

# Dundee Alcohol and Drug Partnership Two Year Delivery Plan 2023 – 2025



## **DUNDEE ALCOHOL AND DRUG PARTNERSHIP TWO YEAR DELIVERY PLAN 2023 – 2025**

This is the Dundee Alcohol and Drug Partnership's (ADP) two year rolling delivery plan, which will support the achievement of the priorities, outcomes and ambitions set out in our strategic framework. It is a working document which will be monitored and adjusted as actions are progressed and implemented, risks and contexts change, and new learning and evidence is identified.

This delivery plan will be subject to a detailed review at the end of each financial year and updated to reflect the actions planned over the next two years. The updated delivery plan will be published.

Like the ADP's Strategic Framework, the delivery plan represents the collaborative work of all ADP partners and wider stakeholders across Dundee. The actions that have been prioritised by the ADP for implementation over the next two years have been informed by:

- **the public consultation on the strategic framework;**
- **the knowledge and expertise of our workforce across services for vulnerable and at-risk people;**
- **the priorities and requirements of national policy and associated funding streams;**
- **and our local needs assessment and priorities.**

The annual review of the delivery plan will continue to take an approach that enables all partners, including people with lived / living experience to inform the process.





The ADP is currently working to fully update its strategic risk register to reflect the current risks that impact on their ability to support and lead the full implementation of the delivery plan. This approach has been successful in our other Protecting People Partnerships, helping leaders to identify risks to delivery at an earlier stage and work together to overcome barriers and challenges. This approach has also been helpful in informing adjustments to delivery plans to respond to emerging risks and priorities.



**OVERALL HIGH-LEVEL  
PRIORITIES FOR DUNDEE**

**1**

**Reduce significant harms linked to drug and alcohol use by delivering the right care in the right place at the right time**

**2**

**Promote cultures of kindness, compassion and hope, tackle stigma and discrimination and embed trauma-informed approaches**

**3**

**Reduce the enduring impact of drug and alcohol use through an increased focus on prevention**

**4**

**Empower people and communities affected by substance use to participate in and influence decision-making, commissioning, planning and improvements**

**5**

**Ensure appropriate and effective governance arrangements and strengthen communications with stakeholders**

# HIGH LEVEL OUTCOMES FOR THE DELIVERY PLAN

**1. Reduce significant harms linked to drug and alcohol use by delivering the right care in the right place at the right time**

Reduction in the number of Non-Fatal Overdoses (NFOD) and drug-related deaths.

Reduce the harm caused by alcohol use, and the number of alcohol related deaths.

Improving the quality of life and wellbeing for individuals affected by substance use, including 'out of hours' support.

Reduction in the number of children and young people affected by parental, or their own substance use.

Reduce injecting related harm (blood-borne viruses, wounds and infections).

Support for those affected by cocaine and benzodiazepines use.

**2. Promote cultures of kindness, compassion and hope, tackle stigma and discrimination and embed trauma-informed approaches**

People in Dundee benefit from effective, integrated person-centred support to achieve their recovery.

People affected by substance use report being treated with dignity, respect and without stigma.

The workforce across all services report feeling valued and supported to adequately fulfil their role.

All organisations in Dundee adopt a trauma-informed focus and practices.

**3. Reduce the enduring impact of drug and alcohol use through an increased focus on prevention**

Fewer people develop problem alcohol and drug use.

Individuals, children and families supported at lower /early levels of intervention, and families report feeling appropriately supported.

Reduction in the incidence of violence related to drug and/or alcohol use.

All partners accept equal responsibility for implementing our prevention and intervention strategies.

# HIGH LEVEL OUTCOMES FOR THE DELIVERY PLAN

## 4. Empower people and communities affected by substance use to participate in and influence decision making, commissioning, planning and improvements

Individuals and communities will be supported by improved and effective interventions, directly responding to the needs of individuals in recovery and their communities.

People affected feeling listened to, believed and understood. There is a culture of inclusion support meaningful contributions from people with lived and living experience, and the communities in which they live.

Strategic planning and commissioning are meaningfully informed and directed by the skills, knowledge and experience of lived and living experience and the wider communities in which they live.

## 5. Ensure appropriate and effective governance arrangements in place and strengthen communications with stakeholders

There is clear accountability, transparency, inclusion and involvement.

Clarity about the resources required, commissioning arrangements and evidence the effectiveness of investments.

Key stakeholders, including those with lived experience, the workforce and communities, are confident that their views are listened to, respected, understood and contribute to positive change.

There is clear and regular communication with local communities.



# YEAR ONE OF DELIVERY COMMITMENTS 2023-24

## OUTCOME ONE

Reduce significant harms linked to drug and alcohol use by delivering the right care in the right place at the right time

### ACTIONS WE ARE COMMITTED TO UNDERTAKE

Significantly progress the implementation of all Medically Assisted Treatment (MAT) Standards and fully implement MATs 1-5.

Extend the assertive outreach work to all high-risk groups.

Support local community pharmacies to participate in the Buprenorphine Test of Change (ToC).

Significantly progress MAT 9 through the Working Better Together (WBT) and Pathfinder Substance Use and Mental health projects.

Review the Alcohol Treatment and Support pathways.

Improved targeted responses to cocaine and benzodiazepines use.

Close Constitution House and reset co-located services in community settings.

Establish the substance use element of the 24/7 crisis care response, including the Progress the delivery of Distress Brief Interventions.

Progress the development of the shared Care / key working

programme with 3rd sector partners.

Implement and monitor the Residential Rehab Pathway.

Continue the development of a multi-agency systematic Whole Family Approach, including collaborative Kinship Care approach and work with birth parents.

Continue to support the Non-Medical Prescribing (NMP) nurses within Children & Families (C&F) service.

Revise and refresh the unborn baby protocol (New Beginnings).

**THIS IS WHERE WE AIM TO BE BY END OF YEAR ONE (end March 2024)**

Significant increase in the number of individuals receiving same-day prescribing.

Individuals report they have choice over medication and feel supported to access and remain in treatment.

Increasing number of people (including those affected by alcohol use) are supported by Primary Care, with third sector key working arrangements.

More people access residential rehab through the Dundee Pathway.

## OUTCOME TWO

Promote cultures of kindness, compassion and hope, tackle stigma and discrimination and embed trauma-informed approaches

### ACTIONS WE ARE COMMITTED TO UNDERTAKE

Run series of activities with local communities and organisations to tackle stigma.

Evaluate and promote the Language Matters campaign, and create a wider community campaign which focuses on correct language to use to reduce stigma across Dundee  
Develop support to bereaved families and children.

Continue embedding the Gendered approach, and increase support to parents affected by substance use.

Progress the recommendations and learning from the Staff Burnout

report, with specific focus on staff trauma and experiences of stigma. Consider the findings of the evaluation of the pilot of 'Responding to Poverty and Health Inequalities Training' and build in learning to work around substance use and recovery.

Work with the Trauma Steering Group to implement key milestones from the trauma implementation plan.

**THIS IS WHERE WE AIM TO BE BY  
END OF YEAR ONE  
(end March 2024)**

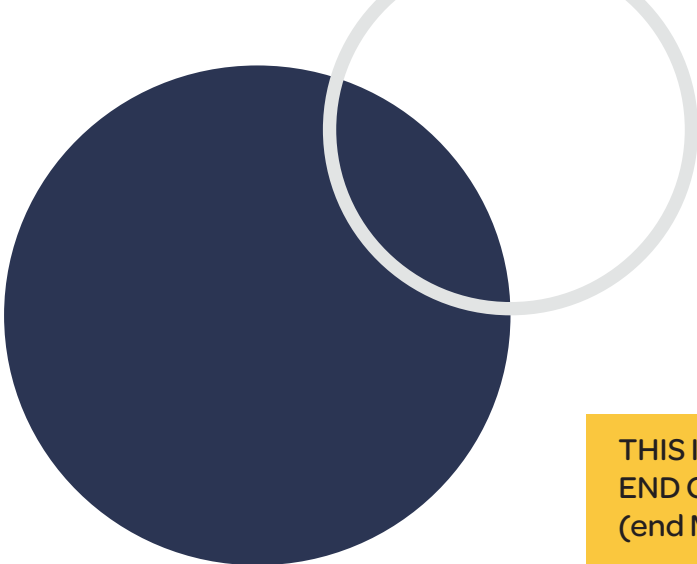
Individuals and families report some reduction in the stigma they experience.

Front line staff report to feeling less burnout and more support.

Training and development sessions around poverty, health inequalities and the impact of substance use are delivered.

More people present to services, and there is an increase in the number of vulnerable women accessing and being supported by services.





## OUTCOME THREE

Reduce the enduring impact of drug and alcohol use through an increased focus on prevention

### ACTIONS WE ARE COMMITTED TO UNDERTAKE

Plan to extend the NFOD response to include a wider group of high-risk individuals (joint approach with other triage meetings), and appoint staff to manage the NFOD rapid response.

Identify solutions for long-term funding for assertive outreach and independent advocacy, and provide learning sessions regarding role of an advocate.

Map Services and Programs against Whole Families Approach Framework to identify gaps.

Support and monitor the multi-agency Kinship-carers work (within C&Fs and third sector).

Develop multi-agency collaborative and sustained approach to deliver effective, evidenced-based harm reduction.

Invest in the Planet Youth approach: at least two schools progress the approach.

Embed the Dundee Prevention Framework and support organisations and communities to use it effectively.

Promote/ improve gender-based violence interventions within services (including duty to enquire re domestic abuse).

Coordinate harm reduction messaging for changing drug landscape, including a horizon scan to anticipate future changes (e.g. cost of living) and the impact on substance use patterns.

Workforce development: further Roll out and implement Trauma-Informed Practice across services.

**THIS IS WHERE WE AIM TO BE BY  
END OF YEAR ONE  
(end March 2024)**

NFOD response (including outreach work) is supported by dedicated staff.

The Kinship-carers' team within C&Fs is fully established and operating.

Harm reduction approach is adequately implemented (including MAT 4).

At least two of Dundee's schools progress the Planet Youth approach. The Dundee Prevention Framework is live and beginning to be used.

Improvement plan for Whole families and family inclusive practice is developed.

## OUTCOME FOUR

Empower people with lived experience to participate in and influence decision-making, commissioning, planning and improvement

### ACTIONS WE ARE COMMITTED TO UNDERTAKE

In partnership with the third sector (via Dundee Volunteer and Voluntary Action) continue to expand Peer Recovery Network and mutual aid.

Develop a meaningful and safe local approach to the involvement of people with lived experience in strategic decision-making and planning, including learning from best practice already in place at a local level.

Develop a meaningful and safe local approach to gather feedback (including MAT implementation) to inform service development. This

should include mechanisms for sharing themes with the workforce.

Develop and share an accessible list of current opportunities for those with lived experience to become involved in drug and alcohol work, including supporting resources and learning opportunities.

Establish opportunities for workforce with lived experience to influence service design, delivery and wider organisational culture.

Strengthen connections between the ADP and other fora in which lived experience is shared (including

carers partnership, Violence Against Women Partnership (VAWP) and mental health).

Provide additional support to smaller community-based organisations to enable them to access available sources of funding to support drug and alcohol work informed by lived / living experience.

**THIS IS WHERE WE AIM TO BE BY  
END OF YEAR ONE  
(end March 2024)**

Peer Recovery Network / mutual aid groups become more established.

Opportunities are available for individuals with lived experience to become involved and influence strategic decision-making, planning, service development processes.

Opportunities are in place for workforce with lived experience to influence wider organisational culture.

## OUTCOME FIVE

Ensure appropriate and effective governance arrangements and strengthen communications with stakeholders

### ACTIONS WE ARE COMMITTED TO UNDERTAKE

Review ADP governance, within the broader Protecting People approach.

Develop a clear and transparent joint commissioning and investment plan.

Develop an approach to support learning development and wellbeing across the workforce that enables the delivery of ADP priorities and actions (aligned to existing multi-agency and single agency plans).

Improve communications with local communities.

Progress an intelligence-led approach to prioritisation and commissioning, including needs assessment, improved reporting and enhanced analysis of data (including DAISy implementation).

Progress the implementation of the National Partnership Delivery Framework (PDF), focusing on the gaps identified through the self-assessment.

Review the membership of the ADP to ensure all the required skills and expertise are included.

Update ADP reporting process to ensure that involvement of lived / living experience can be identified and considered when decision making.

Develop a publish a performance framework.

Develop and publish a public facing annual report.

Fully refresh the ADP's strategic risk register.

Working alongside the other Protecting People Partnerships develop induction resources for new ADP members.

**THIS IS WHERE WE AIM TO BE BY  
END OF YEAR ONE  
(end March 2024)**

Decisions / recommendations made by the ADP are more fully informed by individuals with lived experience and available evidence.

There is a new governance structure, firmly embedded in the Protecting People structure with clear links to all areas of vulnerabilities, to support the work of the ADP.

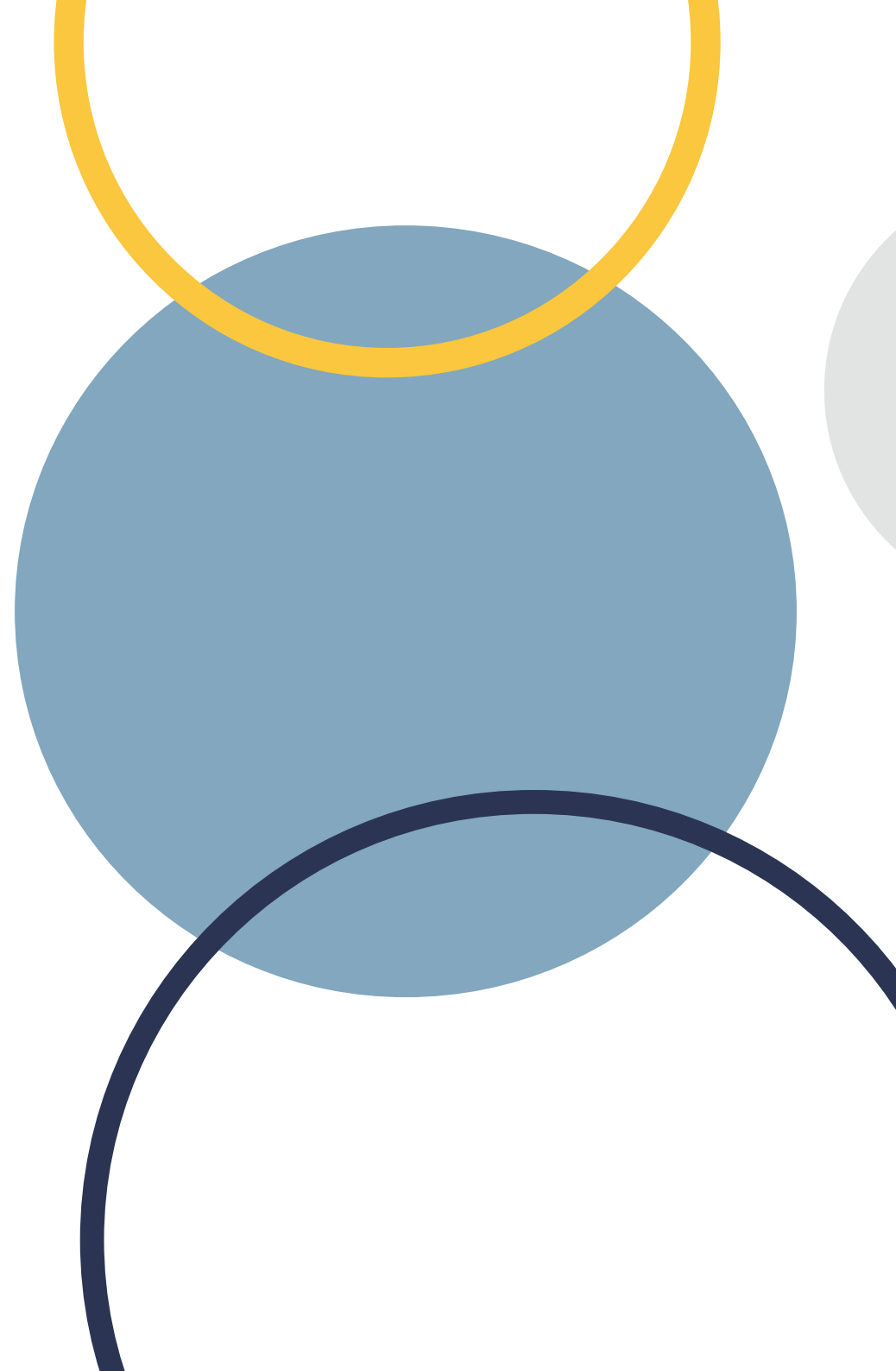
The ADP has a clear and transparent joint commissioning and investment plan.

The ADP has a clear and transparent performance framework.

Membership of the ADP has been revised to ensure all the required skills and expertise are included.

The work of the ADP is more fully informed by an understanding of strategic risks and their potential impact on the population.

The ADP has a clear plan about how it will work as part of a wider partnership to support workforce wellbeing and provide learning and development input to enable change.





# YEAR TWO OF DELIVERY COMMITMENTS 2024-25

## OUTCOME ONE

Reduce significant harms linked to drug and alcohol use by delivering the right care in the right place at the right time

### OUTCOMES WILL BE ACHIEVED THROUGH THE FOLLOWING ACTIONS

Progress the implementation of MAT standards 6-10.

Address issue of short-term funding for key services.

Fully implement and evaluate the Residential Rehab pathway and plan to evaluate.

Link to Positive Pathways work and treating people holistically to help address their life circumstances.

Progress the development of a model of rehabilitation support in the community.

Increase community-based access to behaviour change tools (e.g. consider purchasing Online Cognitive Behaviour Therapy (CBT) tool kit for public to access).

Significantly progress the establishment of a shared care model with Primary Care and the third sector.

THIS IS WHERE WE AIM TO BE BY  
END OF YEAR TWO  
(end March 2025)

Significant progress has been made with all MAT standards (including the Shared Care model).

The Residential Rehab pathway is fully implemented, progress has been made with community rehabilitation and plan are in place for evaluation.

Key services have secured funding. There is an increased access to community-based behaviour change tools (including CBT tool kit for public to access).

## OUTCOME TWO

Promote cultures of kindness, compassion and hope, tackle stigma and discrimination and embed trauma-informed approaches

### OUTCOMES WILL BE ACHIEVED THROUGH THE FOLLOWING ACTIONS

Develop a three-tier approach to tackling commercial sexual exploitation.

Embed trauma-informed work within secondary education, university and professional courses.

Extend collaboration with other partnerships around the work of stigma (including VAWP and suicide prevention work).

Develop online training on trauma and stigma.

Remove references to 'substance, drug or alcohol' in the names of services.

**THIS IS WHERE WE AIM TO BE BY  
END OF YEAR TWO  
(end March 2025)**

A tiered-approach to tackling commercial sexual exploitation is in place.

There is successful collaboration with other partnerships (including VAWP and suicide prevention) to tackle stigma.

Services no longer include references to 'substance, drug or alcohol' in their names.

Trauma-informed work is embedded within secondary education, university and professional courses, and on-line training on trauma and stigma is available.

## OUTCOME THREE

Reduce the enduring impact of drug and alcohol use through an increased focus on prevention

### OUTCOMES WILL BE ACHIEVED THROUGH THE FOLLOWING ACTIONS

Expand Planet Youth to further schools in Dundee.

Extend the NFOD response to include a wider group of high-risk individuals.

Implement plans to address identified gaps in the Whole Families Approach Framework Mapping.

Contribute to the development of the Dundee Family Support Hubs (lead by C&Fs service).

Continue to provide funding to communities for them to develop local responses. These can encompass prevention Early intervention and recovery.

**THIS IS WHERE WE AIM TO BE BY  
END OF YEAR TWO  
(end March 2025)**

Planet Youth approach is available to all schools in Dundee.

The NFOD response is extended to include and support a wider group of high-risk individuals.

The Whole Families Approach is fully embedded, and the Dundee Family Support Hubs is developed.

Communities are supported to develop local responses.

## OUTCOME FOUR

Empower people with lived experience to participate in and influence decision-making, commissioning, planning and improvement

### OUTCOMES WILL BE ACHIEVED THROUGH THE FOLLOWING ACTIONS

Create sustainable opportunities for people in recovery to participate in their local community.

The ADP develops approaches to conduct its work in an those with lived experience.

Create meaningful opportunities for people in recovery to participate in and influence the work of a range of partnerships.

Develop a streamlined and connected approach to evaluating / measuring culture change and meaningful involvement.

Enhance the supporting infrastructure that is available to enable lived / living experience work, including advocacy approaches.

Reflect on the evaluation of the ADP participatory budgeting test of change and set out future mainstream approach.

Consider mechanisms by which the contribution of people with lived / living experience can be explicitly valued and remunerated.

**THIS IS WHERE WE AIM TO BE BY  
END OF YEAR TWO  
(end March 2025)**

People in recovery have opportunities to participate in their local community, and in the work of partnerships, including the work of the ADP.

Advocacy support is fully available. The contribution of people with lived / living experience is remunerated.

The extend and impact of culture change and meaningful involvement are measured and evaluated. The ADP participatory budgeting ToC is evaluated



## OUTCOME FIVE

Ensure appropriate and effective governance arrangements and strengthen communications with stakeholders

### OUTCOMES WILL BE ACHIEVED THROUGH THE FOLLOWING ACTIONS

Implement the ADP's joint commissioning and investment plan.

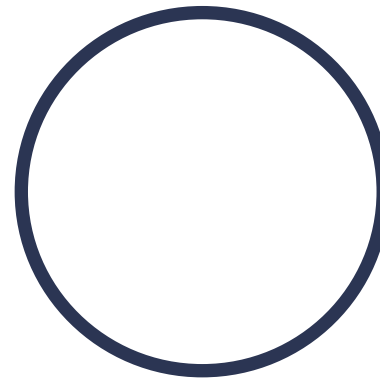
Develop approaches to support the collation, analysis and reporting of outcome information.

Review and implement the ADP's approach to collaborative commissioning.

Develop a sustainable approach to participatory budgeting for the ADP.

Refresh Communication Pathways to ensure staff and communities are aware of the available services and how to access them.

Progress joint approaches with other Public Protection Partnerships and Committees to public and workforce communications.



**THIS IS WHERE WE AIM TO BE BY  
END OF YEAR TWO  
(end March 2025)**

The ADP's joint commissioning and investment plan is implemented.

Communication Pathways have been refreshed to ensure staff and communities are aware of the available services and how to access them.

There is a joint approach with other Public Protection Partnerships and Committees.

The ADP commissions services in a way that is fair, open, transparent and collaborative.

The work and decision of the ADP is more fully informed by evidence of impact on outcomes for vulnerable people.

An increased proportion of the ADP budget is invested through participatory budgeting processes.

The multi-agency workforce feels better supported in implementing change and improvement across drug and alcohol services.



