



**Minute of the Dundee Partnership Management Group  
held on Thursday, 9 September 2021 at 1.30 pm  
Online via Teams**

Present:

Alice Bovill, Community Regeneration Forums  
Andrea Calder, Corporate Division, DCC  
Councillor John Alexander, Dundee City Council  
Gordon MacDougall, SDS (Chair)  
Jackie McKenzie, University of Abertay  
Judy Dobbie, Leisure & Culture Dundee

Mark Speed, TACTRAN  
Murray Webster, Community Regeneration Forums  
Nicola Russell, Police Scotland  
Simon Hewitt, Dundee & Angus College  
Stephen Wood, Scottish Fire & Rescue Service  
Vicky Irons, Health & Social Care Partnership

In Attendance:

Arlene Mitchell, Health & Social Care Partnership  
Brian Logan, Scottish Government  
Paul Davies, Community Planning, DCC  
Peter Allan, Corporate Division, DCC

Simon Little, Alcohol & Drug Partnership  
Linda Graham, Health & Social Care Partnership  
Sarah Ainslie, Department for Work & Pensions

Apologies:

Alison Henderson, D&A Chamber of Commerce  
Brenda Campbell, Scottish Government  
Graeme Hutton, University of Dundee  
Grant Archibald, NHS Tayside (co-chair)  
Gregory Colgan, Chief Executive, DCC (co-chair)  
Michael Wright, Scottish Enterprise

Graeme Templar, Police Scotland  
Ross Fitzgerald, Police Scotland  
Councillor Kevin Keenan, Dundee City Council  
Graeme Stewart, Department for Work & Pensions

**Action**

1. WELCOME / INTRODUCTIONS  
Gordon MacDougall welcomed everyone to the meeting. Apologies received are noted above.
2. MINUTE OF THE PREVIOUS MEETING  
Agreed as accurate.
3. MATTERS ARISING
  - a. City Plan Annual Report Preparation  
Peter informed the group that the joint City Plan & Council Plan annual report was agreed at the 23<sup>rd</sup> August meeting of the Policy & Resources Committee.
  - b. Fairness Commission Update  
Dundee Fighting For Fairness (DFFF) members have been attending range of meetings to reinforce their recommendations, including several LCPPs. This will help to influence the development of new Local Community Plans for 2022-25.

Rather than convening another Fairness Commission, we are now planning a Fairness Leadership Panel as an ongoing group to reflect on existing issues, emerging issues and to monitor progress against agreed actions. The group will be made up of DFFF & DCC representatives, with discussion taking place around coproduction of the new panel. Some individuals will be asked to join including John Alexander and Nicola Russell. The group are aiming to finalise membership by the end of September and then hold their first meeting in November.

To date, very positive progress has been noted on actions in response to the Fairness Commission recommendations.

4. HEALTH & WELLBEING ANNUAL PROGRESS UPDATE

a. Executive Board Report

Vicky thanked Kathryn for pulling the circulated report together and went on to outline the some of the main points from it.

Impact was felt across the whole system due to covid pandemic. The majority of healthcare staff moved to 'essential services only', which meant development work was put on hold. Some areas were also impacted by the need to redeploy staff to other services, but others have really progressed.

Mental Health & Wellbeing – there has been targeted work throughout the pandemic to help deal with this for people and to continue progress. Some responses changed due to the pandemic, and we now providing more care and support in the community than ever before.

We are still working under emergency conditions and need to review the impact on staff as well as on indicators. Psychological and trauma informed care is being provided as and where it is needed.

The report aims to bring everyone up to speed with the main themes. Two of these are covered later in the agenda, and the Healthy Weight programme has undertaken several workshops and will reconvene soon.

Discussion followed, which included;

Is there any sense of when we will be able to focus on development areas again?

- This will vary across the work subject areas and methodology being used. It is clear that there aren't many aspects of the original plan that have stalled, indeed many have been amplified (and also changed to ensure a level of support and engagement). Vicky offered to look at specific areas of work with people if interested

At the Executive Board some discussions have taken place on the future of the group / whether there is another way forward. What has come out of those discussions?

- A seminar was planned for May 2020, but halted by covid. The Board met earlier this year and reflected on aims of group, progress, and what was being overseen by other groups. For the three main themes, significant strategic partners are in place for all three. This leads to the question of 'residual added value' of the Exec Board, and this is being reflected on at present. This will include whether Board needs to be maintained in its current form. It is good to have information all in one place, but this may not require a Board to achieve

b. ADP Self-Assessment and Dundee Drug Commission

Simon Little informed the group that the ADPs self-assessment is being shared with the re-formed Dundee Drugs Commission (DDC), but is also for ADP to make use of itself. The assessment is very detailed and will be repeated annually. The process has been honest, open & realistic in engaging with stakeholders. It has established what is being done well, could be done better, and what future priorities should be. It gives a good baseline starting point for further enquiry by the DDC. Some of the key points are outlined below;

- Leadership assessment. This found that since the ADP received the original DDC report, there had been improvements made, with greater scrutiny of performance and better accountability. The ADP still needs to do more to communicate the work they are doing to all audiences
- Of the sixteen recommendations in the DDC report, reasonable progress has been made against twelve, and partial progress against four

- Partnership working has improved. The pandemic helped prompt this to some extent in practical terms
- Assertive outreach has been strengthened
- The non-fatal overdose response was enhanced in November 2019 and this is beginning to have an impact (57 deaths last year, down from 72 the previous year, and the lowest total for four years)
- The Housing First approach has helped bring about stability to housing
- Improved focus on needs of women, including engagement with them has been beneficial
- Stronger peer involvement is in place – enabling better work with them on improvements, alongside better participation of those with lived experience
- Challenges include
  - Addressing stigma
  - Service capacity and ability to respond to demand
  - Major increase in caseload – partly due to success of non-fatal OD response, coupled with major turnover of staff
  - Need to focus on a whole system of care. Dundee Drug & Alcohol Recovery Service (DDARS)
  - There is a sustainability issue within services
  - Communication needs improved more generally
  - Work on prevention and early intervention needs to be broader. As part of this, the Iceland model is to be piloted in one of Dundee's schools to reduce future substance use
  - The whole system of care has large pressures on it at present. Substance Use & Mental Health integration needs to be focussed on going forward

Discussion followed, which included;

The report states that £191k has been set aside for investment in mental health crisis interventions. What is this?

- There is a clear link between substance use and the mental health crisis. Funding has been secured from the Corra Foundation for the integration of services, 24/7 crisis care, and more locality based work. The 24/7 care is under development and some of £191k will contribute towards this

The Strang report made some criticisms around the need for a cultural change and new attitude to service development. What progress has the ADP made on this?

- It is more aware that we need to work together. A Whole System of Care needs fewer boundaries between services. A good example is the Navigators based in Ninewells who link very well with other services
- 50% of those incarcerated may also have a substance use issue. This needs to be addressed collectively
- Early intervention services need to be better used to help reduce need for crisis interventions
- 75% of those in Adult Protection Service have a substance use, or mental health issue, or both
- Health Improvement Scotland have been brought in to help with making changes

A request was made for copies of the report be placed in community centres, available via Communities Officers, etc. for people to access. Many community members prefer to have a physical copy to read

- It is a public document, so if arrangements can be made, Simon would be happy for this to be done. Peter to arrange via Communities Officers

**PA**

With self-assessment you never know what you're going to get. When the results came out as 'reasonable' how did that compare to expectations?

- It was about what was expected, as the ADP was in tune with how things were

- The process involved 34 people with lived experience and those did give rise to some robust comments on the quality of their day to day services. It is worth noting that people may not see the changes from their perspective e.g. people engaged via non-fatal OD work improvements may not have engaged with services previously
- c. Mental Health Services in Tayside: Independent Inquiry Progress Report 2021  
Arlene provided the group with an update.

An Interim Report was published in February 2020 and Professor Strang asked to come back after a year. This led to a recent review, reported on in August. The latter report is detailed and also applies to other parts of Tayside. Some reflections on it follow;

- October will see a more detailed report for Dundee IJB, that focusses on Dundee
- Prof. Strang recognises the impact of covid, the difficulties in reviewing services during a pandemic, and the increased pressures on services
- He was impressed with the commitment and dedication of staff in the sector, partners, and others involved
- A stakeholder report was also released back in February 2020. Another is due to be published and has involved over 400 stakeholders
- The report mentioned some very positive Dundee developments e.g.
  - The mental health discharge hub
  - Plans for a local community wellbeing centre - a base for which has been identified
  - Stress Brief Interventions support is being developed, with the contract for SBI almost agreed
  - An ambulance vehicle in place to provide mental health support and divert people from A&E enabling them to receive support at home instead. The vehicle is in place a few days a week at present
- Areas of concern were also given
  - There is still a long way to go in terms of delivering everything needed in response to initial report
  - 5 recommendations were made that will help with relational issues between organisations, e.g. strategic executive partners group support, leaders with responsibility to take forward work operationally too. Discussions are ongoing to try and strengthen processes around collaboration and understanding, governance, etc. Work is delegated so governance is complex
  - Mental Health & learning disability services are still a concern, though we have a positive model. Linda Graham, clinical lead for mental health and learning disability gave an outline;
    - Oversight arrangements by Scottish Government colleagues on improvements and strategy are being put in place
    - Independent scrutiny of 'listen, learn, change' is needed, to look at progress. This will make sure that the reality of the situation is seen
    - A clear, robust implementation plan for the Living Life Well strategy is needed. We are in a positive position in Dundee – in autumn 2019 a strategic plan was presented to the IJB. This was agreed and we were already asking for authority to progress both locally and Tayside wide
    - Meaningful engagement with those with lived experience, staff, etc. is needed. We feel that we have a good track record in Dundee, though there are some areas where we know this can be strengthened in terms of process
    - The Staff Pulse survey identified that staff didn't always feel listened too, with ideas not heard or not acted on. Going forward, we are involving Trade Unions and others to make sure that voices are heard
    - Those with lived experience: We have a number of people who have given their time. More recently we have looked at how to

best use the time of these volunteers as not everyone needs to be at all the tables. This should increase overall capacity for involvement

- Community Wellbeing Centre – A stakeholder group is being set up that will be large and varied in its membership. Briefing materials have been produced to share via LCPPS, DVVA, Healthy Minds Network, etc. to help with this and to ensure that the centre achieves what is needed
- A more detailed report will be going to IJB and will be shared with this group. The Stakeholder Report is also due in next 2-3 weeks

**AM**

Discussion followed which included;

The Community Wellbeing Centre (CWC) will be 24/7. What do we expect it to do and when will it open?

- The location will be on South Ward Road in the Hillcrest Building. Some adaptations are needed and while we are aiming for opening at the end of calendar year, it will more likely be the end of financial year
- The mental health ambulance and Stress Brief Interventions will both be based there
- A Third Sector agency will be commissioned to run the centre and the service specification will be developed with involvement of people with lived experience
- At present we deliver mental health services via a central point but don't handle emotional distress well. Higher intensity of support is needed to deal with distress – a compassionate, immediate response and then provision of a problem solving route
  - There should be no requirement on people to know the intensity of support they need – this will be part of triage process at CWC
  - It could lead to hospital, intensive home treatment, or support at the CWC
  - We are aiming for a system with no transition points that are obvious to patients. People should ask for help and get it in a timely fashion without them having to go off and seek it after initial contact. This should be transformational

Police Scotland are an important stakeholder and want to be involved from an early stage in developing the delivery model. This will help with addressing stigma and unintended consequences. Developing a good link between the CWC and Carseview will help reduce people needing to be taken to the latter in police cars following incidents

- Police Scotland colleagues are on the Mental Health SPG which will help with engagement
- Carseview has a work stream on crisis care. They envisage whole system change e.g. home treatment team support will be changed so the right people get the right support at the right time. The mental health discharge hub has helped develop collaborative links too

With the report being Tayside wide how do we (and the general public) see what is good / bad in Dundee. The report is lengthy and not everyone is able to extract the desired information

- Each of the areas of work involved will have views on the report, but there are also collective Tayside views within it
- Looking at the progress report from a Dundee perspective, there was nothing that was shocking / unknown. There have been early briefings for leaders on Dundee progress and hopefully IJB report will be more detailed on the specific Dundee position. Arlene is happy to be contacted about any areas of the report in the meantime

Some of the problematic key points relate to poor relationships between partners, which was worrying. Are these being addressed?

- Yes - Discussions at strategic levels will be ironing out issues that still remain. The local assessment is that we have made good progress but still have a way to go in Dundee and for Tayside
- The original report was commissioned by NHS and it is worth looking at the responses to its recommendations from an NHS perspective too. It would be good to have discussion on this at a future DPMG

Judy welcomed the idea of the new CWC. Some Leisure & Culture Dundee (LACD) services see people at different points of their crisis journey and so she would be keen to hold a conversation on the support LACD can give to people's recovery.

Crisis is not used in name of CWC as it is hoped that it becomes known as a place people can go for help before it becomes truly problematic. Community links will hopefully emerge and strengthen over time too, with CWC being part of a jigsaw of support available to maintain people's wellbeing.

5. AOCB

Peter informed the group that we are aiming to host a DP Forum event in person on the 1<sup>st</sup> December. The topic will be 'Violence Against Women and the Impact of Trauma' and will be part of the 16 Days of Action Against Gender Based Violence. Having seen initial plans for this, the Scottish Government are advising other areas to do something similar too. On the 10<sup>th</sup> December there is also a national event that this will then feed into.

6. DATE OF NEXT MEETING

Thursday 2 December at 1:30