Dundee Partnership: Action Plan for Change

RESPONDING TO THE REPORT OF THE INDEPENDENT DRUGS COMMISSION

This plan has been developed on behalf of the Dundee Partnership and as such it reflects a broad partnership approach for working with vulnerable individuals and families affected by substance use. Existing structures, including the Protecting People approach, will be key to the implementation of this plan.

We recognise that in the past when planning and structuring services, we have tended to consider substance use in isolation of the underlying issues that cause it, with not enough consideration to other vulnerability issues, including mental health, adverse childhood experiences (ACE) and gender-based violence.

This plan contains a focus on specific substance use issues: including prescribing practices, access to and maintaining engagement with specialist services, rapid response to non-fatal overdoses, tackling stigma and being informed by lived experience. In addition, the plan also incorporates efforts to tackle trauma and mental health (including ACE), working with vulnerable women and children (affected by a whole range of other issues, including substance use), linking to sexual health, and resilience and prevention work within schools focusing on health and wellbeing. Moreover, elements of this plan have been linked to on-going transformation processes, including the Transforming Public Protection process (and specifically the Leadership improvements being progressed through this programme).

The implementation of this plan is the responsibility of the entire Community Planning system, with the ADP taking a lead on monitoring / scrutinising progress and escalating any areas that are not being progressed at the required pace to the Chief Officers Group and onwards to the Dundee Partnership.

Following an initial period of action to address some of the most urgent issues identified by the Drug Commission report, such as establishing the Non-Fatal Overdoses test of change, this action plan has been developed in collaboration with a wide range of stakeholders. It represents our current assessment of the actions required to address the findings of the Drugs Commission, however the plan will be an evolving document. We are committed to the implementation of the actions contained within the plan but know that there will be a need to recognise quickly where any actions are not progressing as we have anticipated or are not having the predicted impact and to adapt our approach accordingly.

The timescales identified within this plan are ambitious and will require collective prioritisation across all Community Planning partners. They represent our best assessment of likely timescales for completion of actions at this point in the development of the plan. Chief Officers from across the Community Planning Partnership are committed to supporting the workforce to deliver against these timescales.

This plan will be supported by a separate performance management framework that will support the ADP, and other relevant Community Planning groups, to not only track the completion of actions but to evaluate their impact on the wellbeing of individuals, families and communities. Each action within the plan will also be supported by a more detailed delivery plan that identifies key milestones for implementation with associated timescales and identifies appropriate measures of impact. These detailed action plans are currently being developed by the lead officer, supported by the working groups they are chairing.

Although this plan has a focus on Dundee it does not exist in isolation. There is an expectation that the lead officers and working groups identified within it will take an approach that is evidence based, cognisant of best practice across Scotland and beyond, and supports innovation. There will also be a need to consider in further detail how the work in Dundee links to and is supported by work at a national level including the work of the National Task Force.

	Key Priority	Relevant Commission Recomm.	Responsible for Actions Planning	Specific Actions – for completion by workgroups	Lead Role/ Group	Target for completion	Outcomes / Indicators of success
1	Tackling the immediate risk factors for drug deaths	9	Drug Death Action Plan workgroup (DDAP), supported by work of the TDDRG and Tayside Overdose Prevention Group	Lead the implementation, evaluation and subsequent sustainable delivery of the Non-Fatal Overdose Pathway, including: - Design, run and evaluate the Test of Change; - Support the securing of resources to implement findings from the ToC; - Utilise learning from the ToC to review organisations' approach to non-fatal overdose and develop a partnership brief intervention model and associated staff training.	Chair of the DDAP workgroup/ Lead Pharmacist	May 2020	All NFODs in Dundee are responded to within 72 hours. There is a defined early trends monitoring system in place, which provides an initial response within 72 hours. Relevant and proportionate
		Es sy ar		Commission the design and delivery of a behaviour change intervention to prevent further overdose using a health psychology model	Sexual Health & BBV MCN / ADP	Summer 2021	information is shared to keep individuals safe. There is optimal cover of the Take-Home Naloxone programme to
			Establishing and evaluate an Early Trends Monitoring system to co-ordinate and support the delivery of proactive and reactive harm reduction messages of emerging drug death trends	Public Health Consultant/ Chief Inspector Communities/ Tayside OD prevention group/DDAP group	December 2020	keep individuals safe. Reduction in the number of overdoses.	
				Explore the development of a Risk-Assessment tool for multi-agency use to guide the response to supporting people affected by drug use.	Chair of DDAP Workgroup	March 2020	

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			Extend the Take-Home Naloxone Programme to provide optimal coverage and ensure front-line staff, individuals / families and friends are able to access the training to ensure participation in the programme.	Naloxone Lead (Access Directorate NHS Tayside)/ H&SCP	By April 2020	
Urgently increase the capacity and capability of	9	Whole System of Care workgroup/ H&SCP/ ASP	Evaluate direct access clinic model to determine future capacity requirements and options in line with the development of a pathway	Whole System of Care workgroup	June 2020	There is an increase in the number of people (in line with estimated prevalence) accessing
specialist services to support access, quality and safety.		Committee/ Mental Health SPG	 Agree the business case for bridging resources to increase capacity of treatment services to manage current and predicted levels of demand for treatment and ensure a response case management model of support; Work with partners to identify a different name to ISMS 	ADP	End January 2020	support and treatment. The option of same day prescribing is available to all the individuals assessed to benefit from it.
			 Review and test options for same day prescribing; Implement models to support quick access to treatment options. 	H&SCP/ Consultant Psychiatrist	March 2020	There is a reduction in the waiting times for access to OST and
			Increase the level of non-medical prescribing through recruitment and training opportunities	H&SCP Head of Service	January 2022	improve retention of people in treatment. There is improved progression of individuals through support and recovery pathways.
	increase the capacity and capability of specialist services to support access, quality and	Urgently 9 increase the capacity and capability of specialist services to support access, quality and	Urgently 9 Whole System of Care capacity and capability of specialist services to support access, quality and	Extend the Take-Home Naloxone Programme to provide optimal coverage and ensure front-line staff, individuals / families and friends are able to access the training to ensure participation in the programme. Urgently increase the capacity and capability of specialist services to support access, quality and safety.	Urgently increase the capacity and capability of specialist services to support access, quality and safety. Whole System of SPG Whole System of Care workgroup/ H&SCP/ Mental Health SPG PG Extend the Take-Home Naloxone Programme to provide optimal coverage and ensure front-line staff, individuals / families and friends are able to access the training to ensure participation in the programme. Polymently of Care workgroup/ H&SCP/ ASP Committee/ Mental Health SPG Apree the business case for bridging resources to increase capacity of treatment services to manage current and predicted levels of demand for treatment and ensure a response case management model of support; Work with partners to identify a different name to ISMS Review and test options for same day prescribing; Increase the level of non-medical prescribing through H&SCP/ Head of	Extend the Take-Home Naloxone Programme to provide optimal coverage and ensure front-line staff, individuals / families and friends are able to access the training to ensure participation in the programme. Virgently increase the capacity and capability of specialist services to support access, quality and safety.

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3	Improve retention in treatment and recovery services	9	Whole System of Care workgroup (under discussion)	 Pilot assertive outreach model within ISMS to support those at risk withdrawing from support Pilot assertive outreach models within the community delivered by third sector services 	H&SCP Head of Service	June 2020	The number of people discharged from services in an unplanned way is reduced to a minimum.
	services		H&SCP	Embed a range of service provision (statutory and third sector services) in key sites across Dundee with the aim of supporting people to continue to expand substance misuse services providing support within various community locations across Dundee	Whole System of Care workgroup	June 2020	There is an increase in treatment and support options available to individuals and uptake of these options.
				 Expand the Housing First Model, including additional support for vulnerable women. As part of the review of temporary accommodation consider the need for women-only accommodation options. 	Whole System of Care workgroup	June 2020	Individuals are better supported to maintain engagement and progress with their recovery.
				 Progress the on-going development of a Peer-Support Framework and support the implementation of the Framework; Develop a whole-system Advocacy Framework and commission supports for the Framework 	Whole System of Care workgroup	October 2020	
				Work in partnership with the Harm Reduction Nursing Team to develop referral pathways and shared care models	Whole System of Care workgroup / SHBBV MCN	June 2021	
				Develop a commissioning framework to support access to residential rehabilitation options	Whole System of Care workgroup	April 2020	People leaving prison custody with an identified need have a
			Tayside/Fife Throughcare Network	In partnership review and update the Tayside "Pathways" for people leaving prison custody to ensure there is a clear route to access community based recovery services for	Chair of the Throughcare Network	September 2020	recovery service access point in the community

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			Group	those who have an identified need	reporting through the ADP		
4	Implement a revised person centred, seamless, sustainable and comprehensive	7,8,10,11,13	Whole System of Care workgroup/ HSCP	Map and development and co-produce an agree pathway for people who use substances which supports a recovery model, built on integrated service delivery based within local communities, that provides access to a range of treatment and support options	Whole System of Care workgroup	December 2020	Individuals and families in Dundee affected by substance use have easy access to services within their localities.
	model of care			Redesign service pathways, functions and delivery models in line with agreed pathway and commission services to implement the model	Whole System of Care workgroup	December 2020	There is access to high quality shared care model for people experiencing mental
				Agree a model of shared care within general practice Test out model of shared care within the three 2c practices Evaluate and consider how the model can be delivered within communities and/or near where people live	H&SCP Head of Service	December 2020	health issues who use substances. Dundee has in place a whole-system model of care, including statutory and 3 rd sector
				Review and develop protocols for referral and access to service In line with decision of Scottish Government funding decisions, review options to develop service which have an integrated response for people with mental health issues who use	Whole System of Care workgroup	June 2020	organisations and based on a locality model (including the 3 community hubs).

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				substances Implement the recommendations from the Independent Evaluation of the 3 Community Hubs	Whole System of Care workgroup/ Resilient Communities	December 2020	
		Conduct a comprehensive Independent	NHS Tayside Public Health Directorate	Consult and agree on an initial HNA scoping document	Director of NHS Tayside Public Health	End December 2019	Robust and up to date information is available to direct planning,
		Needs Assessment		 Agree collaborative commissioning model with national colleagues for timely delivery of a HNA for consideration by the Partnership. This proposal will contain timescales and resource requirements including consideration of how to undertake qualitative elements of the HNA Undertake qualitative work to understand why people are disengaging from care. 	Director of NHS Tayside Public Health	End January 2020	improvement and commissioning decisions.
5	Win the trust and confidence of all stakeholders through effective Leadership, Governance and Accountability	1,4,6	ADP / Chief Officers Steering Group	 Implement and support the new Governance of the ADP; ensuring explicit lines of accountability and actions are clear and measurable; and Complete and implement the revision of structural arrangements for the governance of Multi-Agency Public Protection strategic groups and ensure the ADP transitions effectively into the new PP governance arrangements 	ADP Chair / ADP H&SCP Senior Manager, Strategy & Performance/ COG	February 2020 April 2020	Effective governance arrangements are in place to lead on and progress efforts to protect vulnerable individuals and families in Dundee. Chief and Senior Officers
				 Revise the role of the Independent Chairs to establish a shared expectation of their contribution to leadership, 	H&SCP Senior Manager,	March 2020	are aware of and respond to risks in a

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				 governance and accountability; Establish a strategic risk register for the COG to guide focus of work and to support accountability arrangements for the Protecting People structure; and Implement a Risk Assessment framework specifically focused on the ADP 	Strategy & Performance/ COG ADP Implementation Group		joint-approach. The ADP has robust and up to date information to inform its decisions. Leaders in Dundee are
				Negotiate and implement an initial Key Performance Indicators (KPI) framework that provides up-to-date insight into the performance of all key services in both the statutory and third sector.	ADP Implementation Group	March 2020	supported to make informed decisions and exercise robust scrutiny.
				Work to enhance the knowledge, understanding and engagement of all Elected Members around the underlying causes of substance misuse issues.	Protecting People Team	December 2020	
				With support from Scottish Government, adopt the Partnership Delivery Framework to Reduce the Use of and Harm from Alcohol and Drugs (focus specifically on section 10 of the Framework)	Dundee ADP/ Scottish Government	April 2020	
				Participation in Scottish Trauma Informed Leaders Training and proposed pilot activity	See details in Prior	ity 9 below.	
6	Ensure the meaningful	5	Resilient Communities	The actions within Key Priority 6 will be informed by the worl pilot, specifically the lived experience element (see Key Priori		ed Leadership	Increase in recruited volunteers.
	involvement & engagement of people who experience problems with		workgroup	Expand the recruitment of volunteers to support recovery and tackle stigma within communities, incorporating a volunteer training programme	Chief Executive DVVA/ Lead Officer to the Peer Recovery Network	December 2020	People with lived experience are actively participating in all aspects of the

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	drugs, families and carers and those that advocate for them			Establish a Lived Experience Quality group to ensure that involvement of people with lived experience is embedded effectively and meaningfully across the ADP structure and the wider delivery of support.	Chief Executive DVVA / Peer Support Co- ordinator/ ADP Implementation Group and all Workgroups	March 2020	implementation of this plan. The work of all ADP Workgroups is informed by and engages with individuals with lived
				Support the delivery of two development sessions, each year to bring together people who use supports, families and service providers to share information and test out progress.	ADP Implementation Group	December 2020 and annually	experience.
7	Confront and address stigma and strengthen mutual and community	2,3	Resilient Communities workgroup / Fairness Commission	Further develop and expand delivery of awareness workshops to local community groups and services within every locality to raise awareness of how stigma impacts on individuals' health and wellbeing.	Community Health Team; DVVA	December 2020	Individuals and family affected by substance use are treated in a professional and respectful manner.
	support			Promote and increase uptake of the Recovery Friendly Dundee pledge across organisations, businesses and community groups	Community Health Team	December2019	There is a city-wide support for recovery and a reduction in stigma
				Implement a Language Matters campaign to challenge use of stigmatising language.	Senior Health Promotion Officer/ DVVA/ Community Planning Manager/ Fairness Commission	June 2020	from local communities. Individuals in recovery are active and contribute to their communities.
				Promote the range of community groups and opportunities which contribute towards positive health and wellbeing and wider Local Community Planning Partnership priorities,	Communities Officers via LCPPs/ DVVA	By October 2020	

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				supporting involvement of local communities, including people with lived experience of substance use. Work in partnership with the Sexual Health and BBV Managed Care Network to reduce stigma associated with Hepatitis and HIV	Resilient Communities workgroup / SHBBV MCN	December 2020	-
8	Keep children safe from substance use and its consequences	16	Children and Families Workgroup/ Child Protection Committee/ C&Fs service	Three new non-medical prescribing trainee nurses will be placed within Children & Families Teams (one at the East locality, one at the West and one with the Intake Team). Support the 3 nurses to complete their NMP qualification Progress work with 3 rd sector organisations (including Aberlour, children 1 st and TCA) to establish and agree their role in delivering Tier 2 support to families (and ensure the children are supported) earlier on and throughout the	Service Manager (Acting) C&Fs Service/ Service Manager ISMS Service Manager (Acting) C&Fs Service/ Service Manager ISMS/	January 2020 January 2021 April 2020	Parents who are affected by substance use receive fast access to treatment and are supported to maintain engagement. Children & families are safer and better supported.
				recovery process. Hold 4 joint development sessions for front-line staff within ISMS, C&Fs Teams and key 3 rd sector organisations to progress and facilitate the interface and joint working between C&Fs and Adult services, and encourage a focus on the whole family.	Service Manager (Acting) C&Fs Service/ Service Manager ISMS/ Senior Advisor Learning and OD Development	December 2020	There is a whole-family multi-agency model of care in place to ensure vulnerable children at significant risk are safe. There is active participation from the substance use workforce in child care and protection processes.

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			ISMS will work closely in partnership with the Children & Families Service to identify a process which will support the increased attendance of staff at CP conferences and the provision of relevant information to support the decision-making at conferences	H&SCP Head of Service/ Service Manager (Acting) C&Fs Service/ Service Manager ISMS	December 2020	There is improved recognition, awareness and response within substance use services to women, children and young people
			Increased meaningful contribution at CP conferences, through attendance of staff and other appropriate mechanisms, to address significant risk currently noted on Datix Risk Register.	H&SCP Head of Service/ Service Managers ISMS/ PP Lead Officer Child Protection	February 2020	experiencing gender- based violence.
			Develop a continuum of services (following on from the New Beginning Service) for vulnerable women (those with multiple and complex needs), and broaden the range of gendered services that provide intensive and tailored programmes to address their needs	Gendered Services Group	April 2020	
			We will continue embedding the Safe and Together and MARAC approaches in Dundee with a specific focus on embedding this approach within substance use services.	Lead Officer VAW/ Service Manager (Acting) C&Fs Service/ H&SCP Head of Service	December 2020	
			 Through the Transforming Public Protection work: strengthen and evaluate the focus on chronologies and risk assessment and roll out to all practice teams; Revise early screening arrangements for people of all ages to facilitate whole family approaches to risk assessment and risk-management. 	Protecting People Lead Officers H&SCP Head of Service / C&F Head of Service	December 2020	

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9	Implement trauma informed approaches, targeting those at increased risk of substance use / and death	13	Protecting People Team/L&OD team, local Transforming Psychological Trauma Implementation Coordinator (TPTIC)	 The Trauma Training steering group will complete a needs assessment for frontline workers (in line with the National Trauma Training Framework and Plan), including: a mapping of the workforce an assessment of their training needs in relation to trauma-informed work; and Identifying the key gaps and priorities for training. This will link to the NHS Tayside Trauma Training Strategy currently being implemented with a strong focus on trauma training. 	Lead Officer VAW/ TPTIC Consultant Clinical Psychologist L&OD Manager	March 2020	Key workforce groups are trauma informed Our leaders and organisations are trauma informed. Services are delivered through trauma informed environments and practice
				Trauma training at levels 1, 2 and 3 will be delivered by the TPTIC in conjunction with L&OD team and the local level 3 trainer. A review of the Protecting People training framework will incorporate trauma training at all levels.	As above	March 2021	
				Trauma-Informed Leadership – Dundee has been invited to apply for funding from the Scottish Government/NHS Education Scotland to pilot a trauma informed leadership test of change in Dundee, building on the TPP Leadership strand. This includes utilising Trauma Lived-Experience of the workforce.	As above	March 2021 (dependent on outcome of funding bid)	
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10	Tackle the root causes of substance use	12,14	Prevention Workgroup	The work on prevention will be informed by the Comprehensive Health Needs Assessment that will take place during 2020	As in Key Priority 4 above	As in Key Priority 4 above	Robust information and up to date is available to inform the development of prevention
				Undertake a Prevention Scoping Exercise to establish the activities currently taking place at environment, community and individual levels (targeting issues including sexual health and gendered-based issues, mental health and	Prevention Subgroup (PP Team & H&SCP Contracts to	December 2020	interventions. There is a streamlined, coherent and co-

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			trauma, and substance use) with the aim of developing a consistent, coherent and joint approach in Dundee, and identifying gaps	organise)		ordinated approach to prevention in Dundee, focused on the root causes of substance use.
			Work with the Children & Families Service (Education) to support the implementation of the Dundee Substance Misuse Curriculum Framework in schools and relevant community settings.	Public Health Naloxone Lead/ Senior Health Promotion Officer	April 2020	Prevention intervention in Dundee are in line with evidence of good and effective practice.
			Development of a Recovery Friendly Pledge for schools	Education Support Officer Health & Wellbeing/ Community Health Team Lead	December 2020	Best use is made of prevention material and key prevention messages that are developed nationally.
			Support greater engagement with Emotional Health and Wellbeing for children and young people – A toolkit for all staff.	Health and Wellbeing Strategy and Action Group	June 2020	
			Continued development of Mentors in Violence Prevention programme.	Education Support Officer Health & Wellbeing	To be identified	
			Development of Community Mental Health and Wellbeing model. Introduction of access to Counselling in schools – aged ten years and up.	Children Services Manager	March 2021	
			Organise one annual meeting for a multi-agency Dundeewide (this be a Tayside Forum) Prevention Forum to review progress, discuss evidence and agree priorities.	Prevention workgroup	November 2020	

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				Support and learn from the Youth in Iceland Model research project currently taking place in Dundee.	Senior Health Promotion Officer/ Chief Inspector Communities	September 2020	
				Promote the National Count 14 Prevention Campaign in Dundee and ensure the campaign's messages around safe and responsible consumption of alcohol are widespread.	Senior Health Promotion Officer	September 2020	
				Link to the local implementation of the new partnership between Scottish Association of Mental Health and Sportscotland to support mental health in young people.	Education Support Officer Health & Wellbeing/ Active-Schools manager	March 2020	
11	Ensure Gendered Approaches are considered in all activities and	15	All ADP workgroups/ VAW Partnership's Gendered	The Dundee Violence Against Women Partnership (VAWP) will ensure information about existing women's services, including the services on offer and how to access them, is widely available and continuously updated.	Gender Services Working Group	March 2020	Communities/ individuals and service providers are well informed about available support for women,
	accommodated in design and delivery of services		Services Working Group (GSWG)	The learning & recommendations from the research project (conducted by Dundee University/ funded by the Challenge Fund) on the specific needs of vulnerable women will be implemented across all the Protecting People services.	PP Lead Officer VAW/ CEO Women's Aid	June 2020	children and young people experiencing gender-based violence. All services and supports
				Specific training on appropriate Gendered-Responses will be develop and delivered to all mainstream services.	VAWP Training Consortium/ L&OD service/ Dundee Uni	December 2020	to vulnerable individuals are gendered-informed and appropriate.

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				The learning & recommendations from the project (conducted by SHBBV MCN) on the needs of vulnerable women in relation to sexual and reproductive health will be implemented across all the Protecting People services.	Lead Officer VAW / Health Psychologist - SHBBV MCN	December 2021	Children & Families affected by gender- based violence and substance use are safe Vulnerable women can
				Lead on the development of pathways for women with complex needs including substance misuse. Identify and implement ways to streamline and integrate to make better use of available resources, and seek to attract additional resources to develop collaborative responses.	Gendered Services Group (VAWP)	December 2020	have easy access to and maintain engagement with services
12	Ensure clear and consistent communications are delivered through a partnership approach.	All	Protecting People Cross- Cutting Communications Subgroup	Implement a strategic Protecting People (PP) Cross-Cutting Communications strategy (workforce and public) to deliver communication messages around all PP areas, including substance use. Develop a coherent multi-agency/multi-service communication protocol to ensure all planned and reactive communication messages follow due process and all individuals are clear about their role.	DCC Service Manager, Communications DCC Service Manager, Communications	April 2020 February 2020	Coherent, up-to-date and accurate shared messages are communicated. Communities and the workforce are well informed of agreed plans and approaches.
				Establish a framework to ensure the communications messages are fully informed and up to date at all times, reflecting progress across the Partnership action plan.	ADP/ DCC Service Manager, Communications	May 2020	