing partnership working to understand the problems and scope out solutions. This will require investment and development of a plan
- The paper identifies assets currently present and those that are still needed;
 - Leadership – high level supporters e.g. Ann Eriksen, Drew Walker and Paul Clancy
 - Leads in agencies, including DCC, to take this forward. There is some funding for a fixed term post within Children & Families
 - Governance, through the Dundee Healthy Weight Partnership, needs to be re-established to enable change. The Children & Families Executive Board will act as an advisory group for this

- Train the trainers sessions are needed to help facilitate the whole system approach for tackling obesity
- Departments in a range of organisations can influence the work, and need to be able to do so
- Barriers to progress indicates the need for a new approach with support and commitment from the Partnership

Discussion followed that included;

- The obesogenic environment we find ourselves in is complex and includes economics and culture
- LACD input via Active Schools is an important element of work being done, including the involvement of 450 volunteers. LACD are also on the Scottish Advisory Group
- There is a need to link with Dundee's Sport & Physical Activity Strategy which is recognised nationally
- We need to take note of the links between physical and mental health and look at how we tackle both of these
- There is a need for consistency of approach e.g. healthy eating at nurseries through all of them banning crisps and chocolate in lunch packs (rather than just those in CRAs doing so)
- Targets for change are needed for two, four, six and eight years
- With budget setting taking place soon, we do need professionals to come forward with their specific asks
- Physical activity could be increased via social prescribing and making better use of our existing sports centres
 - The evidence around the benefits of social prescribing is complex. Tests of change may help us to unlock funding in future
- University of Dundee has the capacity to help analyse data on this to help inform planning
- Leadership is being put in place through Paul Clancy and others. Political support is present too
 - Specific asks are needed in order to better direct leadership support
- A three month consultation on the Tayside Child Healthy Weight Strategy received 1410 responses from the public, which were largely supportive of it
- Achievement around healthy weight will be helped by Active Schools enhancing their range of summer activity. This is backed up by research based around the Iceland model where social prescribing worth around £300/year is made available to enable families to buy in to services

6. ALCOHOL & DRUG PARTNERSHIP ACTION PLAN

Simon Little talked to the Action Plan circulated prior to the meeting. The main points included;

- The ADP structure needs to be changed, and specific leaders named for the range of tasks the ADP needs to undertake or oversee
- There are twelve key priorities, each of which has specific actions within the plan
 - Tackling the immediate risk factors for drug deaths
 - Urgently increase the capacity and capability of specialist services to support access, quality and safety
 - Improve retention in treatment and recovery services
 - Implement a revised person centred, seamless, sustainable and comprehensive model of care
 - Win the trust and confidence of all stakeholders through effective leadership, governance and accountability
 - Ensure the meaningful involvement and engagement of people who experience problems with drugs, families and carers and those that advocate for them
 - Confront and address stigma and strengthen mutual community support
 - Keep children safe from substance misuse and its consequences

- Implement trauma informed approach, targeting those at increased risk of substance use / death
- Tackle the root causes of substance use
- Ensure gendered approaches are considered in all activities and accommodated in design and delivery of services
- Ensure clear and consistent communications are delivered through a partnership approach
- To achieve these, a comprehensive action plan has been developed that responds to all of the Dundee Drug Commission's recommendations as well as other issues identified prior to the publication of their report
- There is a need to do everything we can to decrease drug deaths and increase the capacity of services
- Tests of change can be used to implement some actions e.g. the response to non-fatal overdoses (there are often 3-5 of these per day; 60-70 in a month)
 - The 'daily huddle' has received very positive feedback from staff in its first month
 - It helps to reconnect people back into services, including via assertive outreach
 - More of this sort of work is needed
- Capacity of services is an issue. As an interim, increased numbers of nursing staff are being employed. Longer term a 'whole system of care' needs to be developed
- The Action Plan is a work in progress and will be further developed in the coming months

Discussion followed that included;

- The DP Forum called for a need for change at pace and helped to identify what has been done so far
 - While pace of change is needed, it also needs to be constructive change that is structured and maintainable. Vered Hopkins is contributing to project management of this
 - There is a willingness for tests of change to be carried out swiftly including looking at the local context for tests of change being carried out elsewhere
- Any pathway developed needs to be resourced to be a smooth process with ease of access and good flow through (including places for people to progress to)
- Work so far includes;
 - Same day prescribing in one of the clinics, looking at what and how we prescribe
 - Assertive Outreach to those disengaged from services
 - Non-fatal overdose work, with a commitment from several services
 - Progressing with;
 - Engaging three nurses in Children & Families to give a quick response to at risk children
 - Use of non-medical prescribers (nurses) to be increased at a range of places across the city. Those doing this do need to undergo 18-24 months of training. At present, three have been employed, and of these one is fully trained, one part trained and one starting training
 - Psychology support to services has been agreed by the relevant staff
 - Work with GPs to increase the number of practices using the desired model to five
- Treatment currently uses a medical model and so this is where capacity is. The new pathway will be embedded over the next eighteen months and will seek to shift resources and capacity
- The views of people with lived experience needs to be incorporated into developments. A schedule of meetings is planned to help do this, and provide some quality assurance for changes

- Some engagement has already taken place via a meeting held on 30th October at Mitchell Street. Some participants struggled with the question of how they want to be involved in future
- A localities model is a feature of the new model, as is a multi-disciplinary approach
- The DCC Communications Team have a role in putting this across positively to the public, and are finding the support of the Partnership useful in this, rather than it being seen as purely an ADP initiative
 - D&A Chambers will use their communications channels to get the message out
- GP contracting could lead to quicker prescribing if done properly. Some GPs are keen to help with the issue
 - One option for pain management could be to refer to an Occupational Therapist rather than prescribing gabapentin
- Funding has been sourced for six secure bins to enable people to return excess medicines and illicit substances anonymously. This will help to get drugs out of circulation
- Drew / Public Health are leading on developing an independent Health Needs Assessment (HNA) and currently outlining the scope and content
 - Next week they are meeting with Public Health Scotland colleagues which will help form a clear description of what's being looked for by the end of January
 - An oversight group is to be put in place to deal with issues and barriers and facilitate delivery of the HNA as soon as possible
- A number of research projects on drug deaths are ongoing at the University of Dundee, and an offer of support with future analysis was made
- Query raised over when and how resourcing of already stretched services will be decided on and managed
 - NHS Tayside has a total annual budget of £950m. This will need to be spent more wisely and with regard to substance misuse, could be based around increasing the 'quality of life years' for those affected
 - A streamlined service should help to decrease demand over time and also reduce duplication
- The relationship between public and third sector agencies is being improved as part of the changes
- Drug Commissioners experience and knowledge needs to be utilised, including through the National Task Force which is meeting in Dundee on 15th January
- The name of the Integrated Substance Misuse Service needs to be changed to a non-stigmatic one as soon as possible (Dundee Recovery Service has been suggested)
- Feedback on the Action Plan is welcomed (comments to be sent to Simon)

ALL

7. CITY PLAN – MID-YEAR PERFORMANCE REPORT

Jill talked to the report that was circulated with the meeting papers. The main points included;

- The report was produced to show new data that has been published since the issue of the 2018-19 End of Year Report
- It also looks at progress against year three targets to enable discussion around these
- Fourteen City Plan figures have been updated, with many showing positive change
- Of the 62 indicators in the Plan, 24 have already met their three year target
- Of the 104 Actions, 53 have been updated. The appendix to the report highlights areas for improvement
- Health, Care & Wellbeing has seen a number of areas deteriorate

Peter added that we want to make sure Executive Boards are aware of the report and identify actions on areas that are lagging

- It was also noted that some of the lag may be down to stretch targets having been set and that Executive Boards have got to grips with their responsibilities

8. THIRD SECTOR INTERFACE UPDATE

Eric talked to the short report circulated with the meeting papers. Points raised included;

- While Dundee Voluntary Action and Volunteer have merged to form Dundee Volunteer & Voluntary Action, Dundee Social Enterprise have remained as a separate part of Dundee's Third Sector Interface
- The merger should help the Third Sector officer in Dundee to be clearer and enable staff to concentrate on what the sector brings to the city
- As well as Luna Place and Number Ten, services are being delivered from the Lochee Community Hub and Whitfield Hub
 - The Lochee Community Hub is benefiting from £500k of Scottish Government 'Investing in Communities' funding over the next two years
 - Compassion has been identified as an important aspect of services being delivered out in communities
- Overall DVVA employs sixty staff, and supports approximately 150 volunteers

9. AOCB

David Martin highlighted that this was Stewart Murdoch's final DPMG, and thanked him for all the hard work he has done for Dundee over the years and his contributions to this group.

10. DATE OF NEXT MEETING

Thursday 5 March 2020 at 1:30 (lunch from 1pm)
Venue tba.

Attachments