



Dundee Alcohol and Drug Partnership

ALCOHOL & DRUG SERVICES STRATEGIC & COMMISSIONING PLAN

2017-2020

**A SUMMARY DRAFT (3rd August)
FOR CONSULTATION**



1. WHY DO WE NEED A PLAN?

The Alcohol & Drugs Strategic and Commissioning Plan (2017-2020) presents a way forward for developing and improving the responses to the impact of substance misuse in Dundee.

This Plan proposes an approach that is focused on the prevention of substance misuse. It responds to the issues experienced by individuals affected by their own substance misuse, their families and children. It also responds to the issues experienced by communities as a result of substance misuse, including the increase of alcohol consumption by the general population.

More specifically, this plan focuses on improving responses to protect children and young people affected by parental substance misuse, increase the focus on early intervention and avoiding the escalation of issues, strengthening the multi-agency pathways to recovery services and working jointly with local communities to protect them from harm.

A shared vision for Dundee:

People in Dundee thrive within safe, nurturing and inclusive communities supported by effective alcohol and drug services that focus on prevention, protection, resilience and recovery

This shared vision effectively represents the core ideals that give this Plan a shape and direction for the future.

Key Priorities

The plan is shaped around four distinctive themes that refer to priority areas for development and improvement. These themes also form the basis of the developing Local Outcome Improvement Plan for Dundee. This means that developments in this area of work tie up with the range of other associated challenges including poverty, employment, housing, health and wellbeing.

Key Actions

These are all the service improvements and programmes of change brought together in the Plan that will result in better outcomes for people who need services and for the communities in Dundee.

It is here that citizens of Dundee can make a difference to this Plan - through expressing their views and sharing their experience.

Section 2 below '**Conversations with You**' explains how we will ensure this happens.

Table 1 below: provides a simple representation, an overview of this Plan

Table 1: Overview of this Plan

Vision for Dundee People in Dundee thrive and prosper within safe and nurturing communities supported by effective alcohol and drugs services focusing on prevention, protection, resilience and recovery			
Priority 1 Children & Families	Priority 2 Prevention & Protection	Priority 3 Recovery	Priority 4 Safer Communities
<p>Children will have improved life chances and are safer where there is a risk of early initiation into alcohol and drug use, or exposure to harm in family settings where substances are misused</p>	<p>An increased investment in prevention activities and early intervention approaches, focusing on children, young people and communities</p>	<p>A well-coordinated and effective Recovery Oriented System of Care with integrated pathways through services that promote health, wellbeing and help people achieve their personal goals</p>	<p>Individuals and communities are knowledgeable about the harmful effects of alcohol overconsumption and drug misuse, and are supported to build resilience</p>
Key Actions	Key Actions	Key Actions	Key Actions
<p>Improve identification and responses to children at risk of harm from parental substance misuse</p> <p>Increase the provision of family-focussed services where children are potentially at risk due to parental substance misuse</p> <p>Target and support groups of young people at risk from early initiation into alcohol/drug use</p>	<p>Increase education / prevention activities in schools</p> <p>Improve harm reduction services and responses to non-fatal overdoses</p> <p>Improve identification and responses to vulnerable groups, including those at risk of drug death, and commercial sexual exploitation</p> <p>Increase the provision of Alcohol Brief Interventions</p>	<p>Increase access to specialist services by developing clear and efficient pathways</p> <p>Improve access to mutual-aid and peer-support recovery groups to help people avoid relapse</p> <p>Extend the locality-based approach to the provision of substance misuse services</p>	<p>Manage the availability of alcohol through a revised alcohol overprovision assessment</p> <p>Ensure a rapid and efficient response to discarded needles</p> <p>Create a programme of ongoing conversations with local communities to jointly respond to the impact of substance misuse</p>
<p>In line with the Dundee Health and Social Care Partnership’s approach to locality working, this <i>Plan</i> proposes the adoption of a locality-model for alcohol and drug services. This will enable collaborative working with complementary services for children and families.</p>			

2. CONVERSATIONS WITH YOU

The writing of this Plan has been shaped and informed by the views and contributions of a number of stakeholders with a high interest and influence in the improvement programme for services.

We have held conversations with the following groups in relation to the Plan:

- People who use services
- Their carers and families
- Children in families where substance misuse is present
- Children and young people
- Peer Workers and Volunteers
- Drug & Alcohol Workforce
- Community Representatives
- Elected Members

Consultations to inform the development & implementation of the Plan:

- Online Survey open to all citizens of Dundee (July – August 2017)
- Questionnaires and suggestion boxes in service areas (July – August 2017)
- Face to face conversations (ongoing)
- Focus groups (ongoing)
- Engagement Event for key partners and service providers (26 May 2017)
- Seminars and meetings with elected Members (from June 2017 onwards)

We will keep up these conversations with as many people as possible throughout the continuing development and implementation of the Plan.

Timeline for the conversations, tasks, stages and process









The development of an effective Plan that will make a real difference needs to go through a number of processes over time. The production necessarily involves consultation with a great number of people and a number of information gathering tasks, analysis and formulation of actions.

Table 2.1 below: This shows a summary of the route map through the planning development process over real time.

Table 2.1 Timeline for the Conversations with You

Drafting the Plan

Stakeholder Consultation Route Map 2017

Planning Tasks & Processes	April	May	June	July	Aug	Sept	Oct	Nov	Dec
Write the 1 st Draft Strategic & Commissioning Plan									
Consult the 'High Interest / High Influence' Stakeholders at an Engagement Event		Stakeholder Event 26/05/17 							
Write the 2 nd Draft of the Strategic & Commissioning Plan & Summary version – Inc. Stakeholder Feedback									
Establish new joint planning arrangements Set up a Strategic Planning Group (SPG) – with wide stakeholder representation Meet with Elected members		Revise & Ratify Governance Arrangements ADP and IJB Approval ✓✓ Meet with Elected Members			1 st SPG Meeting 03/08/17 				
Consult wider stakeholder groups across the city – Online survey, questionnaires, suggestion boxes, presentations to community groups...				Full Consultation & conversations with Communities			Final Version of the Plan 28 th September 2017 		
Write final draft version of Strategic & Commissioning Plan – Incorporating all stakeholder feedback, views and ideas									
Sign off the final version, publish and implement the Strategic & Commissioning Plan (2017-2020)							Sign off IJB 31/10/17 ADP 22/11/17 	Implement & Review Annually	

Key Milestones  Re-drafting the plan following consultations 

3. THE IMPACT OF SUBSTANCE MISUSE ON INDIVIDUALS AND COMMUNITIES IN DUNDEE

A short fact file:

In Dundee there are 439 licensed premises: 313 on-sales (pubs / restaurants) and 126 off-sales (shops and supermarkets)

In Dundee young people who drink alcohol - source it from a friend/relative (37%), from home (22%) and from shops (11%)

In Dundee in 2013-14 there were 1,434 alcohol-related crimes recorded

In Dundee in 2013-2015 there were 218 alcohol related deaths

In Tayside 29% men, & 15% women exceed recommended levels of alcohol

In Tayside 14% men & 19% women reported they do not drink any alcohol

In Dundee in 2013 4% of 13 years old & 10% of 15 years old report they have an alcoholic drink at least once a week

Those living in more affluent areas consume more alcohol than those living in the more deprived areas

In Dundee it is estimated that there are 2,800 problem drug users

In Dundee in 2015 there were 36 drug deaths

In Dundee in 2013 3% of 13 years old and 13% of 15 years old reported 'ever using drugs'

In Dundee in 2015-16 there were 1,071 drug-related offences recorded

Impact of substance misuse: Detailed Information

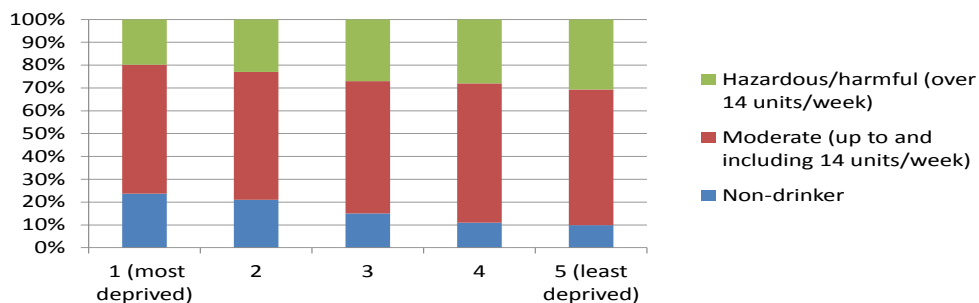
Below is a snapshot of what we know about the impact of substance misuse in Dundee:

Table 3.1 Those living in more affluent areas consume more alcohol than those in more deprived areas. Harm to the health of individuals caused by the overconsumption of alcohol tends to be greater in areas of deprivation where underlying health conditions are more prevalent.

Alcohol Consumption 2015

Tayside: 29% of men and 15% of women drink alcohol at hazardous/harmful levels

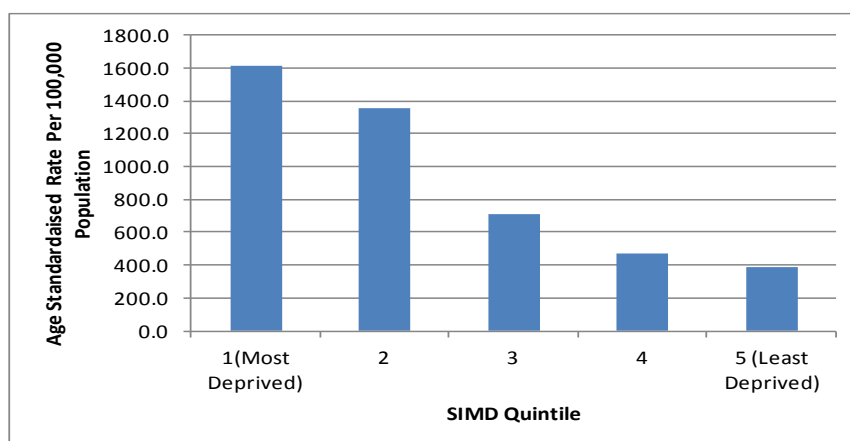
Weekly drinking category, by SIMD, Scotland 2015



The Scottish Health Survey 2015

Table 3.2 Alcohol harm & Inequity SIMD is the Scottish Index of Multiple Deprivation, identifying small area concentrations of multiple deprivation across all of Scotland in a consistent way.

Alcohol Harm and Inequity 2015



NHS Tayside Business Unit

Alcohol Harm 1990-2015 Tayside has a higher rate of alcohol related deaths (23.7 per 100,000 population in 2015) than Scotland as a whole (21.8 per 100,000 population)

Local Authority comparisons in 2015 showed that Dundee City is amongst the worst areas for alcohol related death rate in Scotland (38.0 per 100,000 population)

In addition to health harm:

Social harm: nationally, 1 in 2 people report having experienced harm as a result of someone else’s drinking

Economic harm: estimated cost to Dundee City of alcohol harm per annum – approx £71million

Alcohol related crimes

The number of alcohol related crimes increased from 1,377 recorded in 2012/13 to 1,434 in 2013/14.

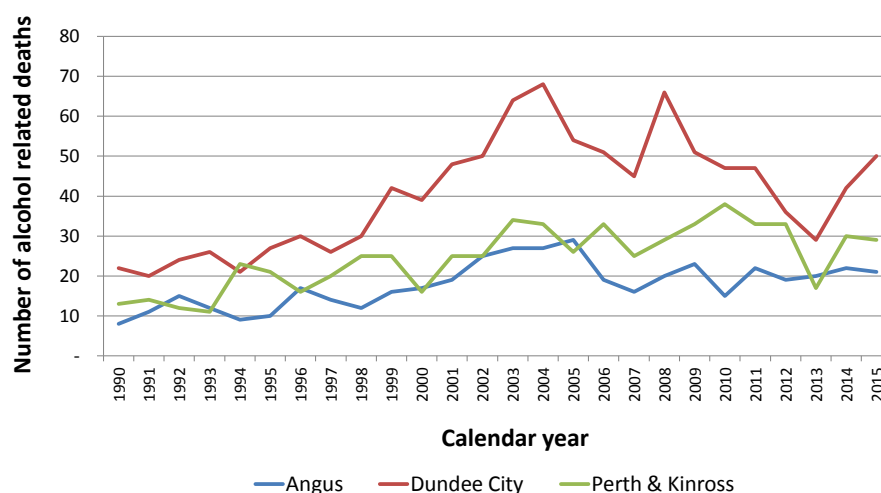
Alcohol was thought to be a contributory factor in 58% of serious assaults committed in Dundee in 2013/14.

Alcohol Availability

- In 2015, 20% more alcohol sold in Scotland than England and Wales
- Three-quarters of alcohol sold is in off-sales trade (shops and supermarkets)
- Areas with higher numbers of alcohol outlets have higher-alcohol related harm
- Dundee has the fourth highest alcohol availability in Scotland

Alcohol Harm

Alcohol-related death rates in the local authority areas of Tayside, 1990-2015



National Records of Scotland Alcohol Related Deaths Report 2015

Table 3.3 Drug Use 2015 showing prevalence and harm in Dundee compared to Scotland

Drug Misuse

It is estimated that in Tayside there are 4,600 problem drug users

Of those, 2,800 (61%) live in Dundee

Drug Misuse Harm

- At May 2017 - 27 out of 80 (34%) children on Child Protection registration are affected by parental substance misuse
- In 2013 in Dundee 3% of 13 years old and 13% of 15 years old reported 'ever using drugs' (Scotland; 4% and 18%)
- In 2016-17 in Dundee 1,714 individuals received a substitute prescription (e.g. Methadone)
- In 2014-15 there were 248,599 clean needles / syringes distributed

Social Harm

Drug use funded by crime

Percentage of new clients at specialist drug treatment services who report funding their drug use through crime - reduced from 38% to 22%.

Drug offences

1,071 drug related offences committed in Dundee in 2015/16

Hepatitis C infection

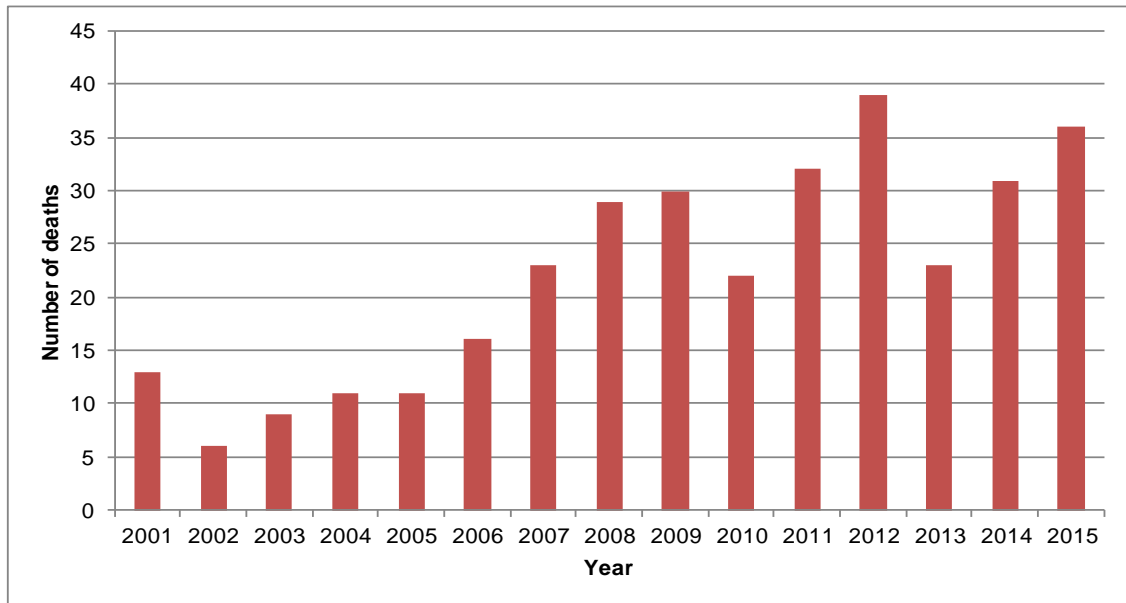
In Dundee, Hep-C positives are lower than Scotland overall due to local initiatives and work pioneered by NHS Tayside clinicians to test, manage and treat people who inject drugs for Hepatitis C infection.

Table 3.4 below: Drug Deaths in Dundee 2001– 2015

In the early 2000s figures began to increase; remaining high ever since

- In 2015 there were 36 drug deaths in Dundee
- The highest rate of deaths was in the 35-44 age group
- In 2015 there were 130 non-fatal overdoses recorded in Dundee (more unrecorded)
- During 2014-15 in Dundee 370 naloxone kits were issued
- 2015-16 Dundee - there were 304 drug-related episodes in acute hospital setting

Drug Deaths in Dundee 2001 - 2015



The Tayside Drug Deaths Report 2015 includes a profile of a typical drug death victim.

Over time as data has been collected, some distinctive characteristics emerge repeatedly

- **Birth:** living in a deprived community
- **Childhood:** unstable living conditions and school environment; parental substance misuse and mental health issues; physical and sexual abuse
- **Age 16:** leaves school, employment, drinking at weekends
- **Age 20-26:** use of cannabis → LSD → ecstasy → cocaine → smoking heroin
- **Age 27-36:** unstable relationships, children, estranged from family, crime, cocktail of drugs, known to GP and services, in treatment
- **Age 37 (time of death):** single, unemployed and living alone; often with chronic health issues, poor mental health and experience of at least one adverse life event

Profiling in this way helps planners and managers of services to target resources, and to focus on groupings of characteristics that indicate a person to be at particular risk of harm or death.

4. THE CASE FOR CHANGE AND IMPROVEMENT

Drawing from a wide range of sources and methods of gathering information, the Strategic Needs Assessment (SNA) was the first step to setting out the current and future health and care needs of the local population. This exercise compares levels of service provision to the quantity and type of needs identified. The information is then used to inform and guide the planning and commissioning of health, well-being and social care services in Dundee for children, adults and families affected by harmful alcohol and drug use.

The information is used to:

- Account for the wider social factors that impact on people's health and wellbeing, such as housing, poverty and other pre-existing conditions; i.e. mental ill health and early trauma
- Identify particular health inequalities and barriers to accessing services
- Provide evidence of effectiveness for different health and care interventions
- Provide a **profile of all current service provision (to be completed)
- Compare level and type of service provision to demand and identify gaps in health/social care services
- Identify and record unmet needs

Sources of information for the Plan:

Building a case for change and improvement involves a number of fact finding exercises and conversations with people who use services, those who provide them and others in our communities who experience the effects of substance misuse in their everyday lives. Different tools are used to quantify levels and types of needs, to gauge quality of services and whether these services provide the right type of support and help to meet the needs of the population.

- ADP Review: Consultations with Stakeholders 2013-2014 (Dundee ADP)
- Profile of the Substance Misusing Population in Dundee 2017 (NHS Tayside)
- Alcohol and Drug Partnership Prevention Strategy 2017
- Validated Self Evaluation of Dundee ADP 2016 – [Quality Standards 2014](#)
- [Tayside Drug Death Report](#) 2015
- [Staying Alive in Scotland](#) June 2106
- Dartington Research Unity – ['Children Count' Wellbeing Survey 2017](#)
- Conversations with You – Stakeholder Engagement Plan 2017
- Resource Analysis 2017 –Local services, funding and other resources

Who uses this information?

- Commissioners to plan service improvements
- Potential funders – as an evidence base for preparing bids and business cases
- Third sector and communities for business planning
- Service providers to assist in future development
- Citizens to scrutinise commissioning recommendations and to 'follow the public pound'

4.1 A summary of the sources of information used to develop the ‘case for change’ and the strategic outcomes expected		
Sources of Information	The Case for Change	Strategic Outcomes
ADP Review (2014): consultations with Stakeholders (Dundee ADP)	<ul style="list-style-type: none"> • Improve access to services in communities • Work in more joined up ways to help people with complex needs • Improve coordination and consistency when assessing people’s needs and planning care 	<ul style="list-style-type: none"> • Quicker access to services, support and advice - within Community Hubs • Experience higher quality services – Support & Connect Approach • Increased choice and opportunity to access recovery-based services • Increased focus and investment in prevention interventions. • Reduced duplication and increase joint working and integration
Profile of the Substance Misusing Population in Dundee 2016 (NHS Tayside)	<ul style="list-style-type: none"> • Reduce alcohol consumption/drug use • Increase preventative approaches • Health harm/social harm • Integrate Recovery pathways • Needs of children and families • Capacity and response times in services 	<ul style="list-style-type: none"> • Fewer people will be drinking harmful levels of alcohol • Fewer people will be using drugs • People live in positive, health-promoting environments where alcohol and drugs are less available • Reduced levels of health harm (i.e. casualty visits) • Increased numbers of people progressing through a Recovery pathway
ADP Prevention Strategy 2017	Increase indicated, selected and universal prevention services and activities	<ul style="list-style-type: none"> • Fewer young people inducted early into substance misuse • Reduction in the contributing factors leading to drug deaths • Fewer people progressing into problematic use of alcohol and/or drugs
Validated Self Evaluation (Care Inspectorate) 2016	Support services to improve compliance with all national Quality Principles	<ul style="list-style-type: none"> • Alcohol and drugs prevention, treatment and support services are effective, continually improving, efficient, evidence-based and responsive, ensuring people move through treatment into recovery • Services develop a culture of <i>self-evaluation</i> – a constant cycle of review and improvement actions • Stakeholders views (in particular services users) and recommendations are fully accounted for in policy development and service improvement
Self -Evaluation NICE Alcohol Pathway	Address gaps in services, improve integrated working - psychological support/ trauma focussed services, relapse prevention,	<ul style="list-style-type: none"> • More people recover from harmful drinking and alcohol dependency • Children and family members of people misusing alcohol are safe, well-supported and have improved life-chances

4.1 A summary of the sources of information used to develop the 'case for change' and the strategic outcomes expected		
Sources of Information	The Case for Change	Strategic Outcomes
Tayside Drug Death Report 2015	Support services to improve focus on groups identified at risk of harm or drug death	<ul style="list-style-type: none"> • More people supported to reduce harm and risk of drug death • Families and carers are supported to cope with the challenges of caring
Staying Alive in Scotland 2106	Support services to implement best practice in reducing drug deaths	<ul style="list-style-type: none"> • People supported to reduce harm and risk of drug death • More families and carers are supported to cope with the challenges of caring
Dartington Research Unit - Children Count Wellbeing Survey 2017	Services and activities to avert children and young people from early substance misuse	<ul style="list-style-type: none"> • Children and young people protected from harm due to early initiation into substance misuse • Children exposed to parental substance misuse are identified and supported more quickly • Children and family members of people misusing alcohol and drugs are safe, well-supported and have improved life-chances
Conversations with You – Consulting Our Stakeholders		<ul style="list-style-type: none"> • TO BE COMPLETED AFTER CONSULTATION PROCESS

5. GUIDING PRINCIPLES AND KEY THEMES IN THE PLAN

A number of principles and important themes underpin the Plan. These have been adopted because they are either derived from national policy, local needs identified through the process of consulting stakeholders or fact finding exercises.

<p>Strengthening Governance: partners working together to improve the safety, performance, quality of services and outcomes for people who need care and support – Alcohol and Drug Partnership, the Integrated Joint Board, Children’s Services, Community Planning Partnership, Community Justice and the Chief Officer’s Group</p>
<p>Delivering Service Improvements through a fair and consistent approach to strategic commissioning, high quality and robust performance management</p>
<p>Improving Service User and Carer Involvement to ensure people with lived experience contribute to the process of measuring performance outcomes, quality, and efficacy of services; also ensuring supports are ‘person-centred’ where people are involved in care and treatment, and treated with dignity and respect</p>
<p>Value for Money as a key strategic commissioning principle and feature of all service agreements and plans, quality standards and performance management</p>
<p>Integrating Services in locality settings and between adults and children’s services; ensuring they are accessible from the service user point of view</p>
<p>Co-producing Developments and service improvements; working alongside communities and people who have lived experience of substance misuse</p>
<p>Promoting Best Practice and Improving Quality building upon successes to date and improving compliance with national quality standards; The Quality Principles: Standard Expectations of Care and Support in Drug and Alcohol Services</p>
<p>Increased Focus on Prevention is a key strategic shift for services. The Plan is significantly influenced by the <i>Report on the Future Delivery of Public Services by the Commission chaired by Dr Campbell Christie. Published on 29 June 2011. Dundee ADP Prevention Strategy 2017;</i></p> <p><i>Prevention “The costs to Scotland and its public services of negative outcomes such as excessive alcohol consumption, drug addiction, violence and criminality are substantial. Addressing the ‘failure demand’ that results from focusing on consequences rather than causes, and approaches which alienate or disempower service users, has a high cost for society and high costs for public services. This will be increasingly difficult to sustain into the future.”</i></p>

6. A FOCUS ON OUTCOMES

6.1 The Local Outcome Improvement Plan for Dundee (LOIP)

The Local Outcome Improvement Plan (LOIP) sets out the strategic direction, priorities and outcomes collectively agreed by community planning partners in Dundee. Tackling alcohol and drug issues has been identified as a key priority for Dundee. The LOIP is very much shaped by local need and identified through conversations with local people and communities. It drives progress on the achievement of long-term outcomes such as reducing inequality and disadvantage across our communities, and engaging with local people in the design and delivery of public services.

As outlined above (table 1 on p. 3) the proposed Plan for Alcohol & Drugs includes four overarching themes and a number of actions shaping and contributing to the long term outcomes for alcohol and drug services. The same themes and actions will also be reflected in the Alcohol & Drugs LOIP, and include:

Theme 1: Children and Families

Children will have improved life chances and be safer where there is a risk of early initiation into use of alcohol and drugs and/or exposure to harm resulting from a family environment where substance are misused

Theme 2: Prevention and Protection

An increased investment on prevention activities and early intervention approaches, focusing on children, young people and communities

Theme3: Recovery

A well-coordinated and effective Recovery Oriented System of Care with integrated pathways through services that promote health, wellbeing and help people achieve their personal goals

Theme4: Safer Communities

Individuals and communities are knowledgeable about the harmful effects of alcohol overconsumption and drug misuse, and are supported to build resilience

6.2 Working in Localities

In line with the Dundee Health and Social Care Partnership's approach to place-based working, this *Plan* proposes the adoption of a locality-model for alcohol and drug services. This will enable collaborative working with complementary services for children and families.

It is proposed that specific staff groups and/or teams will be linked to a locality. Accordingly, they can develop a better understanding of the local communities and their people, target the resources according to need and make closer links to local resources. This model of working will ensure local people affected by substance misuse and their families can have easier access to the services they need. These

services will be confidential; will include specialist treatment services and all other supports people require to aid their recovery.

It is recognised that some services will need to continue to be delivered at a city-wide or pan Tayside level; i.e. Psychology, in-patient units.

6.3 Outcomes for the Alcohol and Drug Partnership (ADP)

Set against the national outcomes for ADPs, and from the information gathered for the *Case for Change*, a number of priorities have been identified that shape this Plan.

ADP Outcomes	Improvement Actions in the Strategic & Commissioning Plan
Health	Addressing health inequalities, improved interventions for people with complex needs, reducing harm, tackling the contributory factors associated with drug deaths, developing more trauma based therapeutic interventions
Prevalence	Increasing focus on prevention and early intervention; shifting the balance of resources invested in these approaches; develop the whole population approach to reducing alcohol consumption
Recovery	Improving the Recovery Oriented System of Care (ROSC) - the open access , supporting engagement with and retention in services, involving service users, developing peer supports and mutual aid
Families & Children	Increasing prevention interventions targeting children and young people at risk of early initiation into substance misuse and those affected by parental substance misuse, supporting carers and family members, developing family focussed interventions
Services	Improving compliance with national quality standards, developing integrated pathways of care and a locality approach, strengthen joint working between substance misuse and generic services
Community Safety	Involving communities , building resilience and capacity, working with the Reducing Reoffending Partnership, improving the Community Justice pathway for alcohol and drugs
Local Environment	Reducing alcohol availability , encouraging responsible drinking, supporting communities to influence alcohol licensing

6.4 Reporting on progress and accountability

We will use four broad types of indicators to report on the progress we make, including:

- Context Indicators
- Input Indicators
- Activity Indicators
- Outcome Indicators

Context indicators, although not measuring performance directly, enable us to understand the scale or nature of the problem/ situation around substance misuse that we are all working to address. Examples of context indicators include the number of problematic drug users in Dundee / the number of children affected by parental substance misuse / the number of individuals reporting to exceed the recommended levels of alcohol consumption.

Input indicators provide information on what we invest in Dundee (e.g. staff / budgets) to enable us to provide the activities / support and services to those affected by substance misuse and to prevent further escalation.

Activity / Output indicators measure the range of activities (e.g. number of referrals to specialist services / number of assessment / number of individuals receiving services) we are able to deliver to individuals.

Outcome indicators measure the impact that the activities and interventions we provide to the lives of individuals, families and communities.

Inputs	→	Outputs	→	Outcomes - Impact		
		Activities		Short-term	Medium -term	Long-term
What we invest	→	What we do	→	What change happens in the short term	What change happens in the medium term	What change happens in the long term

6.4 The Scope of this *Plan*

Extends to the full reach of the lead strategic partnership's respective areas of responsibility. In brief, the scope is as follows:

- **People** – Children & young people at risk of early initiation of substance misuse/ affected by parental misuse. Adults, older people using alcohol and drugs in harmful ways; those with additional support needs - mental ill health, blood borne virus, vulnerable to sexual exploitation/ domestic abuse, homelessness, poverty and deprivation. People in prison and those subject to community based sentences.
- **Carers and families** – in recognition of their key role in contributing to the recovery of people using services, as well as their own support and wellbeing needs.
- **The workforce across all specialist and generic service providers:** supporting and providing learning and development opportunities and core competencies for statutory, third sector, and independent sector agencies, peer workers and volunteers alike.
- **Area** - Dundee City with a focus on the specific demographic needs of localities and areas of greatest deprivation, Tayside-wide 'hosted' services - Psychology, In-patient Unit, Scottish Prison Services Healthcare and commissioned services.

6.5 Building on Improvement

Improvement actions within this *Plan* build on earlier achievements progressed through the *Dundee Alcohol and Drugs Review 2014*. In July 2013 the Dundee Alcohol & Drugs Partnership (ADP) embarked on a comprehensive review of all alcohol and drugs issues in the city. This brought about a change-plan for the delivery of services. The Review was co-produced; entailing consultation with a wide variety of stakeholders (including individuals who use services, carers and families affected by substance misuse, local communities and service providers). The Review was also informed by an assessment of needs and the collation of evidence describing the impact of substance misuse in Dundee.

7. RECOVERY ORIENTED SYSTEM OF CARE

Dundee currently has a ¹*Recovery Oriented System of Care*, referred to as the *ROSC*. Recovery is simply defined as a process through which a person addresses the impact drug and/or alcohol use has on their lives to become well and enjoy being an active and contributing member of society.

This concept of Recovery is underpinned by the belief that people can and do achieve full recovery from the impact of the harmful use of alcohol and drugs.

Distinguishing features of an effective ROSC include:

- Inclusive of family and significant others
- Support the Public Protection agenda - keeping people safe from harm
- Ensure access to other key services such as housing, employability etc
- Services are well connected to localities and communities
- Offer psychological supports that are ²trauma-informed

At its centre there is a strength-based assessment that takes account of individuals' recovery potential. There is usually a commitment to peer recovery support services, and most importantly, it is inclusive of the voices and experiences of individuals in recovery, and their families.

Because issues related to substance use are constantly evolving, a commitment to continuous improvement is essential to ensure individual's needs are met. In Dundee, the *ROSC* will be further developed through *The Plan* to ensure it is flexible and responsive to these challenges, and supports the critically important *Public Protection - Supporting People* ³ agenda – including specific focus on children affected by parental substance misuse, vulnerable adults, and women affected by domestic abuse and prostitution. . *The Plan* also details a commitment to enhancing the ⁴*Prevention* service model that will begin to refocus and target resources towards evidence-based approaches to prevent problems from occurring in the first instance. The Dundee Prevention Strategy...

The ROSC will reflect the Strategic Assessment of Needs/Case for Change – as set out on pages 11 and 12. These are mapped onto Diagram 7.1

¹ Recovery Oriented System of Care...

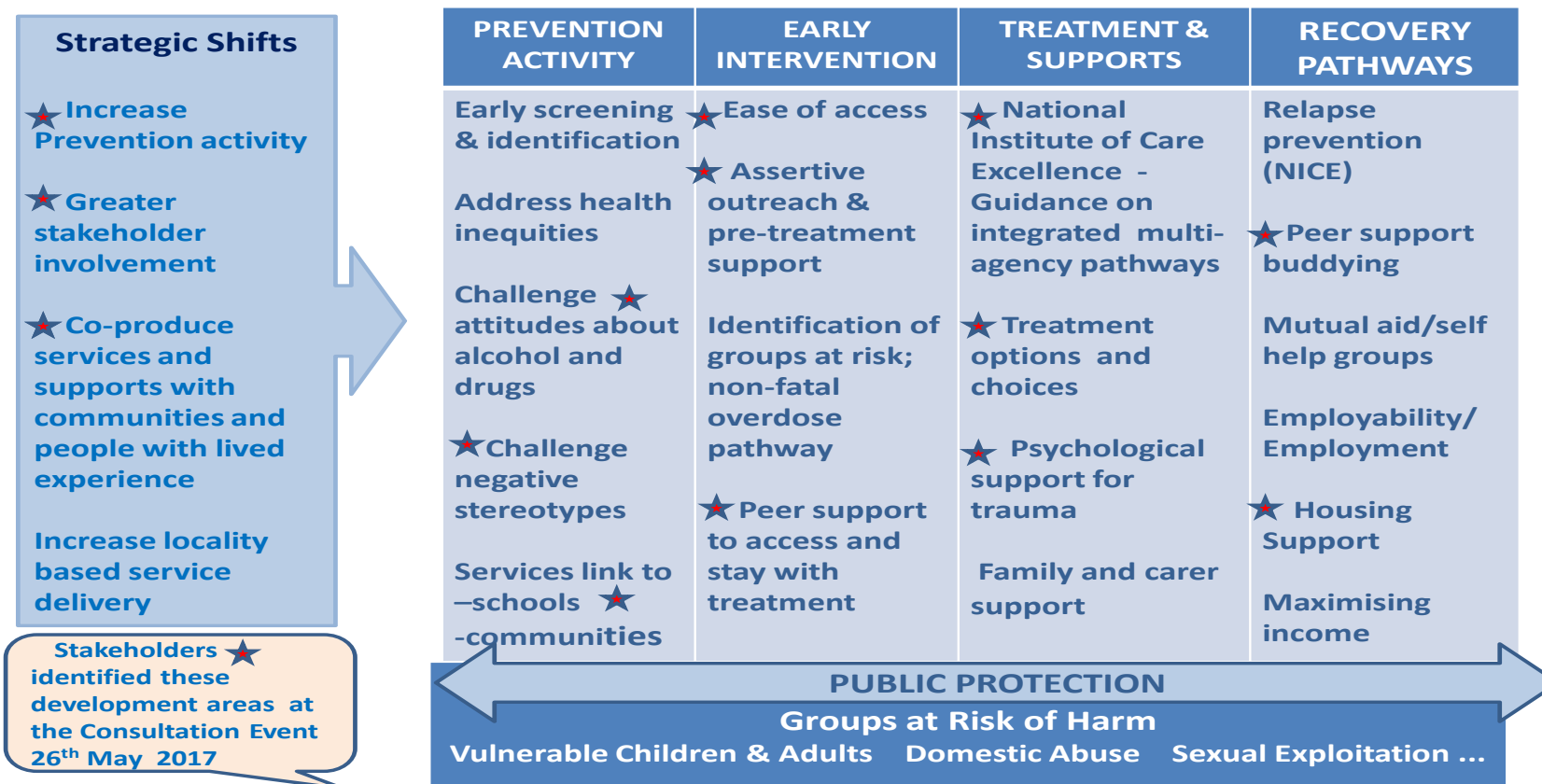
² Trauma informed services are

³ Public Protection and 'Supporting People'...

⁴ Prevention ...

Diagram 7.1

Proposed Key Areas for Development in the Recovery Oriented System of Care (ROSC)



7.2 Public Protection and the ROSC

The integration of ADP support and strengthened links with the Protecting People structure in Dundee will draw a range of benefits from the well-established framework and partnership within which the range of multi-agency supports and interventions to protect people of all ages is planned and co-ordinated. Themed committees and partnerships include Child Protection, Adult Support and Protection, Violence Against Women, Alcohol and Drug, Suicide Prevention and Tayside Multi Agency Public Protection Arrangements (MAPPA).

The linking of substance misuse to the Public Protection approach reflects the increasing recognition that individuals experiencing the adverse effects are also affected by a range of other underlying issues. These issues include mental health, existing and historical trauma, learning disabilities, and victims of domestic abuse, prostitution and child sexual exploitation.

Services are targeted towards a shared vision; *“Dundee’s people will have the protection they need, when they need it, to keep them safe from harm”*. There are clear crossovers between each of the protection strategic themes and priorities.

8. GOVERNANCE ARRANGEMENTS FOR STRATEGIC PARTNERSHIPS

In order to develop high quality alcohol and drug services, it will be important to foster strong connections with partners across the Health and Social Care Partnership. The emergence of a more integrated health and social care landscape with the delegation of alcohol and drug services to the Integration Authority requires the ADP to foster more robust joint governance arrangements with the Integration Joint Board. This will ensure strategic plans are well coordinated and aligned to operational development priorities, commissioning activity and performance management of services.

As the key strategic lead in shaping local priorities, the ADP will contribute in a range of ways to the decision-making structures and processes of the Health and Social Care Partnership to ensure alcohol and drug issues remain high on the agenda. This will make certain strategic and operational improvement plans are fully integrated and embedded within new health and social care arrangements.

8.1 Finance and Resources

In the light of budget challenges for drug and alcohol services, the ADP and IJB is currently undertaking a comprehensive review of current resources to take account of any efficiency savings required across the board, and to identify the level of resource available to continue further innovation and tests of change. This work is scheduled to conclude and report on findings and recommendations in the *Plan* by July of 2017. This will also herald the alignment of the ADP and IJB budget to establish a single robust financial framework.

8.2 A 'Whole System Approach' to the development of services

The integration of health and social care services has already demonstrated a significant improvement in both service delivery models and outcomes for people. Drug and alcohol (NHS Tayside) services were managed through the Mental Health Directorate and transferred to the IJB at the latter part of 2016. The social work/care services and health services, alongside the commissioned services will be managed through a single management and service structure. This change provides an ideal opportunity to consider integrated pathways, redesign service models at both a statutory and commissioned level, and develop stronger links across the wider partnership arrangements (Community Planning Partnership and Integrated Children Services).

By bringing both strategic and operational functions closer together and aligning the IJB, ADP and partnership funding into an aligned budget it will be possible to make best use of the available resources while delivering the strategic priorities within a reduced financial framework.

9. ACTION PLAN 2017 – 2020 (to be completed)

Key Priority	Actions	Lead	By when	Progress
	Key actions			
Children & Families Children will have improved life chances and are safer where there is a risk of early initiation into alcohol and drug use, or exposure to harm in family settings where substances are misused	Improve identification and responses to children at risk of harm from parental substance misuse			
	Increase family-focussed services that also support parents to recover from substance misuse			
	Target and support groups of young people at risk from early initiation into alcohol/drug use			
	Additional actions			
Prevention & Protection An increased investment on prevention activities and early intervention approaches, focusing on children, young people and communities	Key actions			
	Increase education / prevention activities in schools			
	Improve harm reduction services and responses to non-fatal overdoses			
	Improve identification and responses to vulnerable groups, including those at risk of drug death, and commercial sexual exploitation			
	Increase the provision of Alcohol Brief Interventions			

Key Priority	Actions	Lead	By when	Progress
	Additional actions			