



Clerk and Standards Officer:
Roger Mennie
Head of Democratic and Legal
Services
Dundee City Council

City Chambers
DUNDEE
DD1 3BY

14th November, 2024

TO: ALL MEMBERS, ELECTED MEMBERS AND OFFICER
REPRESENTATIVES OF THE PERFORMANCE AND
AUDIT COMMITTEE OF DUNDEE CITY HEALTH AND
SOCIAL CARE INTEGRATION JOINT BOARD

Dear Sir or Madam

PERFORMANCE AND AUDIT COMMITTEE

I refer to the agenda of business issued in relation to the meeting of the Performance and Audit Committee which is to be held remotely on Wednesday, 20th November, 2024 and now enclose the undernoted item of business which was not received at the time of issue.

Yours faithfully

DAVE BERRY
Acting Chief Officer

AGENDA

5 AUDIT SCOTLAND ANNUAL REPORT AND INTEGRATION JOINT BOARD ANNUAL ACCOUNTS 2023/24 - Page 1

(Report No PAC45-2024 by the Chief Finance Officer, copy attached – for decision).

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ITEM No ...5.....



REPORT TO: PERFORMANCE AND AUDIT COMMITTEE – 20 NOVEMBER 2024

REPORT ON: AUDIT SCOTLAND ANNUAL REPORT AND INTEGRATION JOINT BOARD ANNUAL ACCOUNTS 2023/24

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: PAC45-2024

1.0 PURPOSE OF REPORT

1.1 The purpose of this report is to present the Integration Joint Board's (IJB) Draft Audited Annual Statement of Accounts for the year to 31 March 2024 for approval, to note the draft external auditor's report in relation to these accounts and approve the response to this report.

2.0 RECOMMENDATIONS

It is recommended that the Performance and Audit Committee:

- 2.1 Notes the contents of the attached Audit Scotland cover letter (attached as Appendix 1) and the draft external auditor's 2023/24 Annual Audit Report (attached as Appendix 2) including the completed action plan outlined on page 20 of the report, and in particular that Audit Scotland have issued an unmodified audit opinion on the IJB's 2023/24 Annual Accounts;
- 2.2 Endorses this report as the IJB's formal response to the external auditor's report;
- 2.3 Instructs the Chief Finance Officer to provide an update on progress of the action plan noted in Appendix 1 of the external auditor's report by March 2025;
- 2.4 Approves the attached Audited Annual Accounts (attached as Appendix 3) for signature and instructs the Chief Finance Officer to return these to the external auditor;
- 2.5 Instructs the Chief Finance Officer to arrange for the above Annual Accounts to be published on the Dundee Health & Social Care Partnership website by no later than 30th November 2024.

3.0 FINANCIAL IMPLICATIONS

3.1 There are no direct financial implications arising from this report.

4.0 MAIN TEXT

4.1 Background

4.1.1 The IJB's Draft Annual Accounts 2023/24 were presented to the IJB at its meeting of the 19 June 2024 having been submitted to Audit Scotland by the Chief Finance Officer on the 19 June 2024 (Article VII of the minute of the meeting refers). The IJB is required to prepare financial statements for the financial year ending 31 March 2024 following the Code of Practice on Local Authority Accounting in the United Kingdom ("the Code"). The Annual Accounts report the financial performance of the IJB. Its main purpose is to demonstrate the stewardship of the public funds which have been entrusted to the IJB for the delivery of the IJB's vision and its core objectives.

- 4.1.2 Regulation 11 of The Local Authority Accounts (Scotland) Regulations 2014 requires local government bodies to publish on its website its signed audited annual accounts by 31 October each year. Audit Scotland have acknowledged that the failure to meet this current year's deadline was due to the availability of resources to complete the 2023/24 audit and that the IJB had submitted its accounts to them in time as per the agreed timetable.
- 4.1.3 Audit Scotland's Annual Audit Plan for 2023/24 in relation to Dundee Integration Joint Board was presented to the Integration Joint Board meeting of the 17th April 2024. This described how the auditor would deliver their audit to the IJB, outlined their responsibilities and their intended approach.
- 4.1.4 It should be noted that the Annual Accounts 2023/24 remain in draft format until they are formally signed off by the Chair of the IJB, Chief Officer and Chief Finance Officer therefore the attached version may be subject to change. Any significant changes will be noted at the next available formal governance meeting of the IJB or PAC.

4.2 External Auditors Report

- 4.2.1 Audit Scotland has now completed their audit work and, in accordance with auditing standards, are required to report the outcome of their work in relation to their review of the financial statements, prior to formally issuing their audit opinion. This requirement has been addressed in the attached External Auditor's Report.
- 4.2.2 The report summarises the findings in relation to the overall audit of the IJB for the year ended 31 March 2024. It describes the scope of audit work undertaken during 2023/24 as follows:

Audit of 2023/24 Annual Accounts
Financial Management and Sustainability
Vision, Leadership and Governance
Use of Resource to Improve Outcomes

- 4.2.3 In addition to the members of the IJB, the external auditor's report is also addressed to the Controller of Audit of the Accounts Commission for Scotland.

4.3 Key Messages Arising from the External Audit Report

- 4.3.1 Audit Scotland has noted a number of key messages in relation to their audit work over the year

Under 2023/24 annual accounts

- Audit opinions of the annual accounts of the IJB are unmodified

Under Financial Management and Sustainability:

- The IJB has appropriate and effective financial management arrangements and reported an operational overspend of £0.7 million against its revised 2023/24 budget, after the planned use of £3.0 million of general reserves.
- The IJB's reserve balance reduced to £17.8 million at 31 March 2024, of which £11.0 million is earmarked. The remaining uncommitted reserves balance of £6.8 million is below the IJB's reserves policy to maintain these above 2% of net expenditure.
- The IJB is forecasting an operational overspend of £9.0 million for 2024/25 and will need to use reserves to bridge the funding gap. It is also projecting a cumulative funding gap of £46 million over the five years to 2028/29.

Under Vision, Leadership, Governance and Use of Resources

- The IJBs vision, strategy and priorities are clear.
- Governance arrangements are effective and appropriate and support effective scrutiny, challenge and informed decision-making.

- The IJB needs to appoint a permanent Chief Officer to ensure there is clear and consistent leadership to tackle the significant financial and operational challenges being faced in providing social and care services across Dundee.

Under Use of Resources to improve outcomes

- The IJB has appropriate arrangements in place for securing Best Value with annual reporting to the Board.
- The IJB has effective arrangements in place for reporting and scrutinising performance. Reported data for 2023/24 show performance has deteriorated over the last two years, with 4 of the 7 national indicators worse than when this data was last reported in 2022/23.

4.4 Action Plan

4.4.1 Audit Scotland's 2023/24 recommendations for improvement and associated response by the IJB are noted in the Action Plan set out in Appendix 1 of the Audit Scotland Report.

4.4.2 It is recommended that the Chief Finance Officer provides an update on the progress of the agreed actions to meet these recommendations prior to the end of the current financial year in order to support the 2024/25 audit process.

5.0 POLICY IMPLICATIONS

5.1 This report has been subject to the Pre-IIA Screening Tool and does not make any recommendations for change to strategy, policy, procedures, services or funding and so has not been subject to an Integrated Impact Assessment. An appropriate senior manager has reviewed and agreed with this assessment.

6.0 RISK ASSESSMENT

Risk 1 Description	There is a risk that failure to progress the Audit Scotland recommendations may weaken the IJB's governance arrangements and result in a negative future years audit opinion
Risk Category	Financial / Governance
Inherent Risk Level	Likelihood 2 x Impact 4 = Risk Scoring 8 (which is High Risk Level)
Mitigating Actions (including timescales and resources)	The development and implementation of the action plan as set out in Appendix 1 to the Audit Scotland Report by the timescales as stated will reduce the risk
Residual Risk Level	Likelihood 2 x Impact 3 = Risk Scoring 6 (which is a Moderate Risk Level)
Planned Risk Level	Likelihood 2 x Impact 3 = Risk Scoring 6 (which is a Moderate Risk Level)
Approval recommendation	Given the nature of the risks, these are deemed to be acceptable

7.0 CONSULTATIONS

7.1 The Chief Officer, External Auditor and the Clerk have been consulted in the preparation of this Report.

8.0 DIRECTIONS

8.1 The Integration Joint Board requires a mechanism to action its strategic commissioning plans and this is provided for in sections 26 to 28 of the Public Bodies (Joint Working)(Scotland) Act 2014. This mechanism takes the form of binding directions from the Integration Joint Board to one or both of Dundee City Council and NHS Tayside.

Direction Required to Dundee City Council, NHS Tayside or Both	Direction to:	
	1. No Direction Required	✓
	2. Dundee City Council	
	3. NHS Tayside	
	4. Dundee City Council and NHS Tayside	

9.0 BACKGROUND PAPERS

9.1 None.

Christine Jones
Acting Chief Finance Officer

DATE: 14 November 2024

Performance and Audit Committee – Audit of Dundee City Integration Joint Board 2023/24 Annual Accounts

20 November 2024

Independent auditor's report

1. Our audit work on the 2023/24 annual accounts is now substantially complete. Subject to receipt of a revised set of annual accounts for final review, we anticipate being able to issue unmodified audit opinions in the independent auditor's report on 20 November 2024. The proposed report is attached at [Appendix A](#).

Annual Audit Report

2. Under International Standards on Auditing in the UK, we report specific matters arising from the audit of the annual accounts to those charged with governance in sufficient time to enable appropriate action. For Dundee City Integration Joint Board, the members of the Performance and Audit Committee are those charged with governance. We present for the committee's consideration our draft Annual Audit Report on the 2023/24 audit. There are no significant findings from our audit of the annual accounts to bring to your attention.

3. The report also sets out conclusions on the wider scope areas that frame public audit as set out in the Code of Audit Practice.

4. Our Annual Audit Report will be issued in final form after the audited annual accounts have been certified by the appointed auditor.

Unadjusted misstatements

5. We are required to report to those charged with governance all unadjusted misstatements, other than those below our reporting threshold, and request that they be corrected. There are no unadjusted misstatements to be corrected.

Fraud, subsequent events, and compliance with laws and regulations

6. In presenting this report to the Performance and Audit Committee, we seek confirmation from those charged with governance of any instances of any actual, suspected, or alleged fraud; any subsequent events that have occurred since the date of the financial statements; or material non-compliance with laws and regulations affecting Dundee City Integration Joint Board that should be brought to our attention.

Representations from Section 95 Officer

7. As part of the completion of our audit, we are seeking written representations from the Chief Finance Officer, as Section 95 Officer, on aspects of the annual accounts, including the judgements and estimates made.

8. A template letter of representation is attached at [Appendix B](#). This should be signed and returned to us by the Section 95 Officer with the signed annual accounts prior to the independent auditor's report being certified.

Acknowledgement

9. We would like to thank members and officers, particularly those in finance, for their cooperation and assistance during the audit.

Appendix A: Proposed Independent Auditor's Report

Independent auditor's report to the members of Dundee City Integration Joint Board and the Accounts Commission

Reporting on the audit of the financial statements

Opinion on financial statements

I certify that I have audited the financial statements in the annual accounts of Dundee City Integration Joint Board for the year ended 31 March 2024 under Part VII of the Local Government (Scotland) Act 1973. The financial statements comprise the Comprehensive Income and Expenditure Statement, Movement in Reserves Statement, Balance Sheet, and notes to the financial statements, including material accounting policy information. The financial reporting framework that has been applied in their preparation is applicable law and UK adopted international accounting standards, as interpreted and adapted by the Code of Practice on Local Authority Accounting in the United Kingdom 2023/24 (the 2023/24 Code).

In my opinion the accompanying financial statements:

- give a true and fair view of the state of affairs of the body as at 31 March 2024 and of its income and expenditure for the year then ended;
- have been properly prepared in accordance with UK adopted international accounting standards, as interpreted and adapted by the 2023/24 Code; and
- have been prepared in accordance with the requirements of the Local Government (Scotland) Act 1973, The Local Authority Accounts (Scotland) Regulations 2014, and the Local Government in Scotland Act 2003.

Basis for opinion

I conducted my audit in accordance with applicable law and International Standards on Auditing (UK) (ISAs (UK)), as required by the [Code of Audit Practice](#) approved by the Accounts Commission for Scotland. My responsibilities under those standards are further described in the auditor's responsibilities for the audit of the financial statements section of my report. I was appointed by the Accounts Commission on 3 April 2024. My period of appointment is four years, covering 2023/24 to 2026/27. I am independent of the body in accordance with the ethical requirements that are relevant to my audit of the financial statements in the UK including the Financial Reporting Council's Ethical Standard, and I have fulfilled my other ethical responsibilities in accordance with these requirements. Non-audit services prohibited by the Ethical Standard were not provided to the body. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.

Conclusions relating to going concern basis of accounting

I have concluded that the use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work I have performed, I have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the ability of the body to continue to adopt the going concern basis of accounting for a period of at least twelve months from when the financial statements are authorised for issue.

These conclusions are not intended to, nor do they, provide assurance on the body's current or future financial sustainability. However, I report on the body's arrangements for financial sustainability in a separate Annual Audit Report available from the [Audit Scotland website](#).

Risks of material misstatement

I report in my Annual Audit Report the most significant assessed risks of material misstatement that I identified and my judgements thereon.

Responsibilities of the Chief Finance Officer and Performance and Audit Committee for the financial statements

As explained more fully in the Statement of Responsibilities, the Chief Finance Officer is responsible for the preparation of financial statements that give a true and fair view in accordance with the financial reporting framework, and for such internal control as the Chief Finance Officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Chief Finance Officer is responsible for assessing the body's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless there is an intention to discontinue the body's operations.

The Performance and Audit Committee is responsible for overseeing the financial reporting process.

Auditor's responsibilities for the audit of the financial statements

My objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes my opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the decisions of users taken on the basis of these financial statements.

Irregularities, including fraud, are instances of non-compliance with laws and regulations. I design procedures in line with my responsibilities outlined above to detect material misstatements in respect of irregularities, including fraud. Procedures include:

- using my understanding of the local government sector to identify that the Local Government (Scotland) Act 1973, The Local Authority Accounts (Scotland) Regulations 2014, and the Local Government in Scotland Act 2003 are significant in the context of the body;
- inquiring of the Chief Finance Officer as to other laws or regulations that may be expected to have a fundamental effect on the operations of the body;
- inquiring of the Chief Finance Officer concerning the body's policies and procedures regarding compliance with the applicable legal and regulatory framework;
- discussions among my audit team on the susceptibility of the financial statements to material misstatement, including how fraud might occur; and
- considering whether the audit team collectively has the appropriate competence and capabilities to identify or recognise non-compliance with laws and regulations.

The extent to which my procedures are capable of detecting irregularities, including fraud, is affected by the inherent difficulty in detecting irregularities, the effectiveness of the body's controls, and the nature, timing and extent of the audit procedures performed.

Irregularities that result from fraud are inherently more difficult to detect than irregularities that result from error as fraud may involve collusion, intentional omissions, misrepresentations, or the override of internal control. The capability of the audit to detect fraud and other irregularities depends on factors such as the skilfulness of the perpetrator, the frequency and extent of manipulation, the degree of collusion involved, the relative size of individual amounts manipulated, and the seniority of those individuals involved.

A further description of the auditor's responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website www.frc.org.uk/auditorsresponsibilities. This description forms part of my auditor's report.

Reporting on other requirements

Opinion prescribed by the Accounts Commission on the audited parts of the Remuneration Report

I have audited the parts of the Remuneration Report described as audited. In my opinion, the audited parts of the Remuneration Report have been properly prepared in accordance with The Local Authority Accounts (Scotland) Regulations 2014.

Other information

The Chief Finance Officer is responsible for the other information in the annual accounts. The other information comprises the Management Commentary, Annual Governance Statement, Statement of Responsibilities and the unaudited part of the Remuneration Report.

My responsibility is to read all the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements, or my knowledge obtained in the course of the audit or otherwise appears to be materially misstated. If I identify such material inconsistencies or apparent material misstatements, I am required to determine whether this gives rise to a material misstatement in the financial statements themselves. If, based on the work I have performed, I conclude that there is a material misstatement of this other information, I am required to report that fact. I have nothing to report in this regard.

My opinion on the financial statements does not cover the other information and I do not express any form of assurance conclusion thereon except on the Management Commentary and Annual Governance Statement to the extent explicitly stated in the following opinions prescribed by the Accounts Commission.

Opinions prescribed by the Accounts Commission on the Management Commentary and Annual Governance Statement

In my opinion, based on the work undertaken in the course of the audit:

- the information given in the Management Commentary for the financial year for which the financial statements are prepared is consistent with the financial statements and that report has been prepared in accordance with statutory guidance issued under the Local Government in Scotland Act 2003; and
- the information given in the Annual Governance Statement for the financial year for which the financial statements are prepared is consistent with the financial statements

and that report has been prepared in accordance with the Delivering Good Governance in Local Government: Framework (2016).

Matters on which I am required to report by exception

I am required by the Accounts Commission to report to you if, in my opinion:

- adequate accounting records have not been kept; or
- the financial statements and the audited part of the Remuneration Report are not in agreement with the accounting records; or
- I have not received all the information and explanations I require for my audit.

I have nothing to report in respect of these matters.

Conclusions on wider scope responsibilities

In addition to my responsibilities for the annual accounts, my conclusions on the wider scope responsibilities specified in the Code of Audit Practice, including those in respect of Best Value, are set out in my Annual Audit Report.

Use of my report

This report is made solely to the parties to whom it is addressed in accordance with Part VII of the Local Government (Scotland) Act 1973 and for no other purpose. In accordance with paragraph 108 of the Code of Audit Practice, I do not undertake to have responsibilities to members or officers, in their individual capacities, or to third parties.

Rachel Browne CPFA
Audit Director
Audit Scotland
102 West Port
Edinburgh
ED3 9DN

Appendix B: Letter of Representation (ISA 580) for Dundee City IJB

To be reproduced on Dundee City IJB headed paper, signed by Section 95 Officer and provided to appointed auditor with signed 2023/24 Annual Accounts

Rachel Browne, Audit Director
Audit Scotland
4th Floor
102 West Port
Edinburgh
EH3 9DN

20 November 2024

Dear Rachel,

Dundee City Integration Joint Board Annual Accounts 2023/24

1. This representation letter is provided in connection with your audit of the annual accounts of Dundee City Integration Joint Board for the year ended 31 March 2024 for the purpose of expressing an opinion as to whether the financial statements give a true and fair view and have been properly prepared, and for expressing other opinions on the Remuneration Report, Management Commentary, and Annual Governance Statement.
2. I confirm to the best of my knowledge and belief and having made appropriate enquiries of the Performance and Audit Committee and Chief Officer, the following representations given to you in connection with your audit of Dundee City Integration Joint Board's annual accounts for the year ended 31 March 2024.

General

3. Dundee City Integration Joint Board and I have fulfilled our statutory responsibilities for the preparation of the 2023/24 annual accounts. All the accounting records, documentation, and other matters which I am aware are relevant to the preparation of the annual accounts have been made available to you for the purposes of your audit. All transactions undertaken by Dundee City Integration Joint Board have been recorded in the accounting records and are properly reflected in the financial statements.
4. I confirm that the effects of uncorrected misstatements are immaterial, individually and in aggregate, to the financial statements as a whole. I am not aware of any uncorrected misstatements other than those reported by you.

Financial Reporting Framework

5. The annual accounts have been prepared in accordance with the Code of Practice on Local Authority Accounting in the United Kingdom 2023/24 (2023/24 accounting code), mandatory guidance from LASAAC, and the requirements of the Local Government (Scotland) Act 1973, the Local Government in Scotland Act 2003, and The Local Authority Accounts (Scotland) Regulations 2014.
6. In accordance with the 2014 Regulations, I have ensured that the financial statements give a true and fair view of the financial position of the Dundee City Integration Joint Board at 31 March 2024 and the transactions for 2023/24.

Accounting Policies and Estimates

7. All material accounting policies applied are as shown in the notes to the annual accounts. The accounting policies are determined by the 2023/24 accounting code, where applicable. All accounting policies applied are appropriate to Dundee City Integration Joint Board circumstances and have been consistently applied.

8. The significant assumptions used in making accounting estimates are reasonable and properly reflected in the financial statements. Judgements used in making estimates have been based on the latest available, reliable information. Estimates have been revised where there are changes in the circumstances on which the original estimate was based or as a result of new information or experience.

Going Concern Basis of Accounting

9. I have assessed Dundee City Integration Joint Board's ability to continue to use the going concern basis of accounting and have concluded that it is appropriate. I am not aware of any material uncertainties that may cast significant doubt on Dundee City Integration Joint Board's ability to continue to adopt the going concern basis of accounting.

Assets

10. All assets at 31 March 2024 of which I am aware have been reported in the financial statements.

Liabilities

11. All liabilities at 31 March 2024 of which I am aware have been reported in the financial statements.

Contingent Liabilities

12. There are no significant contingent liabilities arising either under formal agreement or through formal undertakings requiring disclosure in the accounts. All known contingent liabilities have been fully and properly disclosed in accordance with the 2023/24 accounting code and IAS 37.

Litigation and Claims

13. All known actual or possible legal claims have been disclosed to you and have been accounted for and disclosed in the financial statements in accordance with the 2023/24 accounting code.

Fraud

14. I understand my responsibilities for the design, implementation, and maintenance of internal control to prevent fraud and I believe I have appropriately fulfilled those responsibilities.

15. I have provided you with all information in relation to

- my assessment of the risk that the financial statements may be materially misstated as a result of fraud,
- any allegations of fraud or suspected fraud affecting the financial statements, and
- fraud or suspected fraud that I am aware of involving management, employees who have a significant role in internal control, or others that could have a material effect on the financial statements.

Laws and Regulations

16. I have disclosed to you all known instances of non-compliance or suspected non-compliance with laws and regulations whose effects should be considered when preparing financial statements.

Related Party Transactions

17. All material transactions with related parties have been appropriately accounted for and disclosed in the financial statements in accordance with the 2023/24 accounting code. I have made available to you the identity of all of Dundee City Integration Joint Board's related parties and all the related party relationships and transactions of which I am aware.

Remuneration Report

18. The Remuneration Report has been prepared in accordance with the Local Authority Accounts (Scotland) Regulations 2014, and all required information of which I am aware has been provided to you.

Management Commentary

19. I confirm that the Management Commentary has been prepared in accordance with the statutory guidance and the information is consistent with the financial statements.

Corporate Governance

20. I confirm that the Dundee City Integration Joint Board has undertaken a review of the system of internal control during 2023/24 to establish the extent to which it complies with proper practices set out in the Delivering Good Governance in Local Government: Framework 2016. I have disclosed to you all deficiencies in internal control identified from this review or of which I am otherwise aware.

21. I confirm that the Annual Governance Statement has been prepared in accordance with the Delivering Good Governance in Local Government: Framework 2016 and the information is consistent with the financial statements. There have been no changes in the corporate governance arrangements or issues identified, since 31 March 2024, which require to be reflected.

Events Subsequent to the Date of the Balance Sheet

22. All events subsequent to 31 March 2024 for which the 2023/24 accounting code requires adjustment or disclosure have been adjusted or disclosed.

Yours sincerely

Christine Jones
Chief Finance Officer

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Dundee City Integration Joint Board

2023/24 Annual Audit Report



Prepared for Dundee City Integration Joint Board and the Controller of Audit
20 November 2024

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Key messages

2023/24 annual accounts

- 1 Audit opinions on the annual accounts of Dundee City Integration Joint Board are unmodified.

Financial management and sustainability

- 2 The IJB had appropriate and effective budget monitoring and reporting arrangements in place during 2023/24. The IJB reported an operational overspend of £0.7 million against its revised 2023/24 budget, after the planned use of £3 million of general fund reserves. The main areas of overspend during 2023/24 related to Inpatient Mental Health Services and Care at Home services.
- 3 The IJB's reserve balance reduced to £17.8 million at 31 March 2024, of which £11 million is earmarked. The remaining uncommitted reserves balance of £6.8 million is below the IJB's reserves policy to maintain these above 2 per cent of net expenditure.
- 4 The IJB is forecasting an operational overspend of £9 million for 2024/25 and will need to use reserves to bridge the funding gap. It is also projecting a cumulative funding gap of £46 million over the five years to 2028/29.

Vision, leadership, and governance

- 5 The IJB's vision, strategy and priorities are clear.
- 6 Governance arrangements are effective and appropriate and support effective scrutiny, challenge and informed decision-making.
- 7 The partner bodies need to appoint a permanent Chief Officer to ensure there is clear and consistent leadership to tackle the significant financial and operational challenges currently being faced in providing health and social care services across Dundee.

Use of resources to improve outcomes

- 8 The IJB has appropriate arrangements in place for securing Best Value with annual reporting to the board.
- 9 The IJB has effective arrangements in place for reporting and scrutinising performance. Reported data for 2023/24 shows performance has deteriorated over the last two years, with 4 of the 7 national indicators worse than when this data was last reported in 2022/23.

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Introduction

1. This report summarises the findings from the 2023/24 annual audit of Dundee City Integration Joint Board (the IJB) and will be published on Audit Scotland's website: www.audit-scotland.gov.uk
2. The scope of the audit was set out in an annual audit plan presented to the April 2024 meeting of the Integration Joint Board. This annual audit report comprises the significant matters arising from our audit of the IJB's 2023/24 Annual Accounts and conclusions on the wider scope areas that frame public sector audit, as set out in the [Code of Audit Practice](#).
3. We would like to thank all IJB members, management and staff, particularly those in finance, for their cooperation and assistance during the year.

Responsibilities and reporting

4. The IJB has responsibility for ensuring the proper financial stewardship of public funds. This includes preparing annual accounts that are in accordance with proper accounting practices. The IJB is also responsible for compliance with legislation and putting arrangements in place for governance and propriety.
5. The responsibilities of the independent auditor are established by the Local Government (Scotland) Act 1973, the Code of Audit Practice, and supplementary guidance, and International Standards on Auditing in the UK.
6. This report contains an agreed action plan at [Appendix 1](#) setting out specific recommendations, responsible officers, and dates for implementation. Weaknesses or risks identified in this report are only those which have come to our attention during our normal audit work and may not be all that exist. Communicating these does not absolve management from its responsibility to address the issues raised and to maintain adequate systems of control.

Auditor Independence

7. We confirm that we comply with the Financial Reporting Council's Ethical Standard. We can also confirm that we have not undertaken any non-audit related services and therefore the 2023/24 audit fee of £33,360, as set out in the 2023/24 Annual Audit Plan, remains unchanged. We are not aware of any relationships that could compromise our objectivity and independence.
8. The annual audit adds value to the IJB by identifying and providing insight on significant risks, making clear and relevant recommendations, and sharing intelligence and good practice.

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1. Audit of 2023/24 annual accounts

Public bodies are required to prepare annual accounts comprising financial statements and other related reports. These are the principal means of accounting for the stewardship of public funds.

Main judgements

Audit opinions on the IJB's annual accounts are unmodified.

The unaudited annual accounts and working papers were provided within the agreed timescales and were of a good standard.

Audit opinions on the annual accounts are unmodified

9. The Performance and Audit Committee approved the annual accounts for Dundee City Integration Joint Board for the year ended 31 March 2024 on 20 November 2024. The independent auditor's report included the following audit opinions on the annual accounts:

- the financial statements give a true and fair view and were properly prepared in accordance with the financial reporting framework
- the audited part of the remuneration report was prepared in accordance with the Local Authority Accounts (Scotland) Regulations 2014
- the Management Commentary and Annual Governance Statement were consistent with the financial statements and properly prepared in accordance with the applicable requirements.

The 2023/24 annual accounts were certified on 20 November 2024, in line with the agreed audit timetable

10. We received the unaudited annual accounts on 19 June 2024, in line with the agreed audit timetable. The accounts and working papers presented for audit were of a good standard and management and finance staff also provided good support to the team during the audit process. This enabled the final accounts audit to be completed in line with the agreed audit timetable and the 2023/24 annual accounts were certified on 20 November 2024.

11. Regulation 11 of [The Local Authority Accounts \(Scotland\) Regulations 2014](#) requires local government bodies to publish the audited annual accounts on their website by 31 October each year. We have been unable to complete the 2023/24 audit to meet this deadline due to the availability of audit resources. We are progressing a multi-year recovery programme to restore audit delivery timescales, which includes recruitment and training of public sector auditors.

Our audit approach and testing were informed by the overall materiality level of £6.5 million

12. The concept of materiality is applied by auditors to determine whether misstatements identified during the audit could reasonably be expected to influence the economic decisions of users of the financial statements, and impact the opinion set out in the independent auditor's report. Auditors set a monetary threshold when considering materiality although some issues may be considered material by their nature, and it is ultimately a matter of the auditor's professional judgement.

13. Our initial assessment of materiality was carried out during the planning phase of the audit and was based on the financial results reported in the IJB's audited 2022/23 annual accounts. These materiality levels were reported in our annual audit plan to the April meeting of the Integration Joint Board.

14. On receipt of the IJB's unaudited 2023/24 annual accounts, we revised our materiality levels to reflect the financial results for the year ended 31 March 2024. These materiality levels are detailed in [Exhibit 1](#).

Exhibit 1

Materiality levels for the 2023/24 audit

Materiality level	Amount
Overall materiality: This is the figure we calculate to assess the overall impact of audit adjustments on the financial statements. It has been set based on our assessment of the needs of the users of the financial statements and the nature of the IJB's operations. For the year ended 31 March 2024, we have set our materiality at 2 per cent of gross expenditure based on the unaudited 2023/24 annual accounts.	£6.5 million
Performance materiality: This is used by auditors when undertaking work on individual areas of the financial statements. It is a lower materiality threshold, set to reduce the probability of aggregated misstatements exceeding overall materiality. Performance materiality was set at 75 per cent of overall materiality, reflecting the scale of previous year's adjustments, the extent of estimation in the accounts and the planned testing in proportion to the scale of the organisation.	£4.9 million
Reporting threshold: We are required to report to those charged with governance on all unadjusted misstatements more than the 'reporting threshold' amount.	£0.325 million

Source: Audit Scotland

Our audit identified and addressed the risks of material misstatement

15. [Exhibit 2](#) sets out the significant risks of material misstatement to the financial statements we identified in the 2023/24 Annual Audit Plan. It also summarises the further audit procedures we performed during the year to obtain assurances over these risks and the conclusions from the work completed.

Exhibit 2

Significant risks of material misstatement in the annual accounts

Audit risk	Audit response	Conclusion
<p>1. Risk of material misstatement due to fraud caused by management override of controls</p> <p>As stated in ISA (UK) 240 (The Auditor's Responsibilities Relating to Fraud in an Audit of Financial Statements), management is in a unique position to perpetrate fraud because of their ability to override controls that otherwise appear to be operating effectively.</p>	<ul style="list-style-type: none"> Balances and income agreed to Dundee City Council and NHS Tayside financial reports / ledger / correspondence. Auditor assurances obtained from the external auditors of Dundee City Council and NHS Tayside over the controls which ensure completeness, accuracy and allocation of income and expenditure. Reviewed year-end consolidation of expenditure reports from Dundee City Council and NHS Tayside, including examining any significant adjustments. 	<p>Satisfactory</p> <ul style="list-style-type: none"> Balances and income verified to Dundee City Council and NHS Tayside's financial records. Required assurances were provided by external auditors of Dundee City Council and NHS Tayside. Reviewed year-end consolidation and accounting adjustments, with no errors identified.

We had no significant findings or key audit matters to report to those charged with governance under ISA 260

16. Under International Standard on Auditing (UK) 260 we communicate significant findings from the audit including our view about the qualitative aspects of the body's accounting practices. The Code of Audit Practice also requires us to highlight key audit matters, which are defined in ISA (UK) 701 as those judged to be of most significance in our audit of the financial statements.

17. Our audit did not identify any material misstatements that exceeded our reporting threshold, and we also do not have any other significant findings to report to those charged with governance. Our audit did identify minor presentation and disclosure issues which were adjusted in the audited annual accounts but none of these were significant enough to require to be reported under ISA260.

Good Practice – Use of infographics in management commentary

The management commentary in the IJB's 2023/24 annual accounts includes a range of useful population profile and projections infographics, covering areas such as life expectancy, deprivation, homelessness and physical disability. These infographics present the information in a clear and concise manner for readers of the accounts and highlight a range of challenges currently facing the IJB and the increasing challenges it will face in the future.

There were no objections to the annual accounts

18. The Local Authority Accounts (Scotland) Regulations 2014 require local government bodies to publish a public notice on their website that includes details of the period for inspecting and objecting to the annual accounts. This must remain on the website throughout the inspection period. Dundee City IJB complied with these requirements and there were no objections received to the 2023/24 annual accounts.

All our prior year recommendations were implemented during 2023/24

19. Our 2022/23 annual audit report included three recommendations for improvement, including two carried forward from the prior year. The IJB has made good progress in addressing these during 2023/24 and all four have now been implemented, as set out in [Appendix 1](#).

2. Financial management and sustainability

Financial management means having sound budgetary processes, and the ability to understand the financial environment and whether internal controls are operating effectively. Financial Sustainability means being able to meet the needs of the present without compromising the ability of future generations to meet their own needs.

Main judgements

The IJB had appropriate and effective budget monitoring and reporting arrangements in place during 2023/24. The IJB reported an operational overspend of £0.7 million against its revised 2023/24 budget, after the planned use of £3 million of general fund reserves. The main areas of overspend during 2023/24 related to In Patient Mental Health Services and Care at Home services.

The IJB's reserve balance reduced to £17.8 million at 31 March 2024, of which £11.0 million is earmarked. The remaining uncommitted reserves balance of £6.8 million is below the IJB's reserves policy to maintain these above 2 per cent of net expenditure.

The IJB is forecasting an operational overspend of £9.0 million for 2024/25 and will need to use reserves to bridge the funding gap. It is also projecting a cumulative funding gap of £46 million over the five years to 2028/29.

The IJB's 2023/24 budget included planned use of reserves to bridge the funding gap

20. The IJB does not have any assets, nor does it directly incur expenditure or employ staff, other than the Chief Officer and Chief Finance Officer. All funding and expenditure for the IJB is incurred by partner bodies and processed in their accounting records.

21. The Integration Joint Board approved its 2023/24 budget in March 2023. This set out an overall budget of £284.1 million, and the approved budget included a funding gap of £5.1 million, to be met through savings of £2.1 million planned and use of reserves of £3.0 million.

The IJB had appropriate and effective budget monitoring and reporting arrangements in place during 2023/24

22. Financial monitoring reports were submitted to each meeting of the Integration Joint Board during 2023/24. These included the forecast year-end

outturn against the council, health, and partnership total. We have concluded that budget monitoring and reporting arrangements were appropriate.

The IJB reported an operational overspend of £0.7 million against its revised 2023/24 budget, after the planned use of £3 million of uncommitted reserves

23. As shown in [Exhibit 3](#), the IJB reported an overspend of £3.744 million against its budgeted breakeven position. This related to an operational overspend of £0.744 million and the planned use of £3.000 million of reserves to balance the budget.

Exhibit 3 Performance against budget

IJB budget summary	Budgeted funding contribution £m	Actual funding contribution £m	Overspend / (Underspend) £m
NHS Tayside	132.2	232.5	(2.525)
Dundee City Council	102.4	104.3	3.269
Operational overspend			0.744
Use of uncommitted general fund reserves			3.000
Use of earmarked general fund reserves			2.411
Deficit on Provision of Services reported in Comprehensive Income and Expenditure Statement in 2023/24 Annual Accounts			6.155

Source: DCIJB 2023/24 Annual Accounts and Budget Setting report

The main areas of overspend during 2023/24 related to Inpatient Mental Health Services and Care at Home services

24. As shown in [Exhibit 3](#), the IJB reported an overspend on social care services of £3.269 million and an underspend on health services of £2.525 million. The main areas of underspend and overspends against budget for the year are shown in [Exhibit 4](#).

Exhibit 4**Summary of most significant underspends and overspends against budget**

Service area	Main reasons for underspend / overspend
Health services: £2.525 million underspend	
Community Based Services	£1.640 million underspend This related mainly to staff vacancies with ongoing challenges in recruitment and retention of staff.
Prescribing	£1.251 million underspend Volume and price growth lower than anticipated.
Inpatient Mental Health (IPMH) services	£1.620 million overspend The IJB approved the release of reserves of £1.6 million to support the overspend on IPMH. This was supported by an additional release of reserves of £20,000. IPMH services are delivered by NHS Tayside and work is ongoing on a financial recovery plan for the service.
Social care services: £3.269 million overspend	
Care at Home	£4.518 million overspend The key drivers for the overspend relate to the additional premium paid to fill vacancies via agency staff and overtime. The additional demand for Care at Home services has also increased the pressure on the service.
Care Homes	£1.295 million underspend This underspend related to lower than projected costs associated with individuals being cared for in care homes during the year, partly linked to increased numbers of people receiving Care at Home services during the year as detailed above.

Source: Dundee City Integration Joint Board budget monitoring reports

The IJB's reserve balance reduced to £17.8 million at 31 March 2024, of which £11 million is earmarked. The remaining uncommitted reserves balance of £6.8 million is below the IJB's reserves policy of 2 per cent of net expenditure.

25. During 2023/24 the IJB's general fund reserves balance decreased by £6.155 million from £23.968 million to £17.813 million. The reduction in reserves was mainly due to the planned use of £3.000 million of reserves, and £1.6 million of the NHS Tayside shifting the balance of care reserve.

26. The remaining reserves balance of £17.813 million at 31 March 2024 is comprised of £11.024 million of committed reserves and £6.789 million of uncommitted reserves. The level of uncommitted reserves is below the IJB's reserves policy to maintain these at 2 per cent of net expenditure.

Internal financial control arrangements operated effectively

27. The IJB does not have its own financial systems and instead relies on the financial systems of its partner bodies, NHS Tayside and Dundee City Council. As part of our audit approach, we obtained assurances from the external auditors of NHS Tayside and Dundee City Council and confirmed there were no weaknesses in the systems of internal financial control for either body that would impact on the IJB.

Internal audit concluded that reliance can be placed on the IJB's governance arrangements and systems of internal controls for 2022/23

28. Internal audit provides the Board and the Chief Officer with independent assurance on the Integration Joint Board's overall risk management, internal control, and corporate governance processes. Internal audit is provided by FTF Audit and Management Services (FTF), supported by Dundee City Council's internal audit section. The audit is overseen by FTF's Chief Internal Auditor.

29. In our Annual Audit Plan, we noted that we did not intend to place formal reliance on internal audit's work for our financial statements' responsibilities during 2023/24, but that we would consider aspects of internal audit's work in respect of our wider audit dimension responsibilities.

30. The Internal Audit Annual Report was considered by the Integration Joint Board in June 2024. The report concluded that reliance can be placed on the IJB's governance arrangements and systems of internal controls for 2023/24. We confirmed as part of the audit that internal audit's opinion was accurately reflected in the Annual Governance Statement in the 2023/24 Annual Accounts.

The IJB is forecasting an operational overspend of £9 million for 2024/25 and will need to use reserves to bridge the funding gap

31. The 2024/25 budget was approved in March 2024 and set a baseline budget of £302.1 million. The approved budget included a funding gap of £10.7 million, to be met through targeted recurring savings of £4.9 million and non-recurring savings of £5.8 million, this includes £4 million use of reserves.

32. The financial monitoring report to the October 2024 Board meeting noted that the IJB is now forecasting an operational overspend of £9.0 million for the year and that further use of reserves will be required in 2024/25 which, if used, would mean that the IJB would have almost exhausted its full general fund reserve balance by 31 March 2025.

33. A financial recovery plan was presented to the Board in October 2024 which highlighted the actions that are being taken by the IJB to bring the projected overspend down. The financial recovery plan will also be presented to the partner bodies as required by the Integration scheme.

Recommendation 1

The IJB must implement its Financial Recovery Plan and work with its partners and communities to deliver financially sustainable services. This will require a Transformation Programme of service redesign, collaborative change and additional funding from partners.

The IJB is projecting a cumulative funding gap of £46 million over the five years to 2028/29

34. Financial sustainability looks forward to the medium and longer term to consider whether the body is planning effectively to continue to deliver its services or the way in which they should be delivered.

35. In August 2024 an indicative 5-year budget was presented to the Board. This showed a cumulative funding gap of £45.4 million over the five years to 2028/29. This highlights the level of transformational change that will be required to be undertaken by the IJB to continue to deliver health and social care services within available resources.

Standards of conduct and arrangements for the prevention and detection of fraud and error were appropriate

36. The IJB does not maintain its own policies relating to the prevention and detection of fraud and error but instead depends on those in place at its partner bodies. We considered the arrangements in place at Dundee City Council and NHS Tayside and found them to be adequate. The Integration Joint Board has a Code of Conduct in place which members are required to adhere to, and the members' registers of interest is publicly available on the Integration Joint Board's website.

3. Vision, leadership, and governance

Public sector bodies must have a clear vision and strategy and set priorities for improvement within this vision and strategy. They work together with partners and communities to improve outcomes and foster a culture of innovation.

Main judgements

The IJB's vision, strategy and priorities are clear.

Governance arrangements are effective and appropriate and support effective scrutiny, challenge and informed decision-making.

The partner bodies need to appoint a permanent Chief Officer to ensure there is clear and consistent leadership to tackle the significant financial and operational challenges currently being faced in providing health and social care services across Dundee.

The IJB's vision, strategy and priorities are clear

37. The IJB approved a revised [Strategic and Commissioning Framework 2023-2033](#) in June 2023, which details how it plans to deliver its vision that: 'People in Dundee will have the best possible health and wellbeing'. The framework is also backed up with service plans and the strategic financial plan.

38. The framework sets out the 6 strategic priorities that will be the focus for the IJB for the next 10 years to help it to achieve its the ambition for health and social care and achieve Scotland's National Health and Wellbeing Outcomes:

- (1) Inequalities – Support where and when it is needed most:** Targeting resources to people and communities who need it most, increase life expectancy and reduce differences in health and wellbeing.
- (2) Self-care – Supporting people to look after their wellbeing:** Helping everyone in Dundee look after their health and wellbeing, including through early intervention and prevention.
- (3) Open door – Improving ways to access services and supports:** Making it easier for people to get the health and social care supports that they need.
- (4) Planning together – Planning services to meet local need:** Working with communities to design the health and social care supports that they need.

(5) Workforce – Valuing the workforce: Supporting the health and social care workforce to keep well, learn and develop.

(6) Working together – Working together to support families: Working with other organisations in Dundee to prevent poor health and wellbeing, create healthy environments, and support families, including unpaid carers.

Governance arrangements are effective and appropriate and support effective scrutiny, challenge and informed decision making

39. In making our assessment of the IJB's governance arrangements we considered the:

- structure and conduct of board and committee meetings
- overall arrangements to ensure appropriate standards of conduct, including compliance with the Standing Financial Instructions and Standing Orders
- arrangements for the prevention and detection of fraud, error, bribery and corruption
- reporting of performance and whether this is fair, balanced and understandable.

40. The Integration Joint Board met seven times during 2023/24, and the Performance and Audit Committee met four times. The papers presented to the Board and Audit and Performance Committee are published timeously on the IJB's section of Dundee City Council's website.

41. There is evidence from several sources which demonstrate the Joint Board's commitment to openness and transparency:

- recordings of Integration Joint Board meetings, and the minutes and supporting papers, are available on the Joint Board's website.
- the Integration Joint Board's website allows the public access to a wide range of information including the registers of board members interests, and details of current projects and initiatives.
- the Integration Joint Board makes its annual accounts available on its website. These include a management commentary which adequately explains the Integration Joint Board's financial performance for the year.

42. Our observations at committee meetings throughout the year has found that these are conducted in a professional manner and there is a good degree of scrutiny and challenge by members.

There were several changes in the IJB's senior management team and board over the last 12 months, and the partner bodies now need to recruit a new permanent Chief Officer

43. The Chief Finance Officer has been acting up as Chief Officer since January 2024, with the IJB's senior accountant acting up as Chief Finance Officer over this period. These internal promotions have ensured continuity of approach in the IJB tackling the significant financial challenges that it currently faces over this period. The former Chief Officer retired in October 2024 and the partners now need to recruit a new permanent Chief Officer.

44. Four members from NHS Tayside became new IJB board members during 2023/24. These members all bring valuable experience to the IJB. However, we noted that the volume of change in membership during the year required additional investment of time from senior officers to complete induction activity with new board members, and to provide the required support to them in their new roles.

Recommendation 2

The Dundee Health and Social Care partnership along with Dundee City Council and NHS Tayside need to progress the appointment of a permanent Chief Officer, to ensure there is clear and consistent leadership to tackle the significant financial and operational challenges currently being faced in providing health and social care services across Dundee.

4. Use of resources to improve outcomes

Public sector bodies need to make best use of their resources to meet stated outcomes and improvement objectives, through effective planning and working with strategic partners and communities.

Main judgements

The IJB has appropriate arrangements in place for securing Best Value with annual reporting to the board.

The IJB has effective arrangements in place for reporting and scrutinising performance. Reported data for 2023/24 shows performance has deteriorated over the last two years, with 4 of the 7 national indicators worse than when this data was last reported in 2022/23.

The IJB has appropriate arrangements in place for securing Best Value with annual reporting to the board

45. Integration Joint Boards have a statutory duty to have arrangements to secure Best Value. To achieve this, IJBs should have effective processes for scrutinising performance, monitoring progress towards their strategic objectives and holding partners to account.

46. The IJB put arrangements in place during 2020/21 to ensure that regular self-assessments were undertaken to support the IJB in demonstrating how it and its partners are delivering Best Value and securing economy, efficiency, effectiveness, and equality in service provision.

47. The first Best Value self-assessment report was taken to the Performance and Audit Committee in September 2020, but the previous external auditor noted that there was no formal reporting cycle for future Best Value reports. They recommended in the 2021/22 Annual Audit Report that management progress Best Value plans during 2022/23 to ensure reporting mechanisms are in place to demonstrate and report annually on the Integration Joint Board's arrangements to secure Best Value.

48. Management agreed that Best Value reporting would be developed and presented to the IJB before the end of the 2022/23 financial year, but this did not take place. However, the Best Value update was presented to the IJB at the December 2023 meeting and the next annual Best Value update is scheduled to be reported to the Board in December 2024.

The IJB has effective arrangements in place for reporting and scrutinising performance

49. The Performance and Audit Committee considers performance monitoring at each meeting. Reports consist of the reporting and analysis of both national and local performance indicators. The committee also routinely considers more detailed reports on specific areas of concern and interest. This has included readmissions follow up, unscheduled care, and the Health and Care experience survey, to support an improved understanding of underlying challenges, learn from and share key achievements and develop more detailed improvement plans.

Good practice – Hope Point crisis centre

The IJB and its partners opened the Hope Point crisis centre in July 2023 to enable the residents of Dundee to access mental health support 24 hours a day, seven days a week. Feedback received on this service has been positive and notes the real impact that the service has had on the lives of residents of Dundee.

A fair, balanced and understandable analysis of the IJB's performance was included in the 2023/24 annual accounts

50. Performance data has been included in the management commentary with the data for Dundee and Scotland for 2023/24 included. Financial performance was also covered, with clear commentary on the 2023/24 financial outturn and movements in reserves during the year.

Reported data for 2023/24 shows performance has deteriorated over the last two years, with 4 of the 7 national indicators worse than when this data was last reported in 2022/23

51. The Public Bodies (Joint Working) (Scotland) Act 2014 requires the IJB to produce an annual performance report covering areas such as assessing performance in relation to national health and wellbeing outcomes, financial performance and best value, reporting on localities, and the inspection of services.

52. The [IJB Annual Performance Report 2023/24](#) was published on 26 July 2024 and was discussed at the Board meeting on 21 August 2024. It includes performance data for the national indicators reported in 2023/24 and details the Integration Joint Board's performance in comparison to the 2018/19 base year, the prior year, and the Scottish average.

53. It shows the following performance for the 7 key national indicators that reported data in 2023/24:

- performance against 3 of the indicators was better than in 2022/23, with 4 reporting a worse performance,

- performance against 2 of the indicators was better than the Scottish average, with 5 worse than the national average.

54. The longer-term performance data in the annual performance report highlights that performance against 3 of the national indicators was better than in the 2018/19 base year.

55. The performance information provided to IJB members has led to some in-depth reviews of the whole system to better understand the local reasons behind performance. Examples of this include further analysis of pathways to support people who fall in Dundee, which was reported to the Board in February 2024, and an “Unscheduled Care” review which was reported to the September 2024 Performance and Audit Committee meeting. Following consideration of these reports, actions were agreed to address the key risks identified.

56. The biennial Health and Care Experience survey was completed in 2023/24 and is reported in the Annual Performance Report. It shows the following performance for the nine indicators published:

- Performance against six of the indicators has deteriorated from 2021/22, two have improved and one has remained the same,
- Performance against six of the indicators was better than the Scottish average, with three being poorer than the national average.

57. This indicates that the public in Dundee are generally more satisfied with the care provided within the care system in Dundee, than the average satisfaction rates across Scotland.

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Appendix 1. Action plan 2023/24

2023/24 recommendations

Issue/risk	Recommendation	Agreed management action/timing
<p>1. Service redesign</p> <p>The IJB is forecasting an operational overspend of £9 million for 2024/25 and will need to use reserves to bridge the funding gap. It is also projecting a cumulative funding gap of £46 million over the five years to 2028/29.</p> <p>Risk: The IJB is unable to deliver financially sustainable services.</p>	<p>The IJB must implement its Financial Recovery Plan and work with its partners and communities to deliver financially sustainable services. This will require a Transformation Programme of service redesign, collaborative change and additional funding from partners.</p> <p>Paragraphs 31. to 35.</p>	<p>An updating report on 2024/25 Financial Recovery and 2025/26 Budget Planning will be presented to IJB in December 2024 and supplemented by 5 Development Sessions from November 2024 to March 2025. Further progress reports will be presented culminating in Budget Setting report in March 2025</p> <p>Responsible officer: Chief Finance Officer</p> <p>Agreed date: March 2025</p>
<p>2. Recruitment of Chief Officer</p> <p>The former Chief Officer retired in October 2024 and the partners now need to recruit a new permanent Chief Officer.</p> <p>Risk: The IJB does not have clear leadership to tackle the significant financial and operational challenges it is currently facing.</p>	<p>The Dundee Health and Social Care partnership along with Dundee City Council and NHS Tayside need to progress the appointment of a permanent Chief Officer, to ensure there is clear and consistent leadership to tackle the significant financial and operational challenges currently being faced in providing health and social care services across Dundee.</p> <p>Paragraph 43.</p>	<p>Recruitment plans for a permanent Chief Officer are being progressed by Dundee Health and Social Care partnership and the Chief Executives of Dundee City Council and NHS Tayside. It is anticipated that an update will be taken to the IJB meeting in December outlining the agreed recruitment process.</p> <p>Responsible officer: Clerk and Standards Officer</p> <p>Agreed date: March 2025</p>

Follow-up of prior year recommendations

Issue/risk	Recommendation and agreed action	Progress
<p>PY1. Checks on accounts presented for audit</p>	<p>Management should review the accounts presented for audit against in-year budget monitoring reports to ensure expenditure and funding figures are in line with expectations.</p>	<p>Completed</p> <p>Additional checks were completed on the accounts before they were submitted for audit.</p> <p>On review of the 2023/24 accounts submitted for audit, the issues identified as part of the 2022/23 audit were not repeated.</p>
<p>PY2. Performance and Audit Committee</p>	<p>The Performance and Audit Committee should review its terms of reference to ensure it is operating in accordance with best practice guidance for audit committees.</p>	<p>Completed</p> <p>The revised Terms of Reference for the Performance and Audit Committee were approved at the December 2023 IJB meeting.</p>
<p>PY3. Best Value</p>	<p>Management should progress its Best Value plans during 2022/23 to ensure reporting mechanisms are in place to demonstrate and report on the Joint Board's arrangements to secure Best Value.</p>	<p>Completed</p> <p>The Best Value update was presented to the December 2023 IJB.</p>
<p>PY4. Governance and improvement actions</p>	<p>Management should identify the governance changes needed following ministerial approval of the Integration Joint Board's revised integration scheme, alongside its existing governance action plan's outstanding actions. As part of this process management should review actions: for their currency; against strategic priorities and risk profile; and against its capacity to deliver.</p>	<p>Completed</p> <p>The revised Financial Regulations and Standing Orders were approved at the June 2024 IJB meeting.</p> <p>The outstanding actions have been streamlined and members commented that this makes it easier to review and assess the importance of the outstanding actions.</p>

Dundee City Integration Joint Board

2023/24 Annual Audit Report

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www.audit-scotland.gov.uk/accessibility

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Clerk and Standards Officer:
Roger Mennie
Head of Democratic and Legal
Services
Dundee City Council

City Chambers
DUNDEE
DD1 3BY

12th November, 2024

TO: ALL MEMBERS, ELECTED MEMBERS AND OFFICER
REPRESENTATIVES OF THE PERFORMANCE AND
AUDIT COMMITTEE OF DUNDEE CITY HEALTH AND
SOCIAL CARE INTEGRATION JOINT BOARD
(See Distribution List attached)

Dear Sir or Madam

PERFORMANCE AND AUDIT COMMITTEE

I would like to invite you to attend a meeting of the above Committee which is to be held remotely on Wednesday, 20th November, 2024 at 10.00am.

Members of the Press or Public wishing to join the meeting should contact Committee Services on telephone (01382) 434818 or by email at committee.services@dundeecity.gov.uk by no later than 12 noon on Monday, 18th November, 2024.

Apologies for absence should be intimated to Arlene Hay, Committee Services Officer, on telephone 01382 434818 or by e-mail arlene.hay@dundeecity.gov.uk.

Yours faithfully

DAVE BERRY

Acting Chief Officer

AGENDA

- 1 APOLOGIES FOR ABSENCE**
- 2 DECLARATION OF INTEREST**

Members are reminded that, in terms of the Integration Joint Board's Code of Conduct, it is their responsibility to make decisions about whether to declare an interest in any item on this Agenda and whether to take part in any discussions or voting.

3 MINUTE OF PREVIOUS MEETING AND ACTION TRACKER

(a) MINUTE - Page 1

The minute of previous meeting of the Committee held on 25th September, 2024 is attached for approval.

(b) ACTION TRACKER - Page 9

The Action Tracker (PAC39-2024) for meetings of the Performance and Audit Committee is attached for noting and updating accordingly.

4 PROTECTING PEOPLE COMMITTEE ANNUAL REPORT 2023/24 - Page 13

(Report No PAC38-2024 by the Protecting People Committee Independent Chairs, copy attached – for noting).

5 AUDIT SCOTLAND ANNUAL REPORT AND INTEGRATION JOINT BOARD ANNUAL ACCOUNTS 2023/24

(Report No PAC45-2024 by the Chief Finance Officer, to follow).

6 DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP PERFORMANCE REPORT – 2024-25 QUARTER 1 - Page 103

(Report No PAC42-2024 by the Chief Finance Officer, copy attached – for noting).

7 DUNDEE HEALTH & SOCIAL CARE PARTNERSHIP CLINICAL, CARE & PROFESSIONAL GOVERNANCE ASSURANCE REPORT - Page 125

(Report No PAC44-2024 by the Clinical Director, copy attached – for decision).

8 QUARTERLY FEEDBACK REPORT – 2ND QUARTER 2024/25 - Page 153

(Report No PAC40-2024 by the Chief Finance Officer, copy attached – for noting).

9 DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP STRATEGIC RISK REGISTER UPDATE - Page 159

(Report No PAC46-2024 by the Chief Finance Officer, copy attached – for noting).

10 CHIEF SOCIAL WORK OFFICER ANNUAL REPORT 2023-24 - Page 173

(Report No PAC37-2024 by the Chief Social Work Officer, copy attached – for noting).

11 CITY PLAN FOR DUNDEE 2022-2032 – ANNUAL REPORT FOR 2023/24 - Page 217

(Report No PAC36-2024 by the Chief Finance Officer, copy attached – for decision).

12 GOVERNANCE ACTION PLAN PROGRESS REPORT - Page 275

(Report No PAC43-2024 by the Chief Finance Officer, copy attached – for noting).

13 DUNDEE INTEGRATION JOINT BOARD INTERNAL AUDIT PLAN PROGRESS REPORT - Page 319

(Report No PAC41-2024 by the Chief Finance Officer, copy attached – for noting).

14 ATTENDANCE LIST - Page 327

(A copy of the Attendance Return (PAC47-2024) for meetings of the Performance and Audit Committee held over 2024 is attached for information and record purposes).

15 DATE OF NEXT MEETING

The date for the next meeting of the Committee is to be confirmed.

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At a MEETING of the **PERFORMANCE AND AUDIT COMMITTEE OF THE DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** held remotely on 25th September, 2024.

Present:-

<u>Members</u>	<u>Role</u>
Ken LYNN (Chair)	Nominated by Dundee City Council (Elected Member)
David CHEAPE	Nominated by Health Board (Non-Executive Member)
Dorothy McHUGH	Nominated by Dundee City Council (Elected Member)
Dave BERRY	Acting Chief Officer
Barry HUDSON	For Chief Internal Auditor
Christine JONES	Acting Chief Finance Officer
Glyn LLOYD	Chief Social Work Officer

Non-members in attendance at the request of the Chief Finance Officer:-

Linda GRAHAM	Health and Social Care Partnership
Jenny HILL	Health and Social Care Partnership
Matthew KENDALL	Health and Social Care Partnership
Clare LEWIS-ROBERTSON	Health and Social Care Partnership
Lynne MORMAN	Health and Social Care Partnership
Kathryn SHARP	Health and Social Care Partnership
Angie SMITH	Health and Social Care Partnership
Lynsey WEBSTER	Health and Social Care Partnership

Ken LYNN, Chairperson, in the Chair.

I APOLOGIES FOR ABSENCE

There were apologies for absence submitted on behalf of Vicky Irons, Jocelyn Lyall, Sanjay Pillai and Martyn Sloan.

II DECLARATION OF INTEREST

There were no declarations of interest.

III MINUTE OF PREVIOUS MEETING AND ACTION TRACKER

(a) MINUTE

The minute of meeting of the Committee held on 22nd May, 2024 was submitted and approved.

(b) ACTION TRACKER

There was submitted the Action Tracker, PAC29-2024, for meetings of the Performance and Audit Committee for noting and updating accordingly.

The Committee agreed to note the content of the Action Tracker.

Following questions and answers the Committee further agreed:-

- (i) to note that in relation to action no 1 (briefing notes) the Acting Chief Officer would speak to the Clerk to get the issue concluded before the next meeting;
- (ii) to note that, in relation to a suggestion from David Cheape, consideration would be given to setting a target date for all actions to be completed; and
- (iii) to note that Councillor McHugh would follow up out with the meeting with a query she had in relation to action no 5 (disparity in delayed discharge performance).

IV ANNUAL PERFORMANCE REPORT 2023/24

There was submitted Report No PAC24-2024 by the Chief Officer submitting the three editions of the Dundee Integration Joint Board Annual Performance Report 2023/2024 for noting following their publication on 26th July, 2024 and approval by the Integration Joint Board on 21st August, 2024.

The Committee agreed:-

- (i) to note the content of the report and of the three editions of the Annual Performance Report 2023/2024, available via the hyperlinks in section 4.2.2 of the report and with printable versions contained within appendices 1 to 3 of the report;
- (ii) to note that the Annual Performance Report 2023/2024 was published on 26th July, 2024 following approval by the Chair and Vice-Chair of the Integration Joint Board, the Clerk and the Partnership's Senior Management Team (section 4.2.1 of the report); and
- (iii) to note that the Integration Joint Board approved the Annual Performance Report on 21st August, 2024 and instructed the Chief Officer to update the report with financial year 2023/2024 data for all National Health and Wellbeing indicators as soon as data was made available by Public Health Scotland (section 4.2.6 of the report).

Following questions and answered the Committee further agreed:-

- (iv) to note that an amendment was required in relation to the years stated on page 23;
- (v) to note that, in relation to a query about staffing capacity, a report on the updated Workforce Plan would be submitted to the next Integration Joint Board meeting; and
- (vi) to note that consideration would be given to the length of future agendas/reports in response to comments made by members.

V DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP PERFORMANCE REPORT – 2023/2024 QUARTER 4

There was submitted Report No PAC27-2024 by the Chief Finance Officer providing an update on 2023/2024 Quarter 4 performance against the National Health and Wellbeing Indicators and 'Measuring Performance Under Integration' indicators. Data was also provided in relation to Social Care – Demand for Care at Home services.

The Committee agreed:-

- (i) to note the content of the summary report;
- (ii) to note the performance of Dundee Health and Social Care Partnership, at both Dundee and Local Community Planning Partnership (LCPP) levels, against the National Health and Wellbeing Indicators as summarised in Appendix 1 (tables 1, 2 and 3 of the report);

- (iii) to note the performance of Dundee Health and Social Care Partnership against the 'Measuring Performance Under Integration' indicators as summarised in Appendix 1 (table 3 of the report); and
- (iv) to note the number of people waiting for a social care assessment and care at home package and associated hours of care yet to be provided in Appendix 2 of the report.

Following questions and answers the Committee further agreed:-

- (v) to note that changes in some of the data was as a result of work undertaken with the Scottish Government to rationalise data recording and also the introduction of a test of change;
- (vi) to note that the national indicator - % staff who say they would recommend their workplace as a good place to work – was never followed through by the Scottish Government and consideration would be given to either removing this or creating a proxy indicator for each of the employers.

VI DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP CLINICAL, CARE AND PROFESSIONAL GOVERNANCE ASSURANCE REPORT

There was submitted Report No PAC32-2024 by the Clinical Director providing assurance to Committee on the business of Dundee Health and Social Care Partnership Clinical, Care and Professional Governance Group.

This aligned to the following NHS Scotland quality ambitions:

- Safe
- Effective
- Person-centred

The report provided evidence of the following Best Value Characteristics:

- Equality
- Vision and Leadership
- Effective Partnerships
- Governance and Accountability
- Use of Resources
- Performance Management
- Sustainability

The Committee agreed:-

- (i) to provide their view on the level of assurance the report provided and therefore the level of assurance regards clinical and care governance within the Partnership. The timescale for the data within this report is to 31st May 2024;
- (ii) to note that the Lead Officer for Dundee HSCP, Dr David Shaw suggested that the level of assurance provided was:

Reasonable; due to the following factors:

- There was evidence of a sound system of governance throughout the HSCP.
- The identification of risk and subsequent management of risk was articulated well throughout services.
- There was ongoing scope for improvement across a range of services, in relation to the governance processes, although this was inextricably linked to the ongoing difficulties with recruitment and retention of staff.

- There was evidence of noncompliance relating to a fully comprehensive governance system across some teams, i.e. contemporary management of adverse events and risks.

Following questions and answers the Committee agreed to accord with the level of assurance as indicated above.

VII QUARTERLY FEEDBACK REPORT – 1ST QUARTER 2024/2025

There was submitted Report No PAC31-2024 by the Chief Finance Officer summarising feedback received for the Health and Social Care Partnership (HSCP) in the first quarter of 2024/2025. The complaints included complaints handled using the Dundee Health and Social Care Partnership Social Work Complaint Handling Procedure, the NHS Complaint Procedure, and the Dundee City Integration Joint Board Complaint Handling Procedure. Compliments received were also reported.

The Committee agreed:-

- (i) to note the complaints handling performance for health and social work complaints set out within the report;
- (ii) to note the work which had been undertaken to address outstanding complaints within the HSCP and to improve complaints handling, monitoring and reporting;
- (iii) to note the recording of Planned Service Improvements following complaints that were upheld or partially upheld; and
- (iv) to note the work ongoing to implement Care Opinion as a feedback tool for all services in the Health and Social Care Partnership.

VIII DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP STRATEGIC RISK REGISTER UPDATE

There was submitted Report No PAC33-2024 by the Chief Finance Officer providing an update in relation to the Strategic Risk Register and on strategic risk management activities in Dundee Health and Social Care Partnership.

The Committee agreed:-

- (i) to note the content of the Strategic Risk Register Update report; and
- (ii) to note the extract from the Strategic Risk register attached at Appendix 1 to the report.

IX MENTAL HEALTH SERVICES INDICATORS – 2023/24 QUARTER 4

There was submitted Report No PAC26-2024 by the Chief Finance Officer reporting a suite of measurement relating to the activity of mental health services for scrutiny and assurance.

The Committee agreed:-

- (i) to note the content of the report, including current performance against the suite of mental health service indicators (section 6 and appendix 1 of the report); and
- (ii) to note the operational and strategic supporting narrative in the context of the trends in performance and activity (section 7 of the report).

Following questions and answers the Committee further agreed:-

- (iii) to note that when referrals were rejected is usually indicated that the person was already in receipt of care and treatment;
- (iv) to note that it was still not clear on what was driving demand but that work was taking place with Public Health at an early stage on modelling; and
- (v) to consider if data could be gathered in relation to whether parents/carers, of children who were on the Child Protection register, were offered mental health support, if they engaged and what impact the support had.

X DRUG AND ALCOHOL SERVICES INDICATORS – 2023/24 QUARTER 4

There was submitted Report No PAC23-2024 by the Chief Finance Officer providing an update on the performance of Drug and Alcohol Services.

The Committee agreed:-

- (i) to note the data presented in the report, including the improvements in key indicators relating to access to drug treatment services during 2023/2024 (section 6 and appendix 1 of the report); and
- (ii) to note the range of ongoing improvement activity being progressed across drug and alcohol services (section 7 of the report).

Following questions and answers the Committee further agreed:-

- (iii) to note that, in response to a query from Councillor McHugh, that Lynsey would check the data to establish whether the number of unplanned discharges where the service user disengaged increased by 38% related to drug and alcohol services; and
- (iv) that consideration would be given to providing data on alcohol related deaths in future reports;
- (v) to note that the reduction in total spend on prescriptions generated by Dundee Drug and Alcohol Recovery Service (DDARS and Dundee Drug Treatment Service (DDT)) was due to a change in the pharmacy systems that provide the data as there was no longer rolling data available.

XI UNSCHEDULED CARE

There was submitted Report No PAC28-2024 by the Chief Finance Officer providing an update on Unscheduled Care Services and Discharge Management performance in Dundee.

The Committee agreed:-

- (i) to note the current position in relation to complex and standard delays as outlined in sections 5-8 of the report; and
- (ii) to note the improvement actions planned to respond to areas of pressure as outlined in section 9 of the report.

Following questions and answers the Committee further agreed:-

- (iii) to note that information on average duration of delay had been included in the report and Lynne Morman would appreciate any feedback from members.

XII HEALTH AND CARE EXPERIENCE SURVEY 2023-24 ANALYSIS

There was submitted Report No PAC25-2024 by the Chief Finance Officer providing an update on the responses from the 2023/2024 Health and Care Experience Survey, which was used to provide measurement for National Health and Wellbeing Indicators 1 to 9.

The Committee agreed:-

- (i) to note the content of the report, including the results of the 2023/2024 survey for Dundee Health and Social Care Partnership (appendix 1);
- (ii) to note the longitudinal changes to performance over the last three biennial surveys (section 5 of the report); and
- (iii) to note the performance of Dundee Health and Social Care Partnership against the Scottish average and eight Family Group Partnerships (section 6 of the report).

XIII CARE INSPECTORATE GRADINGS – REGISTERED CARE HOMES FOR ADULTS/OLDER PEOPLE AND OTHER ADULT SERVICES 2023-24

There was submitted Report No PAC22-2024 by the Chief Finance Officer summarising the gradings awarded by the Care Inspectorate to Dundee registered care homes for adults/older people and other adult services in Dundee for the period 1st April, 2023 to 31st March, 2024.

The Committee agreed:-

- (i) to note the scale and scope of Care Inspectorate led inspections carried out in 2023/2024 during the reporting year (section 4.1 of the report);
- (ii) to note the contents of the report and the gradings awarded as detailed in the performance report (attached as Appendix 1 to the report) and highlighted in section 4.2 of the report; and
- (iii) to note the range of continuous improvement activities progressed during 2023/2024 as described in section 4.3 and Appendix 1 of the report.

Following questions and answers the Committee further agreed:-

- (iv) to note that an IJB briefing session on Social Care Commissioning had been arranged to take place on Tuesday 3rd December 2024 and a rep from the Care Inspectorate had been invited to present at the session.

XIV GOVERNANCE ACTION PLAN PROGRESS REPORT

There was submitted Report No PAC30-2024 by the Chief Finance Officer providing an update on the progress of the actions set out in the Governance Action Plan.

The Committee agreed:-

- (i) to note the content of the report and the progress made in relation to the review of the Governance Action Plan; and
- (ii) to instruct the Chief Finance Officer to provide a full report on the progress against all actions within the revised Governance Action Plan no later than 20th November, 2024.

XV DUNDEE INTEGRATION JOINT BOARD INTERNAL AUDIT PLAN PROGRESS REPORT

There was submitted Report No PAC34-2024 by the Chief Finance Officer providing an update on the 2023/2024 Internal Audit Plan and non-discretionary aspects of the 2024/2025 internal audit plan. The report also included internal audit reports that were commissioned by the partner Audit and Risk Committees, where the outputs were considered relevant for assurance purposes to Dundee IJB.

The Committee agreed to note the progress on the 2023/2024 internal audit plan and initial work on the 2024/2025 plan.

Following questions and answers the Committee further agreed:-

- (i) to note that Internal Audit were looking at ways of making the summaries on partner organisations' report more succinct.

XVI INTERNAL AUDIT PLAN 2024/25

There was submitted Report No PAC35-2024 by the Chief Finance Officer seeking approval of the 2024/2025 Annual Internal Audit Plan for Dundee City Integration Joint Board (IJB) and the revised and updated Internal Audit Charter, and to agree the appointment of the Chief Internal Auditor for the financial year.

The Committee agreed:-

- (i) to the continuation of Fife, Tayside and Forth Valley Audit Internal Audit (FTF) as the IJB's lead internal auditors and therefore continuing the role of Chief Internal Auditor for 2024/2025;
- (ii) to approve the 2024/2025 Annual Internal Audit Plan as set out in Appendix 1 of the report; and
- (iii) to approve the revised and updated Internal Audit Charter set out in Appendix 2 of the report.

Following questions and answers the Committee further agreed:-

- (iv) to note that Barry Hudson would provide Councillor McHugh with information on the changes made to the Internal Audit Charter.

XVII ATTENDANCE LIST

There was submitted Agenda Note PAC36-2024 providing attendance returns for meetings of the Performance and Audit Committee held over 2024.

The Committee agreed to note the position as outlined.

XVIII DATE OF NEXT MEETING

The Committee agreed to note that the next meeting of the Committee would take place remotely on Wednesday, 20th November, 2024 at 10.00am.

Ken LYNN, Chairperson.

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ITEM No ...3(b).....

PERFORMANCE AND AUDIT COMMITTEE – ACTION TRACKER – 25TH SEPTEMBER 2024 - PAC39-2024

No	Meeting	Minute Ref	Heading	Action Point	Responsibility	Timeframe	Status
1	28/09/22	III(b)(iii)	ACTION TRACKER	that consideration would be given by the Management Team to noting the briefing notes, that were issued inbetween PAC meetings, at the next available meeting of the PAC.	Chief Officer	(December 2022) February 2024 November 2024	Following discussions held with Head of Legal and Democratic Services of Dundee City Council as advisor to the IJB/PAC this proposal will not be implemented at this time.
2	27/09/23	VII	DISCHARGE MANAGEMENT PERFORMANCE – UPDATE ON COMPLEX AND STANDARD DELAYS	that consideration would be given to building in information from the weekly local oversight report into future reports to the PAC.	Lead Officer, Strategic Services	May 2024 November 2024	Report has been revised and all information that is able to be included in public report has been incorporated.
3	27/09/23	VIII	CARE INSPECTORATE GRADINGS – REGISTERED CARE HOMES FOR ADULTS/OLDER PEOPLE AND OTHER ADULT SERVICES 2022/2023	that consideration would be given to arranging a presentation from the Care Inspectorate to a future Integration Joint Board meeting	Chief Finance Officer/Head of Service	(November 2023) June 2024 December 2024	Dates for development sessions to the end of 2024 have now been issued to IJB members. Session on Social Care Commissioning scheduled for 03 December 2024.

No	Meeting	Minute Ref	Heading	Action Point	Responsibility	Timeframe	Status
4	27/09/23	IX	REVIEW OF EMERGENCY ADMISSION RATES	that a summary report would be brought to a future meeting explaining why the issue mattered to the PAC, what the data tells us and what needs done in response.	Service Manager, Strategic Services	(April 2024) June 2024 October 2024	A short briefing note has been provided to IJB members. Dates for development sessions to the end of 2024 have now been issued to IJB members. Session in understanding data scheduled for 30 October 2024.
5	31/01/24	IV	REVISED PAC TERMS OF REFERENCE	annual evaluation to be carried out.	Chief Finance Officer	Jan 2025	Updated Terms of Reference approved by IJB December 2023 – to be next reviewed December 2024.
6	31/01/24	V	DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP PERFORMANCE REPORT – 2023/2024 QUARTER 2	that, in relation to a query about Table 1 and the West End showing all red although it was one of the least deprived areas, Lynsey would look into the data and report back	Lead Officer, Strategic Services	September 2024 January 2025	Patient level data has been supplied by the NHST BSU and clinical expertise (Dr Frank Webber) has been identified to assist with the interpretation of the data. A meeting to

No	Meeting	Minute Ref	Heading	Action Point	Responsibility	Timeframe	Status
							progress this is being arranged.
7	25/09/24	IV	ANNUAL PERFORMANCE REPORT 2023/24	that an amendment was required in relation to the years noted.	Lynsey Webster	September 2024	This has now been amended.
8	25/09/24	IV	ANNUAL PERFORMANCE REPORT 2023/24	that consideration would be given to the length of future agendas/reports in response to comments made by members.	Chief Officer	November 2024	The Senior Management Team will consider these comments when planning agendas and in oversight of papers submitted.
9	25/09/24	V	DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP PERFORMANCE REPORT – 2023/2024 QUARTER 4	that consideration would be given to either removing the following indicator or creating a proxy indicator for each of the employers: % staff who say they would recommend their workplace as a good place to work.	Chief Finance Officer	November 2024	Data from iMatters has been incorporated into the Quarterly Performance Report.
10	25/09/24	IX	MENTAL HEALTH SERVICES INDICATORS – 2023/24 QUARTER 4	that consideration would be given to whether data could be gathered in relation to whether parents/carers, of children who were on the Child Protection register, were offered mental health support, if they engaged and what impact the support had.	Chief Finance Officer	January 2025	This will be passed to the Children at Risk Committee for consideration as part of their quality assurance processes.

No	Meeting	Minute Ref	Heading	Action Point	Responsibility	Timeframe	Status
11	25/09/24	X	DRUG AND ALCOHOL SERVICES INDICATORS – 2023/24 QUARTER 4	that consideration would be given to providing data on alcohol related deaths in future reports	Chief Finance Officer	January 2025	To be progressed at point of submission of next report.



REPORT TO: PERFORMANCE & AUDIT COMMITTEE – 20 NOVEMBER 2024

REPORT ON: PROTECTING PEOPLE COMMITTEE ANNUAL REPORT 2023/24

REPORT BY: PROTECTING PEOPLE COMMITTEE INDEPENDENT CHAIRS

REPORT NO: PAC38-2024

1.0 PURPOSE OF REPORT

To present to the Integration Joint Board the annual report published by the Protecting People Committees for the period 2023/24.

2.0 RECOMMENDATIONS

It is recommended that the Integration Joint Board (IJB):

- 2.1 Note the content of the annual report for the Dundee Protecting People Committees (main report and supporting information) (attached as appendices 1 and 2).
- 2.2 Note the progress made in developing an effective partnership response to the needs of at risk children and adults during 2023/24 (section 4.2).
- 2.3 Note the challenges and priority areas for action identified across the annual reports for focus during 2024/25 and beyond (section 4.3).

3.0 FINANCIAL IMPLICATIONS

- 3.1 None.

4.0 MAIN TEXT

4.1 Background

- 4.1.1 All agencies, professional bodies and services that deliver child and / or adult services or otherwise work with members of the public have a responsibility to recognise and actively consider potential risks to the safety and wellbeing of the people they come into contact with. Dundee Integration Joint Board therefore has an important role to play in local arrangements, both at an operational and strategic level, in relation to child protection, adult support and protection, violence against women, alcohol and drugs, and suicide prevention.
- 4.1.2 During 2023/24 Dundee Alcohol and Drug Partnership, Dundee Child Protection Committee, Dundee Adult Support and Protection Committee and Dundee Violence Against Women Partnership had overall strategic responsibility for the continuous improvement of protecting people policy and practice in the local area. These partnerships consist of representatives from a range of backgrounds including the police, health services, local authority, health and social care, prison service, fire and rescue service, community planning and the third sector.
- 4.1.3 Requirements relating to the production and publication of annual reports vary, having been set out in legislation and national guidance for each specific group. Current arrangements can be summarised as follows:

- Dundee Alcohol and Drug Partnership (ADP) – no requirement to publish an annual report, although an annual return is made to the Scottish Government (on a template set by them), however the Partnership in consultation with Dundee Chief Officers Group agreed a public facing annual report should be published.
- Dundee Child Protection Committee (CPC) – no requirement to publish an annual report, however most Committees across Scotland do so including Dundee.
- Dundee Adult Support and Protection Committee (ASPC) – Section 46 of the Adult Support and Protection (Scotland) Act 2007 requires the Independent Convenor to prepare a Biennial Report outlining the activities of the Committee and progress made in protecting adults at-risk of harm. Please note that 2023/24 is a biennial reporting year.
- Dundee Violence Against Women Partnership (VAWP) – no requirement to publish an annual report, however the Partnership in consultation with Dundee Chief Officers Group agreed an annual report should be published.

National guidance also sets out the requirement for each MAPPA Strategic Oversight Group to publish an annual report by a specified deadline every year. However, given the Tayside wide remit of the MAPPA Strategic Oversight Group a separate report continues to be produced and published by them aligned to the deadline set nationally by the Scottish Government.

- 4.1.4 In 2022/23, the ADP, CPC, ASPC and VAWP published their first single integrated report rather than individual committee reports. This integrated report focused on multi-agency activity led by the committees, further detail regarding developments in individual services was included within their own annual performance reports (for example, the Chief Social Work Officer Annual Report and Dundee Integration Joint Board Annual Report). The production of a single report enabled the best use of available resources, supported an earlier publication date than has been possible in previous years and was well received by both partner agencies and the public. A single integrated report has therefore been produced for the 2023/24 reporting year and will continue to be produced in future reporting years.
- 4.1.5 Taking onboard feedback from 2022/23 the structure of the report has been updated this year to include:
- Main report – which provides a concise summary of the key data, achievements, challenges and future priorities both on a cross-cutting basis and for each individual committee.
 - Accompanying information document – which provides more detailed information about the key achievement and challenges, as well as additional data analysis and narrative regarding strategic developments achieved throughout the year.
- 4.1.6 Following endorsement from the Chief Officers Group the Protecting People Annual Report 2023/2024 (main report and supporting information, attached as appendices 1 and 2) were published on 31 October 2024.

4.2 Areas of Progress

- 4.2.1 During 2023/24 significant progress has been made in improving services and supports in a range of areas that are relevant across all the Protecting People Committees. This includes:
- The implementation of the Protecting People Learning and Organisational Development Framework, supporting an accessible, tiered approach to multi-agency learning and development.
 - Improvements to arrangements for Learning Reviews, including through collaborative working with the Angus COG and Protecting People Committees.

- The further development of digital materials and communication channels to aid both public awareness raising, distribution of service information and to support learning and development.
- Continued focus on organisational culture change relating to trauma-informed leadership and trauma-informed practice.

4.2.2 With individual committee remits there have also been some significant positive developments throughout the year:

Alcohol and Drug Partnership

- There has been continued progress with the implementation of the Medication Assisted Treatment (MAT) Standards. The most recent benchmarking report confirms that improvements to service provision in Dundee have been achieved, with Dundee scoring green for MATs 1-5 and provisional green for MATs 6-9 (MAT 10 was not included).
- The ADP launched their website, which includes a comprehensive list of support services in Dundee and hosts public facing documents.
- The Dundee Alcohol and Drugs Prevention Framework was published.
- The ADP Commissioning Group developed an Investment & Commissioning Plan to ensure financial transparency. This group also leads on the allocation and management of funding for substance use service provision.

Adult Support and Protection

- Key processes and strategic leadership for adult support and protection were both rated as 'effective' by the Joint Inspection that reported in early 2024.
- The Committee hosted a dynamic programme for ASP week to promote ASP learning opportunities, with a number of events attracting high levels of attendance.
- Learning was progressed from the Significant Case Review of behalf of Ms L.
- Progress was made towards developing and implementing a new Adults at Risk Pathway to ensure robust support for people who do not meet the criteria for support under ASP legislation.

Child Protection

- The Committee conducted a multi-agency audit of the Adolescent Senior Management Pathway and agreed recommendations for implementation during 2024/25.
- Funding was identified to support the co-location of Adolescent Social Work team with multi-agency partners, with a new service being operational from March 2025 once renovation work is complete.
- Working with care experienced young people, the Committee developed a Charter and framework, to include the views and influence of children and young people within policy, planning and service delivery.

Violence Against Women Partnership

- An audit of Multi-agency Risk Assessment Case Conferences (MARAC) was completed with recommendations progressing during 2024/25.
- Additional capacity was secured to expand and co-ordinate the approach to learning and development through appointment to a dedicated role.
- A comprehensive programme of events was held during the 16 Days of Activism Against Gender Based Violence.
- The Partnership launched their Young People's Intel Briefing and Gendered Service Bulletin to keep the workforce up-to-date about current issues, risks and responses.

4.3 Challenges and Future Priorities

4.3.1 All of the Protecting People Committees have experienced and responded to a challenging landscape over the last reporting year. There continues to be a need to carefully prioritise available capacity and resources against priorities for improvement to maximise progress in developing services, leadership and governance. Mirroring ongoing public sector financial pressures and insecure funding for third sector services has been an area of concern, with both the ADP and VAWP continuing to undertake focussed work to mitigate the impact and support applications for additional funding. Embedding lived experience at a strategic level and developing clear feedback processes to contributors continues to be a challenge, as does shifting resource and focus to prevention and early intervention work.

4.3.2 Moving into 2023/24 the Protecting People Committees are now working within a revised structure, with the Adults At Risk Committee, Children at Risk Committee and Alcohol and Drug Partnership now forming the basis for collaborative, multi-agency working. Each committee's plan is tailored to local data and intelligence, learning from case reviews and other quality assurance activity and national guidance and policy. However, some common areas of focus include:

- Enhancing our focus on suicide prevention by hiring a suicide prevention coordinator and developing a new delivery plan that reflects the national Suicide Prevention Strategy.
- Further integrating our work on protecting people, implementing a new strategic structure that will help the COG and Committees to implement priorities for improvement by integrating VAWP, Suicide Prevention, ASP and CPC.
- Focusing more on prevention activity, including taking a trauma-informed approach to understanding, responding and preventing future harm.
- Enhancing our approach to quality assurance and learning reviews, making sure that these activities inform learning and development and lead to improvements in outcomes for children, young people, adults and families.
- Expanding our approach to experiential data collection, making sure that feedback from people involved in protection processes, services and supports is at the centre of our quality assurance approach.
- Focusing on making changes to our strategic and service development approaches to enhance the meaningful impact of lived experience.
- Continuing to embed a gendered approaches to protecting people service delivery.

5.0 POLICY IMPLICATIONS

5.1 This report has been subject to the Pre-IIA Screening Tool and does not make any recommendations for change to strategy, policy, procedures, services or funding and so has not been subject to an Integrated Impact Assessment. An appropriate senior manager has reviewed and agreed with this assessment.

6.0 RISK ASSESSMENT

6.1 This report has not been subject to a risk assessment as it does not require any policy or financial decisions at this time.

7.0 CONSULTATIONS

7.1 Members of the Chief Officers (Public Protection) Strategic Group, members of the Dundee Children at Risk Committee, members of the Dundee Adults at Risk Committee, Dundee City Council Leadership Team, the Chief Finance Officer, Heads of Service, Health and Community Care, the Chief Social Work Officer, The Chief Officer and the Clerk have been consulted in the preparation of this report.

8.0 BACKGROUND PAPERS

8.1 None.

Elaine Torrance
Independent Convenor, Dundee Adults at Risk Committee / Independent
Chair, Dundee Children at Risk Committee

DATE: 24 October 2024

Pamela Dudek
Independent Chair, Dundee Alcohol and Drug Partnership

Ann Hamilton
Independent Advisor, Violence Against Women

Eibhlin Milne
Development Officer, Protecting People

Naomi Cairns
Communications and Events Assistant

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Protecting People Annual Report 2023-2024

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Foreword

As Chairs of the Protecting People Committees/Partnerships, we are pleased to present this report covering April 2023 to March 2024. Following the success of the single annual report last year, the four Committees are continuing to publish one Protecting People Annual Report to demonstrate the cross-cutting nature of the work undertaken. This Annual Report will highlight key cross-cutting and specific achievements, challenges and areas of future work. Alongside the Public Protection 22/23 Annual Report, this report acts as part of the Adult Support and Protection Biennial Report which is a legislative requirement.

There has been a large volume of work undertaken by the four Committees and their partners over the past financial year, with close multi-agency working continuing to be prioritised. A key achievement of the Protecting People Committees was the official launch of the Protecting People Learning & Organisational Development Framework. This Framework brings all learning into one online location that is easily accessible. The training and development opportunities are focused on multi-agency and cross-cutting learning. Committee communication with the workforce and community has been greatly enhanced through the extension of the Digital Communication Graduate role. This has enabled strategic documents to be more public facing in nature and easier to understand. Furthermore, there has been an increased focus on ensuring all the workforce can access trauma-informed learning with resources now being hosted on the Protecting People Learning Framework, along with workshops being offered on a single or multi-agency basis.

There has been significant progress and achievements and a number of these are summarised below.

Amongst the large range of achievements completed by the individual Committees are:

- Adult Support and Protection Committee (ASPC): Progressing actions in the Improvement Plan following the Joint Multi-Agency ASP Inspection, revising procedures in line with new guidance, the Committee hosted an ASP Week to promote ASP learning across Dundee, and a new Adults at Risk Multi-Agency Pathway is now under development and will be a key priority for 2024/25 onwards.
- Child Protection Committee (CPC): Substantial progress improving arrangements for 16/17 year olds; Multi-agency audit of the Adolescent Senior Management Oversight Group.
- Alcohol and Drug Partnership (ADP): significant progress with the implementation of the Medication Assisted Treatment (MAT) Standards, launch of the ADP website and wider engagement work, focusing on upstream prevention through the Dundee Alcohol and Drugs Prevention Framework, development of an Investment & Commissioning Plan to ensure financial transparency and best strategic use of resource for greatest impact and the significant increase in the number of people supported to access residential rehabilitation.

- Violence Against Women Partnership (VAWP): Audit of the Multi-Agency Risk Assessment Conference, enhanced VAW learning across Dundee through the VAW Learning and Development officer post, the creation of the Young Peoples Intel Briefing to ensure the workforce have up-to-date information on issues facing young people in Dundee, and additional funding was awarded from CORRA to focus on improving aspects of women's health and ensure barriers are reduced for women accessing support services.

Despite these achievements, there are still some challenges to address which are highlighted in the report. The Protecting People Committees have recognised that there continues to be challenges in timely progression with improvement work they have identified. This has been particularly difficult where improvement work has required active input, expertise and skills of people working in frontline protection services coupled with the changing leadership roles. Teams within the workforce have focused on meeting increased demand and complexity of risk that continues to increase in the city, whilst dealing with gaps in normal staff capacity caused by wellbeing, absence and recruitment issues. To address this, there is planned recruitment of additional roles in 2024/25. The work focused on restructuring the Committees and their working groups will also help to focus on key priorities and allow more time to be used for active improvement work within 2024/25.

Funding also remains a challenge, with the public and third sectors continuing to face a very challenging financial landscape during 2023 - 2024. This has impacted across a range of PP services and supports, particularly those delivered in the third sector. National funding arrangements for specialist drug and alcohol and violence against women services continue to pose challenges in terms of sustainability of services and longer-term strategic and financial planning. Many sources of funding are temporary, with short-term allocations and confirmation of funds available being made very close to the start of each financial year. To mitigate this, both the ADP and the VAWP have a sub-group to monitor the availability of funds and the total money in the city for their specific areas to ensure strategic priorities are being addressed. The Partnerships also actively seek out funding opportunities.

To address these challenges and continue improving Protecting People work across Dundee, the Committees and Partnerships will be working together on key cross-cutting areas. The Committees aim to further integrate the work by implementing a new strategic structure in 2024/25 to address risk and vulnerability affecting members of our community collectively. This will see the creation of the Adults at Risk Committee and the Children at Risk Committee, with both VAWP and Suicide Prevention agendas being merged into the new structure. For the time being, the ADP will continue to strategically sit separately. The Committees will also focus on further developing their approach to gathering the views from people they are working with to ensure their voice is heard and informs strategic direction, operational processes and service delivery. An increased focus on prevention activity is also a key priority to understand, respond and prevent future harm experienced within Dundee.

Furthermore, the Committees will work together to implement recommendations from both the Adult Support and Protection Inspection and the Learning Reviews to ensure improvements and outcomes for children, young people, adults and families.

We would like to thank all the members of the Protecting People Committees for their continued support and commitment to this work and express a great appreciation to all staff across the agencies who work hard to protect the people of Dundee every day.



Elaine Torrance
Chair of Adult Support and Protection Committee and Child Protection Committee.



Pamela Dudek
Chair of Alcohol and Drugs Partnership.



Ann Hamilton
Chair of Violence Against Women Partnership.



1. Protecting People in Dundee

“Dundee’s future lies with its people. They deserve the best this city can give them. We will provide the protection they need, when they need it, to keep them safe from harm.”

1.1 What is Protecting People?

Protecting People (PP) is the term that we use in Dundee to describe our work to protect children, young people and adults from abuse, neglect and harm. Our approach to PP includes:

- Child protection
- Adult support and protection
- Violence against women and girls
- Alcohol and drugs
- The management of sexual and violent offenders (Multi-Agency Public Protection Arrangements)
- Suicide prevention

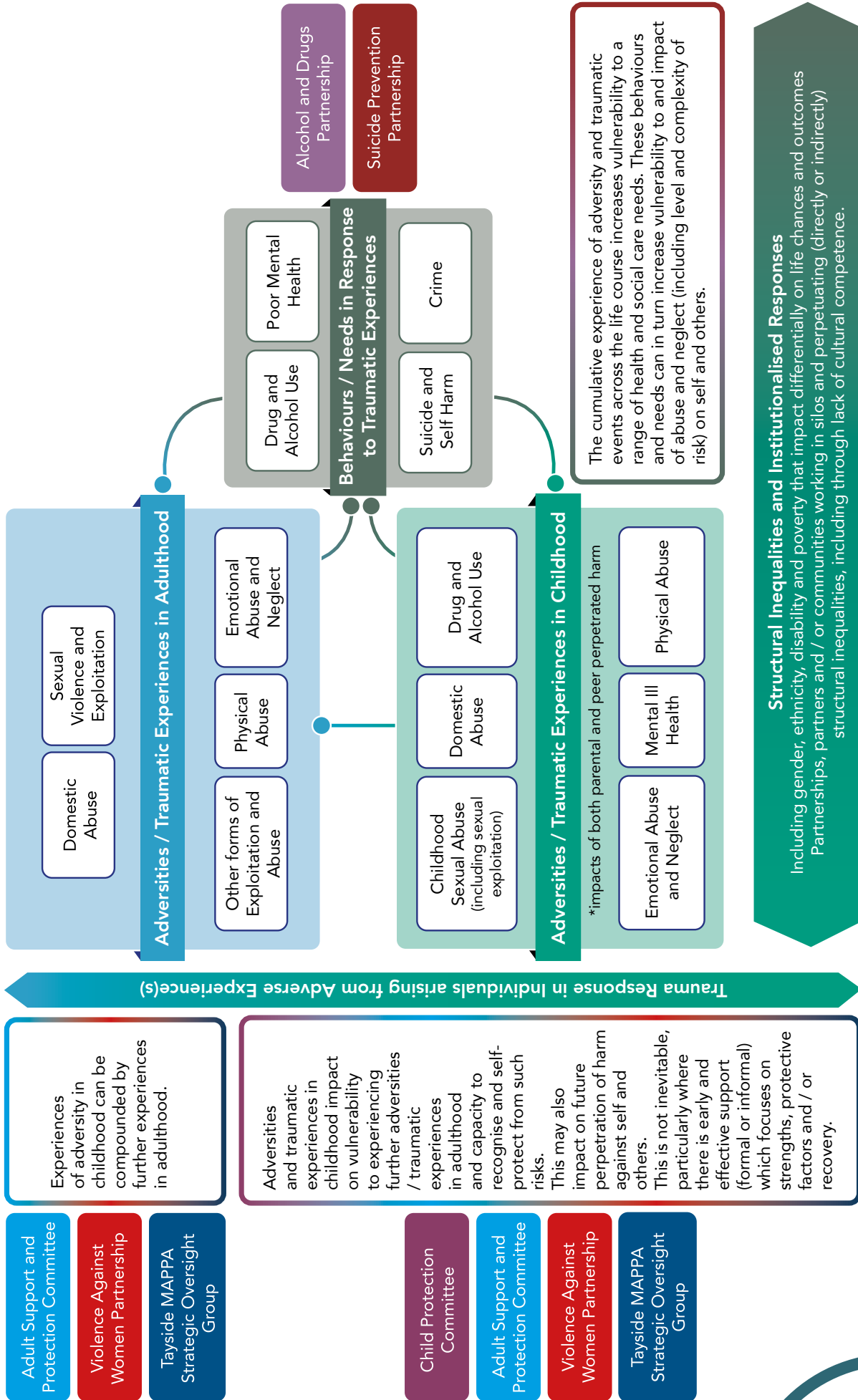
By working together agencies from across the public sector (for example, Dundee City Council, NHS Tayside, Police Scotland, Scottish Fire and Rescue Service), third sector (voluntary and community organisations) and independent sector (such as social care providers) aim to:

- Improve arrangements for identifying and supporting people who have been harmed or are at risk of harm. This includes involving people who have experienced harm and who have been supported through PP services in helping to improve services and supports;
- Raise awareness of PP issues across communities, including signs that people might be at risk of harm and how to report this;
- Work together with communities to help to prevent harm happening in the first place;
- Support the workforce who deliver PP service, including through learning and development activities; and,
- Monitor data and other types of information about the impact services and supports have on vulnerable people, so that services can learn from what is good and work together to change things that need to be improved.

Services also work together across Tayside, and with national organisations to share learning, resources and best practice.

1.2 Why have a Protecting People approach?

In Dundee an integrated PP approach informs all our work to protect people at risk of harm. We know that many people in Dundee have multiple, complex and changing needs which typically arise from experiences of abuse, neglect and trauma through their lives. The graphic below describes the interconnected nature of PP work and how experiences of trauma can impact life experiences and outcomes.



1.3 What are the Protecting People Committees?

The PP Committees are the groups where agencies come together to lead, plan and evaluate their work to protect people from harm. These groups have a strategic focus – this means that they take an overview across all the arrangements in Dundee for PP, looking for key themes and priorities where good practice can be spread across services or where there are gaps and areas for improvement. They are also focused on multi-agency working, each individual agency will also have their own, internal arrangements for making sure their PP responses are in place and are of a good quality.



Each of the Committees is led by an Independent Chair. This is someone who does not work for local agencies and has significant knowledge, skills and experience in specific areas of PP, as well as experience of leading services, change and improvement. They have an important role in supporting and leading improvement work, as well as challenging local agencies where they think improvement is needed.

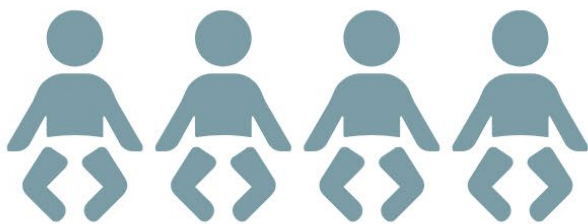
The wider membership of the Committees is made up of representatives from the public, third and independent sectors. As well as senior officers, some Committees have community representatives who have experience of harm and PP services (either themselves or as a family member). The Committees are also supported by a number of working groups where staff who work in protection services contribute to developing good practice and planning and implementing improvements.

DUNDEE is Scotland's fourth largest city

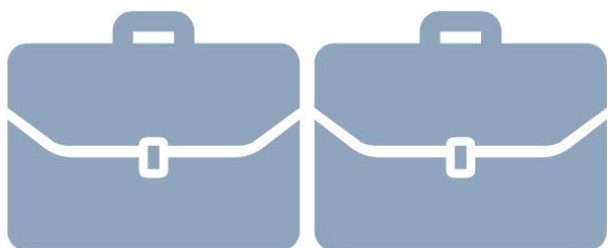
2nd highest population density in Scotland.



7/8 Wards in Dundee ranked in the **20%** most deprived data zones in Scotland.

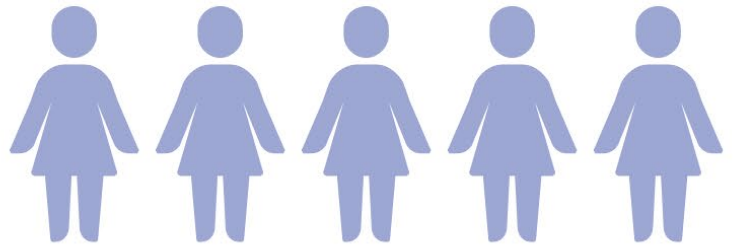


Estimated that **43% of children aged 0-15** live within the 20% most deprived data zones.



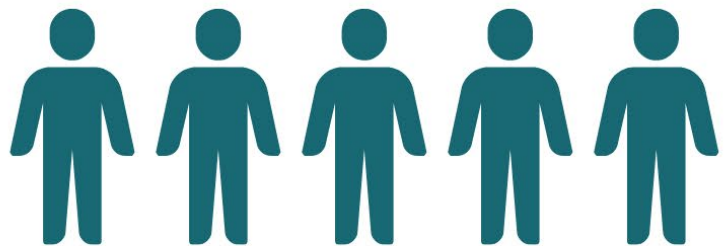
Dundee's 2022 population was estimated to be

148,100



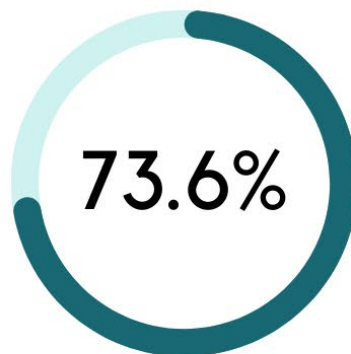
76,100 Females

Life expectancy: 79.1 years

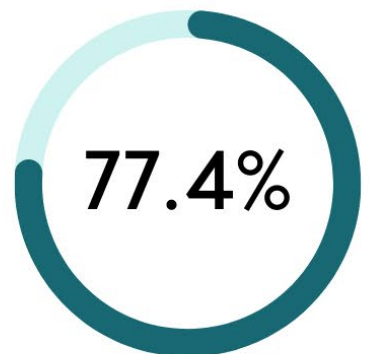


72,100 Males

Life expectancy: 73.5 years



Dundee



Scotland

75% of those aged 16-64 years in Dundee City were economically active.

30 Suicide probable suicides in Dundee in 2023, **73% of which were male.**



528 Sexual crimes recorded by Police Scotland



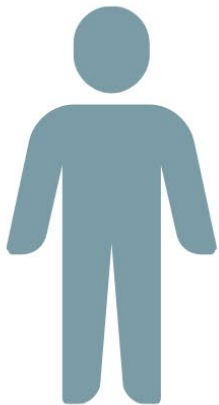
A rate of 35.4 per 10,000 population (census 2011 rates)

19 Child Protection

orders issued in 2023/24



2,743 Domestic abuse incidents reported. Increase of **2.8%** on last year.



30 Drug deaths in 2022

a **decrease of 36%** from 47 in 2021. **69%** of those who experienced a drug death resided in the most deprived areas in Dundee.



36 Alcohol-specific deaths in 2023.



Imprisonment rate:

Dundee City retained the **highest rate** of arrival **3.4** per **1,000** in 2022-2023



Cross-Cutting Key Achievements in 2023-2024

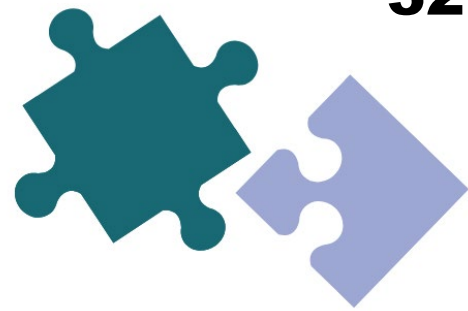
The official launch of the **Protecting People Learning & Organisational Development Framework**, bringing all learning into one place (online location) that is easily accessible and adopts a tiered approach.

The Protecting People Committees focussed on **improving their approach to learning reviews**, with Dundee and Angus working towards jointly developing a new Dundee and Angus Public Protection Learning Review Protocol that introduces a single process for undertaking reviews.

The Digital Communications Graduate Trainee role between Protecting People and Dundee City Council Communications Service was extended. This has allowed the Committees to continue to **improve their communications** and develop new digital channels and materials and improve the accessibility of information produced by the Committees.

All **trauma training** and learning resources are now hosted on the Protecting People Learning Framework.

A plan has been developed and implemented around organisational culture change relating to **trauma-informed leadership and trauma-informed practice**.

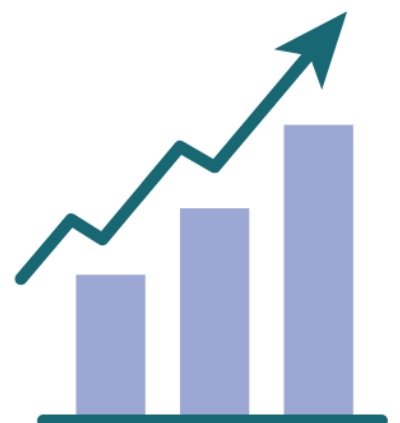


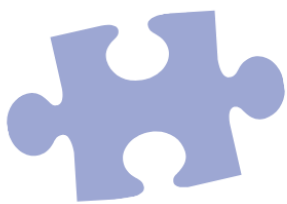
Challenges

Sourcing, delivering and releasing staff for training beyond basic/awareness level. This continues to be a challenge with staff who have attended training having capacity to share and implement their learning and improvement ideas with their own service/team. Increased use of the **PP L&OD Framework** hopes to address this. Plans are in place to make the Framework landing page more user friendly.

Implementing improvement work. This has been particularly difficult where improvement work has required active input, expertise and skills of people working in frontline protection services coupled with the stretched capacity of leadership. This will be addressed through building the PP team capacity through additional jobs.

Improving communication and engagement. One size does not fit all - different audiences have different needs and preferences. Within the resources available it can be challenging to meet everyone's need and there often must be a process of prioritisation. Committees will continue to be proactive in their approach to communications and work collaboratively to maintain enhanced communication and design capacity required.





Challenges

Continue embedding lived experience.

It is important that we continue to embed and expand this work but ensure that all lived experience work is trauma informed and meaningful and not tokenistic. Additionally, clear feedback loop processes need to be deeply embedded within any lived experience work. Recruitment of an Authentic Voice Coordinator in 2024/25 will help improve lived experience work within the PP Committees.

Increasing focus on prevention and early intervention.

Due to strained capacity within frontline and strategic teams, it does not always allow for this focus to be at the forefront, with resources being assigned to crisis-driven responses. We hope to address this by recruiting a Graduate Trainee in 2024/25 to assist on the implementation of the **Dundee Alcohol and Drugs Partnership Prevention Framework**.

The public sector continues to face very challenging financial landscape. This has impacted a range of Protecting People services and supports, particularly those delivered in the third sector. Protecting People Committees have focused on taking positive action to mitigate risks associated with financial challenges where possible. This includes the continued work of the ADP Commissioning Group and the VAWP Funding Group.



Key Priorities for 2024-2025

Enhance our focus on suicide prevention by hiring a suicide prevention coordinator and develop a new delivery plan that reflects the national Suicide Prevention Strategy.

Further integrate our work on PP, implementing a new strategic structure that will help the COG and Committees to implement priorities for improvement by integrating VAWP, Suicide Prevention, ASP and CPC.

Focus more on prevention activity, including taking a trauma-informed approach to understanding, responding and preventing future harm.

Enhance our approach to quality assurance and learning reviews, making sure that these activities inform learning and development and lead to improvements in outcomes for children, young people, adults and families.

Expand our approach to experiential data collection, making sure that feedback from people involved in protection processes, services and supports is at the centre of our quality assurance approach.

Focus on making changes to our **strategic and service development** approaches to enhance the meaningful impact of lived experience.

Continue embedding a gendered approaches to PP service delivery.

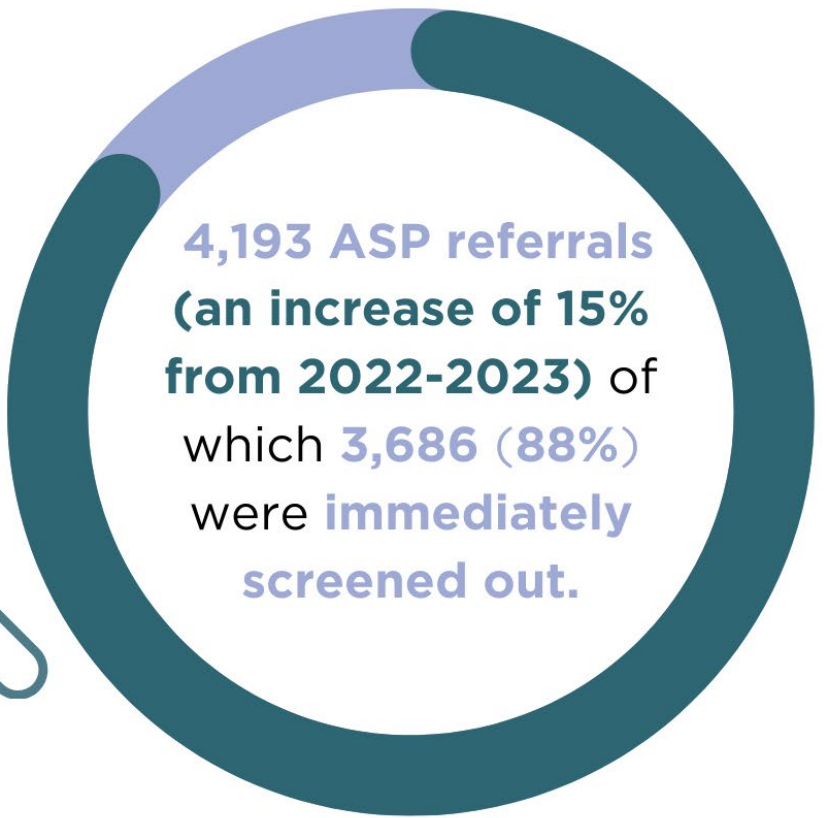
DUNDEE

Adult Support and Protection (ASP) 2023-2024

101 ASP investigations



91 Initial case conferences were held.

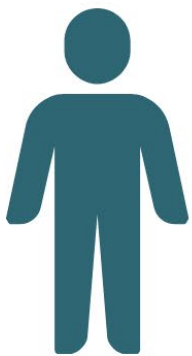


Type of harm reported in ASP investigations

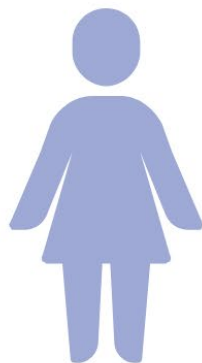


of harm happens most at home.

The age group most at risk

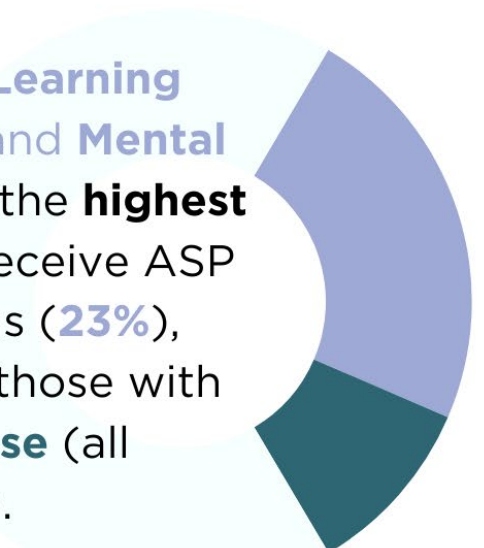


40-64 years old males (38%)



25-39 years old females (28%)

Adults with **Learning Disabilities** and **Mental Health** form the **highest group** that receive ASP investigations (23%), followed by those with **Substance Use** (all types) (10%).



Key Achievements in 2023-2024

The **Committee's key processes and strategic leadership were rated as 'effective'** in the Joint Inspection. In response, the Committee has developed a Joint Multi-Agency Improvement Plan to address six key areas of improvement.

The **Committee hosted an ASP Week to promote ASP learning across Dundee.** Events were widely attended with understanding being enhanced for the majority of participants.

Learning has been progressed from the Ms. L Significant Case review.

The **Committee began the process of developing a new Adults at Risk Pathway** to ensure robust support for people who do not meet the criteria for support under ASP legislation.



Key Priorities for 2024-2025

Continue to **implement the recommendations** and subsequent action plan from the **Ms. L Significant Case Review**. This includes evaluating the impact of changes made.

Continue to implement the recommendations and subsequent action plan from the **Joint ASP Multi-agency Inspection**.

Complete the design of the new Adults at Risk pathway and work with partners to implement this into practice.

Develop the Adult Support and Protection specific Learning Framework, while taking into consideration the new National Code of Practice to enhance staff confidence in their professional judgment and decision making.

Integrate the new **National ASP Code of Practice** into the local Dundee Procedures and launch them to the multi-agency workforce.

Implement the new **National ASP dataset** locally.

Develop renewed **committee data set and Key Performance Indicators (KPIs)**.

DUNDEE

Child Protection Committee (CPC) 2022-2023



160

Children and Young People subjected to Initial and Pre-birth Child Protection Plan meetings

2,326



Police CP Concern reports.

496

Initial Referral Discussions

126

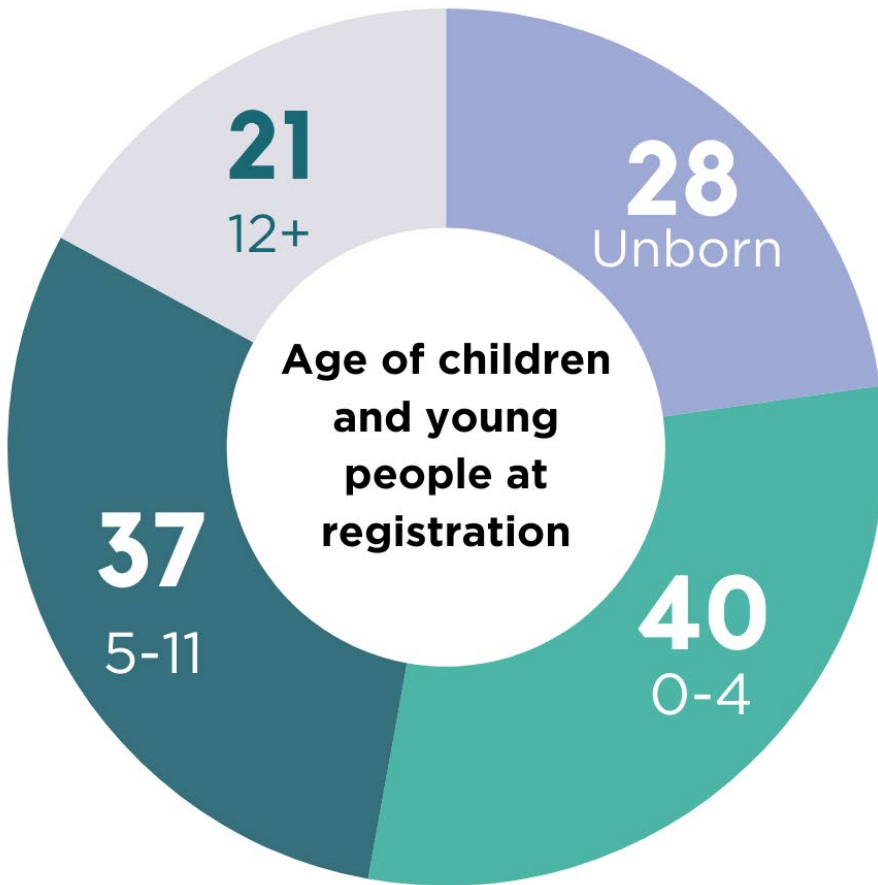


children **added** to Child Protection Register in 23/24.

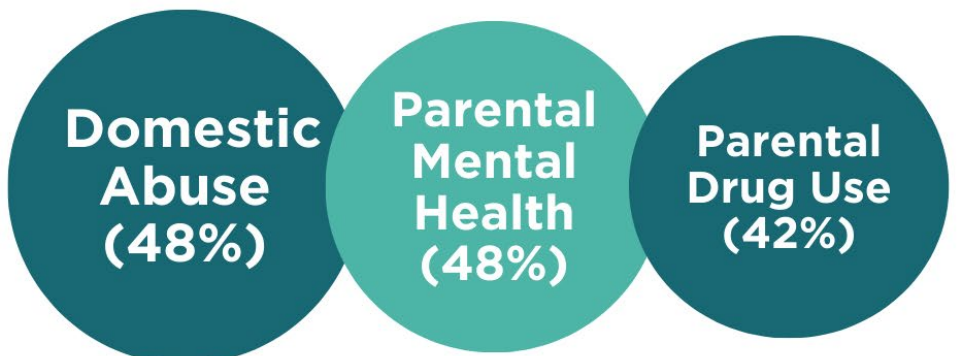
102

Children and young people **removed** from the Protection Register in 23/24 and provided with alternative support.

At end of 23/24, there were **68 children on the Protection Register.**



Most **frequently recorded concerns** for children being placed on the Protection Register:



Key Achievements in 2023-2024

The CPC conducted a **multi-agency audit of the Adolescent Senior Management Pathway**, with recommendations to be implemented in 2024/25.

Working with **care experienced young people, the CPC developed the Charter and framework**, to include the views and influence of children and young people within policy, planning and service delivery. The CPC met with champion groups at Morgan Academy regularly to develop the Charter, framework and resource pack. This formally launched in June 2023, with engagement sessions taking place in the following months.



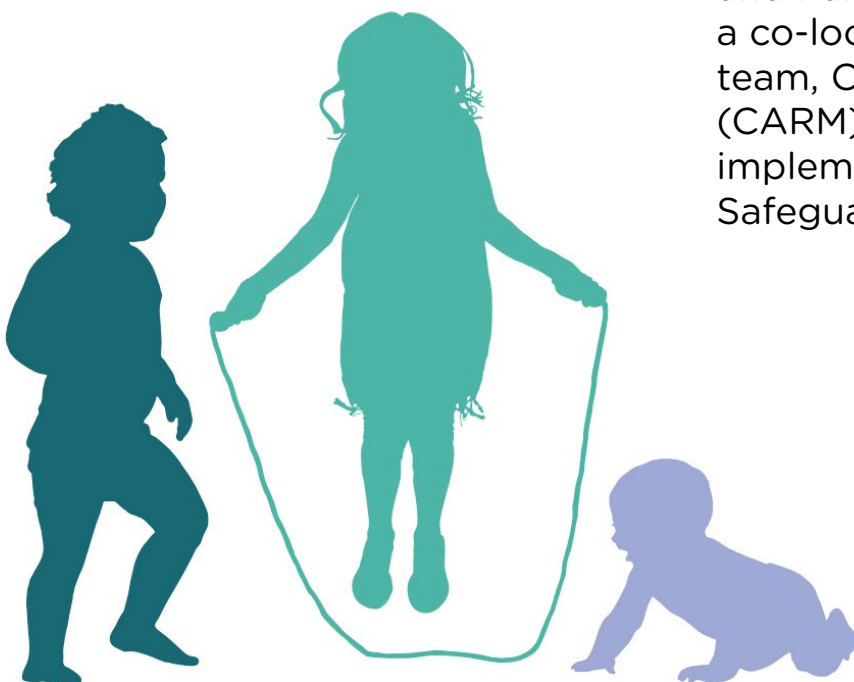
Key Priorities for 2024-2025

Implement improved interface between the work of the **strategic committee and frontline services** following our recent workforce survey results.

Develop a **broader understanding of independent advocacy provision** and reach (relating to child protection and associated processes).

In alignment with the **Authentic Voice project** continue to develop the inclusion of lived experience voice in our work and fully implement the Children's Charter.

Finalise new arrangements following the **multi-agency review** led by the Dundee City Council (DCC), Children and Families Service - to include a co-located multi-disciplinary team, Care and Risk Management (CARM) procedure review and implementation of Contextual Safeguarding.



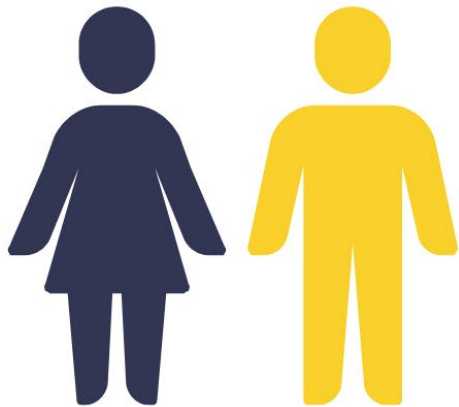
DUNDEE

Alcohol and Drug Partnership (ADP) 2023-2024

Dundee had **30 drug deaths** in 2023 confirmed by the Tayside multiagency Drug Death Review group.

Average age for deaths was 45-49

In 2023, there were **192 Near-Fatal Overdoses (NFODs)** incidents.



36 Alcohol deaths in Dundee in 2023

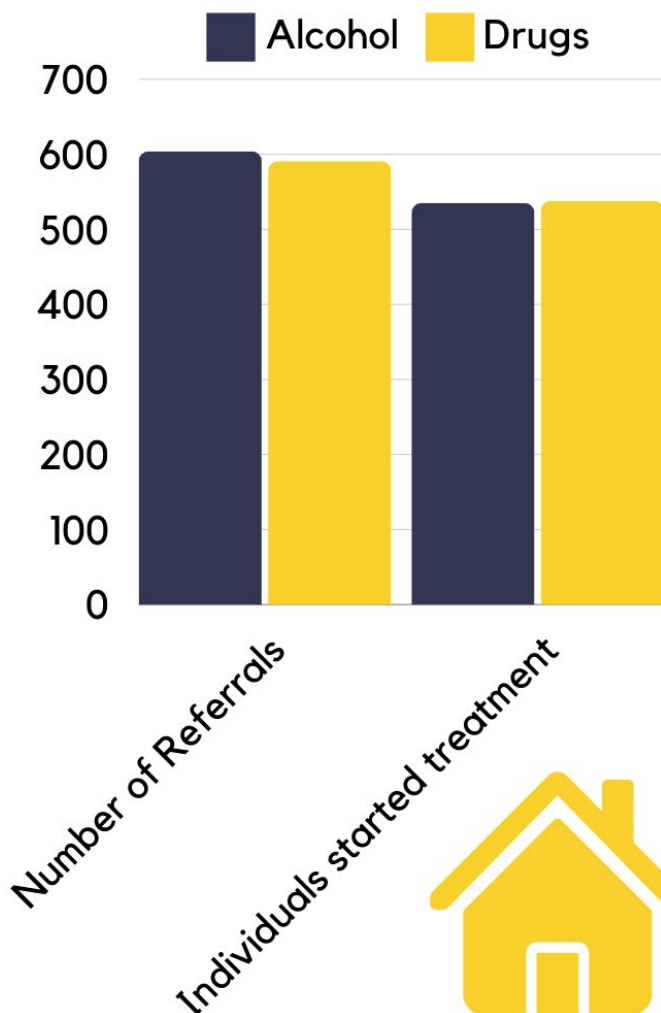


42 (74%) of the Tayside drug deaths in 2022 occurred amongst people who lived in areas of the greatest socioeconomic deprivation (SIMD 1 and 2).



1,221

Naloxone kits were distributed in 2023/24 (8% decrease from previous year)



Individuals in the most deprived areas of Dundee accounted for:



Key Achievements in 2023-2024

There has been **continued progress with the implementation of the Medication Assisted Treatment (MAT) Standards**. The most recent benchmarking report confirms that improvements to service provision in Dundee have been achieved, with Dundee scoring green for MATs 1-5 and provisional green for MATs 6-9 (MAT 10 was not included).

The **ADP soft launched their website**, with the webpage since going live. This website includes a comprehensive list of support services in Dundee and hosts public facing documents.

The **Dundee Alcohol and Drugs Prevention Framework** was published and is now hosted on the ADP website.

The **ADP Commissioning Group developed an Investment & Commissioning Plan** to ensure financial transparency. This group also leads on the allocation and management of funding for substance use service provision.

The **ADP successfully obtained CORRA funding** to progress various projects across the city.



Key Priorities for 2024-2025

Continue the progress that has been made with the implementation of all **Medication Assisted Treatment (MAT) Standards**.

Fully implement the **residential rehabilitation pathway**.

Finalise the set-up of the **drug checking service**.

Collaborate with other partners through the **Year of Kindness** role to address stigma.

Increase the rollout of the **Planet Youth** approach so it is available in all high schools in Dundee.

Ensure **Independent Advocacy** support is fully available.

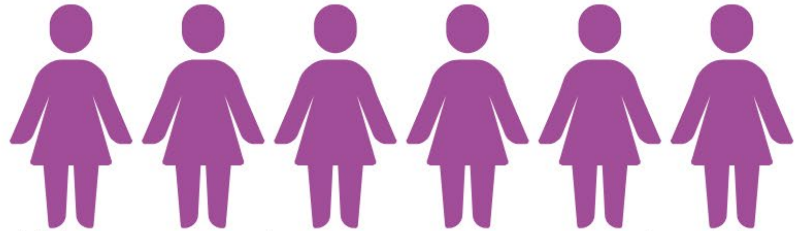
Refresh communication pathways to ensure staff and communities are aware of the available services and how to access them.

Embedding the **Dundee Alcohol and Drug Prevention Framework** with stakeholders.

Continue to support the work with local communities through the **Decentralised Funding**.

DUNDEE

Violence Against Women Partnership (VAWP) 2022-2023

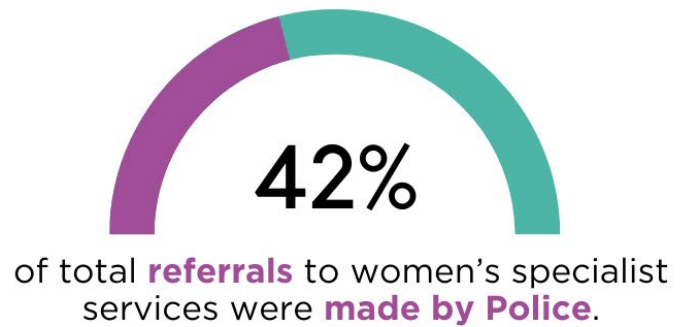
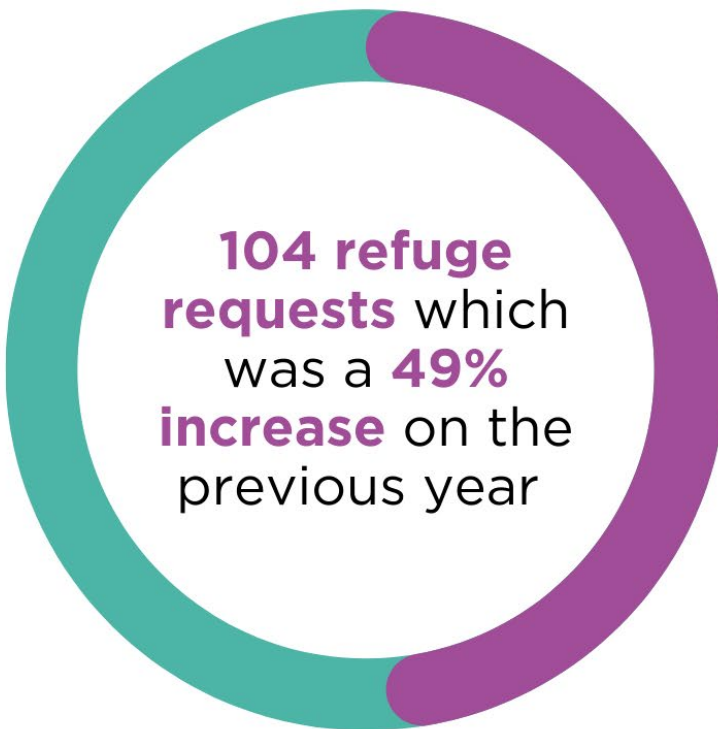


Women who were presented to services were predominantly **31 - 40 years.**

Third Sector Organisations in 2023/24 supported:

2,218 
Women

225 
Children and Young People



2% increase in referrals to specialist service compared to 2022/23

257 women and young people sought support from local specialist support services for rape and sexual assault

285 cases discussed at Multi-agency Risk Assessment Conference in 2023/24.

6% Increase on previous years.



Key Achievements in 2023-2024

An **audit of the Multi Agency Risk Assessment Conference (MARAC)** was carried out with recommendations being made and progressed.

Expanded and coordinated the Partnership's approach to **learning and development** through a dedicated role.

Enhanced approach to the **promotion of 16 Days of Activism Against Gender Based Violence (GBV)**.

Hosted a **conference dedicated to technology and violence against women and girls**, to highlight the changing nature of GBV in a modern world.

Development and launch of both the **Young People's Intel Briefing paper and the Gendered Services Bulletin** to ensure the workforce are informed about current local themes.



Key Priorities for 2024-2025

Develop a VAWG Prevention Framework by focussing on the root causes of GBV, namely women's inequality and how GBV impacts women and girls through the life course.

Increase capacity and efficiency in the MARAC process.

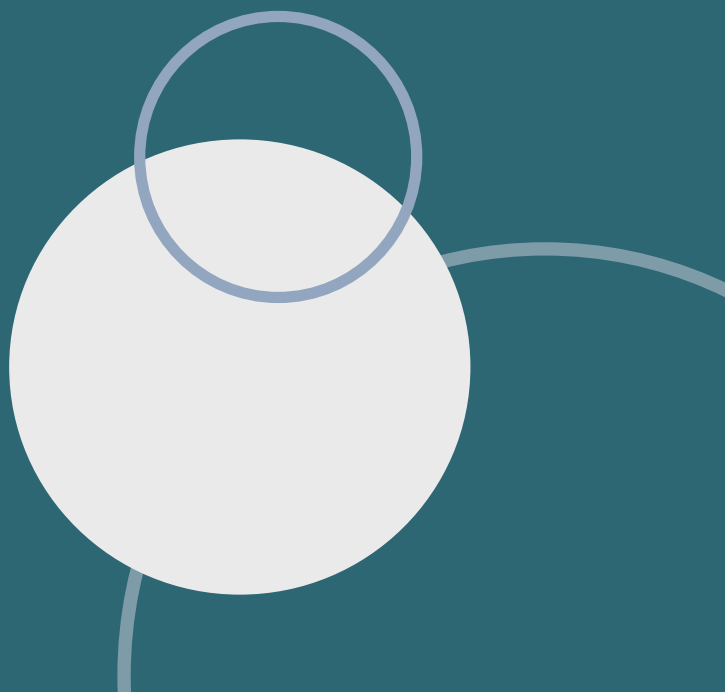
Continue to develop sustainable and collaborative approach to VAW funding locally and nationally.

Increase local work focussing on young people's experiences of GBV within their own intimate relationships.

Continue to grow the following of the StandTaygither Instagram account to ensure a greater cascading of GBV-related education within the public.

To raise the profile of 16 Days of Activism to End Gender-Based Violence within Dundee by investing more resources into the promotion of the campaign.

Further develop the work of the Young People's Intelligence Group and ensure intel is widely disseminated throughout the workforce by creating and dispersing a workforce briefing paper.



Protecting
People
in Dundee

dundeeprotects.co.uk



Accompanying Information for Protecting People Annual Report 2023-2024

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1. What our Data is Telling Us?

The Protecting People (PP) Committees have a range of different methods of collecting and analysing data and information. During the pandemic each of the Committees had a strong focus on using data to monitor levels of need and demand for protection services and supports. Since then, they have continued to focus on using data and information for improvement, including to identify good practice.

This section details the ways in which the PP Committees have used data and information to identify and spread good practice, as well as gaps and areas for improvement during 2023/24.

1.1 Our Local Data:

1.1.1 ASP

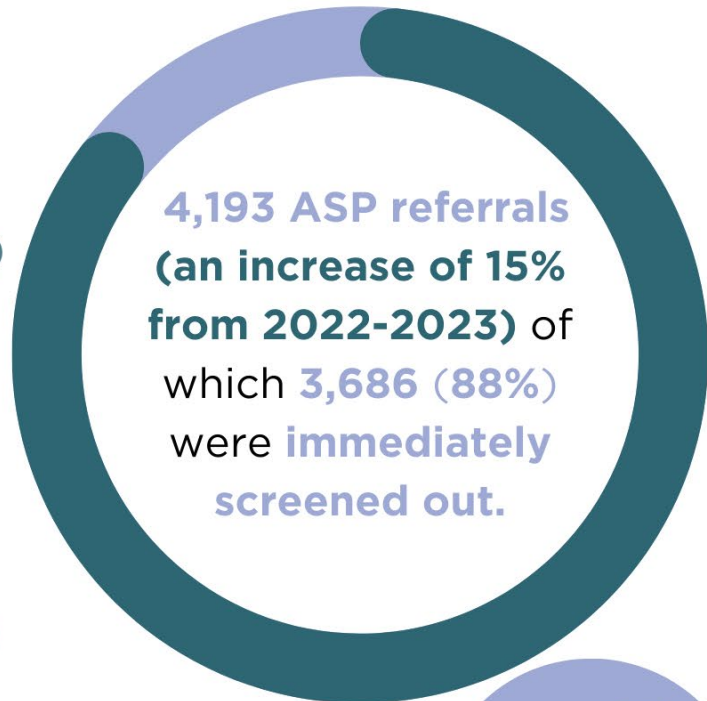
101
ASP
investigations



91 Initial case conferences were held.

65%

of harm happens most at home.



Type of harm reported in ASP investigations



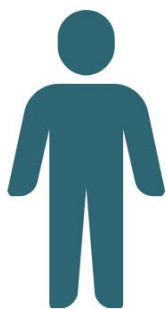
The main source of referrals is from

Scottish Fire and Rescue
138

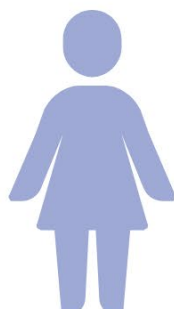
Police Scotland
2871

NHS
721

The age group most at risk



40-64 years old males
(38%)



25-39 years old females
(28%)

Adults with **Learning Disabilities** and **Mental Health** form the **highest group** that receive ASP investigations (23%), followed by those with **Substance Use** (all types) (10%).

1.1.2 CPC

2,326
Police



CP Concern reports.

126



children **added** to Child Protection Register in 23/24.

102

Children and young people **removed** from the Protection Register in 23/24 and provided with alternative support.

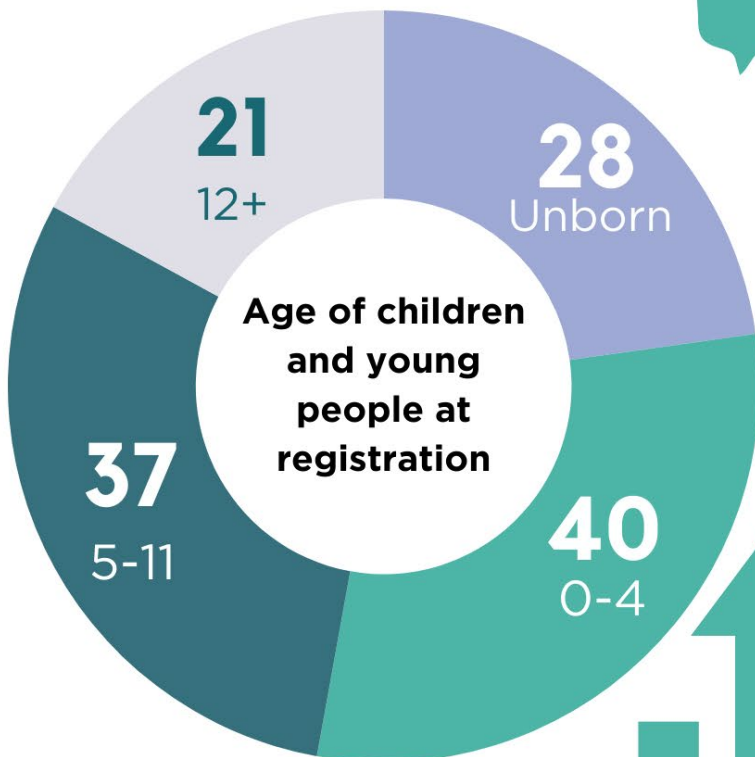
839

Children and Young people at **496** Inter-agency referral discussions.



15

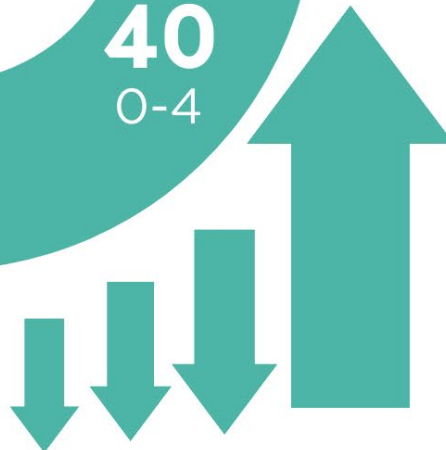
Re-registrations on the Child Protection Register (CPR), though only two of the 15 were within 24 months of previous de-registration.



The number of children on the CPR has increased steadily throughout 2023/24, at end of March 24, there were **68 children on the Protection Register.**

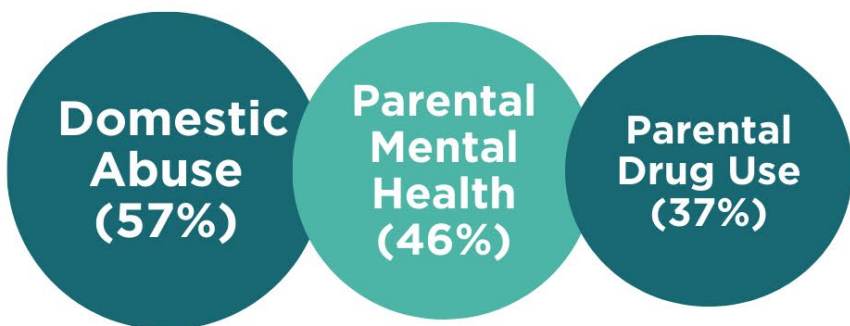
160

Children and Young People subjected to Initial and Pre-birth Child Protection Plan meetings



The **number of children in care has reduced** across 2023/24, with fewer placements away from home comprising the whole care experienced population.

Most **frequently recorded concerns** for children being placed on the Protection Register:



1.1.3 ADP

1.1.3.1 Drug Deaths (2022)

Dundee had **30 drug deaths** in 2022 confirmed by the Tayside multiagency Drug Death Review group. (57 Tayside region)

Average age for drug deaths in Dundee was 45-49



35 (61%) of those who died in Tayside **were male**, this is a **48% decrease** from the drug death peak in **2020 (67%)**.



42 (74%) of the **Tayside drug deaths** in 2022 occurred amongst people who lived in areas of the greatest socioeconomic deprivation (SIMD 1 and 2).

30 (53%)

had been to prison or on remand at least once in their adulthood, with 9 having been in prison in the 12 months before their death.



At the time of their death, **41 (72%)** individuals were identified as having been **diagnosed with a mental health condition** at some point in their life.



Females were more likely to have a long-term condition such as pain, asthma and respiratory disease.

Average number of **substances reported in toxicology** was **six**, with the **most frequently reported** in the post-mortem being

Methadone  **63%**

Pregabalin  **56%**

Cocaine  **54%**

Etizolam  **54%**



Males were more likely to have or had epilepsy or seizure activity.

15 (26%) drug death casualties were known to have **children under the age of 16**, whether living with them or living elsewhere.

Following the publication of the **2022 Drug Death Annual Report** the Dundee ADP held a large multi-agency event in October 2023 to discuss the recommendations and agree on the specific improvement actions. Most of the actions were operational in nature and will be progressed by frontline organisations, however actions for the ADP to lead on include:

- Improving after care support following detox
- Develop a non-opioid pathway
- Enhance the availability of bereavement support
- Extend the availability of harm reduction support (including during evenings and weekends)

National Drug-related Death figures for 2023 were published in September 2024. For Dundee there were 46 deaths recorded, with 63% being female. The Tayside report will be published in due course.

1.1.3.2 Alcohol Deaths:

36 Alcohol deaths
in Dundee in 2023

(no significant change from 2022 in which there were 37)



Rate of **alcohol deaths** **27.7 per 100,000**, higher than national average (21 per 100,000)

1.1.3.3 Individuals Accessing Services in Dundee (2023-24):

	Number of Referrals	Individuals Starting Treatment
Alcohol	604	535
Drugs	591	538



In 2023-24, 14 individuals were referred into Dundee’s rehabilitation pathway, with nine completing the pathway.

1.1.3.4 Preventing Drug Deaths and Drug-Related Harm:

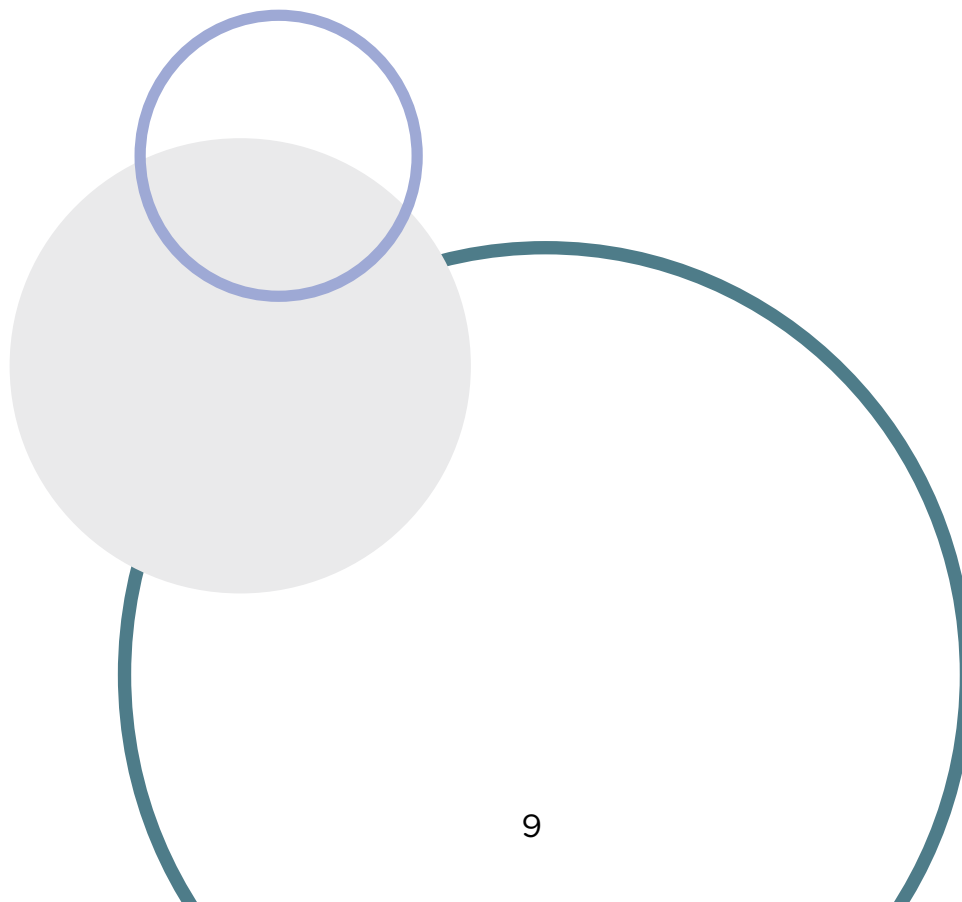
Naloxone: During 2023-24 in Dundee, the total number of naloxone kits distributed was 1,221. This was an 8% decrease on the previous year (1,320). Distribution includes to individuals and carers by frontline services, Community Pharmacies, homeless services, and several other organisations participating in the Take-Home Naloxone scheme.

Near-Fatal Overdoses (NFODs): In 2023, there were 192 NFOD incidents, which was the same as the previous year.

1.1.3.5 Substance Related Harm and Deprivation:

During 2023-24, 56% of hospital discharges where the main condition was alcohol related harm were from individuals living in the most deprived areas of Dundee (SIMD 1 or 2).

Individuals living within the most deprived areas of Dundee (SIMD 1 or 2) accounted for 79% of hospital discharges where the main condition was drug related.



1.1.4 VAWP

Third Sector Organisations in 2023/24 supported:

2,218 
Women

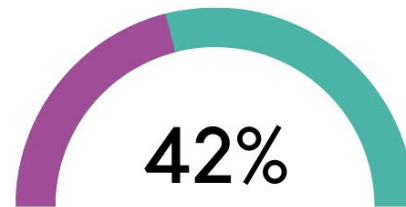
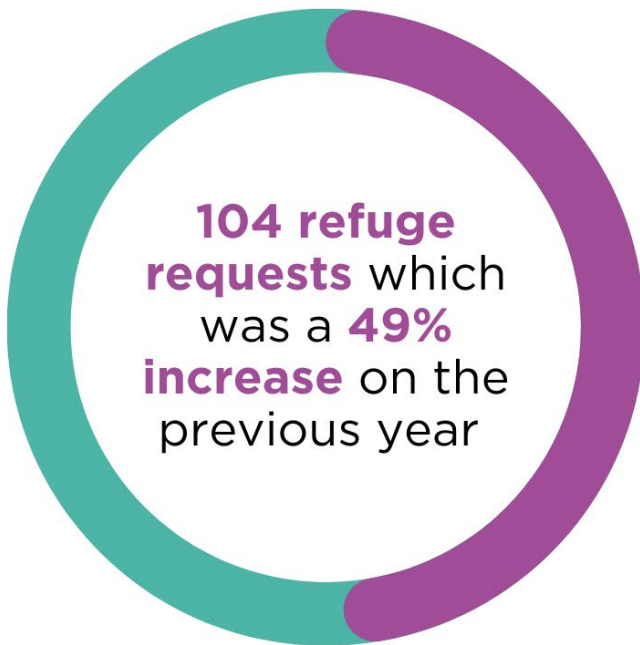
18%

Of total referrals to specialist services was accounted for by self-referrals.

225 
Children and Young People

2%

increase in referrals to specialist service compared to 2022/23



of total referrals to women's specialist services were made by Police.



Women who were presented to services were predominantly 31 - 40 years.



2,605 Domestic abuse incidents reported by Police.

257 women and young people sought support from local specialist support services for rape and sexual assault

285 cases discussed at Multi-agency Risk Assessment Conference in 2023/24.

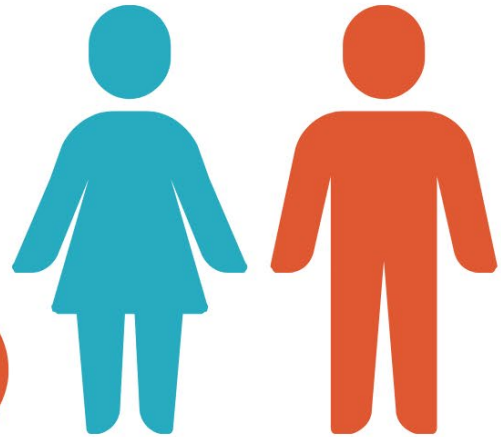
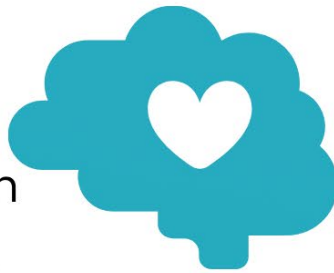
6% Increase on previous years.



1.1.5 Suicide Prevention

30 Suicide deaths in Dundee in 2023.

An increase of one on the previous year.



The rate of suicide in Dundee was the highest of all Scottish Local Authority areas at **21.1 per 100,000** people in the period 2019-23.



In 2023 there were **22 male suicide deaths** (increase of 5 from 2022) and **8 female suicide deaths** (decrease of 4 from 2022).

43 Average age for suicide deaths.



34% had alcohol in their blood at the time of death as detected by toxicology



52% of those who died by suicide resided in the **20% most deprived quintile.**

57% had ever had contact with secondary care Mental Health or Substance Use Services



40% were prescribed anti-depressant medication at the time of death

1.1.6 Planet Youth

Working in partnership with Winning Scotland, Dundee Children and Families Service and the ADP are part of a Scottish Planet Youth pilot. Data is currently gathered from four schools locally; Baldragon High School, St Paul's RC Academy, St Johns High School and Harris Academy. The latest Planet Youth survey was conducted in October 2023 across the four schools involving S3 and S4 pupils giving a sample size of approximately 1,300. The anonymous, holistic health and wellbeing survey focussed on a wide variety of areas. Through analysis of the data a range of risk and protective factors were identified to enable better planning in the primary prevention of substance use.

The survey gives data based around the four domains of the improvement model:

- Family
- School
- Leisure Time
- Peer Group

Key messages on protective factors which have emerged from the survey include:

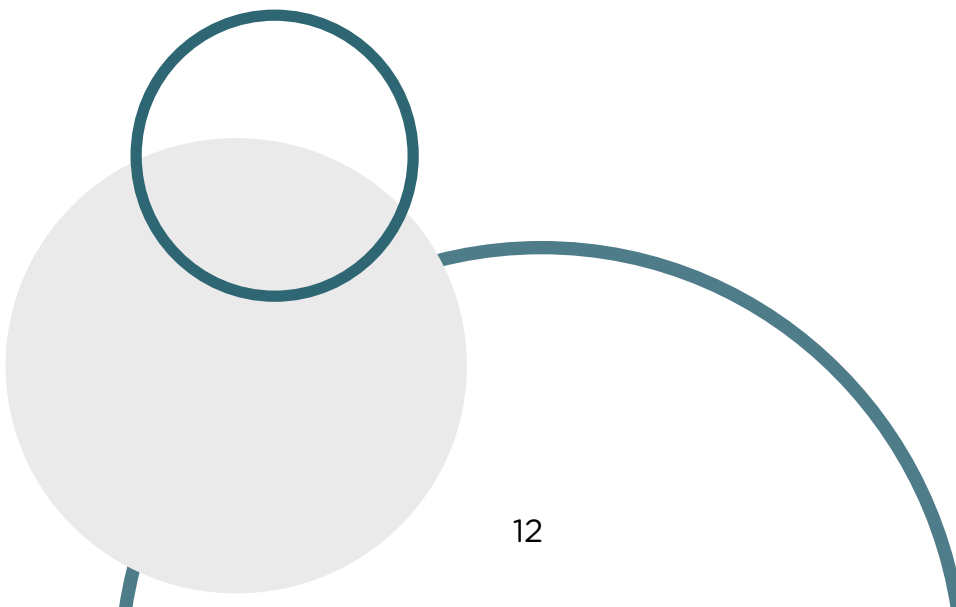
- Time spent with parents in the evening and weekends is high
- Feelings of care, warmth and safety are felt at home
- Young people know where to go to report and gain support if they are impacted by abuse
- Majority of young people have positive relationships with staff in school

The survey has identified the following risk factors across the city:

- Low levels of supervised activity time
- Young people express low feelings of safety out with their home
- An increase in young people accessing pornography
- Low levels of self-esteem and self-respect.

The survey also identified overlapping themes through out of the domains:

- A gendered approach should be considered
- There is a general feeling of being unsafe outwith the home
- There are high levels of screen time and low levels of activity time



1.1.7 Medication Assisted Treatment (MAT) Standards:

During 2023-24, Dundee has been working on implementing the ten **Medication Assisted Treatment (MAT) Standards**. Progress on the implementation can be found in the **National Benchmarking Reports**.






The most recent Benchmarking Report confirms the impressive progress that took place across Scotland as a whole, and in Dundee, to improve service provision during 2023-24. Dundee scored green for MATs 1-5 and provisional green for MATs 6-9 (MAT 10 was not included this year). These were some of the highest scores achieved across Scotland at this stage. Some of the specific information highlighted about Dundee included:

- Dundee achieved 0 days from date of engagement with services to date of first MAT assessment.
- 20% of the Dundee caseload were prescribed long-acting injectable buprenorphine. This reflects an increase in the choice of medication available to individuals.
- 75% of those expecting a high-risk event in Dundee were contacted within 24 hours.
- 97% of the individual caseloads in Dundee were retained in treatment for six months or more.
- 95% of frontline staff in Tayside completed appropriate Tier 1 training.
- 15 people in Dundee shifted to be looked after by Primary Care during this period.
- 17 people in Dundee were referred from substance use services to independent advocacy services (although more individuals received support directly from DIAS)

With respect to MATs 6-10, national experiential feedback indicates that most people felt they were treated with dignity and respect while accessing services. However, most people also felt they were not offered trauma-informed care, and that buildings and spaces were not trauma informed.

Table 1: MAT Standards Benchmarking by Reporting Year - Dundee

	MAT 1	MAT 2	MAT 3	MAT 4	MAT 5	MAT 6	MAT 6 + 10	MAT 7	MAT 8	MAT 9	MAT 10
2022	Red	Provisional Amber	Provisional Green	Provisional Green	Provisional Green	N/A	N/A	N/A	N/A	N/A	N/A
2023	Provisional Amber	Provisional Green	Provisional Green	Provisional Green	Provisional Green	Amber	N/A	Provisional Amber	Provisional Amber	Amber	Provisional Amber
2024	Provisional Green	Provisional Green	Provisional Green	Provisional Green	Provisional Green	N/A	Provisional Green	Provisional Green	Provisional Green	Provisional Green	N/A

	Red
	Provisional Amber
	Amber
	Provisional Green
	Green

2022	MAT 6 to MAT 10 were not assessed
2023	MAT 6 and MAT 10 were assessed separately
2024	MAT 6 and MAT 10 were assessed jointly

1.1.8 Experiential Data

To ensure the MAT Standards of care are making a difference to those accessing services, service users, family and staff are interviewed as part of our local experiential data collection. This is used to inform local developments through a thematic analysis and is one of the three key pieces of evidence required to be assessed in the national implementation benchmarking ratings.

Locally, key themes highlighted for the 2023-24 reporting period were:

- Service users reported they received a phased exit from Dundee Drug and Alcohol Recovery Service (DDARS), receiving service exit information from hostels, third sector support or Dundee Independent Advocacy Support (DIAS) workers.
- It was reflected by service users and the workforce that Constitution House is not a good environment and feels very stigmatising.
- Service users praised the work of their advocate through DIAS, with them feeling more confident to make choices, feeling more listened to and trusted by DDARS staff when their advocate is with them.
- Service users would like more counselling available. It was also highlighted that it would be beneficial for the Community Mental Health Team and DDARS working better together as service users need support with their mental health alongside their substance use.
- It was highlighted by service users that their mental health can often impact their ability to attend appointments. Outreach from With You, DIAS and other support networks, help people stay engaged with the services.

1.1.9 Female Drug Deaths Deep Dive:

The Gendered Services Group, in partnership with the ADP were tasked with conducting a deep dive into female drug deaths in Dundee following the Tayside 2022 Drug Deaths Report. Drug death numbers have always been higher in males and whilst the overall decrease in drug deaths since 2020 is positive, gendered differences are present in the rate of decline, with the decrease being far more prominent in males compared to females over 2022/23. Of the 57 drug deaths in Tayside during 2022, 35 (61%) were male and 22 (39%) were female. The number and proportion of male deaths for 2022 were the lowest recorded since 2013. There has been a decrease in male deaths of 48% from the peak between 2020 and 2022. Although female deaths remain lower in comparison, deaths have doubled since 2016, indicating that the decrease in overall deaths in Tayside is attributed to males not females. The deep dive hopes to highlight reasons as to why this trend is being witnessed.

The deep dive is still in its early stages with drug death reviews of women who died between 2021 and 2023 being analysed to identify trends in experiences, gaps in information collated and areas for potential service improvement. The project will progress in 2024-25 drawing on multi-agency working to ensure robust information is collated and recommendations are evidenced.

1.2 Quality Assurance (QA):

1.2.1 PP Quality Assurance Framework

Development of an integrated Protecting people Quality Assurance Framework is a key component of ensuring that service delivery has a positive impact on individuals within Dundee at risk of harm. Within the ongoing development of the Framework, self-evaluation and continuous improvement is at the centre of activities in an ongoing effort to improve processes, services, products, experiences and outcomes for all stakeholders. Activities outlined in the Framework will help to continuously build a picture of the quality of services and how they are experienced by and impact on communities and service users. This will allow engagement in a meaningful cycle of setting goals based on the evidence examined, plan activity, jointly assess the impact of this activity and move into the next cycle of improvement. Crucially to best promote learning and empower staff, communities and services to contribute towards and make necessary changes, quality assurance activities should be carried out collaboratively.

The key components of the Protecting People continuous improvement cycle are:



1.2.2 ASP

1.2.2.1 The Self-Evaluation and Continuous Improvement (SECI) sub-group

The SECI sub-group bring together professionals from agencies with key roles in public protection.

The group oversee the Committee datasets, multi-agency case file audits, specific audits, overview of single agency audits and external reports and findings from inspections.

During 2023/2024, the SECI updated their work plan and developed an audit calendar with both single and multi-agency audit activity to provide assurance to the ASPC of upcoming planned activity and expected updates.

The majority of ASP quality assurance activities were delayed in 2023-24 due to the Joint Multi-agency ASP Inspection (see section 2.3.2.2). A key focus in for the next year will be on developing the infrastructure to improve hearing the voices of those receiving support under the ASP legislative framework.

1.2.2.2 Adult Support and Protection Inspection

The joint Adult Support and Protection Inspection was carried out in 2023 by the Care Inspectorate in partnership with Healthcare Improvement Scotland and His Majesty's Inspectorate of Constabulary in Scotland, with the report published on November 19th 2023. The focus of the joint inspection was to provide:

- Independent scrutiny and assurance of how partnerships ensure that adults at risk of harm are kept safe, protected and supported.
- Assurance to Scottish Ministers about how effectively partnerships have implemented the Adult Support and Protection (Scotland) Act 2007.
- An opportunity to identify good practice and support improvement more broadly across Scotland.

The joint inspection focused on two key quality indicators in the **ASP Quality Indicator framework**; key ASP processes and Strategic Leadership. The **Inspection report** that was published in December 2023 includes a statement about the Partnership's progress in relation to two key questions and how we rated against the two ASP Quality Indicators;

- How good were the partnership's key processes for adult support and Protection?
Dundee was rated as EFFECTIVE
- How good was the partnership's strategic leadership for adult support and protection?
Dundee was rated as EFFECTIVE

There were clear strengths supporting positive experiences and outcomes for adults at risk of harm, which collectively outweighed the areas for improvement.

There was a clear message that whilst there are areas for improvement around our key processes, that good decisions are being made and overall, we are keeping people safe in Dundee.

Key Strengths Highlighted by the Inspection Report

- Initial inquiries and timescales. Investigatory powers were almost always undertaken or overseen by a Council Officer indicating a strong alignment with the refreshed Adult Support and Protection Code of Practice.
- Multi-agency ASP case conferences were well attended meetings where partner agencies worked collectively to support and protect adults at risk of harm.
- Review case conferences were held for almost all adults at risk who required them.
- The Partnership effectively used core groups to review risk and update protection plans.
- The dedicated NHS Tayside ASP Team was a valued resource for staff across partner agencies.
- Strategic leaders had a shared and collaborative vision. This included innovative and ambitious strategic plans to meet the complex needs and vulnerability of adults at risk of harm in Dundee. A Protecting People approach had been adopted.

Key Areas for Improvement Highlighted by the Inspection Report

- The Partnership needed to improve the consistent application and quality of investigation, chronology, and risk assessment templates.
- ASP guidance and procedures should be updated as a matter of priority.
- Quality assurance, self-evaluation and audit activities were embedded but to varying degrees, particularly across social work services. These captured areas for improvement but the approaches were inconsistent. Greater cohesion and strategic oversight were needed to ensure the necessary change and improvement.
- The Partnership's ASP lead officer and support team should ensure they remain sighted on the quality of practice and prioritises the necessary improvements, including adherence to guidance, under its new public protection arrangements.
- The pace of strategic change and improvement needed accelerated. The Partnership was aware through joint inspection in 2017 that improvement was required across key areas of practice and strategic leadership. Their own audit activity had reached similar conclusions, but progress was limited in key areas.
- The Partnership should ensure that strategic planning and implementation of new initiatives across key processes and strategic leadership are well resourced, sustainable and impact assessed.

In response to the Inspection Report, the Dundee Adult Support and Protection partners in consultation with wider partners developed a Joint Multi-agency Improvement Plan to address the six key areas of improvement. The improvement plan was approved by the Chief Officer Group in February 2024 and submitted to the Care Inspectorate.

There was close alignment between the inspection findings and internal self-evaluation activity which meant that most areas for improvement were already subject to ongoing improvement activity. This was reflected in the:

- ASP Committee Delivery plan
- Ms. L improvement Plan
- New Adults at Risk Pathway Design Work and;
- Transformation (Public Protection Governance redesign)

Work is ongoing to implement the agreed improvements throughout 2024/2025.

1.2.3 CPC

The CPC established a Quality Assurance (QA) Subgroup when it published its **2022-25 Delivery Plan**. The aim of the group is to improve the CPC's strategic approach to learning from single agency QA and develop a multi-agency, co-ordinated and systematic approach to QA, self-evaluation and the use of improvement methodology. The CPC are also very clear that this work links to their other subgroups (data, case reviews and children and young people involvement) and there is a need to triangulate findings and recommendations in line with the integrated Framework process described above.

During 2023-24, the group carried out a multi-agency audit of the Adolescent Senior Management Oversight Group (ASMOG). The ASMOG was set up as part of responses to Inspection findings published in January 2022 and as a measure to provide oversight and assurance on partner responses to a growing number of very high-risk adolescents during and immediately after the pandemic. It has the following Terms of Reference:

- Senior management high level discussions about the planning for those YP whose circumstances are “beyond the routine”. This would involve situations whereby significant resources, tasking and senior manager oversight is likely to be required, about whom agencies have significant concern about risk to self and others and whereby the need for “rapid escalation” is required.

The CPC Quality Assurance sub-group conducted the audit using a quality assurance tool focused on the purpose of the ASMOG as set out in the Terms of Reference (ToR) and the extent to which the group has fulfilled its purpose:

- Is there a clear understanding of the purpose of the group within the workforce (as evidenced through the referrals received)?
- Has there been a consistent approach throughout the activity of the group?
- Have the young people referred to the group met the criteria (as set out in the ToR)?
- Where recommendations and changes made to the plans for these young people as a result of the ASMOG?

Analysis, reflection and recommendations:

The audit found mixed levels of appropriateness of referrals and by looking at the frequency of ASMOG meetings held and it appears that when it started the group received high number of referrals, but these have subsequently declined. There were mixed results in terms of young people meeting criteria with some clearly meeting and some not. The audit found that most cases did not result in additional actions and where some actions were taken, they were not significant. This does not, however, necessarily indicate that the ASMOG did not fulfil its role of oversight and assurance.

Recommendations:

Considering wider developments, the audit findings and the reduction in referrals to the ASMOG in recent months, including limitations to the methodology of the audit and the transfer of the role of Chair to another manager in January 2023, the audit group considered the future operation of the group.

- We recommend the Committee consider the option to move the ASMOG into a new format which would have an advisory/consultancy capacity to provide additional support and comments on case planning from differing professional perspectives.
- A short life advisory group to be established to develop the new format of AMSOG.

The function of the ASMOG is being considered in wider planning for services for vulnerable adolescents which will continue into 2024/25

1.2.4 VAWP

Quality Assurance for the VAWP sits within the remit of the Scrutiny Group. The main aims are similar to other committees in terms of gathering and collating single agency quality assurance information as well as developing multi-agency approaches.

An audit of the Multi- Agency Risk Assessment Conference (MARAC) was carried out in October 2023. 15 Dundee MARAC cases were reviewed by members of the VAWP Scrutiny Group who carried out the audits in pairs from different agencies to ensure a balanced view. Overall, the findings of the review highlighted issues relating to infrastructure and resourcing of MARAC. The audit also identified that there is a need for work to be undertaken to raise awareness of MARAC and its purpose across agencies.

Recommendations from the audit included:

1. Partners to consider the report and any implications for individual services as well as the multi-agency arrangements.
2. Partners to engage with the MARAC Learning and Organisational Development Officer in her awareness raising role and ensure agencies/teams undertake the sessions she will be offering.
3. Partners to consider and direct actions to tackle the resourcing of MARAC, particularly the minute taking.
4. Partners to agree to future discussions re MARAC resourcing and the move to statutory footing.

1.3 Learning Reviews

The Learning Review approach stems from a commitment to strengthen our learning culture. It supports the need to move beyond apportioning blame to learning together about what is helping and what is hindering efforts to help the people we aim to protect. Learning Reviews are undertaken when there is significant additional learning when an individual has died, experienced or at risk of serious harm and there is cause for concern on for the way that professionals or services worked together to protect an individual.

Review Activity

During 2023/2024 a total of seven cases were referred for consideration for review to the Child and Adult Support and Protection Committees; five of these were not progressed, with two still pending an outcome. Whilst the cases did not progress to a Learning Review key learning and action points were identified and added to committee improvement plans and two of the cases were subject to alternative review processes.

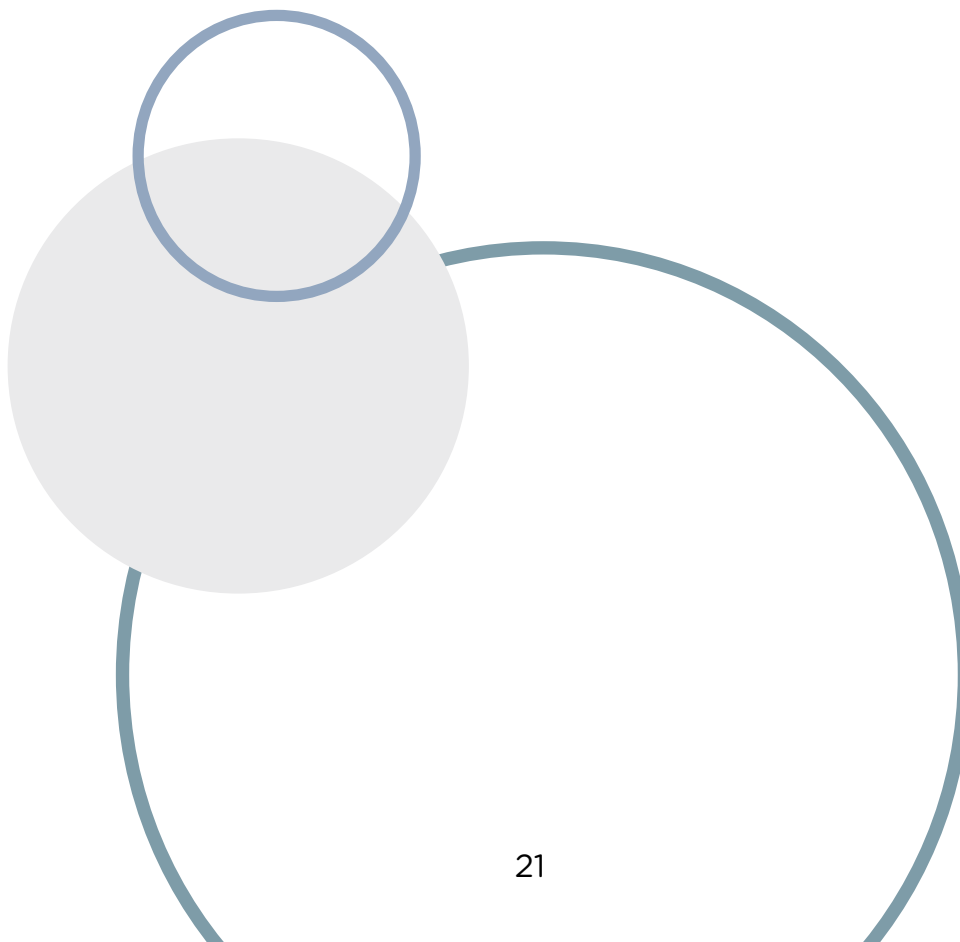
In December 2023 the **Significant Case Review (SCR) on behalf of Ms.L** was published with 16 recommendations. The Public Protection committees in response developed an action plan that was subsequently integrated into the Adult Support and Protection Delivery. Further information is found in the attached **7-Minute Briefing** that was developed for the workforce.

Learning Review Developments

During 2023/2024, the Protecting People Committees focused on improving their approach to learning reviews. Dundee and Angus have been working towards jointly developing a new Dundee and Angus Public Protection Learning Review Protocol that introduces a single process for undertaking reviews, applies to all types of harm and takes into account all the relevant national guidance. It has been developed with a clear focus on taking a trauma informed approach for both family members and the workforce. The protocol was approved by the Dundee and Angus Chief Officers Groups in 2023, however due to the Dundee Joint Multi-agency Adult Support and Protection Inspection, implementation in the latter half of 2023 was delayed. Development sessions were held in early 2024 to develop the Dundee Protecting People Learning Review Oversight Group and the new protocol will be launched April 2024.

Continued implementation of the new approach will take place over the upcoming 2024/2025 year. This will include further development of a Dundee Protecting People Oversight Group and associated actions plan and accompanying tools and resources required. The Learning Review Oversight group replaced the previous Child Review Oversight Group (CROG) and the Adult Support and Protection Learning Review functions through the Self-evaluation and Continuous Improvement (SECI) subgroup. The CROG and the SECI subgroup continued to collectively manage the development of findings and recommendations from learning reviews whilst the new process was under development.

The Learning Review Oversight Group is a mandated subgroup with responsibility for supporting the relevant Public Protection Committees to make decisions about the Learning Reviews, support and manage the process of Learning Reviews and keep oversight of any learning actions and progress from Learning Reviews.





2 Protecting People Key Achievements:

2.1 Learning and Organisational Development (L&OD)

All single agencies are responsible for their own learning and development of their staff. From a multi-agency perspective, public protection partners work together to ensure consistent baseline learning or specialist knowledge across sectors of relevant public protection issues. To achieve this, Partnerships will commission the development of learning resources or work together to share expertise.

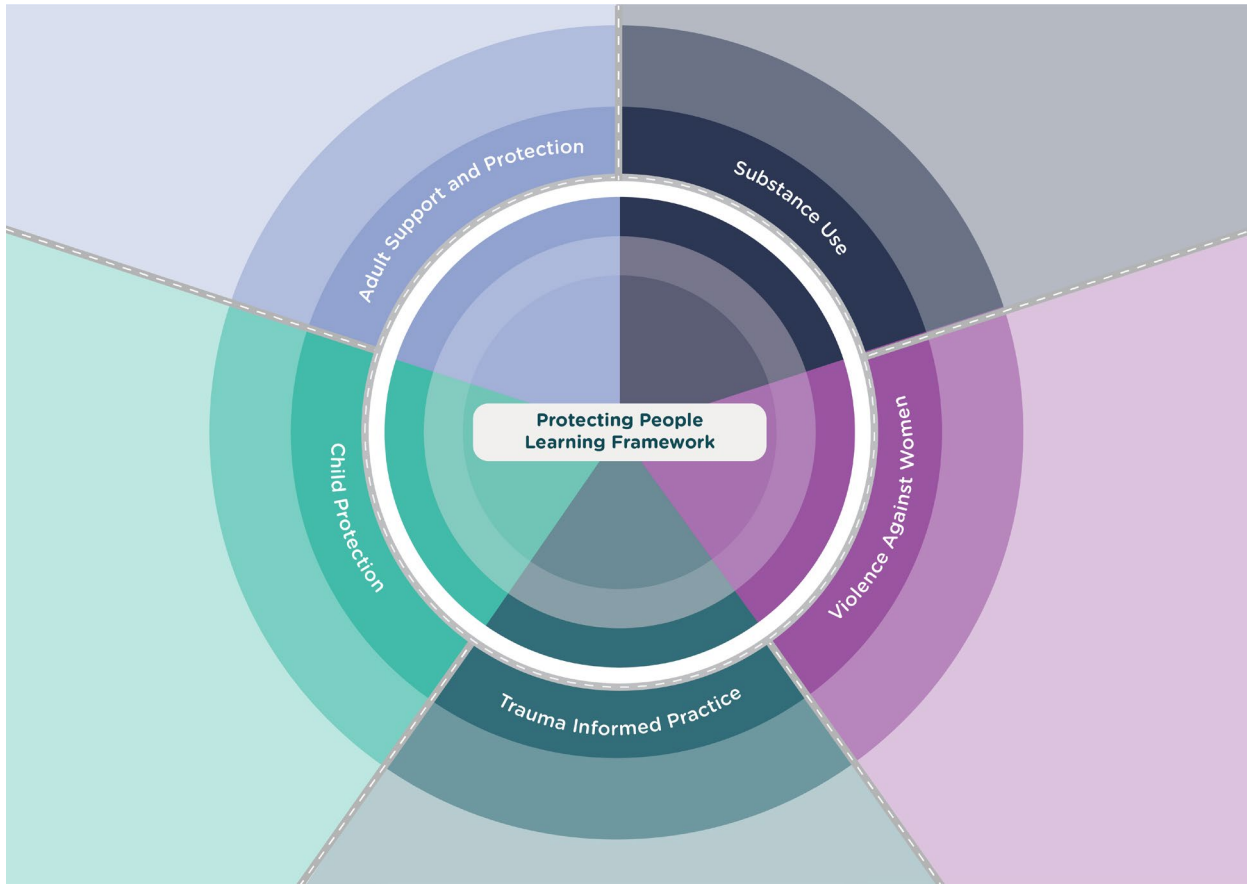
2.1.1 Protecting People Learning and Organisational Development (PP L&OD) Framework

The PP L&OD Framework was soft launched in August 2023 and officially launched in February 2024. Prior to the COVID-19 pandemic a cross-cutting Learning and Development group operated as sub-group of the Chief Officers Group. It was agreed to suspend this in 2019 to take a proactive direction between the Protecting People team and relevant Learning and Development Advisors to identify key gaps and where activity is already planned effectively within other groups and carry out mapping and evaluation of the protecting people learning and development areas, current activity and main gaps.

This work was carried out over 2023 to bring PP L&OD into one place (an online location) that is easily accessible and locates protection training and development within a tiered framework, from basic awareness to skilled and expert levels. The training and development opportunities we are focused on are multi-agency and cross-cutting, we are not including single agency training at this point e.g. specific training that specific roles would require (social work, health etc).

We carried out a multi-agency consultation in November 2022 with strong support for the proposal. From this event we also identified representatives to form an oversight

group for the framework. The oversight group has been meeting since March 2023. The Framework is hosted on OneDundee and accessible to all agencies – below is a draft visual of the framework overview and one example of the pathways within each level:



Level One	Human Trafficking Level One E-Learning	Housing and Domestic Abuse Level one E-Learning	Domestic Abuse Awareness Raising Tool Level one E-Learning	Safe and Together Virtual Academy Level one E-Learning	Child Protection Online Abuse and Internet Safety Level One E-Learning
Level Two	Child Sexual Exploitation Briefing Level Two Bookable		Healthy Relationships and the Law Level Two Bookable	Violence Against Women Overview Training Level Two Bookable	
	Safe and Together Briefing Session Level Two Bookable		Gendered Approach Training Level Two Bookable + E-Learning	Domestic Abuse Risk Management and MARAC Workshop Level Two + Three Bookable	
Level Three	Commercial Sexual Exploitation Level Three Bookable				
	Young People and GBV Level TBC				

Stats from the framework are as follows:

Protecting People Stats			
	DCC	Outwith DCC Desktop	Total
1st October - 17th April	682	2016	2698
Total views from soft launch			
1st October - 27th February	512	1254	1766
Soft Launch - Before Formal Launch			
28th February - 17th April	175	762	937
After Formal Launch - Until Recent			

2.1.2 Adult Protection Learning and Development

2.1.2.1 ASP Week:

In February 2024, Dundee co-ordinated a calendar of events to celebrate and promote National Adult Support and Protection Day. Nine multi-agency events were co-ordinated across the five days, promoting ASP learning across Dundee.

A total of 250 people attended events throughout the week. Following ASP week, participants self-defined knowledge ratings increased from 3.5 to 4.5 (out of 5) on average and 98% of those attending wanted to see similar events running next year.

“I had not realised that there were so many different projects supporting adults and young people in Dundee”

“...Very informative and really enjoyed interacting with other professionals”

2.1.2.2 ASP Multi-Disciplinary Awareness Sessions

2.1.2.2.1 ASP Awareness Sessions

This is a popular multi-disciplinary training session which is delivered over a half day, face-to-face and it is always fully booked. The sessions were refreshed in 2023 and have received positive feedback from partners across Dundee. This session includes learning from Learning Reviews conducted by partner local authorities.

“...seeing cases from different perspectives”

“...very informative and thought provoking”

“a reminder, that your one piece of information might be the missing piece”

A co-facilitation development opportunity has been created for council officers to support these learning sessions which has been met with positive feedback.

" Sharing my knowledge with others had the added benefit of helping cement my confidence in my own practice, and allowed me to carry this back into my day-to-day work" (Frontline worker supporting ASP Awareness learning)

2.1.2.2.2 ASP Second Worker Learning Sessions

This multi-agency learning is now supported and promoted by NHS alongside Dundee and Perth. 98% of respondents stated that they would highly recommend the course to others (scoring 7 or above out of 10)

Many people reported a greater understanding of partner roles and responsibilities and therefore felt the knowledge will support more collaborative working across agencies.

2.1.2.2.3 Defensible Decision Making

Two cohorts were held in 23/24. The three half day sessions in each cohort were facilitated alongside partners from Angus, NHS, and Perth & Kinross. This course provides an opportunity for reflective discussion and learning on areas like risk, bias and assessment.

2.1.2.2.4 Council Officer Learning and Council Officer Refresher

We continue to provide a comprehensive learning offer for Dundee's Council Officer programme. Nine half day sessions are a hybrid offer of face to face, online and reflective tasks in between sessions. The course focuses on reflection and practice discussions. Participants have access to an online learning resource which is reviewed and updated regularly to reflect the national ASP landscape. The sessions are now offering regular guest speakers from MHO Team and Advocacy providing that collaborative approach.

Council officer refresher training has been renewed for 2024. As well as a refresher on the legislation and codes of practice this course looks at recent learning reviews using reflective activities to focus specifically on practice areas like chronologies, risk assessment, professional curiosity, participation and undue pressure. We have included an offer to team managers to be involved in co-facilitation bringing that front line experience to the learning.

2.1.2.2.5 Hoarding and Risk Recognition Training

Hoarding and Risk Recognition Sessions were provided in collaboration with the Scottish Fire Service, throughout early 2024. These sessions provided learning opportunities for 410 applicants. 75% of evaluators would recommend these sessions with their knowledge levels of the subject matter increasing from 2.87 to 4.66 (out of 5).

2.1.2.3 A New ASP Learning Framework

Alongside the multi-agency Protecting People Framework, a pro-active and specific ASP framework has been developed. The succinct and interactive document is designed to allow ease of navigation and provides a detailed framework of learning and direct links to access the learning to those involved in ASP work all in one place.



2.1.2.4 Supporting Participation

A New Leaflet for individuals in the ASP process has been produced, highlighting ASP processes. The leaflet can be left with individuals (if appropriate) and provides somewhere to note worker contact details and next steps. An easy read version is being developed to further promote participation.

2.1.2.5 Lunchtime Learning Sessions

Looking at specific themes from learning reviews we are aiming to provide lunchtime bursts of learning on things like protection orders, professional curiosity, undue pressure and incapacity acts. There are hopes to provide learning sessions on national learning reviews.

2.1.3 Child Protection Learning and Development

During 2023-2024, the Learning and Organisational Development Service continued to deliver a range of Child Protection learning opportunities to our own workforce and multi-agency partners. These range from in-person workshops to flexible e-learning modules which cover a range of topics including chronologies, child sexual exploitation and online abuse. We also deliver an introduction to child protection which continually has high attendance and has received positive feedback and evaluation, some of which has included;

"I feel better equipped now to be able to know when I need to raise a child protection concern, who to report to and how to support the young person"

"This course has been amazing hard hitting and very insightful. I am less worried now about my role and feel so much more confident in what I am doing"

"A great workshop that reiterates the need for multi-agency work with children and young people. A great refresher"

2.1.3.1 CPC Children and Young People's Charter:

Improving the involvement of children and young people at both strategic and service level is a key priority for the CPC and we have been working on this for some time. The Children at Risk of Harm Inspection 2021 found that opportunities for children and young people at risk of harm to share their views and influence policy, planning and service delivery were limited. We took on board the need to improve in this area and established a sub group to progress this work. The Charter and accompanying resources are a result of the sub group's work and are the beginning of a longer term process to getting this right.

How did we develop the Charter?

The first thing we did was speak to young people about what they thought was important for the CPC to understand and to improve. We met with a group of care experienced young people, who had also been through child protection processes, and over pizza we talked about their stories and what had or hadn't been positive for them. Since meeting with the original group, we then established links with the champions groups at Morgan Academy and met with them regularly as we developed the charter and the accompanying framework and resource pack. This group reviewed the charter and agreed that we had captured the right principles. They have then gone on to develop a set of cards which can be used with groups of young people as well as staff, to raise awareness of the principles and think about how they might be applied in real life situations.

In June 2023 we launched the Charter and framework at Morgan Academy and over the following months ran a series of engagement sessions for the multi - agency workforce to raise awareness of the Charter. The young people involved in the work were in attendance at the launch and supported the group conversations that we ran.

We then requested that each of the key organisations in Dundee identify a lead for implementing the Charter in their settings and reporting back to the CPC. This included attending the third sector Manager's Forum and the Alliance Development day to ensure the third sector was involved.

Reporting will be due in the next year, 2024/25.

The Charter links directly to other strategic priorities and developments and seeks to bring them together into the framework and show how they all relate to what young people told us was important - for example:

The Promise:

The sub group has linked closely to activities flowing from Our Promise for Care Experienced Children, Young People and Care Leavers (<https://thepromise.scot/>) and with the Your Voice Our Promise team- the 5 foundations of the Promise (Family, Voice, Care, People and Scaffolding) closely align with the 5 trauma principles which the charter is based around.

GIRFEC:

The Charter principles and the Framework closely align with the Team Around the Child key values and principles as found in the TATC Framework 2021 (page 6) ANEW (Addressing Neglect and Enhancing Wellbeing) - this multi-agency service redesign to address neglect and the role of GIRFEC within it has been a key development in Dundee over recent years. All aspects of the ANEW work including adaptations to meetings, child's plans, engagement, training, the use of FORT and data capture tools are likely to fit into the framework in terms of actions and ways to measure outcomes.

Trauma:

The Charter and Framework link directly to Dundee's trauma implementation plan and roll out. What the young people told us was important had direct correlation to the 5 trauma informed practice principles and these were used to underpin the Charter. Capturing outcomes in relation to the Framework will also assist us in measuring the success of our trauma implementation plan.

Connected Tayside:

This strategy was the guiding example for us in developing the Charter for the CPC. Children and young people were involved in co-creating the strategy and their voices are included in the strategy to share what they see as positive change and the difference it will make to their lives. Their poster for children and young people closely aligns with our CPC Charter and again, many of the actions flowing from this strategy will fit into the framework in terms of actions and outcome measurement.

Authentic Voice:

Authentic Voice is a national project that aims to support local authorities and other community planning organisations to have the knowledge, confidence, and tools they need to embed survivor voice into local system and service design processes in a robust, trauma informed and meaningful way. This project is being led in partnership with SafeLives UK, Improvement Service and Resilience Learning Partnership. Dundee's Protecting People Committees were offered the opportunity to partner with the Authentic Voice project as the pilot area for their leadership workstream focused on embedding lived experience into strategic forums across Scotland. This work has been ongoing since mid-2022 and we a report with recommendations will be published in the near future. It is anticipated that the work of the CPC Sub Group, the Charter and framework will align closely with the recommendations.

2.1.4 VAW Learning and Development

Since the introduction of our VAW Learning and Development Officer post in 2021/22 we have seen significant progress to build capacity and skills across the multi-agency workforce in relation to VAW.

The aims of the post are to ensure our workforce has access to a whole-systems focused, structured and coordinated VAW learning and development framework and programme in order to:

- Develop values, skills and knowledge to deliver effective responses to VAW within their roles;
- Embed a continuous development structure (relating to VAW) to sustain learning;
- and develop and progress long term culture change.

A sample of activities undertaken include:

Operating the VAW Training Consortium - The Consortium meets to discuss and coordinate VAW related training available, identify learning and development gaps, training in development, e-learning resources, other resources and capacity building.

The Consortium has developed a VAW L&OD Framework which sits within the wider Protecting People Learning Framework.

The post holder links to child protection and adult protection work and this includes the continuous work with Team Manager (Domestic Abuse) at Dundee City Council and Lead Officer (Protecting People Team) at Dundee Health & Social Care Partnership to deliver the Safe & Together Briefing and Practitioner Forums. These are open to the Dundee workforce and professionals learn more about keeping the child and victim/survivor of domestic abuse safe and together.

The post holder coordinates and delivers the VAW Overview Training (VAWOT) which is open to the multi-agency workforce and covers all forms of VAW as well as practical tools and approaches to working with survivors and perpetrators.

Over 2023/24 the post holder recruited and trained a further six people to deliver the Overview training. This was in response to long waiting lists, and continuous over subscription of our VAWOT, we looked to increase our facilitation capacity by developing a train the trainer model. The train the trainer model will not only allow us to deliver more sessions on a multi-agency and single agency basis, but has lifted the pressure off GBV LDO creating a more sustainable model of delivery not solely reliant on one post.

2.1.5 Substance Use Learning and Development

Frontline staff from the specialist substance use services have accessed the training and development opportunities on offer and as outlined above (including trauma-informed training, gendered perspective and child protection).

In addition, The ADP commissioned Hillcrest Future to deliver multi-agency training on benzodiazepines and non-opioids drugs. There was specific training also delivered by Scottish Drugs Forum (SDF) on the consequences of changes in drug trends. Alcohol Focus Scotland offered a range of sessions on changes in alcohol consumption/ the impact of the Minimum Unit Pricing (MUP) and the increase in alcohol deaths and related harm. Scottish Families Affected By Alcohol & Drugs (SFAD) delivered training to frontline organisations on Family Inclusive Practice and, as part of a project funded by the ADP, offered organisations support to implement the practice.

Throughout 2023-24, the ADP held several development sessions targeting ADP members specifically, covering issues such as families affected by substance use, children and young people, key issues affecting drug deaths and alcohol screening & brief interventions.

Specific training sessions on the value of independent advocacy were delivered to most frontline staff working within substance use services.

2.2 Communication and Engagement

There is a commitment within the Public Protection Partnerships and Committees to improve communications with the public and the workforce to enhance overall transparency.

2.2.1 Workforce Communication

2.2.1.1 Young People Intel Briefing Paper

The GBV L&OD Officer coordinates the Young Persons Intel Group which originated in a short life working group looking at CYP Experiencing Domestic Abuse. This working group has now come to a close, but the YP Intel Group now meets quarterly to share and discuss their knowledge around what young people are experiencing in relation to GBV. It allows us to better understand the world of the young people in Dundee and enables us to plan next steps to navigate it. We have a briefing paper which is collated from the meeting minutes, as well as a MS Form that allows all professionals in Dundee the chance to submit information and intelligence. This is then filtered through the GBV LDO, it is then their job to collate, prioritise and back up the frontline experience with data, research, news articles etc and put it into a briefing paper which will be shared with the whole Dundee workforce.

2.2.1.2 Gendered Services Bulletin

Similarly to the Young People's Intel Briefing we have developed a bulletin to update the workforce on the work around gendered services in Dundee. The bulletin highlights good practice examples, challenges services are facing, trends we are seeing in data as well as highlighting useful resources, research and training.

2.2.1.3 ASP Practitioners Forum

The well attended ASP Practitioner Forum has focused on providing learning opportunities such as action learning sets and case discussions for social work staff with regular opportunities for multi-agency learning forum work. The group produces a quarterly newsletter and has a SharePoint site that acts as a hub for signposting to additional learning resources and access to existing policies and procedures. Involvement in the Forum has led some practitioners to become active in-service improvement and strategic groups, including the MOSAIC Oversight Group, ASP policies and procedures, and groups developing new practice tools and resources (including chronologies).

2.2.1.4 Substance Use Front Line Services Group

Meets monthly to discuss key issues, provide feedback to the ADP, share information and undertake joint development sessions on a range of topics related to substance use.

2.2.2 Protecting People Communications Role

Resource was secured to extend the Digital Communication Graduate Trainee role. This post is in partnership between the Protecting People Team and the Dundee City Council Communications Service. The role has enabled the Protecting People Team to enhance both public and workforce digital communications in relation to the work of the PP Committees and to raise awareness of vulnerability, risk and harm in the community and how to respond to this.

Some of the key pieces of work supported by the now Communication and Events Assistant over 2023-24 have been:

- Completing and publishing the **ADP website**. This has assisted with enhancing Partnership transparency.
- Taking ownership of the **VAWP Instagram 'Stand Taygither'** to provide the public with education resources about Gender-Based Violence (GBV).
- Designing and assisting with the promotion of the 16 Days of Activism Against GBV Campaign.
- Designing a wide range of public facing information materials. This includes strategic documents, reports and plans as well as awareness raising, and learning and organisational development materials. This has focussed on using design to improve the accessibility of information published by the Committees and engaging with a wider and more diverse audience in the work of the Committees.

- Rebranding the 'Dundee Protects' website and the Committees. This new website will be launched in 2024-25.
- Creating a new logo for Protecting People.

2.2.3 ADP Website

The ADP soft launched their **website** in January 2023, with a public launch being scheduled for June. This website is a dedicated resource to substance use issues and information regarding the work being undertaken by the Partnership. The new website includes a comprehensive list of support services in Dundee, will host public-facing documents, and has a workforce resources section. A key feature of the website is a 'feedback button', allowing for more open communication between the Partnership and the wider public to occur. The website also provides an important link to local and national resources.

2.2.4 Substance Use Services Group

The ADP supports the Substance Use Services Group. It provides an opportunity to share information with frontline staff about ADP meetings, to arrange development opportunities with respect to topical issues and hold discussions to gauge staff members' views and experiences.

2.3 Trauma

Trauma-informed practice is an approach to care and support which is grounded in the understanding that exposure to trauma can impact a person's emotional and psychological wellbeing. This approach is to support delivery, aims to increase practitioner's awareness of how trauma can negatively impact individuals and their ability to feel safe or develop trusting relationships with services and their staff. Trauma-informed practice also seeks to avoid re-traumatisation.

2.3.1 Trauma Steering Group

All Trauma training and learning resources are now hosted on the Protecting People Learning Framework. Available training and learning opportunities that have been developed and implemented over 2023/24 include:

Trauma informed practice workshops - these are offered on a single or multi-agency basis and can be tailored to an individual organisation. Some feedback from workshops is as follows - 'I am REALLY enjoying this. This is not like other training where you sit and listen and are spoken at. The conversational way of it is something I like and get a lot from'.

Trauma manager briefings – these are offered on a multi-agency basis and designed to give managers a chance to consider trauma in their teams and services. Some feedback is as follows - ‘I find this very aspirational, but I do see things evolving already. I can see the changes: Person centred, compassionate care’, ‘I have a meeting this afternoon and when you spoke about responses being either creative, reactive or proactive, it made me think that I would have been reactive before today, whereas I now want to approach this empathically and reflect and remember this’.

Trauma Ambassador Network – now has over 60 members from a variety of services in Dundee and is a networking, practice sharing and consultation space for any worker with a passion for trauma informed practice. Examples of TIP shared at the network as follows - ‘Introduced a targeted and universal approach to understanding emotional regulation:

Test of change - A relaxing, calm and aroma therapy room has been introduced at the nursery for children. Staff have observed the children want to make use of it at the start of the day immediately when they come in. Importance of language: Connection seeking instead of attention seeking’, ‘Service to introduce a reflective space to validate the thoughts and feelings of the leadership team following huge organisational changes. This importance of this was recognised during the discussions at TAN. Whilst they had been caring about staff and those accessing the service they had overlooked each other in the leadership team’.

Learning Exchange Events – these are offered regularly and involve inputs from 3 or 4 speakers on a specific aspect of trauma informed practice, attendees are then given time and space to reflect on what they have heard and discuss in smaller groups. Topics have included trauma informed supervision, trauma, hope and humanity, trauma informed language and many others.

2.3.2 Workforce Wellbeing and Capacity

The Protecting People Committees and COG have identified that workforce wellbeing and capacity is a critically important issue. These have been included as risks within the strategic risk register. This is also a key priority for all the individual partner organisations who are members of the Committees. They have undertaken a wide range of work during 2023/24 focused on promoting and supporting workforce wellbeing. Some examples include:

In Dundee City Council and Dundee Health and Social Care Partnership:

Following on from the launch of the Health & Wellbeing Framework in 2023, there have been additional supports and resources provided across the social work and social care workforce with a wellbeing focus. These have included the new **Navigating Individual and Organisational Resilience** workshop, launched in early 2024, ongoing **Reflection and Resilience** work with teams, and other forms of Team Development that have wellbeing at the core.

The Employee Health & Wellbeing Service SharePoint site has provided access to a range of topical and themed information relating to wellbeing. This information covers many of the national and international health and wellbeing events such as **Menopause Awareness** events and Cafés, **Men's Health**, **Employee Financial Wellbeing**, etc. In addition to this, the site offers a direct link to the Scottish Government's **National Wellbeing Hub** – a resource providing wellbeing supports and information for the Health & Social Care Workforce across Scotland.

Wellbeing Ambassadors continue to be the wellbeing “eyes and ears” across the organisation. Social work and social care currently have six Wellbeing Ambassadors willing to undertake this role.

Our trauma informed response to potentially traumatic events in the workplace has received three TRiM referrals from across social work and social care in the last 12 months. This protocol represents a commitment to supporting those who may be affected by a potentially traumatic event.

2.4 Lived Experience

Trauma-informed practice is an approach to Health and Social care support/interventions which is grounded in the understanding that exposure to trauma can impact a person's emotional and psychological wellbeing. This approach to support delivery aims to increase practitioner's awareness of how trauma can negatively impact individuals and their ability to feel safe or develop trusting relationships with services and their staff. Trauma-informed practice also seeks to avoid re-traumatisation.

2.4.1 Workforce Lived Experience Group

The Trauma Steering Group in Dundee has developed an implementation plan around organisational culture change relating to trauma-informed leadership and trauma-informed practice. Part of this work is centred around the idea that as both a cause and consequence of culture change, workers within the workforce with lived experience of trauma can contribute and co-produce services and strategy.

We know that the safe and effective use of lived experience expertise is a powerful tool for strategy, service design and service delivery and evidence has shown that lived experience workers can bridge the gaps between strategy, services and communities, influencing the culture and practices of their organisations. However, traditionally we think of those with ‘lived experience’ or ‘experts by experience’ as being separate from us as workers. By thinking in this way, we were missing the opportunity to utilise the knowledge and experience that exists within our own workforce and to validate this. According to statistics we know that within a team of 10 staff, at least two are highly likely to be workers with lived experience. Within a staff group of 100 at least 20 will be workers with lived experience and we believe that developing our thinking around workers with lived experience could help us break down existing power imbalances and barriers which create an us (workers) and them (service users) environment.

Over 2023/24 the workforce lived experience group has developed its identity and plan of action. The first main piece of work that we have been involved with was a review of Dundee City Council's absence management policy through a trauma lens and this has been a successful collaboration with the HR team. Following this the group have rebranded under the name - Transforming Trauma, Stigma to Strength and are offering a consultation function to any area of the workforce carrying out policy review, service redesign or similar. Development with our workforce lived experience group have gained attention of national partners as well as other local authority areas across Scotland.

2.4.2 Authentic Voice

The **Authentic Voice Project** is a national project aiming to support local authorities and other community planning organisations to develop the knowledge, confidence, and tools they need to embed survivor voices and lived experience into local systems and service design processes. Dundee chose to partner with Authentic Voice as the pilot area for their leadership workstream focused on embedding lived experience into strategic forums across Scotland. This project began in 2022 and aimed to support leads to develop a shared understanding of meaningful engagement and create positive change. It would do this by carrying out local research to:

- Develop a better understanding of the lived experience strand of work across the public protection partners.
- Gather and analyse current practices across the public protection partnerships regarding engagement with people with lived experience.
- Identify areas of good practice around engagement and areas for improvement to generate reflective leadership discussions on decision making and planning culture.

Dundee Authentic Voice Thematic report was published in August 2023 which held recommendations on how to meaningfully include lived experience into service design and strategic decision making. Resource was secured through the ADP for an Authentic Voice Project Manager to take forward the recommendations in the report. Recruitment is ongoing and the project is aiming to start further implementation of the recommendations in 2024/2025 financial year.

2.5 Equalities and Intersectionality

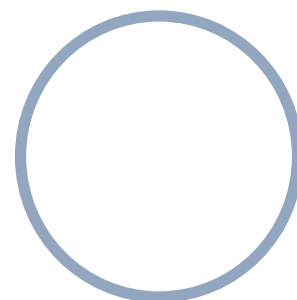
2.5.1 Gendered Approaches

The Gendered Services Group (GSG) has been operating since 2020 as a response to a variety of research and recommendations, including those in the Dundee Drugs Commission. The group reports to both the VAWP and the ADP and its main aim is to lead the strategic and operational planning for gender sensitive and trauma informed services in Dundee. This includes women experiencing GBV, substance use, homelessness, Commercial Sexual Exploitation and a range of other complex issues.

Through funding secured by the group, the Gendered Service Project was established. The project is driven by women with lived experience of complex trauma. Women involved have co-produced an array of learning resources. These resources are utilised in training and their feedback has led to the development of the Dundee Women's Hub.

Since receiving more funding from CORRA, the project is currently focussing on certain aspects of women's health and identifying how we can reduce barriers for women accessing support. The areas the project will be working with include:

- Sexual and reproductive health
- Mental health
- Pharmacies
- Harm reduction
- MAT standards
- GP shared care



The key achievements of the project during 2023/24 have been:

- Delivered training to over 100 participants, which focussed on the challenges, issues and experiences that have due to their gender, the barriers women can face and what we as services can do to help reduce these barriers.
- Three organisations achieved the Welcoming Women Chartermark, acknowledging their organisation demonstrates a good understanding of the challenges and needs of women in Dundee.

In addition to the Gendered Services Project, there have also been developments in the following areas:

The opening of Dundee Women's Hub

A direct action coming from the Gendered Services project and from women's feedback was the need for a safe, women-only space where women could access a range of supports. The Gendered Approach to Service Provision (Lopez and Smith 2019) report and the **Responding to Drug Use with Kindness, Compassion and Hope Report** (Dundee Drugs Commission 2019), also demonstrated the need to design services differently for women in Dundee. Both reports recognised that many women were not accessing the services that are currently available in Dundee, and where they did access

services, they often disengaged. The research team involved in 'Why are drug-related deaths among women increasing in Scotland?' (Tweed 2018) explored the increase in drug deaths for women in Scotland. Their findings showed a range of factors such as reduced social networks due to bereavement, limited or no relationship with children which can cause increased use of drugs. Research shows that emotional and physical safety can only be fully achieved in a women-only environment.

Women with lived experience in Dundee have spoken of the dangers they face in mixed gender temporary accommodation, their reluctance to attend and to share personal information in mixed gendered group sessions as this may be used against them by men attending, and the vulnerability they experience when accessing mixed gender services.

With this in mind, the Gendered Services Group applied to CORRA for funding to develop a women's hub/ centre in Dundee, to support women with substance use and a variety of additional complex needs. The funding bid was successful and The Hub opened its doors in August 2023. The Hub offers a rotating drop-in model for women in a central location, open five days a week and provide easy access to a wide variety of services for women. The team at The Hub would support women to make informed decisions and provide information, support and advice primarily focused on substance use but recognising the range of additional challenges that women face alongside this e.g. accommodation; mental health; children, families and relationships; gender-based violence; access to education; training and employment; finance; benefits and debt; legal issues; health and wellbeing; commercial sexual exploitation. A trauma-informed approach is a key element of service delivery.

The development of Honeygreen accommodation

Following research from University of Dundee and Dundee Women's Aid, and in recognition of the requirements for females to have suitable temporary accommodation tailored to their specific needs, we have repurposed a temporary accommodation unit to be a gender specific service for females experiencing homelessness. This accommodation provides 11 self-contained 1-bedroom flats along with gender specific support and has been fully operational since 1st April 2023. Gender specific support has been recognised as a key factor in sustainment of tenancies and so as part of our Rapid Rehousing Transition Plan we have allocated funding to recruit two gender specific workers from Dundee Women's Aid who will provide support to women in the accommodation and who will also link in with the work of the women's hub. The accommodation has a member of the housing team present 24 hours a day, 7 days a week and the support provided by DWA covers evenings and weekends which is outwith the scope of traditional support services for women in the city. We'll be gathering evidence and data on outcomes and impact of this delivery model and will use this to inform our approach as we move forward. We will work closely with colleagues, partners and residents in the accommodation to ensure our accommodation and our service is trauma informed which will have a positive impact on women and their children. We have already gathered the views of people in Honeygreen of their experiences and the impact this accommodation and support has on them.

2.6 Development and Improvement Work

2.6.1 Transformation

During 2023/24 the Committees and COG worked together complete a review of the arrangements that are in place to support multi-agency protecting people activity in Dundee. One of the key aspects of this was changing the committee structure, to take a more integrated approach to responding to public protection. From 2024/25, the new committee structure will include a Children at Risk and an Adult at Risk Committee, who alongside child and adult protection will also address issues relating to violence against women and suicide prevention. The new committees will continue to work alongside the Dundee Alcohol and Drug Partnership and the Tayside MAPPA Strategic Oversight Group.

2.6.2 ADP

Dundee has achieved significant improvements in the implementation of the MAT Standards, reflecting innovation, hard work, dedication and development of good practice by frontline staff. Specifically, individuals in Dundee have fast access to treatment, a choice of medication prescribed to them and wraparound supports and are supported to remain in treatment for as long as required. Those who have experienced a non-fatal overdose are quickly identified and supported to access treatment. Individuals can opt out to be supported by the new shared-care arrangements with Primary Care and everyone can access the support of independent advocators at any stage of their recovery journey. Harm reduction support and equipment is available at any stage for those accessing MAT. There has been a significant increase in the number of people supported to access residential rehab and effective recovery networks established. All individuals accessing MAT can be supported by independent advocates. Through the work within Hope Point, there has been improvement in the joint working of substance use and mental health. We have made much progress developing a Whole Family Approach with help from Scottish Families.

The 'decentralised fund' was allocated for the second year and continues to support all the Local Community planning Partnership to work in partnership with local services to tackle stigma and ensure individuals feel welcomed by communities.

The Planet Youth project was progressed, with two staff members appointed to support it and more secondary schools joining the project.

Work has continued, led by Hillcrest Futures, to develop a drug checking service. The service will be offered as part of Hillcrest's existing harm reduction services, with people submitting a sample of a substance to get an analysis of the types of drugs contained in it. Pending Home-Office license it is anticipated this service will be available in a few months.

2.6.3 Adolescent Review

Building on a multi-agency review of partnership services for young people carried out in 2022 which included extensive consultation with young people a substantial amount of progress has been made. Funding has been secured to co-locate teams and after renovation work is completed. The new service will operate from March 2025. The multi-disciplinary team has received additional advance training in risk assessments and a monthly team development programme is in place facilitated by LOD to support effective transition to the new model.

A new infrastructure has been put in place to support implementation of the Care and Risk Management protocol and management arrangements for the oversight of Young People's Houses have been revised to integrate them with joint oversight and responsibility of the Adolescent Teams and Aftercare Team.

Supported accommodation facilities for care leavers have been extended by commissioning Reid Square and re-provisioning Fairbairn Street Young Person's House to a facility for young people aged 17-21 years.

Work currently in progress includes a Transitions Protocol for vulnerable young people with a disability is being developed with HSCP, Continuing Care procedures being revised and the Aftercare Team developing an Improvement Plan, managers developing proposals for the implementation of Contextual Safeguarding and the Children's Social Work Adolescent Teams are carrying out a case file audit of assessments, chronologies, plans and support.

2.6.4 Adults at Risk Pathway Development

In 2023/2024 it was identified through case files audits, the work of the Ms.L Serious Case Review and the 2023 Joint Multi-agency Adults Support and Protection Inspection in Dundee that a new Adults at Risk (AAR) pathway was required due to the level of complex needs in Dundee. This is to develop a shared understanding of ASP thresholds among professionals and ensure robust support for those who do not meet the '3 point test' criteria for support under the Adult Support and Protection Legislative Framework. Development of the pathway is the key priority for the ASPC and future AAR committee for 2024 onwards.

The Adults at Risk Multi-agency Pathway aims to:

- Ensure there is a single point of referral for the public in relation to safety, welfare and vulnerability concerns about adults;
- Provide a clear pathway for escalation of concerns that cannot be addressed by single agency;
- Provide a tiered pathway for multi-agency intervention for adults at risk in-line with the principle of least intervention (enabling both escalation and de-escalation of response);
- Ensure that full and accurate information is available to a variety of forums to inform timely decisions regarding support and protection for adults at risk;
- Enhance early identification, assessment and risk management to facilitate appropriate intervention, with a focus on supporting Team Around the Adult as the primary multi-agency forum for assessment and management of risk;
- Ensure that adult protection concerns that require intervention under the Act are identified and escalated as early as possible;
- Enable integrated and shared decision making and tasking; and,
- Provide advice and guidance to professionals in relation to safety, welfare and vulnerability concerns about adults.

2.7 Prevention and Early Intervention

2.7.1 Prevention Framework

In January 2024 the **Dundee Alcohol and Drug Prevention Framework** was published and is hosted on the Dundee ADP website. The Framework is designed as a complement to ADP-level strategy development and action-planning. The core of the content is a series of Evidence Briefings across the lifespan, each providing a summary of current evidence of effective practice and prevention approaches, packaged with appropriate literature review material. The evidence briefings are underpinned by 11 key themes that should be utilised and considered alongside the briefings when monitoring or planning any services, interventions or prevention activity. This is a tool that services and commissioners can use to support a shift towards ensuring we are using focusing on Primary Prevention and Early Intervention in our services design and delivery.

To promote the use and understanding the Framework across the city the Alcohol and Drug Partnership, allocated funding for a Prevention Post to support the implementation of the Framework along with associated monitoring and evaluation required. The post is a collaboration between the Dundee Protecting People Team, Dundee Volunteer Voluntary Action and Tayside Public Health. Recruitment will take place in 2024/2025 along with the development of an implementation plan and activity related to that.

2.7.2 16 Days of Activism Against Gender-Based Violence

During the 16 Days of Activism Campaign (25th Nov - 10th Dec 2023), we saw an amazing response from the public and from the multi-agency workforce. The theme for this year's campaign was 'Imagine if Dundee listened... Discover a city without gender-based violence', drawing inspiration from the 'Imagine Project' created by Amy Black. This theme was picked up on a national level.

This was the first year that a specific Promotion Group was created to help raise the profile of 16 Days of Activism locally. The group consisted of representation from the Protecting People Team (DCC), DWA, WRASAC, DIWC, Abertay and Dundee University.

Key promotion the group produced was a social media campaign that included hard-hitting images and facts about the reality of gender-based violence, posters, bystander training material and the programme of events for the campaign.

This collaborative approach to the campaigns promotion resulted in clear and consistent messaging being disseminated to the public by all Partners. The coordinated approach also resulted in the campaign being promoted widely.

For 16 Days, The Partnership had an online public survey. Of the 29 respondents who completed the survey:

86% knew what GBV was acknowledging that it is not exclusively experienced by women, but they predominantly do.

The average rating out of 5 for how safe respondents felt in Dundee was three, with one being not at all and five being very safe.

On a basic level, many participants mentioned street lights, security cameras, extended bus times and designated public safe spaces to access at night would make them feel safer.

Another aspect that was frequently mentioned was better training for security guards and police regarding GBV as well as increased police presence at night would aid people in feeling safer.

At a wider society level participants mentioned the continued need to break down the stigma associated with having experience GBV. This would involve people impacted being listened to and not experiencing judgement when doing so.

The most common response to what could be done to make respondents feel safer in Dundee, however, was education. Many respondents stated this needs to start from an early age. GBV is not a 'women's issue', but a societal issue and needs to be addressed as such. Through this increased education some stated that they would hope more men would begin to hold each other accountable.

A few participants also highlighted that they feel disabled women are ignored from conversations despite them being twice as likely to experience GBV.

What does a Dundee free from GBV look like...



2.7.2.1 Active Bystander Training

Six Active Bystander training sessions were delivered throughout the Campaign for the following organisations: University of Dundee, Kanzen Karate, DUSA, Abertay University, Blackness Fire Station and Street Soccer.

The format of the training was informal and aimed to be as accessible as possible to generate engagement from a variety of services and organisations. The sessions relied on reflective space and open discussions, allowing participants to explore beliefs or bias and analyse what is working well within their service or their individual lives. Participants were also encouraged to sign a pledge at the end of the training which reflected the ethos of the 2023 16 Days theme in translating new-found knowledge and awareness into tangible actions.

Participants made facilitators aware of the value in this training as there was a shared common misconception regarding intervening with certain forms of VAWG, or apprehension due to the belief that active bystanding only includes direct action.

Given the local rates of VAWG, it is vital that bystander training is available to the general public and front-facing organisations. Due to this, the Partnership hope to run this training throughout 2024-25.

2.7.2.2 Local Events

- **Launch Event:** A multi-agency event to promote local agencies, the Campaign, highlight the reality of GBV and give the public an opportunity to learn more about the programme of events and make placards for the March. Lush hosted a free bath bomb making session and the Partnership formed new connections with the Blackness Fire Station.
- **Reclaim the Night March:** This was well attended with a turnout of around 300-350 people.
- **Dundee International Women's Centre Art Exhibition:** Learners and members of the public submitted art and/or written pieces to be displayed in the Wellgate.
- Open doors event.
- Opening of the Women's Hub.

The Partnership also hosted a conference for the workforce focussing on technology and violence against women and girls. This event highlighted issues young people face, but also explored aspects of tech-facilitated abuse more broadly. The conference had inputs from VAW specialist agencies, Police Scotland, Deaflinks, young people, local public health team and Public Health Scotland. It was agreed that moving forward, locally the Partnership need to engage with young people to understand issues faced, link with tech organisations to develop new ways of working by utilising their expertise and sharing resources and developing clear roles locally to address tech-facilitated abuse. Key developments in 2023 following this were organising a meeting with Abertay Cyber-Quarter and Neon Digital Arts to discuss options, the launch of the Young People's Intel Workforce Briefing Paper and working with Public Health Scotland and the Improvement Service to begin developing a VAW Prevention Framework.

2.8 Governance and Planning

2.8.1 The Protecting People Strategic Risk Register

The PP Committees and COG have continued to use the Strategic Risk Register to support them to prioritise work throughout 2023-24. The Risk Register has become increasingly embedded in the day-to-day work of the CPC, ASP, ADP and VAWP. At each meeting, these groups consider whether changes are required to the risks currently on the Register and identify any new or emerging risks that need to be considered and added. There has been a move towards distinguishing between risks that impact all Committees and specific risks that individual Committees. The Risk Register is increasingly informing improvement for example:

- The ASP Committee identified a risk in relation to a lack of an agreed multi-agency pathway for risk management and an approach to Team Around the Adult for vulnerable people who do not meet the threshold for statutory intervention. The development of the new multi-agency pathway will further address this which will include a lead professional model and Adult MASH.
- The CPC added a risk to the register following a joint inspection of services in 2022 for children at risk of harm relating to response to young people. A range of improvement work has followed on from this, including a new approach to contextual safeguarding through monthly development sessions and a focus on stabilising kinship care.
- The ADP have been working together to identify shared risks that are common across all areas of work. For example, the impact of constrained public sector finances and reduced levels of health and wellbeing within the workforce.
- The VAWP has continued to manage risks in relation to funding and capacity, the justice system and our MARAC (high risk domestic abuse case conference) process as well as equalities infrastructure and intersectionality.

2.8.2 Outcomes Measurement and Reporting

In common with many other Partnerships across Scotland, the PP Committees continue to find it very challenging to gather, collate, analyse and report outcome and impact information. This is information that demonstrates how protecting people processes, services and supports have reduced risk, increased safety and had a range of other positive impacts on people's quality of life, health and wellbeing. In general, the Committees continue to be able to report process and output information (for example, the numbers of people supported) much more easily than outcome information that demonstrates the difference that process or support made.

Example of outcomes gathering: as part of the implementation of MAT Standards, a national Benchmarking Report is published annually. During 2023-24 the ADP had to gather a range of information demonstrating the extent of MAT implementation, including information from individuals with living experience accessing MAT in Dundee. Five case studies, outlining anonymised specific journeys were included alongside numerical and survey / interviews data from those accessing and delivering MAT.

Through self-evaluation and quality assurance groups and activities, the Committees have worked during 2023-24 to enhance their focus on evidencing the impact of improvement work. This has included holding scrutiny sessions focused on the implementation of actions from case reviews and hearing from services about the difference the changes they have made have had on people who are at risk of harm. However, alongside continuing this work there is a need for the Committees to think about how outcome information can be gathered routinely and reported at a larger scale.

2.8.3 Integrated Data Analysis

Whilst the PP Committees have made further progress during 2023-24 in using data and quality assurance information to inform their improvement activity, there is a need to do more work on integrated data analysis and reporting. Much of the work that has taken place is based around Committee specific approaches to collating, analysis and reporting data. Moving forward, there is an ambition to build on the good work that has taken place in each Committee to develop a more integrated approach to data collation, analysis and reporting; many individuals and families are supported through multiple protecting processes and services, but data is reported in a way that doesn't fully reflect this. This integrated approach will be implemented in 2024-25 through the new Committee Structure with a cross-cutting data group between Children at Risk, Adults at Risk and Violence Against Women being established.

2.9 Funding and Resource Landscape

2.9.1 ADP Commissioning Group

The Scottish Government allocates ringfenced funds to local areas on an annual basis to support substance use services. Funding comes with expectations that it will be utilised locally to progress national priorities around drug and alcohol use. This funding is also utilised to progress the implementation of the ADP's Strategic Framework and Delivery Plan (2023-28). The HSCP holds this fund on behalf of the ADP and a Commissioning Group is in place to allocate and manage this fund. Most of this ring-fenced funding is utilised to support the specialist substance use services delivered by both public and third sector organisations. To support this process and ensure financial transparency, the ADP developed an Investment & Commissioning Plan which is available of the ADP website.

2.9.2 CORRA Funding

In addition to the ringfenced funding allocated directly to local areas, the Scottish Government is utilising CORRA to allocate and monitor funds to local areas supporting small, time-limited and very specific projects. Organisations are expected to apply directly to CORRA with a letter of support from the ADP.

During 2023-24 organisations in Dundee were successful in receiving funding from CORRA to progress the following projects:

- The development of a community laundrette to support those affected by substance use.
- To progress the whole family approach.
- To work with young people affected by their own and parental / carers' substance use.
- To expand support for those affected by Cuckooing in Dundee.
- To support a crisis repropose, primarily for those affected by substance use.
- To increase the range of support for those accessing residential establishment in Dundee.
- To support the implementation of the Dundee Residential Rehab pathway.
- To support the Lochee Hub.
- To deliver Jewellery making workshops in the Bella Centre.

2.9.3 VAW Funding Issues

The VAW Partnership in Dundee has worked hard over 2023/24 to tackle funding pressures which exist locally and across Scotland. Widening ownership of VAW seen in the collaborative approach to development of the Women's Hub, partnership projects between Dundee City Council and VAW specialist agencies funded through DES, funding commitment from the Alcohol and Drugs Partnership and Children and Families Social Work and the mainstreaming of some services have been key achievements. Alongside this there is the development of our VAWP funding group who have created a collaborative funding tracker which enables us to track funding risks across the partnership and also informs any funding bids/commissioning of services in the city.

Despite this progress challenges remain, and local partners are committed to seeking solutions. An over reliance on third sector specialist agencies remains alongside standstill budgets, cuts to funding and lack of a national strategic approach to VAW funding. These challenges exist in a time when we are seeing increasing demand for services as well as an increase in the severity of violence and complexity of women's lives.

Dundee VAWP gave full comments and feedback as part of the National Strategic Review of VAW Funding which was published in June 2023 and are now part of the funding board which has been set up to progress recommendations from the review.

2.10 National Influence

2.10.1 ASP

The Independent Convenor of the ASPC is also the Independent Chair of the CPC, as well as the current Chair of Adult Support and Protection Convenors Scotland. The Lead Officer and other key staff are actively involved in national networks and working groups.

2.10.2 ADP

The ADP participates on a number of national groups set up to advise and support the implementation of MAT Standards, with specific input on the Experiential Data advisory group/ Information recording and reporting group/ Independent Advocacy and MAT implementation group, and substance use, mental health. The ADP Lead Officer is a member of the national group set up to review the National Mission on Drug Use.

2.10.3 VAWP

The Dundee VAWP lead officer chairs the National VAW Network and in this role is also a member of the joint strategic board (CoSLA and Scottish Government) for the equally safe strategy.

Dundee's Trauma work and Gendered Services work are also gaining national attention and recognition and regular requests are made for us to present to other local authority areas or at national events.



3 Protecting People Key Challenges and Way Forward

3.1 Sourcing, Delivering and Releasing Staff for Training beyond Basic/Awareness Level

While this remains a challenge, it has reduced significantly since last year. This is attributed to the launch and implementation of the multi-agency PP L&OD Framework, along with the steady improvement and recruitment of front-line staff.

The challenge still persists in particular with the Gendered Services training. This is due to service capacity to release staff for an extended time. To mitigate this, the Gendered Service Project Manager has adapted the training to be more condensed in nature, making it more accessible and allowing staff to gain an understanding in a reduced space of time.

There continues to be a challenge with staff who have attended training being given the time afterwards to share and implement their learning and improvement ideas with their own service/team.

3.2 Implementing improvement work

The COG and individual PP Committees have recognised that there continues to be challenges in progressing all the areas of improvement they have identified, including learning from case reviews, and recommendations from inspections reports. This has been particularly difficult where improvement work has required active input, expertise and skills of people working in frontline protection services coupled with the stretched capacity of leadership. Teams within the workforce have focused on meeting increased demand and complexity of risk that continues to increase in the city, whilst dealing with gaps in normal staff capacity caused by wellbeing, absence and recruitment issues.

Due to the socio demographic profile of Dundee and the impact that this has on levels of complexity of risk, one of the key challenges experienced has been continuing to develop co-ordinated multi-agency responses to adults who are vulnerable and in need of support but who do not meet the statutory threshold for Adult Protection Intervention. In 2023/2024 work started to develop a new Adults at Risk Pathway to address these ongoing issues, this work will continue to be ongoing throughout 2024/2025.

Way Forward:

To address this further, there is planned recruitment of additional leadership roles within partner organisations in 2024/25, which will support pace of change and implementation of improvement work across the Partnership coupled with an improving picture of recruitment and retention of frontline staff. The large programme of work focused on restructuring the Committees and their working groups to focus on key priorities and allow more time to be used for active improvement work will continue throughout the upcoming 2024/2025 year.

To assist in improvement and implementation work a Business Co-ordinator will be appointed to the PP Team in 2024/25. A large component of their job will be assisting the Lead Officers with committee business and the Learning Review process., This will increase the capacity of the Lead Officer to progress improvement work within the newly formed Adult and Children at Risk Committees, including the new Adults at Risk Pathway design and implementation.

Additionally, co-located between the PP Team and Dundee Volunteer and Voluntary Action, there are plans to appoint an Authentic Voice project manager, a Year of Kindness project manager and a Prevention Graduate Trainee. They will assist in progressing and implementing specific improvement work that has been planned in recent years.

3.3 Improving Communication and Engagement

Good practice information and local feedback continues to suggest that communication, both with the workforce and the public, requires to be consistent, continuous and through multiple routes/formats. One size does not fit all - different audiences have different needs and preferences. Within the resources available it can be challenging to meet everyone's need and there often must be a process of prioritisation. Close joint working with the Communications Team in DCC and wider input from other public sector services helps to make the best possible use of the range of resources, skills and experience that are available locally. There is also a focus on using and adapting national communications materials and campaigns for local use.

Way Forward:

- Continue to be proactive in our approach to communications, including with local media.
- Ensure we are making the best possible use of national communication resources at a local level.
- Continue to work collaboratively to secure and maintain enhanced communication and design capacity required to support both public and workforce communications.
- Develop of a permanent communications and design role within public protection strategic support team will a priority within 2024/2025
- Planned work to update the Protecting People public access landing page in 2024/2025 and the development of a new Protecting People Website will be ongoing.

3.4 Continue Embedding Lived Experience Work

There are numerous strands of lived experience work across the PP Committees to ensure lived experience shapes and is included in the design and delivery of services: Authentic Voice, Children's Charter, MAT Standards experiential data and Gendered Services Project. It is important that we continue to embed and expand this work but ensure that all lived experience work is trauma informed and meaningful and not tokenistic.

A further challenge for the Committees is ensuring there are feedback loops back to the community and to those contributing lived experience knowledge. It is important we continue to recognise and value all lived experience, no matter who this is. Therefore, it is important to continue embedding the workforce with lived experience work to help inform strategic decision making a well.

Way Forward:

In 2023/2024 the ADP provided funding to employ an Authentic Voice Coordinator and recruitment will take place, and the recommendations within the Authentic Voice Thematic Report 2023 will be taken forward throughout 2024/2025.

The MAT Standards experiential data programme will continue to expand its approach throughout 2024/25 moving towards implementing recommendations gathered through interviews with service users, family and staff and providing feedback and assurance to those who have participated in the process.

3.5 Increasing Focus on Prevention and Early Intervention

The PP Committees strive to increase their focus on prevention and early intervention. However, due to the challenging landscape of Dundee, capacity within frontline and strategic teams does not always allow for this focus to be at the forefront, with resources being assigned to crisis driven responses. This can impact and delay the response to new and emerging trends within PP work, including the changing pattern of drug use and emerging risk-taking trends within young people's intimate relationships. It is however important to recognise that a preventative approach to PP work takes a longer time to have the desired outcomes.

Way Forward:

- The Dundee ADP Prevention Framework was launched in 2023/24. To assist in the implementation of the Framework, a Prevention Graduate Trainee will be appointed in 2024/25.
- Future developments include efforts to create of the VAWG Prevention Framework in collaboration with local and national partners
- Increased capacity to support embedding evidence-based prevention approaches in current practice, funding streams and shift commissioning over the long term across public protection.

3.6 Fiscal Challenges

The public sector has continued to face a very challenging financial landscape during 2023 -2024. This has impacted across a range of PP services and supports, particularly those delivered in the third sector. National funding arrangements for specialist drug and alcohol and violence against women services continue to pose challenges in terms of sustainability of services and longer-term strategic and financial planning. Many sources of funding are temporary, with short-term allocations and confirmation of funds available being made very close to the start of each financial year.

A large proportion of the funding allocated to ADPs by the Scottish government is either allocated on a one-off basis or for a fixed-term period. This makes the process of utilising this funding more challenging as it could only be allocated to time-limited projects. It is also the case that, as of 2022-23, ADPs are no longer able to hold on to any reserves which had a knock-on effect for 2023-2024 and future years to come.

Regarding the VAWP, a high proportion of funding sitting outside of local partners (approx. 75%) limits options for utilising strategic commissioning and procurement approaches to progress change. The heavy reliance on insecure / external funding streams for core specialist VAWG services and the fact that the majority of specialist provision also sits with third sector agencies creates an insecurity in the VAWG system and service provision. This also reduces specialist capacity to influence strategic direction and planning. Managing multiple funding streams reduces the time available to service managers and also creates an environment for staff in these agencies which is never fully secure.

Way Forward:

Throughout the year the PP Committees have focused on taking positive action to mitigate risks associated with financial challenges wherever possible, for example:

- The ADP continues to operate the Commissioning Group to oversee the management of financial allocations that are made by the Scottish Government and to progress financial planning. The group has led the development of an ADP investment and commissioning plan to support the implementation of the strategic framework and delivery plan.
- The VAWP established a funding group which continues to use a tracker tool which allows us to see the full resource allocated to VAWG services in the city. We are also able to monitor funds which are due to finish and take a more pro-active approach to risks in the system as well as creating an environment of collaboration in terms of funding bids and applications.

In 2024/2025 the VAWP funding group and ADP commissioning group will explore joining together under the new integrated PP structure to take a wider overview and collaborative approach to funding and commissioning in the city. This will hopefully enhance oversights and ensure funding is allocated where most needed.



4 Protecting People Priorities for the Upcoming Year (2024-25)

4.1 Cross-Cutting

During 2024/25 the PP Committees will be focussing on some important areas for further improvement. They will be working together to:

- **Enhance** our focus on suicide prevention by hiring a suicide prevention coordinator and develop a new delivery plan that reflects the national Suicide Prevention Strategy.
- **Further** integrate our work on PP, implementing a new strategic structure that will help the COG and Committees to implement priorities for improvement by integrating VAWP, Suicide Prevention, ASP and CPC.
- **Focus** more on prevention activity, including taking a trauma-informed approach to understanding, responding and preventing future harm.
- **Enhance** our approach to quality assurance and learning reviews, making sure that these activities inform learning and development and lead to improvements in outcomes for children, young people, adults and families.
- **Expand** our approach to experiential data collection, making sure that feedback from people involved in protection processes, services and supports is at the centre of our quality assurance approach.
- **Focus** on making changes to our strategic and service development approaches to enhance the meaningful impact of lived experience.
- **Continue** embedding a gendered approaches to PP service delivery.

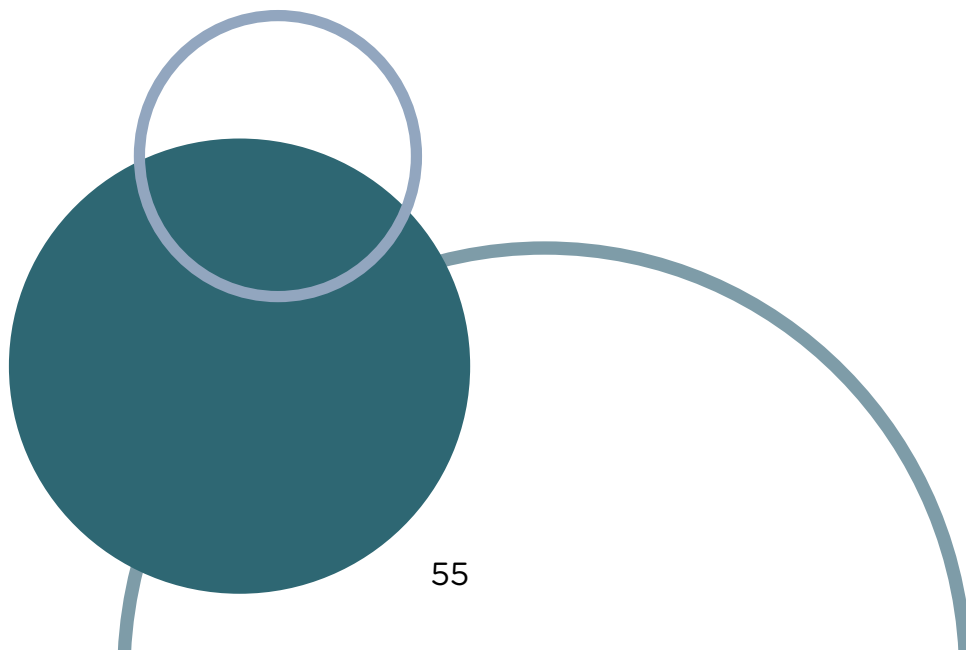
As well as these areas for joint work the individual committees will also be focused on some important priorities within their own areas of work:

4.2: Adult Support and Protection Committee

- **Further implement** and evaluate the actions from the Ms. L Serious Case Review.
- **Further implement** the recommendations and subsequent action plan from the Joint ASP Multi-agency Inspection.
- **Design, develop and implement** of the new Adults at risk pathway.
- **Develop** the Adult Support and Protection specific Learning Framework, while taking into consideration the new National Code of Practice to enhance staff confidence in their professional judgment and decision making.
- **Integrate** the new National ASP Code of Practice into the local Dundee Procedures and launch them to the multi-agency workforce.
- **Implement** the new National ASP dataset locally.
- **Develop** renewed committee data set and KPIs.

4.3 Child Protection Committee

- **Implement** improved interface between the work of the strategic committee and frontline services following our recent workforce survey results.
- **Develop** a broader understanding of independent advocacy provision and reach (relating to child protection and associated processes).
- In alignment with the Authentic Voice project **continue to develop** the inclusion of lived experience voice in our work and fully implement the Children's Charter.
- **Finalise new arrangements** following the multi-agency review led by the DCC, Children and Families Service - to include a co-located multi-disciplinary team, CARM procedure review and implementation of Contextual Safeguarding.



4.4 Alcohol and Drug Partnership

- **Progress** has been made with the implementation of all MAT Standards.
- **Fully implement** the residential rehabilitation pathway.
- **Collaborate** with other partners through the Year of Kindness role to address stigma.
- **Increase** the roll-out of the Planet Youth approach so it is available in all high schools in Dundee.
- **Ensure** advocacy support is fully available.
- **Continue** to support community-based projects developed through the Decentralised Fund
- **Refresh** communication pathways to ensure staff and communities are aware of the available services and how to access them.
- **Embedding** the Dundee Alcohol and Drug Prevention Framework with stakeholders.

4.5 Violence Against Women Partnership

- **Develop** a VAWG Prevention Framework by focussing on the root causes of GBV, namely women's inequality and how GBV impacts women and girls through the life course.
- **Increase** capacity and efficiency in the MARAC process.
- **Continue** to develop sustainable and collaborative approach to VAW funding locally and nationally.
- **Increase** local work focussing on young people's experiences of GBV within their own intimate relationships.
- **Continue** to grow the following of the StandTaygither Instagram account to ensure a greater cascading of GBV-related education within the public.
- **To raise** the profile of 16 Days of Activism to End Gender-Based Violence within Dundee by investing more resources into the promotion of the campaign.
- **Further** develop the work of the Young People's Intelligence Group and ensure intel is widely disseminated throughout the workforce by creating and dispersing a workforce briefing paper.

List of Abbreviations Used:

A

ADP: Alcohol and Drug Partnership
ASP: Adult Support and Protection
ASMOG: Adolescent Senior Management Oversight Group
AV: Authentic Voices

B

BSL: British Sign Language

C

CEDAR: Children Experiencing Domestic Abuse Recovery
COG: Chief Officers Group
CPC: Child Protection Committee
CPL: Continuous Professional Learning
CPR: Child Protection Register
CR: Community Recovery
CROS: Crisis Response Outreach Service
CYP: Children and Young People
CYPEDA: Children/Young People Experiencing Domestic Abuse

D

DA: Domestic Abuse
DCC: Dundee City Council
DDARS: Dundee Drug and Alcohol Recovery Service
DHSPC: Dundee Health and Social Care Partnership
DVVA: Dundee Volunteer and Voluntary Action

G

GBV: Gender-Based Violence
GIRFEC: Getting it right for every child
GSG: Gendered Services Group

H

HSCP: Health and Social Care Partnership

I

IRD: Initial Referral Discussion

L

L&OD: Learning and Organisational Development

M

MAPPA: Multi-Agency Public Protection Arrangements
MARAC: Multi-agency Risk Assessment Conference
MASH: Multi-agency Screening Hub
MAT: Medication Assisted Treatment

N

NFODs: Near-Fatal Overdoses
NHS: National Health Service
NQSW: Newly Qualified Social Worker

P

PP: Protecting People

Q

QA: Quality Assurance

R

RAGB: Red, Amber, Green and Blue
RR: Residential Rehab

S

SECI: Self Evaluation and Continious Improvement
SFRS: Scottish Fire and Rescue Service
SIMD: Scottish Index of Multiple Deprivation
S&T: Safe & Together

T

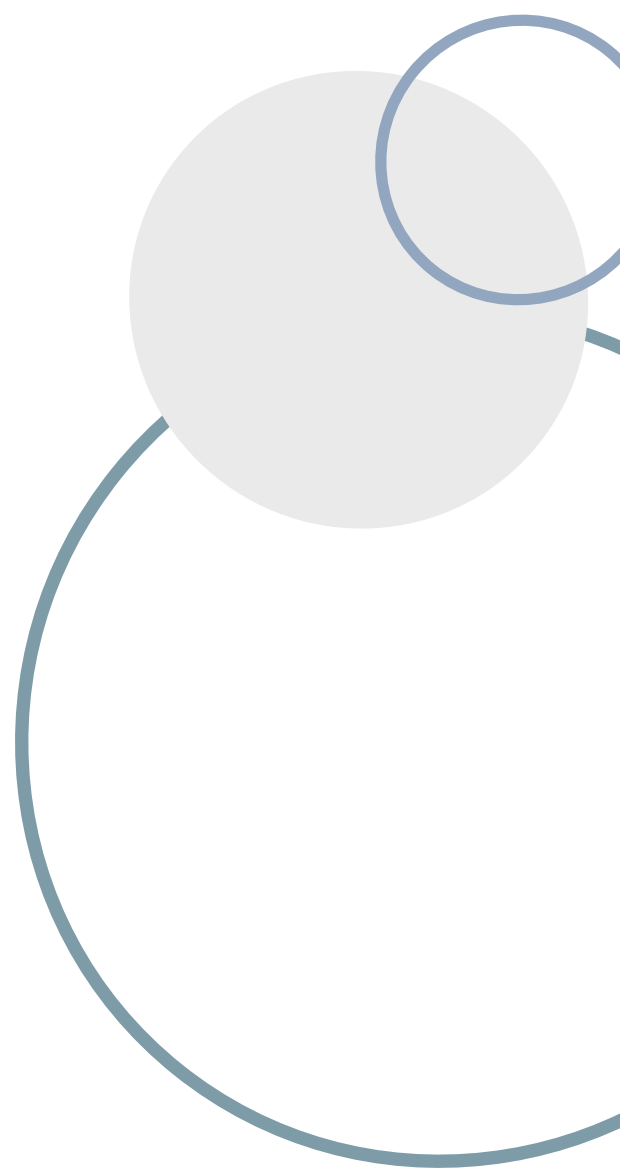
ToC: Test of Change

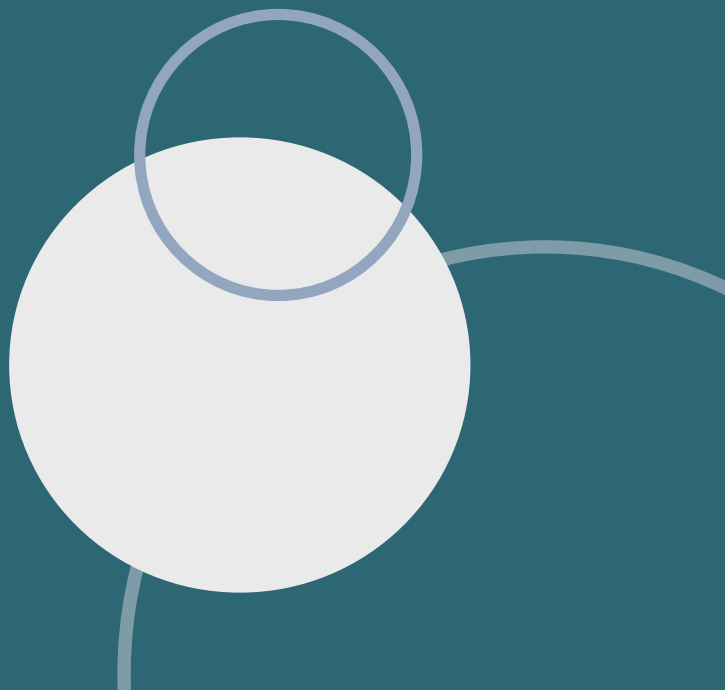
V

VAWG: Violence Against Women and Girls
VAWOT: Violence Against Women Overview Training
VAWP: Violence Against Women Partnership

W

WRASAC: Women's Rape and Sexual Assault Centre





Protecting
People
in Dundee

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REPORT TO: PERFORMANCE & AUDIT COMMITTEE – 20 NOVEMBER 2024

REPORT ON: DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP PERFORMANCE REPORT – 2024-25 QUARTER 1

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: PAC42-2024

1.0 PURPOSE OF REPORT

1.1 The purpose of this report is to update the Performance and Audit Committee on 2024-25 Quarter 1 performance against the National Health and Wellbeing Indicators and 'Measuring Performance Under Integration' indicators. Data is also provided in relation to Social Care – Demand for Care at Home services.

2.0 RECOMMENDATIONS

It is recommended that the Performance & Audit Committee (PAC):

- 2.1 Note the content of this summary report.
- 2.2 Note the performance of Dundee Health and Social Care Partnership, at both Dundee and Local Community Planning Partnership (LCPP) levels, against the National Health and Wellbeing Indicators as summarised in Appendix 1 (tables 1, 2 and 3).
- 2.3 Note the performance of Dundee Health and Social Care Partnership against the 'Measuring Performance Under Integration' indicators as summarised in Appendix 1 (table 3).
- 2.4 Note the number of people waiting for a social care assessment and care at home package and associated hours of care yet to be provided in Appendix 2.

3.0 FINANCIAL IMPLICATIONS

3.1 None.

4.0 BACKGROUND INFORMATION

4.1 The Quarterly Performance Report analyses performance against the National Health and Wellbeing Indicators. 5 of the 23 National Health and Wellbeing Indicators are monitored quarterly (emergency admissions, emergency bed days, readmissions, falls admissions and delayed discharge bed days lost). The quarterly performance report also summarises performance against indicators in the Measuring Performance Under Integration (MPUI) suite of indicators for four out of six high level service delivery areas – emergency admissions, emergency bed days, accident and emergency and delayed discharges, end of life and balance of care. Further information regarding these indicators and the methodology used to report these indicators can be found in Appendix 3.

4.2 The Public Bodies (Joint Working) (Scotland) Act 2014 and associated regulations and guidance prescribes that Partnerships must compare performance information between the current reporting

year and the preceding five reporting years. From Q1 2024-25, quarterly performance reports use the 2019-20 baseline year for all indicators.

5.0 QUARTER 1 PERFORMANCE 2024-25 – KEY ANALYTICAL MESSAGES

5.1 Key analytical messages for the Quarter 1 2024-25 period are:

- Significant variation by Local Community Planning Partnership (LCPP) is still apparent, with poorest performance for many of the National Indicators in the most deprived LCPPs.
- Performance is poorer than the 2019-20 baseline for rate of emergency admissions 18+, rate of emergency bed days 18+, rate of hospital admissions due to a fall 65+, emergency admission numbers from A+E 18+, emergency admissions as a rate of all A+E attendances 18+ and 28 day readmissions rate 18+.
- The rate of standard bed days lost to delayed discharges 75+ was 15% lower than the 2019-20 baseline and the rate of complex bed days lost to delayed discharges 75+ was 17% lower which is an improvement.
- Rate of emergency admissions per 100,000 18+ population increased by 15.3% compared with the 2019-20 baseline and there was an increase across every LCPP with The Ferry being the highest with 24.4% increase. This is deterioration in performance.
- Rate of emergency bed days per 100,000 18+ population increased by 4.8% when compared with the 2019-20 baseline. 2 LCPPs saw a decrease in rate of emergency bed days (Coldside -6% and Maryfield -11.2%).
- Rate of emergency readmission within 28 days of any admission increased by 7% between 2019-20 baseline and Q1 2024-25. There was decrease in 1 LCPP (East End by 10%).
- Rate of hospital admissions due to a fall increased by 16% between 2019-20 baseline and Q1 2024-25. There was a decrease in 1 LCPP (Coldside by 12%).
- Rate of bed days lost to standard delayed discharge for people aged 75+ is 15% less than the 2019-20 baseline and improved in 5 LCPPs. At Q1 the LCPP with the highest rate was West End (412 bed days lost per 1,000 people aged 75+) closely followed by Lochee and the LCPP with the lowest rate was North East (65 bed days lost per 1,000 people aged 75+).
- Rate of bed days lost to complex (code 9) delayed discharge for people aged 75+ decreased by 17% between the 2019-20 baseline and Q1 2024-25, which is an improvement. There were increases in 4 out of the 8 LCPPs. Increases were 727% in East End, 184% Strathmartine, 52% in The Ferry and 2% in Lochee.
- In 2023, 90.7% of the last 6 months of life was spent at home or in a community setting; this is higher than the 2019-20 baseline of 89.6% (improvement). Performance across Scotland is similar, Dundee is 5th best out of the 32 partnerships, 2nd in the family groups.

5.2 Public Health Scotland publishes a report on the number of people who are waiting for Social Care and Care at Home service provided by the Health and Social Care Partnerships. The information, contained in Appendix 2, shows the number of people waiting for an assessment for a package of care to allow them to live at home or in the community and the number of hours of care that has been assessed but not yet delivered. The information is presented by people waiting in hospital or waiting at home / in the community for the care at home service to be delivered. Data published from 15 January 2024 onwards reflect improved definitions and therefore caution should be taken when comparing with figures prior to this date.

In Dundee, as at 23 September 2024:

- 0 people waited in hospital and 131 people waited in the community for a social care assessment. 0 people have waited in hospital each week since 17 October 2022.
- 5 people were assessed and waiting for a care at home package in hospital (64 hours yet to be provided).
- 8 people were assessed and waiting for a care at home package in the community (52 hours yet to be provided).
- For those already in receipt of a care at home package 14 additional hours were required and not provided.

6.0 POLICY IMPLICATIONS

6.1 This report has been subject to the Pre-IIA Screening Tool and does not make any recommendations for change to strategy, policy, procedures, services or funding and so has not been subject to an Integrated Impact Assessment. An appropriate senior manager has reviewed and agreed with this assessment.

7.0 RISK ASSESSMENT

Risk 1 Description	Poor performance against national indicators could affect outcomes for individuals and their carers, spend associated with poor performance and the ability of the IJB to deliver fully commitments set out in the Strategic and Commissioning Plan.
Risk Category	Financial, Governance, Political
Inherent Risk Level	Likelihood 3 x Impact 5 = Risk Scoring 15 (which is an Extreme Risk Level)
Mitigating Actions (including timescales and resources)	<ul style="list-style-type: none"> - Continue to develop a reporting framework which identifies performance against national and local indicators. - Continue to report data quarterly to the PAC to highlight areas of exceptional performance (poor and excellent). - Continue to support operational managers by providing in depth analysis regarding areas of poor performance, such as around readmissions to hospital and falls related hospital admissions. - Continue to ensure that data informs operational practices and improvements and also that operational activities and priorities are used to interpret trends shown by the data. - Work with operational managers to identify areas of poor performance that result in operational risk and undertake additional analysis as required.
Residual Risk Level	Likelihood 3 x Impact 3 = Risk Scoring 9 (which is a Moderate Level)
Planned Risk Level	Likelihood 2 x Impact 3 = Risk Scoring 6 (which is a Moderate Risk Level)
Approval recommendation	Given the moderate level of planned risk, this risk is deemed to be manageable.

8.0 CONSULTATIONS

8.1 The Chief Officer, Heads of Service, Health and Community Care and the Clerk were consulted in the preparation of this report.

9.0 BACKGROUND PAPERS

9.1 None.

Christine Jones
Acting Chief Finance Officer

DATE: 11 October 2024

Shahida Naeem
Senior Officer, Data and Intelligence

Lynsey Webster
Lead Officer, Quality, Data and Intelligence

Lisa Traynor
Assistant, Quality, Data and Intelligence

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APPENDIX 1 – Performance Summary

Table 1: Performance in Dundee's LCPPs - % change in Q1 2024-25 against baseline year 2019-20



National Indicator	Dundee	Lochee	East End	Coldside	North East	Strathmartine	Maryfield	West End	The Ferry
Emer Admissions rate per 100,000 18+	+15.3%	+16.0%	+3.0%	+10.7%	+15.8%	+21.5%	+14.1%	+17.2%	+24.4%
Emer Bed Days rate per 100,000 18+	+4.8%	+1.1%	+7.1%	-6.0%	+36.6%	+15.6%	-11.2%	+2.5%	+5.0%
28 Day Readmissions rate per 1,000 Admissions 18+	+7%	+8%	-10%	+7%	+15%	+10%	+18%	+1%	+15%
Hospital admissions due to falls rate per 1,000 65+	+16%	+46%	+22%	-12%	+25%	+11%	+55%	+1%	+11%
Delayed Discharge Bed Days Lost rate per 1,000 75+ (Standard)	-15%	+3%	+44%	-35%	-51%	-39%	+51%	-34%	-10%
Delayed Discharge Bed Days Lost rate per 1,000 75+ (Code 9)	-17%	+2%	+727%	-85%	-97%	+184%	-100%	-56%	+52%

Source: NHS Tayside BSU and PHS (delayed discharge data)

Note: This table shows the Dundee position alongside the position for the 8 LCPPs. Where the LCPP position is poorer than Dundee this is coded as red (worse than Dundee) and where the LCPP position is better than Dundee this is coded as green.

Key: Improved/Better Stayed the same Declined/Worse

Table 2: Performance in Dundee's LCPPs - LCPP Performance in Q1 2024-25 compared to Dundee



National Indicator	Dundee	Lochee	East End	Coldside	North East	Strathmartine	Maryfield	West End	The Ferry
Emer Admissions rate per 100,000 18+	14,372	16,973	17,855	15,553	14,236	16,449	12,530	9,855	12,928
Emer Bed days rate per 100,000 18+	119,549	142,591	144,964	137,293	116,845	135,990	86,028	81,394	121,285
28 Day Readmissions rate per 1,000 Admissions 18+	150	158	143	149	145	162	166	152	128
Hospital admissions due to falls rate per 1,000 65+	35	45	34	34	31	34	41	31	33
Delayed Discharge bed days lost rate per 1,000 75+ (standard)	316	411	405	316	65	237	272	412	314
Delayed Discharge bed days lost rate per 1,000 75+ (Code 9)	52	106	190	19	2	60	0	17	24

Source: NHS Tayside BSU

Note: This table shows the Dundee position alongside the position for the 8 LCPPs. Where the LCPP position is poorer than Dundee this is coded as red (worse than Dundee) and where the LCPP position is better than Dundee this is coded as green.

*There have been no code 9 bed days lost for Maryfield between July 23 to June 24. The last delays for this LCPP was in quarter 1 2023/24.

Key: Improved/Better Stayed the same Declined/Worse

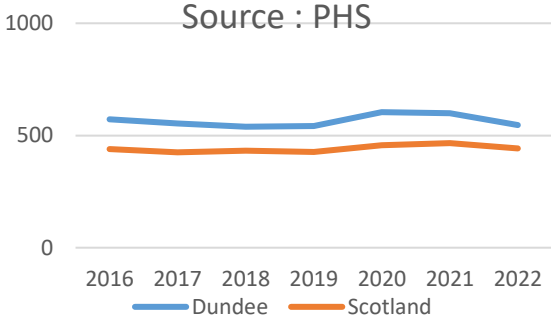
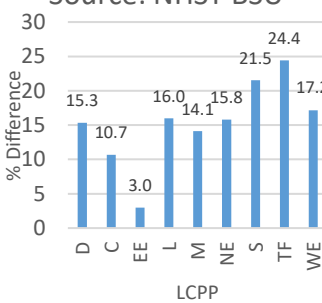
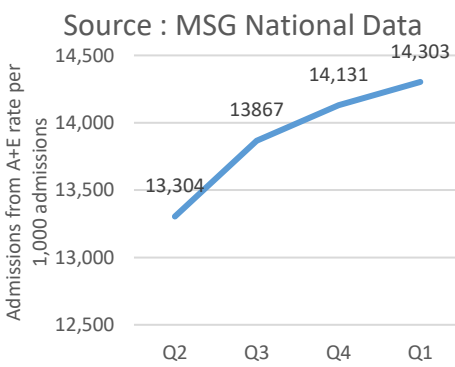
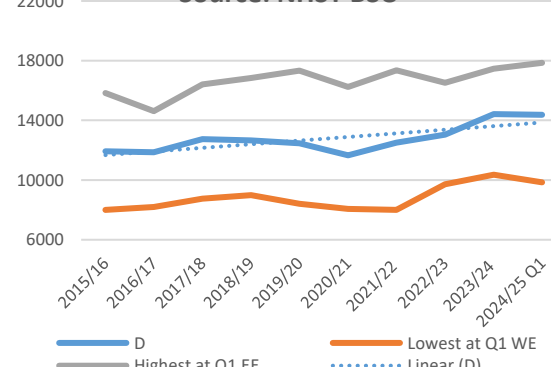
Table 3: Performance in Dundee's LCPPs - LCPP Performance in Q1 2024-25 compared to Dundee

Dundee = D	East End = EE	Coldside = C	West End = WE
Strathmartine = S	North East = NE	Lochee = L	The Ferry = TF

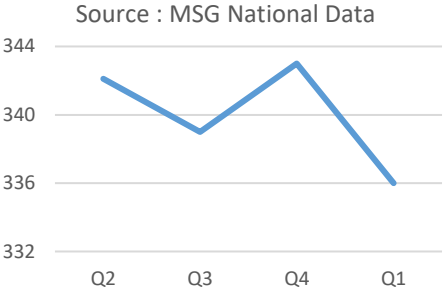
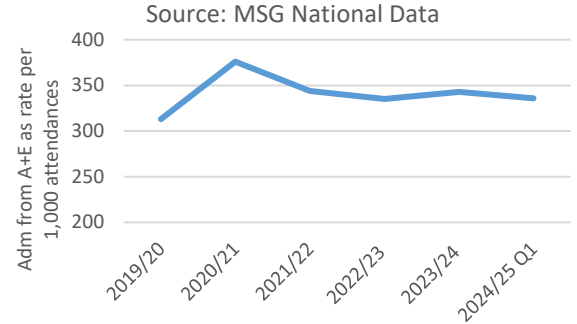
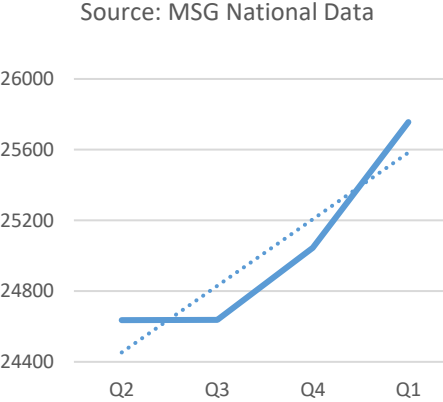
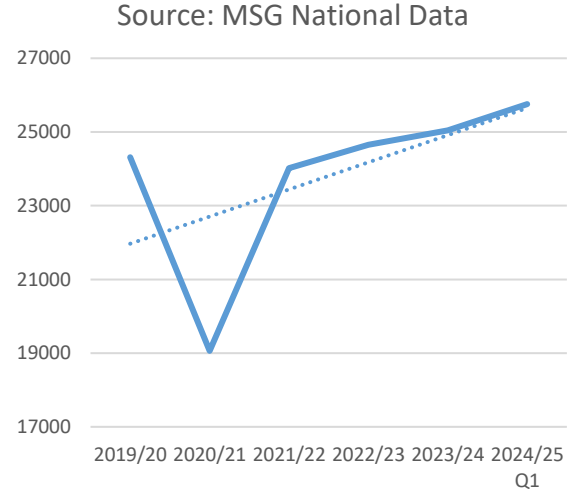
Indicators 1-9 are calculated from results of the National Health and Care Experience Survey. In order to only report responses of people who receive services from the Health and Social Care Partnerships, responses are filtered. The way in which these responses were filtered differed in 2017-18 and 2019-20, for all indicators except indicator 8 (carers) making the data incomparable. Health and Social Care Partnerships are required to monitor performance from the pre integration 2015-16 position to the current position or the previous five years. It is not possible for this to be done for Indicators 1-7 and 9 because; the survey is biennial and also because the methodology for filtering respondents was changed by the Scottish Government prior to the 2019-20 survey. The Scottish Government has advised that comparing the results pre 2019-20 should not be done with the 2019-20 onwards results. We can now, however, compare 3 surveys years 2019-20, 2021-22 and 2023-24.

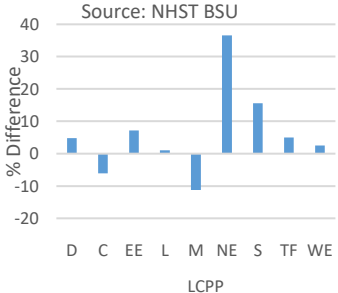
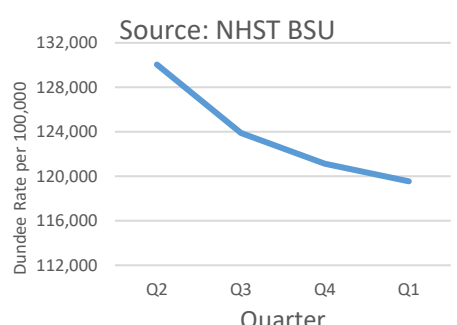
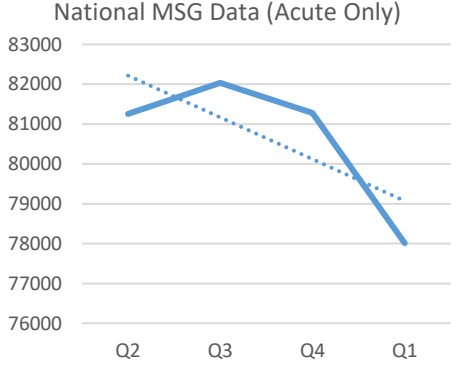
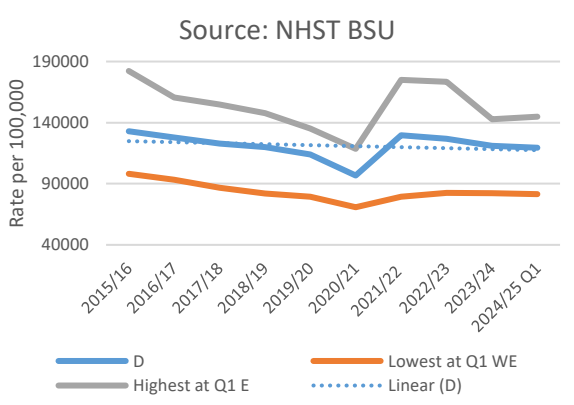
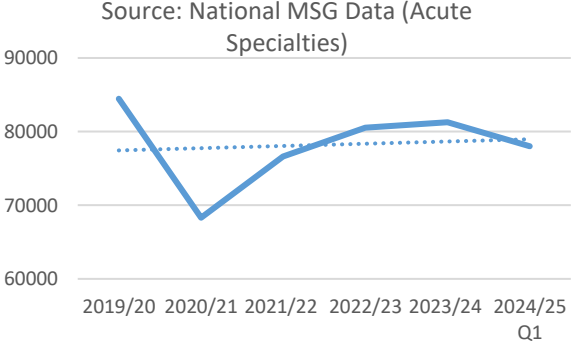
National Indicator	Difference From 19-20 Baseline	Dundee Short Term Trend (last 4 quarters)	Long Term Trend	Scotland Position 1= best, 31 = worst	Family Group Position 1= best, 8 = worst	Tayside Group Position 1= best, 3 = worst
1.% of adults able to look after their health very well or quite well*				29th	5th (88%)	3rd
2.% of adults supported at home who agreed that they are supported to live as independently as possible*				10th	3rd (77%)	1st
3.% of adults supported at home who agreed that they had a say in how their help, care, or support was provided*				10th	4 th (65%)	2nd
4. % of adults supported at home who agree that their health and social care services seem to be well co-ordinated*				13th	4th (64%)	1st
5.% of adults receiving any care or support who rate it as excellent or good*				22nd	5th (68%)	2nd
6.% of people with positive experience of care at their GP practice*				14th	3rd (71%)	2nd

National Indicator	Difference From 19-20 Baseline	Dundee Short Term Trend (last 4 quarters)	Long Term Trend	Scotland Position 1= best, 31 = worst	Family Group Position 1= best, 8 = worst	Tayside Group Position 1= best, 3 = worst
7.% of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life*				14th	3rd (71%)	2nd
8.% of carers who feel supported to continue in their caring role*				8th	3rd (34%)	1st
9.% of adults supported at home who agreed they felt safe*				11th	1 st (77%)	2nd
10. % staff who say they would recommend their workplace as a good place to work	<p>Not Available Nationally</p> <p>iMatter is used to gather feedback from DHSCP staff.</p> <p>In 2024 the response rate was 54%</p> <p>76% of staff reported that they would recommend their organisation as a good place to work.</p>	Not Available Nationally	Not Available Nationally			

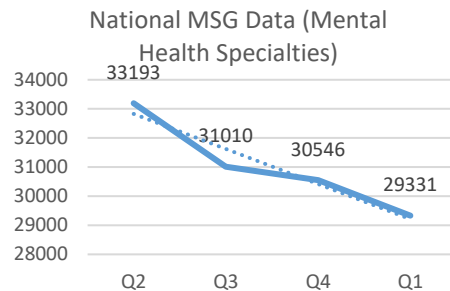
National Indicator	Difference From 19-20 Baseline	Dundee Short Term Trend (last 4 quarters)	Long Term Trend	Scotland Position 1= best, 31 = worst	Family Group Position 1= best, 8 = worst	Tayside Group Position 1= best, 3 = worst
11. Premature mortality rate per 100,000 persons	4.5% less in 2022 than 2016 (improvement)	Not Available	 <p>Source : PHS</p> <p>2022 is latest available published data</p>	29th	6th	3rd
12. Emer Admissions rate per 100,000 18+	<p>Source: NHST BSU</p>  <p>There was an increase in the emergency admissions rate by 15.3% between 2019-20 and Q1 24-25. This equates to an increase of 2,216 emergency admissions (deterioration). (source: NHST BSU)</p>	<p>Source : MSG National Data</p>  <p>Increasing trend over the last 4 quarters</p>	<p>Source: NHST BSU</p>  <p>Note - Linear (D) is the trendline for Dundee</p>	28th	7th	3rd

			<p>Source: National MSG Data</p> <table border="1"> <caption>National MSG Data</caption> <thead> <tr> <th>Year</th> <th>Value</th> </tr> </thead> <tbody> <tr> <td>2019/20</td> <td>12000</td> </tr> <tr> <td>2020/21</td> <td>11000</td> </tr> <tr> <td>2021/22</td> <td>12000</td> </tr> <tr> <td>2022/23</td> <td>12500</td> </tr> <tr> <td>2023/24</td> <td>14000</td> </tr> <tr> <td>Q1 2024/25</td> <td>14000</td> </tr> </tbody> </table>	Year	Value	2019/20	12000	2020/21	11000	2021/22	12000	2022/23	12500	2023/24	14000	Q1 2024/25	14000													
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Emergency Admissions Numbers from A&E (MSG)	1061 more emergency admissions from A+E in Q1 24/25 than 2019/20	<p>Source: MSG National Data</p> <table border="1"> <caption>Admissions from A+E Numbers</caption> <thead> <tr> <th>Quarter</th> <th>Value</th> </tr> </thead> <tbody> <tr> <td>Q2</td> <td>8450</td> </tr> <tr> <td>Q3</td> <td>8350</td> </tr> <tr> <td>Q4</td> <td>8450</td> </tr> <tr> <td>Q1</td> <td>8650</td> </tr> </tbody> </table> <p>An increasing trend since Q3 2023/24</p>	Quarter	Value	Q2	8450	Q3	8350	Q4	8450	Q1	8650	<p>Source: MSG National Data</p> <table border="1"> <caption>Admissions from A+E No. 18+</caption> <thead> <tr> <th>Year</th> <th>Value</th> </tr> </thead> <tbody> <tr> <td>2019/20</td> <td>7500</td> </tr> <tr> <td>2020/21</td> <td>7100</td> </tr> <tr> <td>2021/22</td> <td>7800</td> </tr> <tr> <td>2022/23</td> <td>8200</td> </tr> <tr> <td>2023/24</td> <td>8400</td> </tr> <tr> <td>2024/25 Q1</td> <td>8600</td> </tr> </tbody> </table> <p>Increase since 2020/21</p>	Year	Value	2019/20	7500	2020/21	7100	2021/22	7800	2022/23	8200	2023/24	8400	2024/25 Q1	8600	NA as number and not rate	NA as number and not rate	NA as number and not rate
Quarter	Value																													
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2024/25 Q1	8600																													

Emergency Admissions as a Rate per 1,000 of all Accident & Emergency Attendances (MSG)	Rate is 23(7%) higher in 2024/25 Q1 than the base year of 2019/20.	<p>Source : MSG National Data</p>  <p>Even though numbers for emergency admissions from A&E has increased, the rate per 1,000 against all A&E admissions is showing a decrease.</p>	<p>Source: MSG National Data</p>  <p>Stable trend since 2021/22, despite emergency admissions numbers from A+E increasing. This is because the number of A+E attendances also increased albeit at a slower rate.</p>	Not Avail	Not Avail	Not Avail
National Indicator	Difference From 19-20 Baseline	Dundee Short Term Trend (last 4 quarters)	Long Term Trend	Scotland Position 1= best, 31 = worst	Family Group Position 1= best, 8 = worst	Tayside Group Position 1= best, 3 = worst
Number of Accident & Emergency Attendances (MSG)	1438 (6% increase) more A&E attendances in Q1 2024/25 than 2019/20	<p>Source: MSG National Data</p>  <p>Increase in attendance since Q3</p>	<p>Source: MSG National Data</p> 	NA as number and not rate	NA as number and not rate	NA as number and not rate

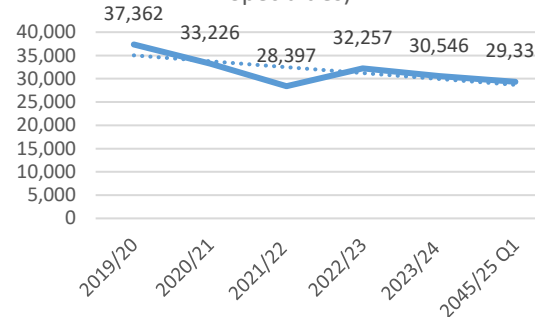
National Indicator	Difference From 19-20 Baseline	Dundee Short Term Trend (last 4 quarters)	Long Term Trend	Scotland Position 1= best, 31 = worst	Family Group Position 1= best, 8 = worst	Tayside Group Position 1= best, 3 = worst
<p>13. Emer Bed days rate per 100,000 18+</p>	 <p>Source: NHST BSU</p> <p>There was an increase in the emergency bed days rate by 4.8% between 2019-20 and Q1 24-25. This equates to an increase of 5,683 emergency bed days (deterioration). (source: NHST BSU)</p>	 <p>Source: NHST BSU</p> <p>The emergency bed days rate is showing a decreasing trend with a significant decrease from Q2 to Q3.</p> <p><i>*TrakCare data cleansing has taken place which has contributed to the Q3 decrease</i></p>  <p>National MSG Data (Acute Only)</p>	 <p>Source: NHST BSU</p>  <p>Source: National MSG Data (Acute Specialties)</p>	15th	1st	2nd

8031 (21%) less mental health bed days in Q1 2024-25 than 2019-20 (improvement) (source: MSG)



A decrease in the rate of mental health emergency bed days since Q2 (improvement)

National MSG Data (Mental Health Specialties)



An overall decrease in the rate of mental health emergency bed days since 2019-20 (improvement)

National Indicator

Difference From 19-20 Baseline

Dundee Short Term Trend (last 4 quarters)

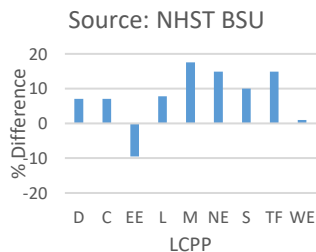
Long Term Trend

Scotland Position
1= best, 31 = worst

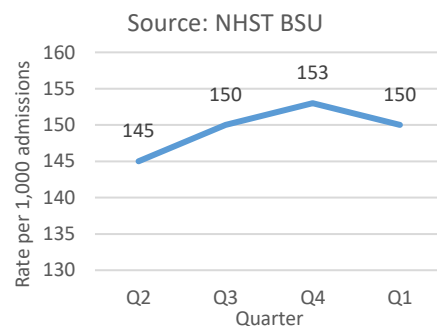
Family Group Position
1= best, 8 = worst

Tayside Group Position
1= best, 3 = worst

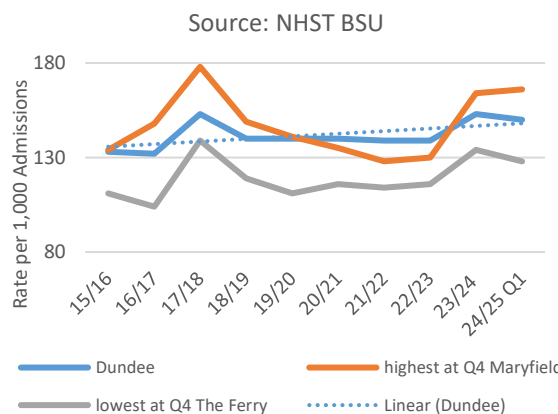
14. Readmissions rate per 1,000 Admissions 18+



The rate is 7% higher at Q1 2024-25 than 2019-20. The number of readmissions (numerator) increased by 680 readmissions between 2019-20 and Q1 2024-25



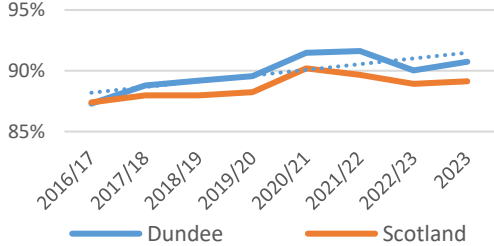
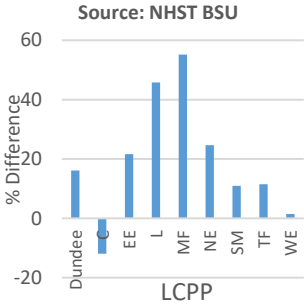
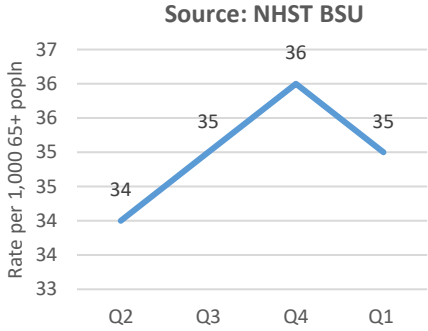
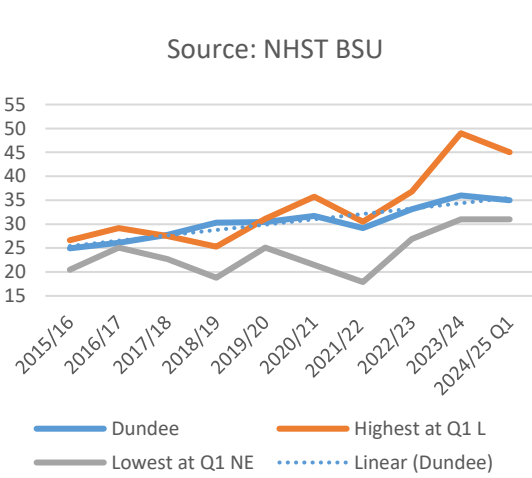
There has been a slight decrease from Q4 2023-24 to Q1 2024-25



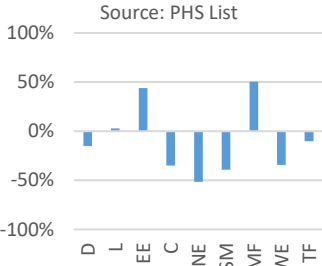
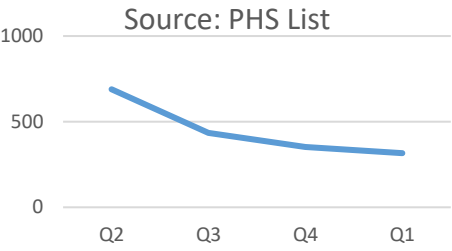
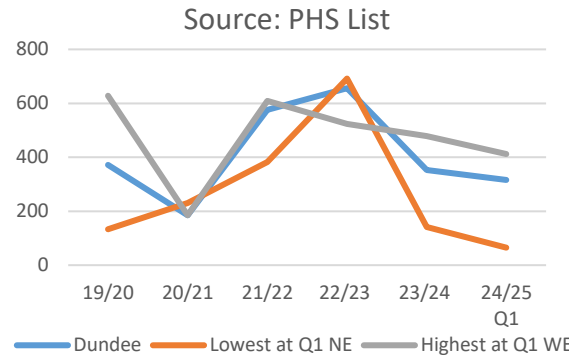
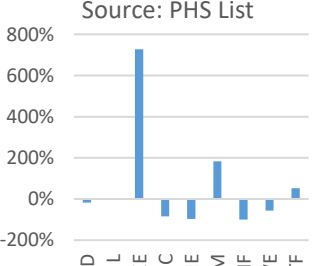
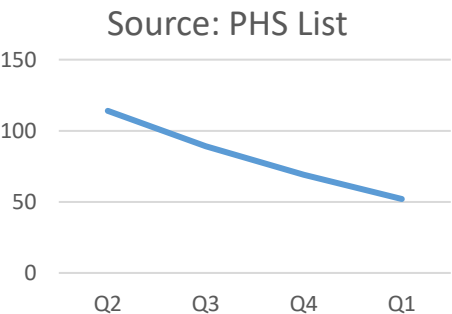
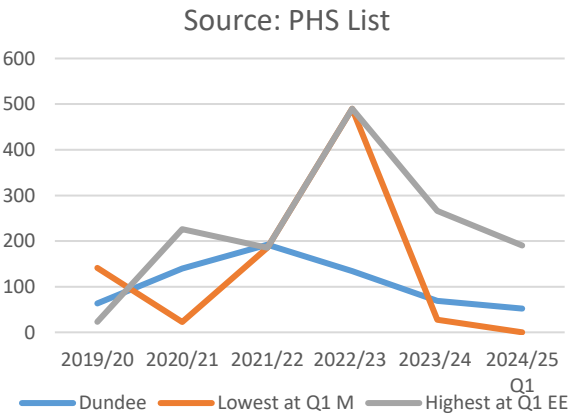
31st

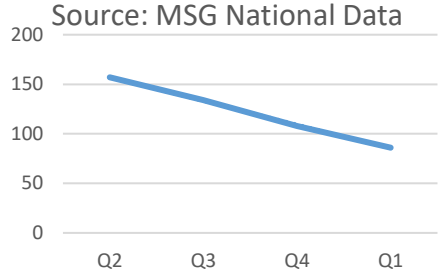
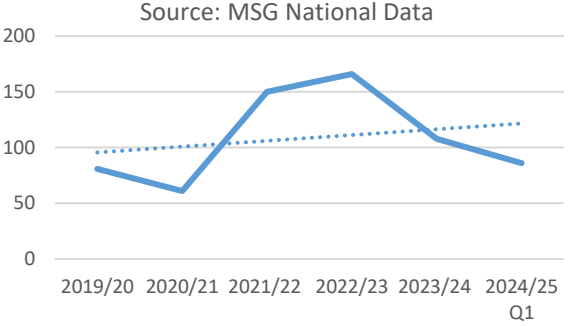
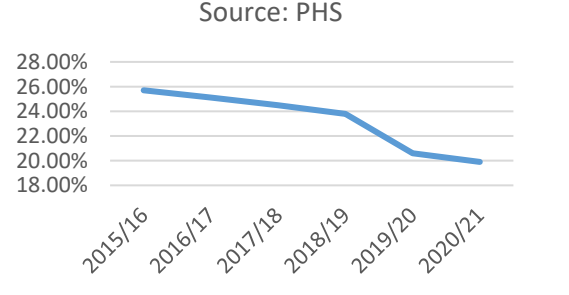
8th

3rd

National Indicator	Difference From 19-20 Baseline	Dundee Short Term Trend (last 4 quarters)	Long Term Trend	Scotland Position 1= best, 31 = worst	Family Group Position 1= best, 8 = worst	Tayside Group Position 1= best, 3 = worst
<p>15. % of last 6 months of life spent at home or in a community setting</p>	<p>Up from 89.2% in 2018/19 to 90.7% in 2023 (improvement)</p>	<p>Not Available</p>		<p>5th</p>	<p>2nd</p>	<p>2nd</p>
<p>16. Hospital admissions due to falls rate per 1,000 65+</p>	<p>Source: NHST BSU</p>  <p>The rate of admissions has increased by 16% in Q1 24-25 from the 2019-20 baseline. This equates to an increase of 137 fall related hospital admissions. The greatest increase (deterioration) in the number of falls was in Maryfield with a 55% increase (39 fall related admissions) (deterioration). Maryfield was 2nd lowest LCPP in 2019/20.</p>	<p>Source: NHST BSU</p>  <p>There was a reduction in the rate per 1,000 falls between Q4 and Q1.</p>	<p>Source: NHST BSU</p> 	<p>31st</p>	<p>8th</p>	<p>3rd</p>

National Indicator	Difference From 19-20 Baseline	Dundee Short Term Trend (last 4 quarters)	Long Term Trend	Scotland Position 1= best, 31 = worst	Family Group Position 1= best, 8 = worst	Tayside Group Position 1= best, 3 = worst																											
17. % care services graded 'good' (4) or better in Care Inspectorate inspections	Dropped from 86.2% in 2018/19 to 77.5% in 2023/24 (deterioration) There has been a gradual increase in the past two years	Not Available	<p style="text-align: center;">Source : Public Health Scotland</p> <table border="1"> <caption>Percentage of care services graded 'good' or better</caption> <thead> <tr> <th>Year</th> <th>Dundee City (%)</th> <th>Scotland (%)</th> </tr> </thead> <tbody> <tr><td>2016/17</td><td>87.5</td><td>87.5</td></tr> <tr><td>2017/18</td><td>89.0</td><td>88.5</td></tr> <tr><td>2018/19</td><td>89.5</td><td>88.5</td></tr> <tr><td>2019/20</td><td>90.0</td><td>88.5</td></tr> <tr><td>2020/21</td><td>91.5</td><td>90.5</td></tr> <tr><td>2021/22</td><td>91.5</td><td>90.0</td></tr> <tr><td>2022/23</td><td>90.0</td><td>89.5</td></tr> <tr><td>2023</td><td>90.5</td><td>89.5</td></tr> </tbody> </table>	Year	Dundee City (%)	Scotland (%)	2016/17	87.5	87.5	2017/18	89.0	88.5	2018/19	89.5	88.5	2019/20	90.0	88.5	2020/21	91.5	90.5	2021/22	91.5	90.0	2022/23	90.0	89.5	2023	90.5	89.5	19th	7th	1st
Year	Dundee City (%)	Scotland (%)																															
2016/17	87.5	87.5																															
2017/18	89.0	88.5																															
2018/19	89.5	88.5																															
2019/20	90.0	88.5																															
2020/21	91.5	90.5																															
2021/22	91.5	90.0																															
2022/23	90.0	89.5																															
2023	90.5	89.5																															
18. % adults with intensive care needs receiving care at home	7.4% (155 people) more in 2023 than 2017 (improvement) (note calendar year)	Not Available	<p style="text-align: center;">Source : Public Health Scotland</p> <table border="1"> <caption>Percentage of adults with intensive care needs receiving care at home</caption> <thead> <tr> <th>Year</th> <th>Dundee City (%)</th> <th>Scotland (%)</th> </tr> </thead> <tbody> <tr><td>2016</td><td>54.0</td><td>61.5</td></tr> <tr><td>2017</td><td>54.5</td><td>61.0</td></tr> <tr><td>2018</td><td>58.5</td><td>62.0</td></tr> <tr><td>2019</td><td>57.5</td><td>62.5</td></tr> <tr><td>2020</td><td>59.5</td><td>62.5</td></tr> <tr><td>2021</td><td>63.0</td><td>64.0</td></tr> <tr><td>2022</td><td>60.5</td><td>64.0</td></tr> <tr><td>2023</td><td>61.5</td><td>64.5</td></tr> </tbody> </table>	Year	Dundee City (%)	Scotland (%)	2016	54.0	61.5	2017	54.5	61.0	2018	58.5	62.0	2019	57.5	62.5	2020	59.5	62.5	2021	63.0	64.0	2022	60.5	64.0	2023	61.5	64.5	24th	6th	3rd
Year	Dundee City (%)	Scotland (%)																															
2016	54.0	61.5																															
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National Indicator	Difference From 19-20 Baseline	Dundee Short Term Trend (last 4 quarters)	Long Term Trend	Scotland Position 1= best, 31 = worst	Family Group Position 1= best, 8 = worst	Tayside Group Position 1= best, 3 = worst
19.1 Delayed Discharge bed days lost rate per 1,000 75+ (standard)	<p>Source: PHS List</p>  <p>15% decrease (improvement) since 2019/20.</p>	<p>Source: PHS List</p>  <p>Improving trend in the last 3 quarters</p>	<p>Source: PHS List</p>  <p>Legend: Dundee (blue), Lowest at Q1 NE (orange), Highest at Q1 NE (grey)</p>	NA	NA	NA
19.2 Delayed Discharge bed days lost rate per 1,000 75+ (Code 9)	<p>Source: PHS List</p>  <p>17% decrease (improvement) since 2019-20 and decrease (improvement) in 4 LCPPs.</p>	<p>Source: PHS List</p>  <p>Downward trend for delayed discharges</p>	<p>Source: PHS List</p>  <p>Legend: Dundee (blue), Lowest at Q1 M (orange), Highest at Q1 EE (grey)</p>	NA	NA	NA

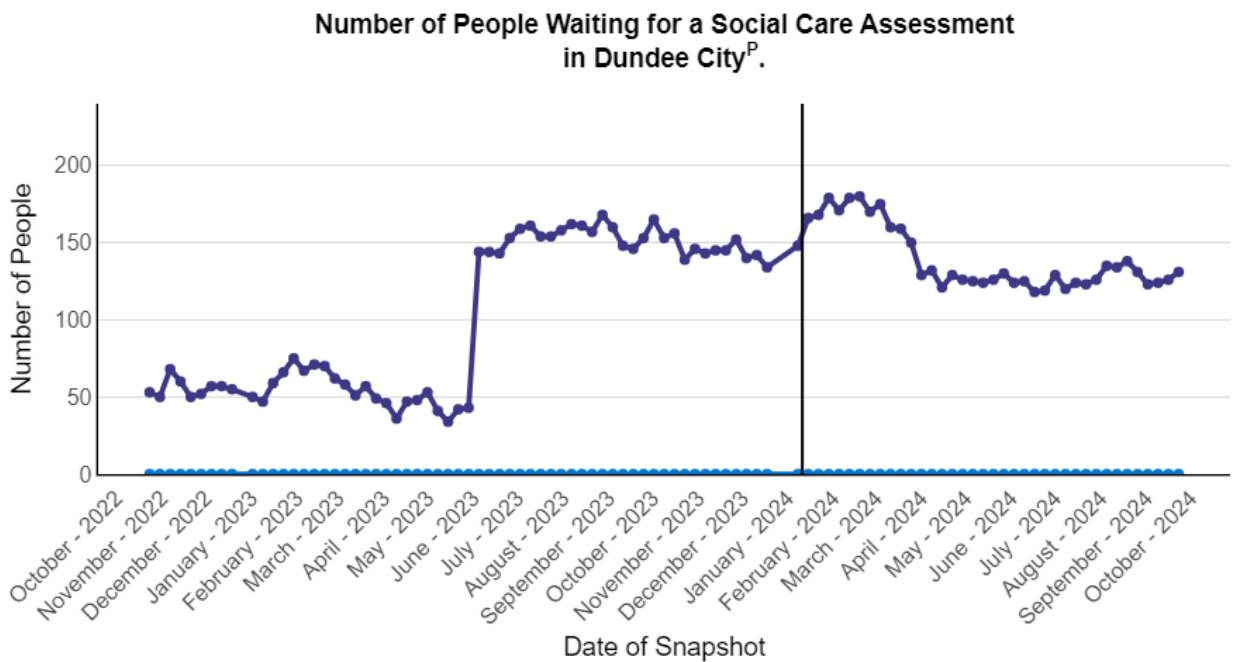
National Indicator	Difference From 19-20 Baseline	Dundee Short Term Trend (last 4 quarters)	Long Term Trend	Scotland Position 1= best, 31 = worst	Family Group Position 1= best, 8 = worst	Tayside Group Position 1= best, 3 = worst
Delayed Discharge bed days lost rate per 1,000 18+ (All Reasons) (MSG)	Bed days have increased since 2019-20. This is a deterioration although recent trends show an improvement. In 2019-20 there were 9,861 bed days lost and this increased to 10,477 at Q1 2024-25.	<p>Source: MSG National Data</p>  <p>Reduction (improvement) since Q2.</p>	<p>Source: MSG National Data</p>  <p>A decrease in bed days lost rate since 2022/23.</p>	NA	NA	NA
20. % of health and social care resource spent on hospital stays where the patient was admitted as an emergency	5.8% less in 2020/21* than 2015/16 (improvement) *latest data available	Not Available	<p>Source: PHS</p> 	18th	3rd	3rd

APPENDIX 2 SUMMARY OF SOCIAL CARE – DEMAND FOR CARE AT HOME SERVICES DUNDEE

This report is an assessment of the demand for Care at Home services provided by Health and Social Care Partnerships. The information shows the number of people waiting for an assessment for a package of care to allow them to live at home or in the community and the number of hours of care that has been assessed but not yet delivered. The information is presented by people waiting in hospital or waiting at home/community for the care at home services to be delivered.

The data items submitted from 15 January 2024 onwards reflects improved definitions and therefore comparing figures before this date should be done with caution.

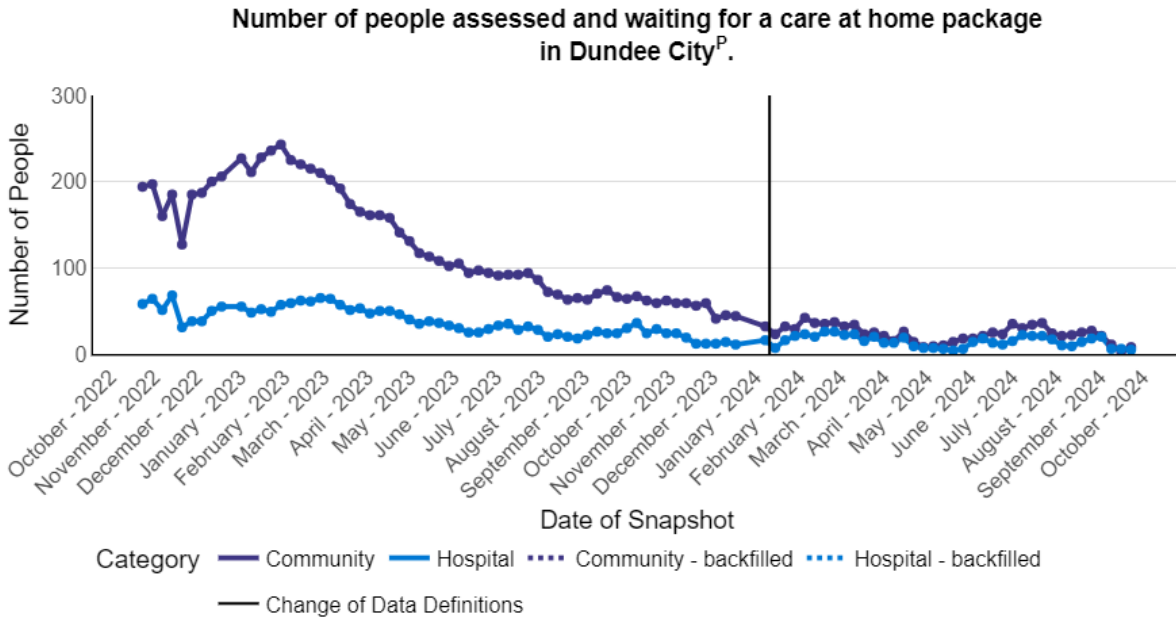
Chart 1



In Dundee as at 23rd September 2024:

- 0 people waited in hospital and 131 people waited in the community for a social care assessment.
- 0 people have waited in hospital each week since 17 October 2022.

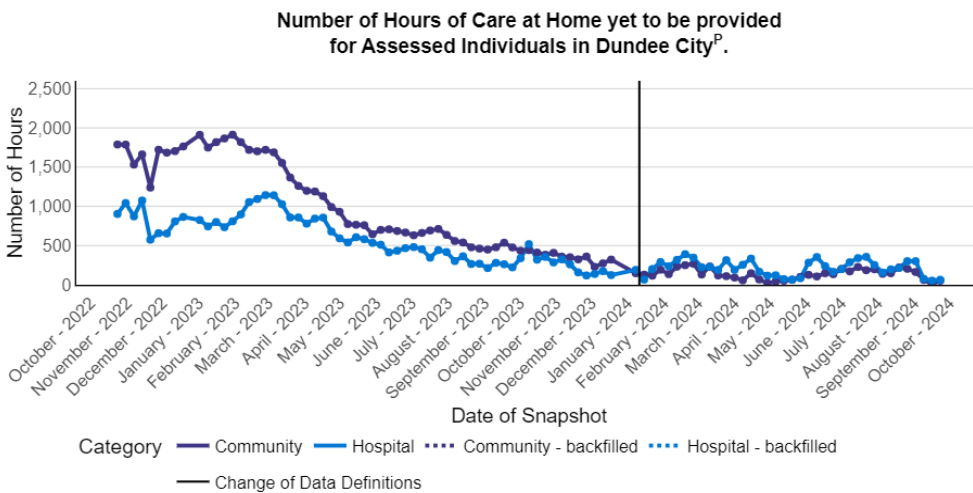
Chart 2



In Dundee as at 23rd September 2024:

- 5 people were assessed and were waiting in hospital for a care at home package.
- 8 people were assessed and were waiting in the community for a care at home package.

Chart 3

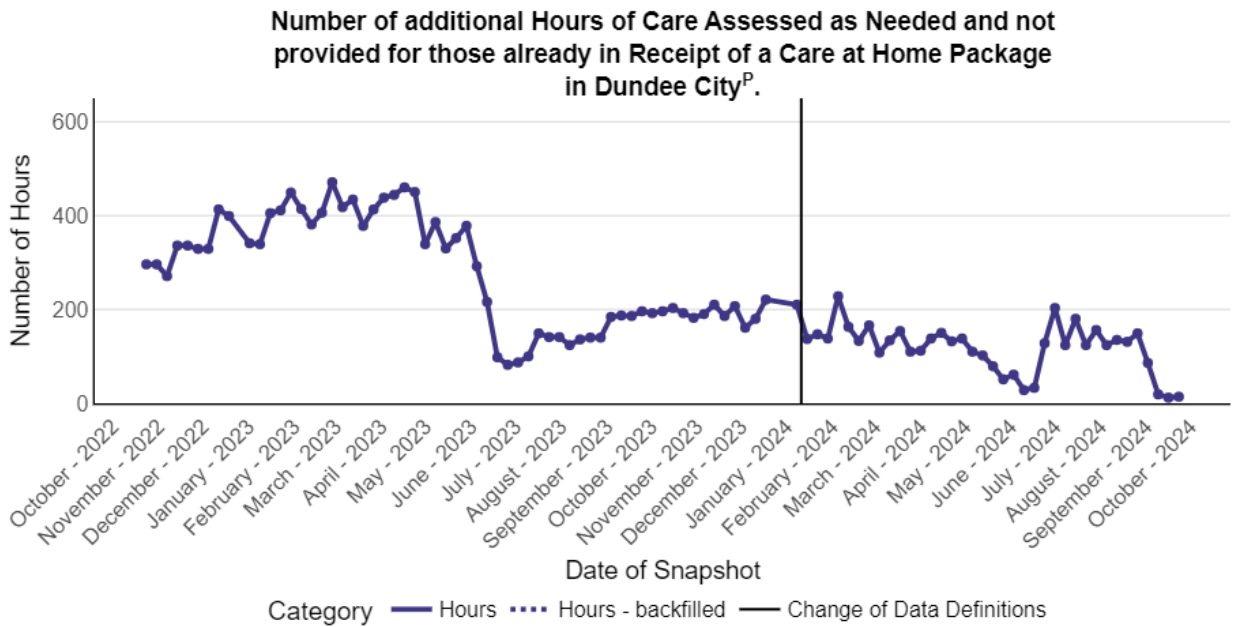


In Dundee as at 23rd September 2024:

- 5 people were assessed and waiting for a care at home package in hospital (64 hours yet to be provided).

- 8 people were assessed and waiting for a care at home package in the community (52 hours yet to be provided).

Chart 4



In Dundee as at 23rd September 2024:

- For those already in receipt of a care at home package 14 additional hours were required and not provided.

APPENDIX 3 – DATA SOURCES USED FOR MEASURING PERFORMANCE

The Quarterly Performance Report analyses performance against National Health and Wellbeing Indicators 1-23 and Measuring Performance Under Integration (MPUI) indicators. 5 of the 23 National Health and Wellbeing Indicators are monitored quarterly (emergency admissions, emergency bed days, readmissions, falls admissions and delayed discharge bed days lost). Data is provided both at Dundee and Local Community Planning Partnership (LCPP) level (where available). Data is currently not available for eight out of the 13 National Indicators which are not reported using The Health and Social Care Experience Survey (see section 4.3). The Scottish Government and Public Health Scotland are working on the development of definitions and datasets to calculate these indicators nationally.

The National Health and Wellbeing Indicators 1-9 are reported from The Health and Social Care Experience Survey administered by the Scottish Government which is conducted biennially. Full details were provided to the PAC in February 2021 (Article V of the minute of the Dundee Performance and Audit Committee held on 3 February 2021 refers). The Scottish Government changed the methodology used to filter responses to reflect people who receive services from the Partnership and therefore it is not possible to longitudinally compare results for National Indicators 1-7 and 9.

The quarterly performance report also summarises performance against indicators in the Measuring Performance Under Integration (MPUI) suite of indicators for four out of six high level service delivery areas – emergency admissions, emergency bed days, accident and emergency and delayed discharges, end of life and balance of care. In November 2020 the Performance and Audit Committee agreed that targets should not be set for 2020/21 for these indicators, however that the indicators should continue to be monitored in quarterly performance reports submitted to the PAC (Article VI of the minute of the Dundee Performance and Audit Committee held on 24 November 2020 refers).

National data is provided to all partnerships, by Public Health Scotland. This data shows rolling¹ monthly performance for emergency admissions, emergency admissions from accident and emergency, accident and emergency attendances, emergency bed days and delayed discharges. Previously Public Health Scotland were only able to provide data for all ages, however following feedback from Dundee and other Partnerships they have now provided data for people age 18+.

It was agreed at the PAC held on 19 July 2017 (Article VIII of the minute of the meeting refers) that local data, provided by the NHS Tayside Business Unit will be used to produce more timeous quarterly performance reports against the National Health and Wellbeing Indicators. NHS Tayside Business Unit has provided data for emergency admissions, emergency bed days, readmissions, delayed discharges and falls.

Data provided by NHS Tayside differs from data provided by Public Health Scotland (PHS); the main differences being that NHS Tayside uses 'board of treatment' and PHS uses 'board of residence' and NHS Tayside uses an admissions based dataset whereas PHS uses a discharge based dataset (NHS Tayside records are more complete but less accurate as PHS data goes through a validation process). As PHS data is discharge based, numbers for one quarter will have been updated the following quarter as records get submitted for those admitted one quarter and discharged a subsequent quarter. By the time PHS release their data, records are (in most cases) 99% complete. The data provided by NHS Tayside Business Unit is provisional and figures should be treated with caution.

¹ For Q1 the data is for the period July 2023 to June 2024



REPORT TO: PERFORMANCE & AUDIT COMMITTEE – 20 NOVEMBER 2024

REPORT ON: DUNDEE HEALTH & SOCIAL CARE PARTNERSHIP CLINICAL, CARE & PROFESSIONAL GOVERNANCE ASSURANCE REPORT

REPORT BY: CLINICAL DIRECTOR

REPORT NO: PAC44-2024

1.0 PURPOSE OF REPORT

1.1 This is presented to the Performance and Audit Committee for:

- Assurance

This report relates to:

- Government policy/directive
- Legal requirement

This aligns to the following NHSScotland quality ambitions:

- Safe
- Effective
- Person-centred

This report provides evidence of the following Best Value Characteristics:

- Equality
- Vision and Leadership
- Effective Partnerships
- Governance and Accountability
- Use of Resources
- Performance Management
- Sustainability

2.0 RECOMMENDATIONS

It is recommended that the Performance & Audit Committee (PAC):

2.1 Provide their view on the level of assurance this report provides and therefore the level of assurance regards clinical and care governance within the Partnership. The timescale for the data within this report is to 30 September 2024.

2.2 As Lead Officer for Dundee HSCP I would suggest that the level of assurance provided is: Reasonable; due to the following factors:

- There is evidence of a sound system of governance throughout the HSCP.
- The identification of risk and subsequent management of risk is articulated well throughout services.
- There is ongoing scope for improvement across a range of services, in relation to the governance processes, although this is inextricably linked to the ongoing difficulties with recruitment and retention of staff.

- There is evidence of noncompliance relating to a fully comprehensive governance system across some teams, i.e. contemporary management of adverse events and risks.

3.0 FINANCIAL IMPLICATIONS

3.1 None.

4.0 ASSESSMENT

4.1 Clinical and Care Risk Management

a.1 Lack of resource to deliver the benzodiazepine dependence pathway compliant with guideline, DDARS

Datix Ref	Risk Exposure – No controls			Current Risk Exposure Rating												Planned Risk Exposure			Risk Trend (↑/→/↓)
				Please include data from previous four reporting periods															
				5/12/23			16/2/24			26/6/24			17/10/24						
	L	C	RER	L	C	RER	L	C	RER	L	C	RER	L	C	RER	L	C	RER	
1129	5	4	20	4	4	16	4	4	16	4	4	16	4	4	16	3	3	9	→

L = Likelihood C = Consequence RER = Risk Exposure Rating

Insufficient number of DDARS staff with prescribing competencies

Datix Ref	Risk Exposure – No controls			Current Risk Exposure Rating												Planned Risk Exposure			Risk Trend (↑/→/↓)
				Please include data from previous four reporting periods															
				5/12/23			16/2/24			26/6/24			17/10/24						
	L	C	RER	L	C	RER	L	C	RER	L	C	RER	L	C	RER	L	C	RER	
612	5	5	25	4	4	16	4	4	16	3	5	15	3	5	15	3	3	9	→

L = Likelihood C = Consequence RER = Risk Exposure Rating

Increasing patient demand in excess of resources – DDARS

Datix Ref	Risk Exposure – No controls			Current Risk Exposure Rating												Planned Risk Exposure			Risk Trend (↑/→/↓)
				Please include data from previous four reporting periods															
				5/12/23			16/2/24			26/6/24			17/10/24						
	L	C	RER	L	C	RER	L	C	RER	L	C	RER	L	C	RER	L	C	RER	
233	4	5	20	5	5	25	5	5	25	3	5	15	3	5	15	3	4	12	→

L = Likelihood C = Consequence RER = Risk Exposure Rating

a.2 Three of the top 5 risks sit with the Dundee Drug and Alcohol Recovery Service (DDARS). There are ongoing service pressures due to staff turnover that affect all of the key risks identified although it is noted this has slowed considerably and the team are approaching a full complement of staff.

This increase in staffing has helped however we recognise that the people using the service have an increasingly high level of complex needs and due to the Medication Assisted Treatment (MAT) programme we have had to commit significant resources to new interventions such as two Buvival® clinics that run all day 5 days a week. Dundee continues to be one of the best performing HSCPs in Scotland in relation the MAT Standards.

a.3 Risk 233 had shown a current risk score in excess of the inherent risk score since April 2023. This was primarily due to ongoing challenges relating to recruitment and retention into the DDARS service. This is starting to ease as noted above.

Currently there is one vacancy within the DDARS Nursing team, which is currently advertised. Training and induction has commenced for 4 newly qualified nurses. Work is ongoing with regard to allocating patients a named nurse, with priority for the most complex needs.

Acuity and dependence levels continue to intensify within the patient group requiring intensive input from staff including adult support and protection concerns. Housing and homelessness are proving to be an issue for our most complex patient group where mainstream housing is not adequate for their needs.

While this is not within DDARS complement of staffing, the absence of hospital liaison staff is resulting in risks attached to the management of the patients for drugs and alcohol use in acute care results in additional demands for nursing staff.

Two locums remain in post and plans to advertise for substantive posts are now in place. These posts are required to maintain safe clinical services, same day prescribing, Buvidal® prescribing, support for non-medical prescribers and advanced nurse practitioners, medical trainees, GPs with special interest and the specialty doctor.

There has been a significant amount of work achieved over recent years to increase the diversity of the nursing role. This has resulted in the increase of non medical prescribing and advanced nurse practitioner roles.

DDARS has seen growth in the staff group who have prescribing competencies. At this time there are 7.4wte nursing staff who can prescribe (2 previous NMPs promoted within the service to non-clinical roles) and 7 trainees, which includes the primary care project staff and child and family nurses.

Training is ongoing: 2 staff will complete training within next 4 months, 1 additional staff member within 10 months with 4 staff currently planning start dates.

The longer-term workforce plan is to have 3 non-medical prescribing staff for each team. This would result in an additional 3.6 staff (18 in total) with prescribing competencies to achieve this, based on current need.

There are currently 2 Advanced Nurse Practitioners (ANP) and 1 trainee ANP, who have been providing intensive support to individuals where there are co-occurring physical conditions. This intensive input has been integral in ensuring people access the right care at the right time ensuring positive outcomes.

The benzodiazepine dependence pathway is currently being considered via a National Taskforce who are considering the possible models of practice. There is no update on progress of this since the last committee meeting.

a.4 Capacity issue due to vacancy and new staff – Dietetic Diabetes Team

Datix Ref	Risk Exposure – No controls			Current Risk Exposure Rating												Planned Risk Exposure			Risk Trend (↑/→/↓)		
				Please include data from previous four reporting periods																	
										09/03/2024			17/10/2024								
L	C	RER	L	C	RER	L	C	RER	L	C	RER	L	C	RER	L	C	RER				
1434	5	4	20									4	4	16	4	3	12	3	2	6	↓

L = Likelihood C = Consequence RER = Risk Exposure Rating

The dietetic diabetes team comprises 4 staff (3.2wte). There has been rapid turnover of staff within the team which has led to a reduction in knowledge and skills which is being addressed through comprehensive induction and educational processes. There is only one full time member of staff with the knowledge and skill to comprehensively induct and educate the 2 new starts which is prolonging the process. A number of mitigations have been explored including:

- Successful international recruitment.
- Requests have been made to other health boards to support education and training. Currently there have been no offers to support due to capacity issues across Scotland.
- Investigation of clinical support from within and out with NHS Tayside.

- Following robust dietetic risk assessment has been undertaken to identify priority patient groups.
- Following robust dietetic risk assessment specific groups of patients have been identified who can self-manage with support from written or video information with minimal risk.
- Where appropriate, patient education groups are used as an alternative to one to one appointments
- Clinical admin processes have been reviewed and streamlined to protect direct patient care.
- All videos and leaflets have been uploaded to the Diabetes MCN website to enable easier access for patients and clinicians.

a.5 Capacity to Exercise Guardianship Duties (Learning Disabilities)

DatixRef	Risk Exposure – No controls			Current Risk Exposure Rating												Planned Risk Exposure			Risk Trend (↑/→/↓)			
				Please include data from previous four reporting periods																		
										10/06/2024			17/10/2024									
L	C	RER	L	C	RER	L	C	RER	L	C	RER	L	C	RER	L	C	RER					
1343	5	3	15							5	3	15	4	3	12	3	2	6	↓			

L = Likelihood C = Consequence RER = Risk Exposure Rating

As a result of the limited capacity of the learning disability team to undertake Guardianship duties, there is a risk that people under family Guardianship scrutiny may not receive a suitable level of support and those awaiting allocation of a Local Authority Guardianship will experience delays in care.

The team have established a process for the prioritisation of renewals to ensure there are no lapses in orders and this is closely monitored by the team manager. Appropriately trained mental health officer staff are able to work additional hours on an ad hoc basis to support.

New Risks

Psychological Therapies (Pending Risk)

a.6 Risk 1543 – Breach of Referral to Treatment standards leading to implementation of enhanced support measures.

There continue to be a significant number of vacant posts within Tayside Area Psychological Therapies service – specifically clinical psychologist posts. A number of these vacant posts are impacting upon some psychological therapy specialties with regards to meeting Scottish Government waiting times / HEAT targets.

In September 2024 the Scottish Government wrote to NHS Tayside outlining that NHS Tayside Psychological therapies service has been put under “enhanced support”, based on the referral to treatment time (RTT) dropping below the 90% RTT 18 week target. The most recent data shows that 72% of psychological therapies services are meeting the 18 week target. The Acting Director for Psychological Therapies has developed an action plan and will be working closely with Scottish Government colleagues to implement this.

Workforce Risks

b.1 There are a number of risks (13, increased from 12) pertaining to workforce availability across a wide spectrum of professions, including nurses, medical staff, allied health professions and social care staff. The vast majority of teams are affected to some degree, often with mitigations impacting on those teams who are able to recruit staff. Work continues to enhance recruitment and retention, with international recruits now being widely employed. Staff wellbeing remains a focus for the HSCP.

Primary Care (PC) Sustainability Risk – Strategic Risk 1374

b.2 The Sustainability Primary Care Services Risk current rating remains at 20 (Red/ Very High), having been reduced in 2023 from 25 following the implementation of some of the more strategic

and leadership actions across Tayside. This risk is categorised as a Quality (of Care) Clinical risk. There are currently 21 GP Practices in Dundee.

This risk recognises that a failure to maintain sustainable Primary Care Services in localities and across Tayside will result in a failure to meet both the National Clinical Strategy and will have a negative impact on both patients and staff. The risk arises as a result of an inability to:

- Reliably recruit, train and retain workforce
- Have appropriate premises arrangements to deliver clinical and support services, and
- Have in place adequate digital systems to support clinical care and communication between teams, patients and across the services. This risk encompasses all Primary Care contractors; Dental, Optometry, General Practice and Community Pharmacy.

A second sustainability survey was undertaken with GP practices across Tayside in February 2024 which gathered more data on workforce and general information on other issues impacting on a practice's sustainability. The preliminary analysis of the second survey indicates that 20% of Dundee practices consider their future sustainability to be a risk. The factors contributing to this included GP partner leaving/retirement, increased patient demand versus capacity and independent contractor practices noting some or significant impact on sustainability risk arising from leasing/ownership of premises. An interim survey focussing on workforce was issued in September 2024 to monitor the position.

Local actions and controls have been, and continue to be, developed, and reviewed. These actions seek to increase capacity, manage demand and address barriers by taking forward actions within the control of the HSCP.

The workstreams linked to the Primary Care Improvement Plan are mostly fully recruited to, except for the pharmacy team which has ongoing challenges, despite innovative approaches to increasing skill mix. There is the potential to further develop these teams but there is no resource to do so.

However, the increasing demand for GP and the wider Primary Care team is such that any improvement or shift of clinical workload has been offset by that demand. Dundee is therefore in a position of having had three practices closing in a three year period. Numerous practices have had periods with closed lists and being unable to accept new registrations.

Dundee has a Premises Strategy and a wider GP strategy agreed and is working to progress this. The removal of the burden of ownership, or leasing of premises is critical to the recruitment of new GPs partners and there has been limited progress regionally and nationally for this but at 30 September 2024 there has been no progress regionally with leases transferring to NHS Tayside. In total three Dundee practices have received a GP sustainability loan (as at April 2024). However, the loan scheme for 2023/24 had been oversubscribed and Scottish Government needed to fund the completed loans before accepting any further tranche one agreements. Scottish Government are not yet in a position to say when tranche two applications would be opened.

Resource had been identified locally to support the GP career start programme which is key to supporting some practices remain stable, but longer term funding is still not in place.

The local development and further integration of urgent care teams and the development of roles in other primary care-based teams, will continue to contribute positively, such as the advanced district nurse role.

Treated/Archived Risks

- b.3* Treated/Archived Risks are those that have all planned/proposed control in place, and the risk has been mitigated to the lowest possible level.

There has been one risk treated/archived with the time period, risk number 839 (Maintaining safe substance misuse services through COVID-19)(Dundee Drug and Alcohol Recovery Service).

Closed Risks

- b.4* Closed Risks are risks that have been replaced or superseded and are therefore no longer required to be managed.

There has been one risk closed within the time period. This was risk number 1400 (Warfarin Monitoring in the Community Nursing Service).

4.2 Clinical & Care Governance Arrangements

b.5 The arrangements for clinical, care & professional governance (CCPG) in the Dundee HSCP are outlined in Appendix 1: Dundee HSCP Governance Structure.

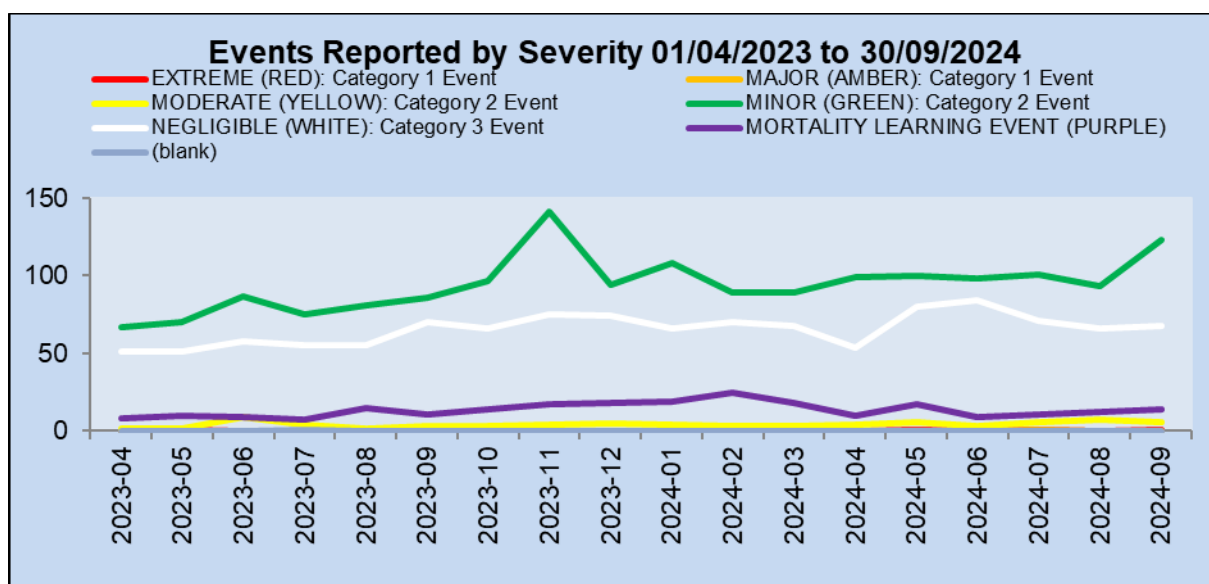
During this reporting period exception reports were presented to the CCPG Group from the following services as outlined in the table below.

To support enhanced compliance and to meet internal audit recommendations the production and presentation of exception reports is being more closely monitored. The Clinical, Care and Professional Governance Group are also reviewing frequency of annual reports and exception reports to support management capacity. The following table details where assurance reports have been submitted and if a member of the service was present to speak to the report or provide a verbal update.

MEETING DATE	24 Apr 2024		20 Jun 2024		14 Aug 2024		9 Oct 24	
EXCEPTION REPORT	Report	Speaker	Report	Speaker	Report	Speaker	Report	Speaker
Learning Disability & Mental Health	N	N	Y	Y	Y	Y	Y	Y
Psychology	Y	N	N	N	Y	Y	Y	Y
DDARS & Sexual Health	N	Y	N	Y	N	N	Y	Y
Nutrition & Dietetics	Y	Y	Y	N	Y	Y	Y	Y
Community Services	Y	Y	Y	Y	Y	Y	Y	Y
Acute & Urgent Care	N	N	N	N	Y	Y	Y	Y
Inpatients & Day Care	Y	Y	Y	Y	Y	Y	Y	Y
Older People MH & Care Homes	Y	Y	N	Y	N	Y	Y	N
Primary Care	N	Y	Y	Y	Y	Y	Y	Y

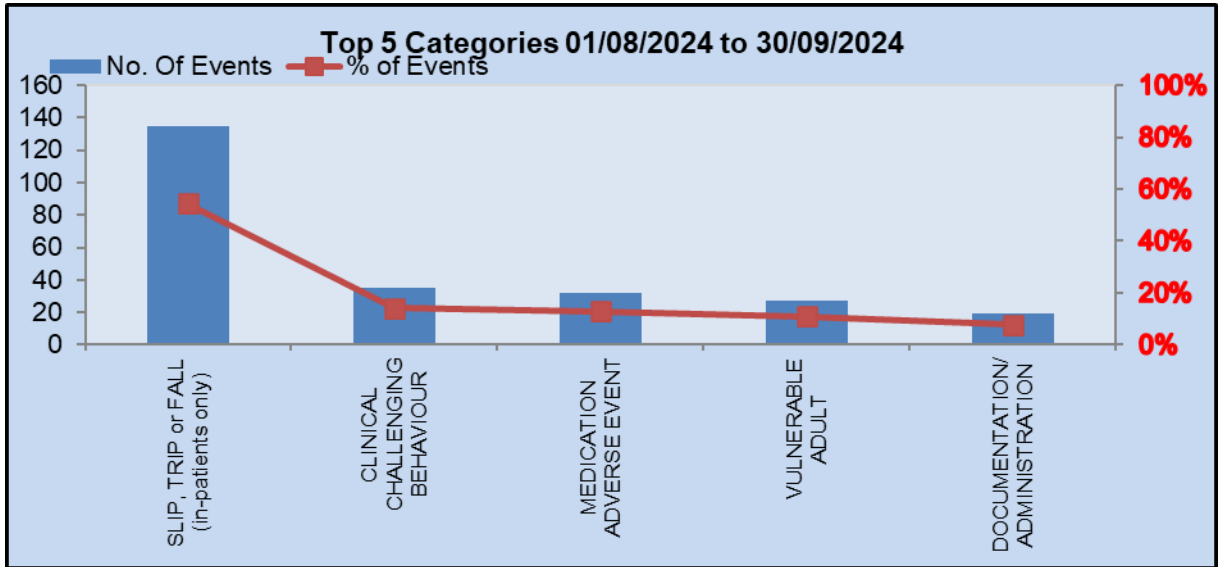
4.3 Adverse Event Management

c.1 The following graph shows the impact of the reported adverse events by month over the past 18 months. There were 390 adverse events reported in this time period (01/08/2024-30/09/2024). There is an increase in minor events with a small rise in mortality learning events, the majority of these are reported through expected death categories. (12 of 27 reported adverse events).



The ratio of events with harm to events with no harm is 1 to 3.6. This shows no change in position from the previous report.

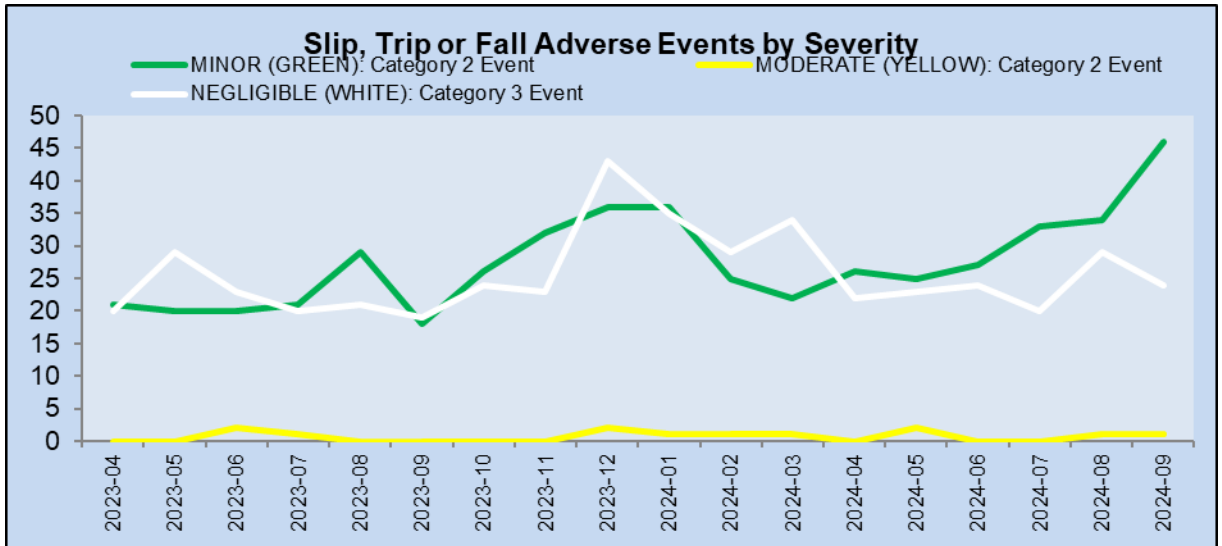
c.2 The following graph shows the Top Five Categories reported between 01/08/2024 and 30/09/2024.



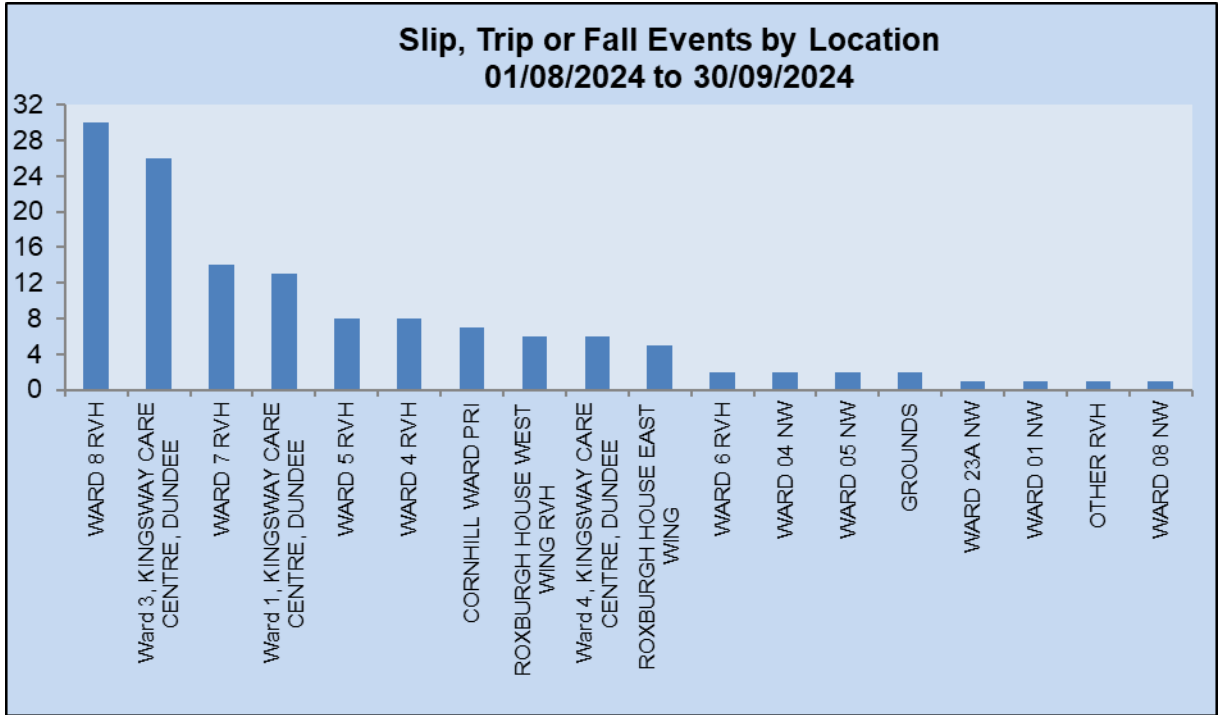
These categories account for 248 of the 390 events (64%) reported within the time period.

Slips, Trips and Falls

c.3 There were 135 events reported between 01/08/2024 and 30/09/2024. This is an increase of 42 from the last reporting period. The following table shows slips, trips and falls by severity over the past 18 months:



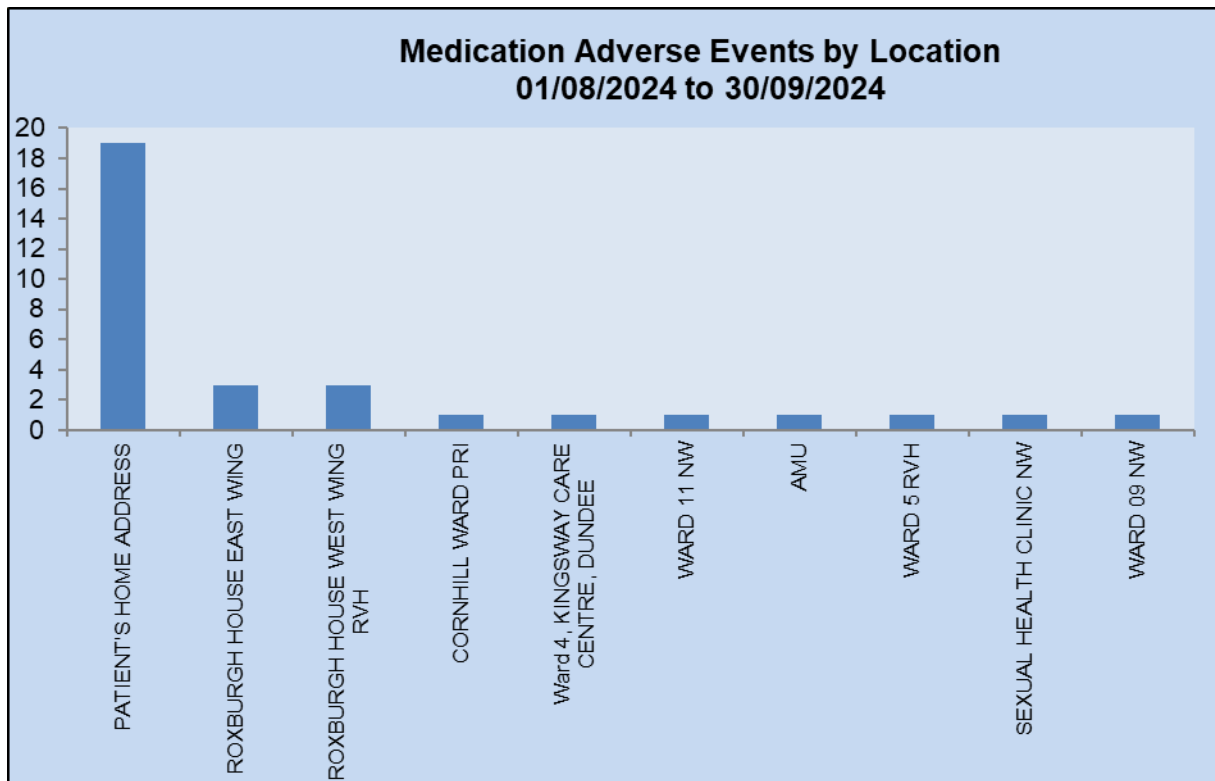
c.4 The following chart shows the number of slips, trips and falls (In-patients only) by location, with the highest number of falls being across Psychiatry of Old Age, Palliative Care Services and Medicine for the Elderly. In patient teams continue to review all falls to ensure all preventative measures are in place and that post falls reviews are undertaken. The level of harm resulting from a fall remains low.



c.5 The above graph (c.3) shows an increase in in-patient falls over this reporting period. A review of the adverse events shows a number of individuals were responsible for multiple events across a number of ward areas. The severity of these adverse events remains low with minimal harm to patients (bruising, skin flaps) and no harm to staff. The services have made contact with the Patient Safety Team to support a falls review within in-patient services with a view to undertake a falls improvement project.

Medication Adverse Events

c.6 There were 32 events reported between 01/08/2024 and 30/09/2024. This is a decrease of 9 from the last reporting period. Within this there were 15 separate subcategories reported across 9 different clinical teams. There are no clear themes or patterns identified within teams or across the HSCP. The majority of these events occur in the patients' homes (19) with the most commonly occurring subcategory being Missed Dose by Staff (6), with (4) within District Nursing.

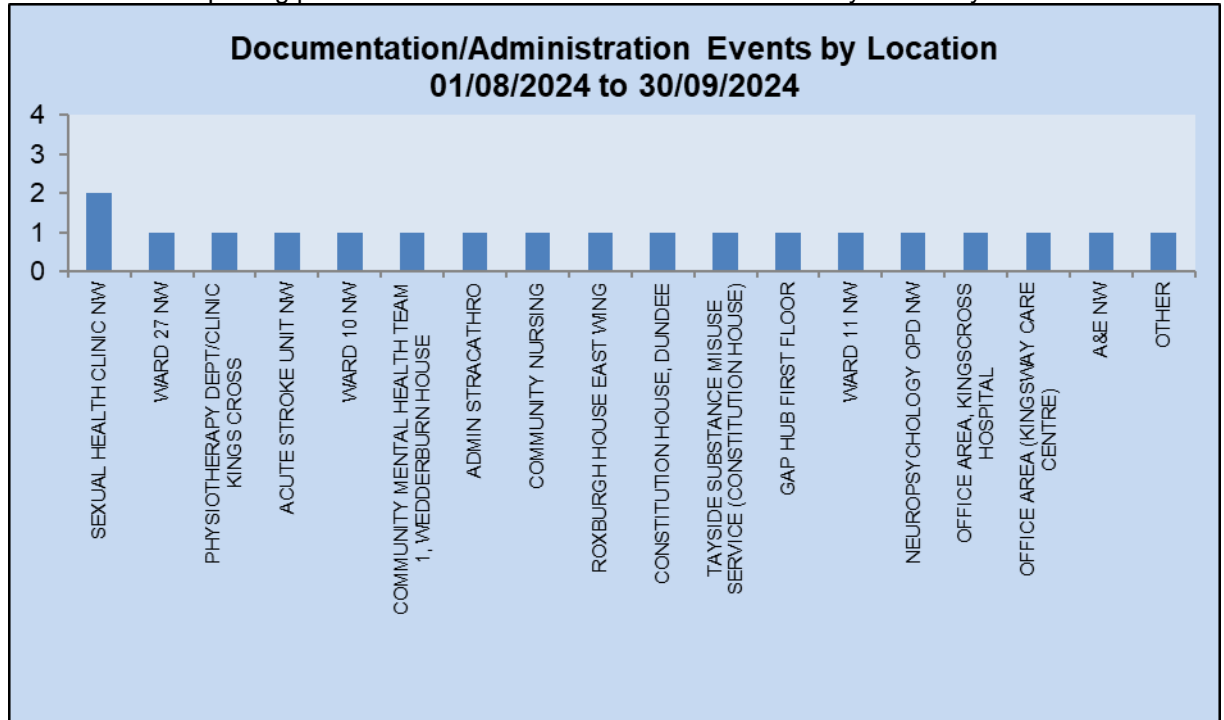


Each adverse event is followed up within the team to identify learning and any required improvements with those involved undertaking reflection. This frequently includes working closely with our pharmacy colleagues.

A number of these incidents identified adverse events in other parts of the system that were identified via HSCP teams, e.g. discharged without correct medicine. Follow up discussions are held with teams to support learning and management of risk.

Documentation/Administration

c.7 There were 19 events reported between 01/08/2024 and 30/09/2024. This shows a decrease of 5 from the last reporting period. The chart below shows the care delivery events by location.



The high number of incidents reported this period was primarily due to documentation errors (7). They all occurred over 6 different clinical teams with no clear themes.

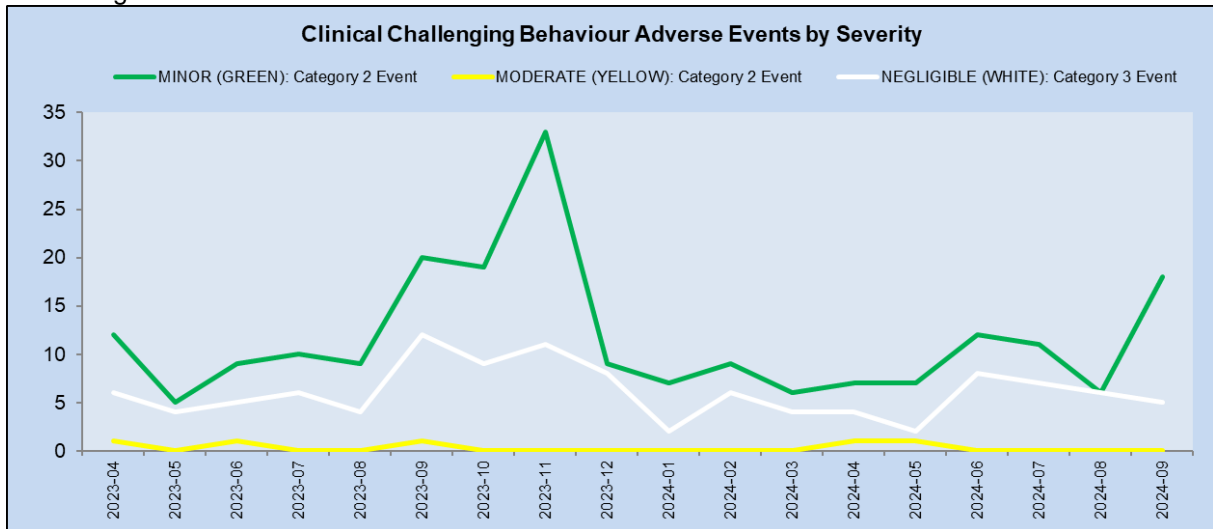
Clinical Challenging Behaviour

c.8 There were 35 events reported between 01/08/2024 and 30/09/2024. This is an increase of 13 from the last report. The chart below shows the clinical challenging behaviour adverse events by location.



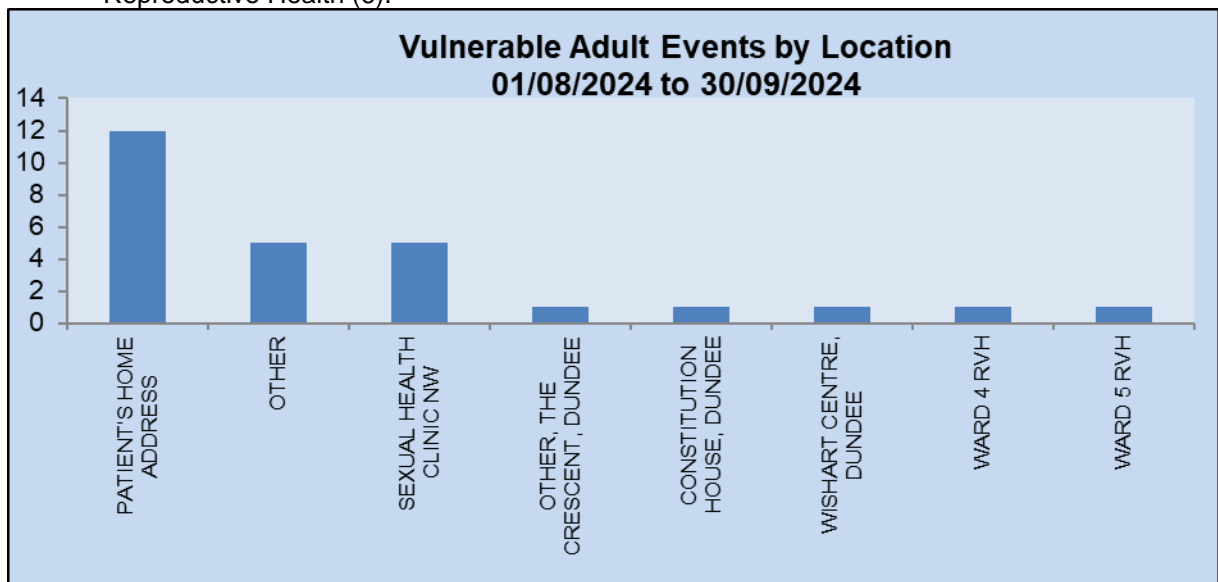
The majority of these events occur in our Psychiatry of Old Age services. There are an increasing number of patients being admitted with high levels of stress and distress. There is very positive evidence of these incidents being well managed with staff being well supported as outlined in the post incident reviews that are carried out.

The graph below shows clinical challenging behaviour adverse events over the last 18 months. The higher levels of adverse events relate to when a small number of patients are responsible for a high number of events. The most common subcategory for these events is 'From agitation/confusion'.



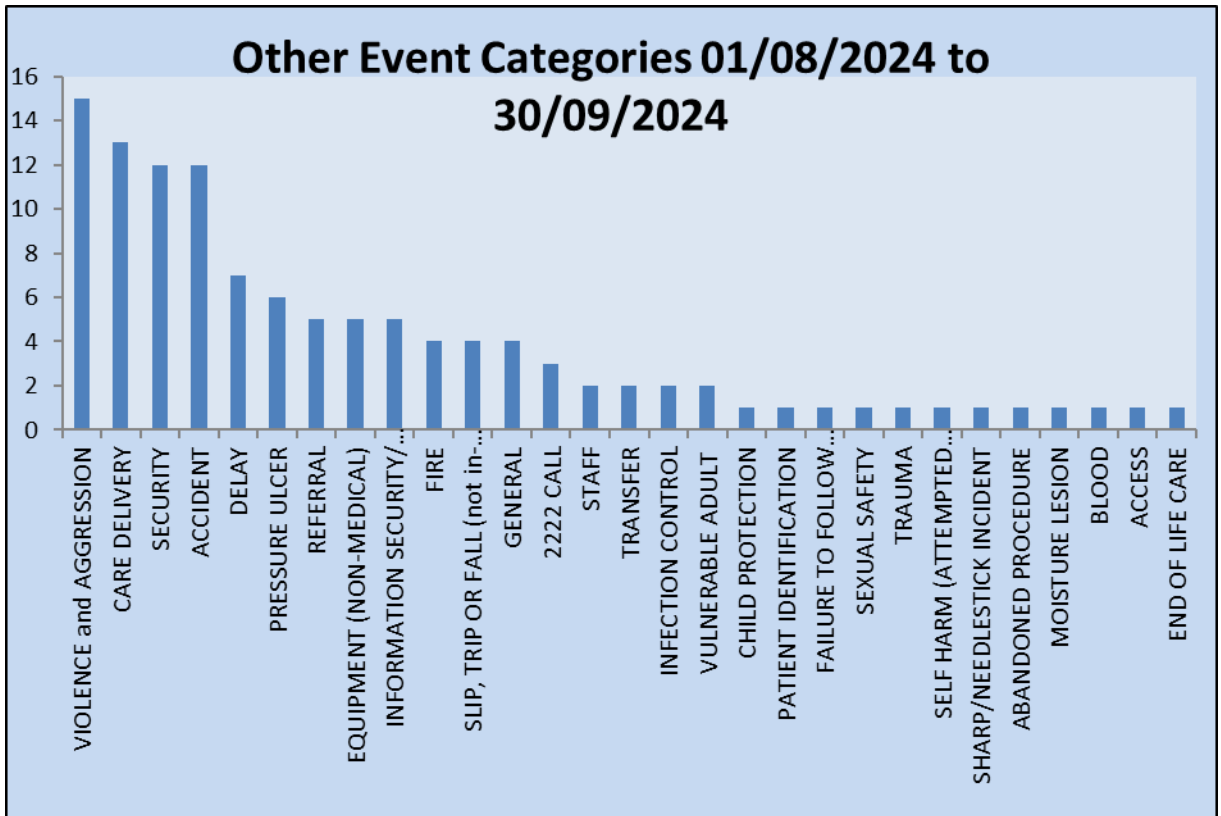
Vulnerable Adult

c.9 There were 27 events reported in this reporting period with the numbers of Vulnerable Adult incidents, which shows an increase of 9 since the last report. The high number of incidents reported this period was primarily due to possible exposure to abusive behaviour (13). They all occurred over 7 different clinical teams with the majority reported in Tayside Sexual and Reproductive Health (6).



Other Event Categories

c.10 There were 115 events reported outwith the top five events reported. These are listed in the chart below.

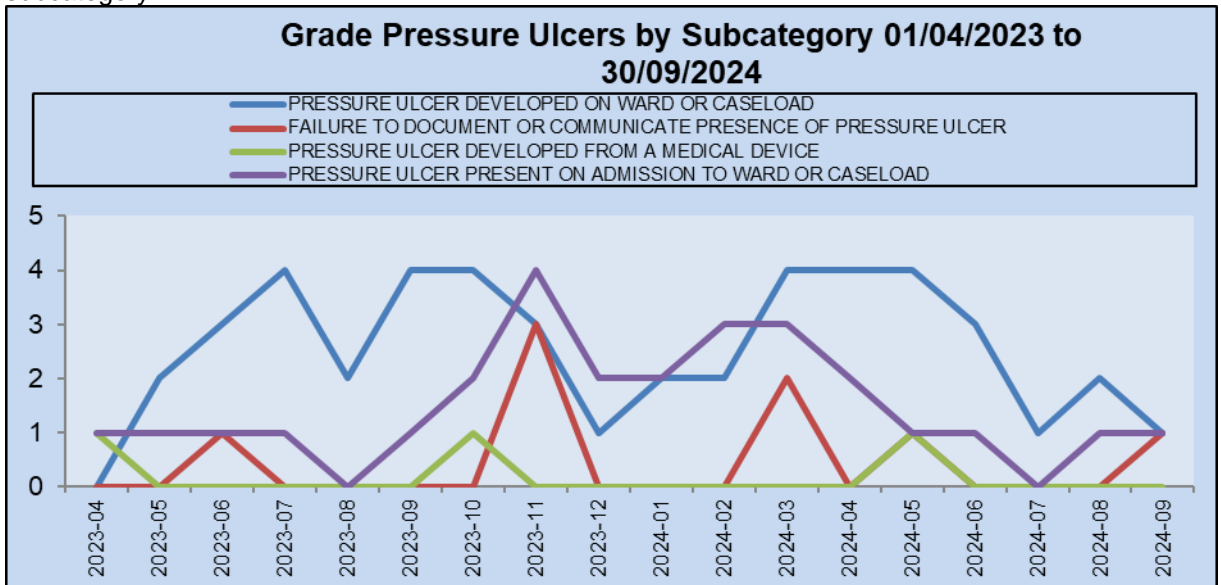


Significant Adverse Event Reviews

- c.11 There are currently two active Significant Adverse Event Reviews in Dundee HSCP. One of these is now ready to be signed off. Once complete, a learning summary will be shared with the committee.

Pressure Ulcers & Falls

- c.12 There have been 6 pressure ulcer events reported between 01/08/2024 and 30/09/2024. The number of pressure ulcers reported over the past 18 months is shown in the following graph, by subcategory.



Where pressure ulcers develop on a ward or caseload this is consistently reviewed and within community services is predominantly as a result of patients and families not following the clinical advice provided by the nursing team. The team will work with families and patients to educate and support as much as possible in these situations, ensuring patient-centred care, particularly during palliative and end of life care.

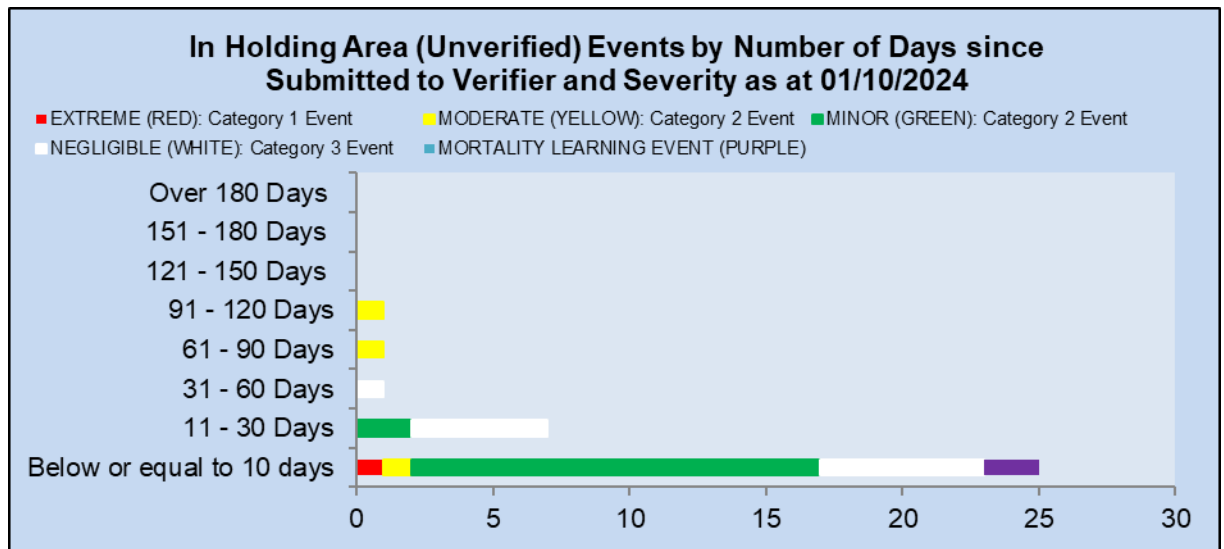
Where pressure ulcers are noted on admission to a caseload or ward, work investigations are commenced to ensure all preventative steps have been taken, with all relevant services collaborating.

Adverse events management – Systems and Processes

c.13 Overdue Unverified Events

At the time of data extraction, there were 35 unverified events. Of these unverified events, 21 had exceeded the timescale of 72 hours for verification.

The following graph shows the unverified events by the severity and the number of days overdue.

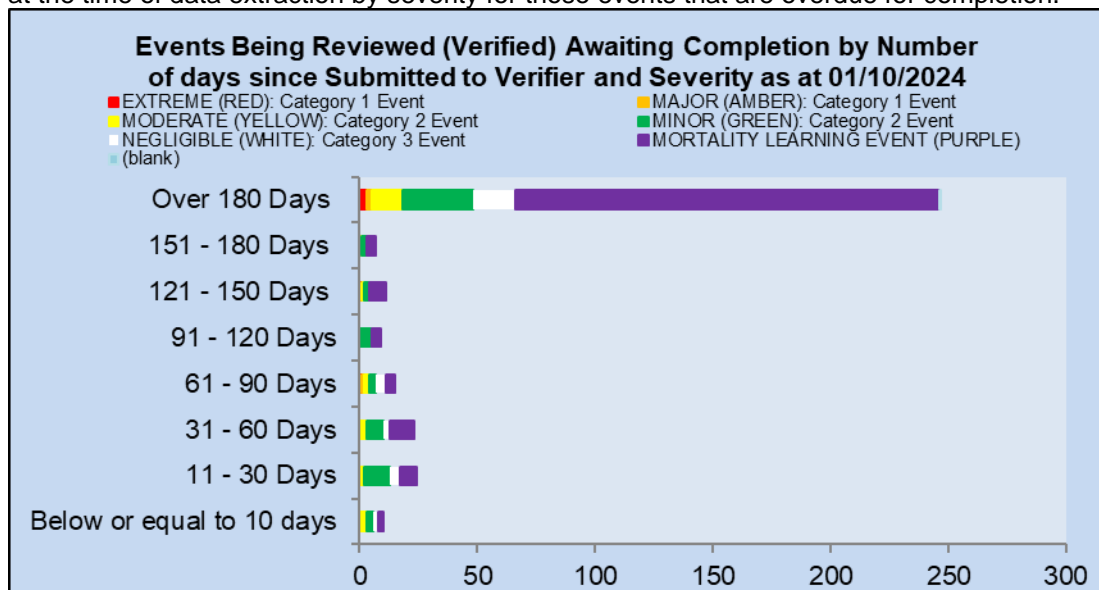


The Dundee HSCP Governance Huddle meets weekly and will review unverified adverse events and provide prompts to managers to take action for outstanding events. If an adverse event might need immediate action, the huddle will escalate to other members of the team for action and review.

c.14 Overdue Verified Events

There are 346 (338 last reporting period) events that are verified but overdue for completion within Datix.

The following graph shows the length of time that has elapsed since the reporting of the events at the time of data extraction by severity for those events that are overdue for completion.



c.15 The table below shows the number of overdue events by the year and department.

Department	2019	2020	2021	2022	2023	2024	Total*	Change**
Community Mental Health Services	3	5	6	23	33	25	95(89)	↑
Central (DDARS)	0	0	2	14	19	17	52(48)	↑
East (DDARS)	0	1	8	4	7	17	37(33)	↑
Primary Care (DDARS)	0	0	1	6	14	6	27(16)	↑
West (DDARS)	0	0	1	4	10	11	26(22)	↑
Community Learning Disabilities - Dundee HSCP	0	1	0	9	8	5	23(23)	↔
Other - Mental Health (Dundee)	0	0	1	5	3	3	12(10)	↑
Area Psychological Therapy Service - Mental Health (Dundee)	0	0	1	0	1	9	11(6)	↑
District Nursing (Dundee HSCP)	0	0	0	0	0	10	10(9)	↑
Psychiatry of Old Age - Older People Services (Dundee)	0	0	0	0	6	4	10(27)	↓
General Practice - Dundee	0	0	0	0	0	7	7(8)	↓
Allied Health Professions (Dundee HSCP)	0	0	0	1	3	1	5(7)	↓
Other (DDARS)	0	0	0	0	0	4	4(14)	↓
Stroke and Neuro Rehab unit RVH	0	0	0	0	0	3	3(5)	↓
Adult Psychotherapy Service - Mental Health (Dundee)	0	0	0	1	1	1	3(4)	↓
Palliative Medicine	0	0	0	0	1	2	3(4)	↓
General Practice - Dundee HSCP	0	0	1	1	1	0	3(3)	↔
MFE (Medicine for the Elderly) - Older People Services (Dundee)	0	0	0	0	0	2	2(4)	↓
Nutrition and Dietetics (Dundee HSCP)	0	0	0	0	0	2	2(5)	↓
Physiotherapy (Allied Health Professionals Dundee HSCP)	0	0	0	0	0	2	2(0)	↑
Tayside Sexual and Reproductive Health	0	0	0	0	0	2	2(0)	↑
Specialist Community Nursing (Dundee HSCP)	0	0	0	0	1	0	1(5)	↓
(Risk Only) System-Wide Mental Health Risk - Dundee HSCP	0	0	0	0	0	1	1(1)	↔
Other - Specialist Palliative Care	0	0	0	0	0	1	1(1)	↔
CMHT - Social Work - DHSCP	0	0	0	0	1	0	1(1)	↔
(blank)	0	0	0	0	0	1	1(1)	↔
Occupational Therapy - AHP (Dundee HSCP)	0	0	0	0	0	1	1(1)	↔
Health (DDARS)	0	1	0	0	0	0	1(1)	↔
Keep Well	0	0	0	0	0	0	0(1)	↓
Other - Older People Services (Dundee)	0	0	0	0	0	0	0(1)	↓
Total	3	8	21	68	109	137	346(350)	↓

* Figures in brackets relate to the August 2024 report ** Since August 2024 report

There has been a longstanding concern regards the overdue verified events. The focus for teams is very much on contemporary adverse events rather than historical adverse events due to the current longstanding issues with workforce availability. Other factors also contribute to these adverse events not being progressed including: awaiting toxicology results, Procurator Fiscal involvement, awaiting information from other agencies (e.g. Police Scotland) and awaiting responses from other services in NHS Tayside.

There has been a renewed focus on these through our Clinical, Care & Professional Governance Group. Mental Health & Learning Disability Services and Dundee Drug and Alcohol Recovery Services have established adverse incident review groups to further support this work.

Event Severity	2019	2020	2021	2022	2023	2024
EXTREME (RED): Category 1 Event	0	1(1)	0	1(1)	1(1)	2(1)
MAJOR (AMBER): Category 1 Event	0	0	0	2(2)	0	1(0)
MODERATE (YELLOW): Category 2 Event	0	0	0	1(2)	9(11)	15(13)
MINOR (GREEN): Category 2 Event	0	0	2(2)	5(5)	14(19)	42(36)
NEGLIGIBLE (WHITE): Category 3 Event	0	1(1)	1(2)	6(7)	7(8)	16(26)
MORTALITY LEARNING EVENT (PURPLE)	3(3)	6(4)	18(16)	53(55)	77(80)	61(41)
(blank)	0	0	0	0	1(1)	0
Grand Total	3(3)	8(6)	21(20)	68(72)	109(120)	137(117)

4.4 Feedback

d.1 Complaints

The table below shows the number of complaints by service area and how long they have been open:

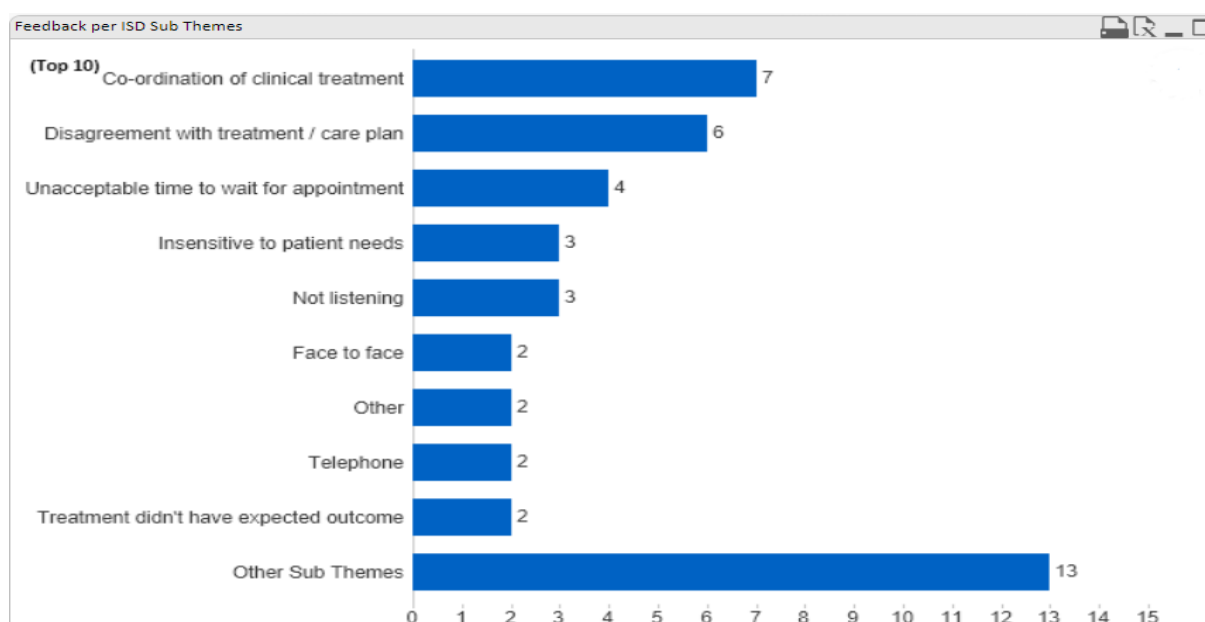
Current complaints as at 7/10/2024

Clinical Care Group/Department	Days_Band	0-5 Days	6-10 Days	11-15 Days	>20 Days	>40 Days	>60 Days	Total
Mental Health (Dundee)		2	2	-	4	-	-	8
Allied Health Professionals (Dundee HSCP)		1	-	1	-	2	-	4
General Practice - Dundee		-	-	-	1	1	1	3
Community Nursing (Dundee HSCP)		-	-	1	-	-	-	1
Dundee Drug and Alcohol Recovery Service		-	-	1	-	-	-	1
Older People Services (Dundee)		1	-	-	-	-	-	1
Corporate (Dundee HSCP)		1	-	-	-	-	-	1
Total		5	2	3	5	3	1	19

Complaints management continues to perform moderately well across the partnership. Ongoing collaboration with the Patient Experience Team to continue to improve this position will remain in place.

Key Themes

d.2 The key themes and sub themes for complaints are shown in the chart below.



Every complaint is reviewed to understand what did happen, what should have happened and, where a difference exists, what measures can be taken to reduce the likelihood of a similar incident occurring again.

All teams are asked to report on their complaints through the CCPG Group and Forum to ensure the sharing of learning across the Health and Social Care Partnership.

Learning from Complaints

- d.3 There is an emerging issue for patients who wish to be prescribed glucagon-like peptide-1's (GLP-1) which have been approved by Scottish Medicines Consortium but patient pathways are still to be agreed in Tayside. A short life working group to consider patients pathways in Tayside is planned. Weight Management services will monitor further complaints. Information relating to GLP-1's has been added to our patient letters and website. Communication has also been circulated to the primary care advising that referrals for anti-obesity medications will not be accepted.

Positive feedback

Tayside Sexual and Reproductive Health Service

"Had a really nice experience at the sexual health / family planning clinic today. A really lovely easy chat with the Dr and then the Health Care Support Worker as well. The procedure was quick and easy and both put me at total ease. I left knowing when it's time to go back, I'll be in safe hands."

The Corner

Positive Survey Monkey feedback received from young people.

No negative feedback received this month.

Total of 340 young people seen in June across drop in, counselling, young carers, strive and outreach services.

Survey Monkey YP response rates 87%. Young people are engaging in completing patient survey feedback which means service improvements can be made and team morale is boosted after sharing comments with staffing team.

Health Inclusion Service

GP Reception staff feedback:

"Since having the social prescribing service within the practice, we have had nothing but positive feedback from patients regarding the help they've been given and how the link worker makes them feel supported and listened to. As a staff member, it has been amazing to have the link worker around the practice as it has allowed us to better direct people we have noticed struggling with finances and other social issues. Previous to this, we would feel quite helpless when it came to these issues however knowing there is a team that can provide extra support has been great. I can't commend the team enough!!"

Nutrition and Dietetic Service

"I just wanted you to know that I was very pleased with their friendly and relaxed manner. It was also reassuring to find that they prepared well for my visit and their knowledge of my medical history and awareness of what I had been through was amazing. I think they are an asset to the NHS and she should be very proud."

(Email from patient, about staff member in Angus Community team).

Community Care and Treatment Centre

"I have been attending Community Care and Treatment Clinic for several weeks due to an animal bite on my finger, the care and professionalism from the nursing staff has been exceptional. I have seen a difference nurse at each visit and can honestly say they have been wonderful. They are knowledgeable, caring and friendly. I am always included in my treatment plan at every visit. My wound is healing well thanks to their excellent care. Nothing is ever too much trouble and the team are so friendly and welcoming. The admin team are so friendly and helpful also, making sure I get an appointment that suits me at a location of my choice. The service and staff are truly an asset to the NHS and DHSCP. Thank you all for the outstanding care."

Scottish Public Services Ombudsman Reports

- d.4 There are currently 3 cases with the ombudsman under investigation. These are across Psychiatry of Old Age, Medicine for the Elderly and Mental Health services.

External Reports & Inspections

- d.5 There have been no external inspections during this reporting period.

4.5 **Mental Health**Mental Health Key Performance Indicators

- e.1 The suite of mental health measures for Dundee is intended to provide assurance and allow for scrutiny of mental health services delegated to Dundee IJB. The indicators have been developed in tandem with a suite of substance use measures being developed for the purpose of presenting information regarding performance within NHS Tayside functions. The suite of indicators is dynamic and can be improved and enhanced. Collaborative work with both Perth & Kinross and Angus HSCPs is ongoing to determine the final position for mental health key performance indicators.

Community Mental Health Team (CMHT) Activity

- e.2 The following series of graphs relate to the demand, activity and waiting lists across the East and West Community Mental Health Teams. This data demonstrates that the demand on CMHT services has increased from pre-COVID levels and appears to be remaining at those increased levels.

CMHTs remain entirely dependent on Locum Consultant staffing and the differences between East and West Teams are largely resultant from a difference in stability across that staff group, as well as a historic difference in baseline staffing levels (for medics).

CMHT West's list shows an upward trend in new additions to outpatient waiting list and new referral numbers. New outpatient attendance remains steady.

High level of sickness absence and vacancies are impacting on ability to reduce waiting list due to staff absorbing caseloads where individuals are absent or there are vacant posts. The focus is on safe and effective care of existing patients. Consultant cover remains steady.

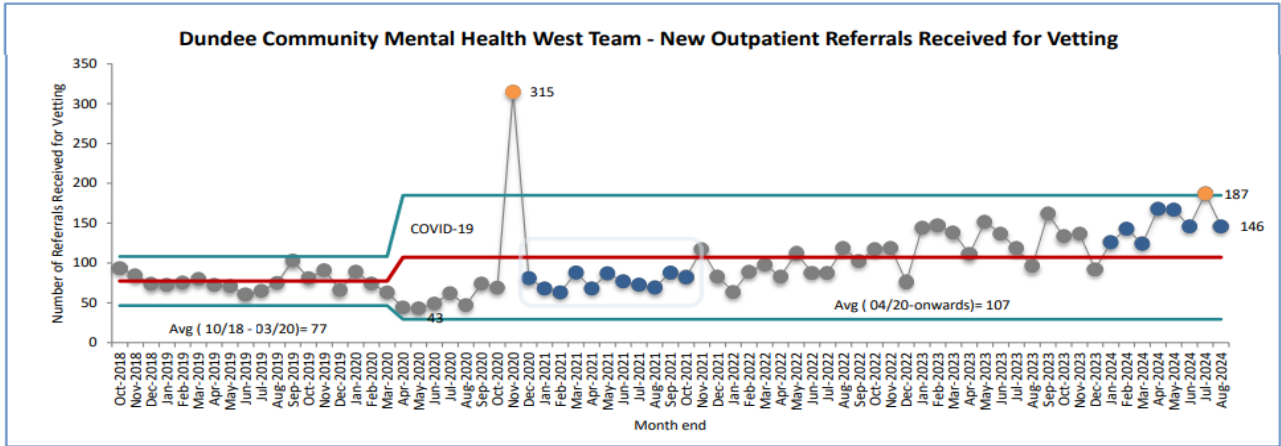
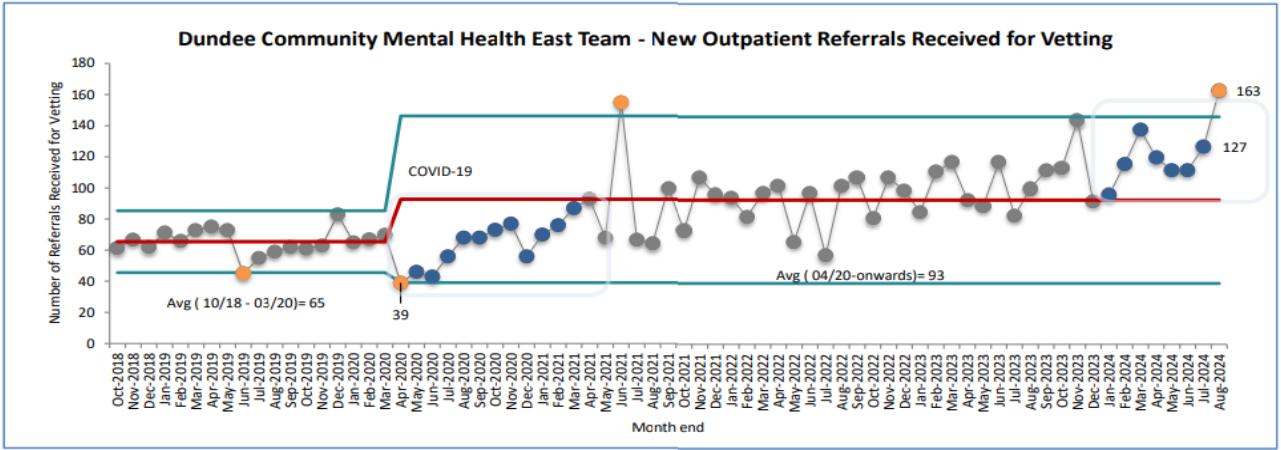
Financial challenges have impacted on ability to recruit to vacant posts however detailed planning is underway to ensure risk-based approach in place to support recruitment decisions.

East Team continues to offer Near Me as a platform to engage with service users.

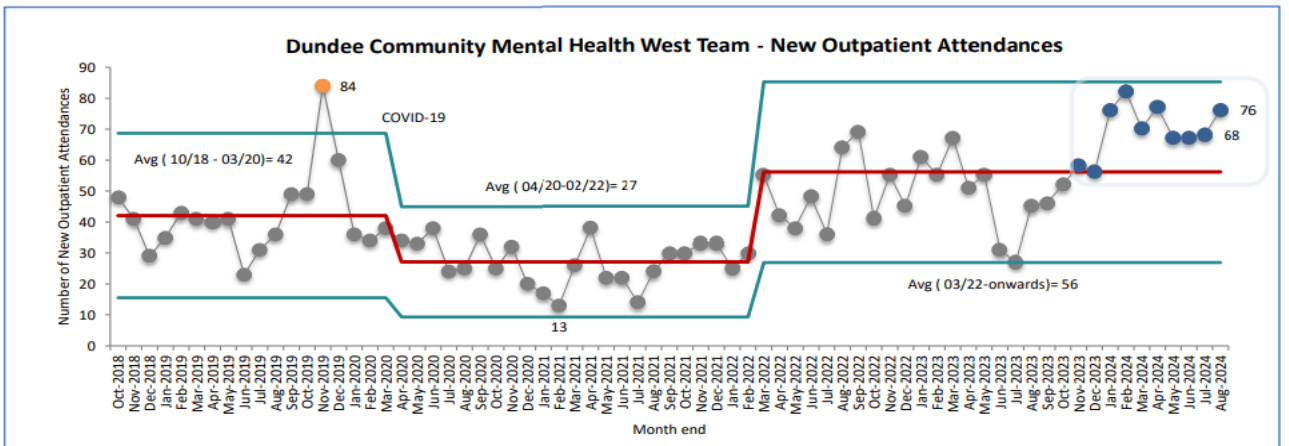
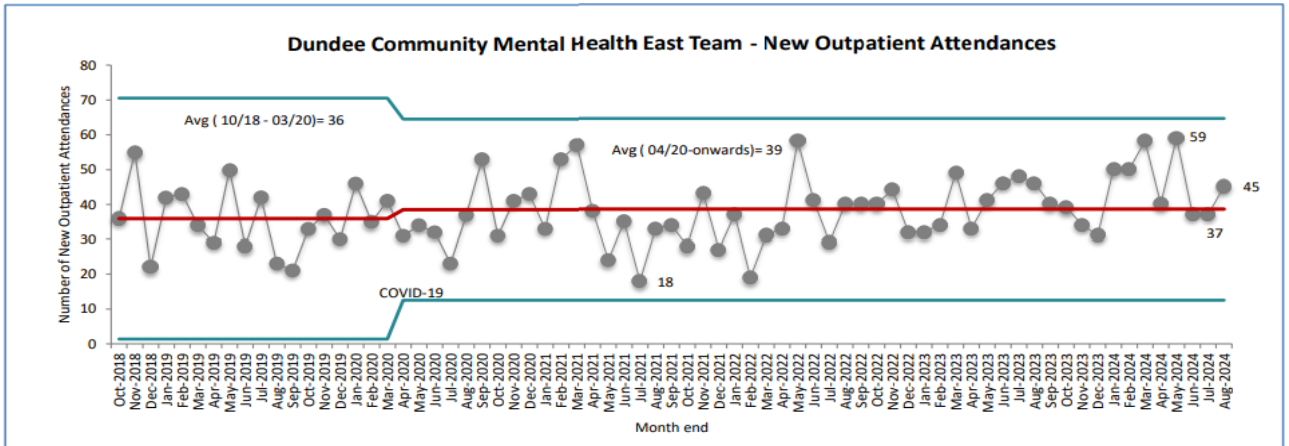
CMHT West's waiting list continues in an upward trend and may be linked with the allocation of GP practices aligned to each CMHT. West have a higher number of practices aligned to their service and demographically there are a higher number of students registered in a practice in the West. West continues to push towards seeing more new patients to reduce the waiting list number. The consultation is ongoing around review of GP allocation for CMHTs.

A third Locum Consultant commenced on 3 May 2024 and discussions around an additional consultant to offer remote sessions are ongoing.

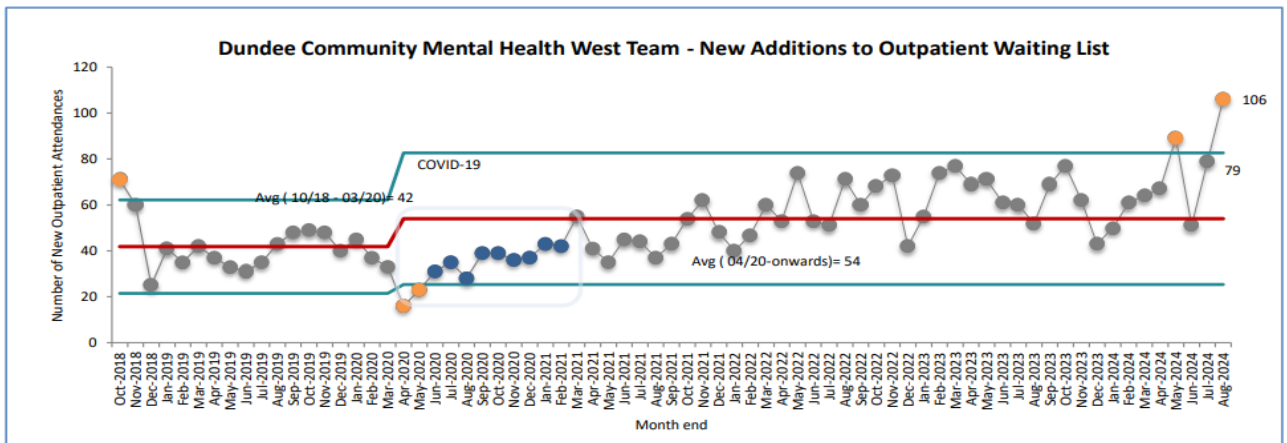
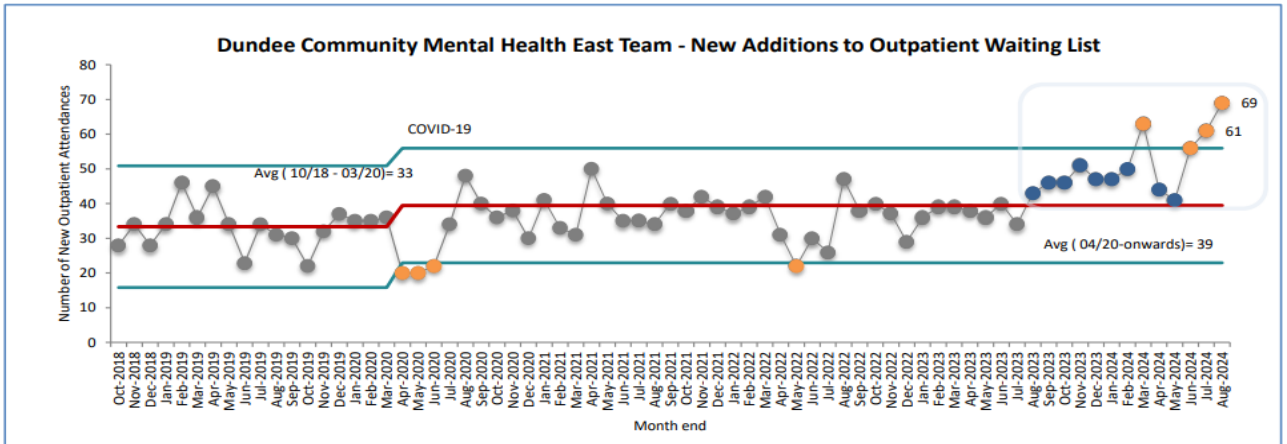
- e.3 Volume of referrals received for vetting, including those vetted and returned, grouped by referral received month:



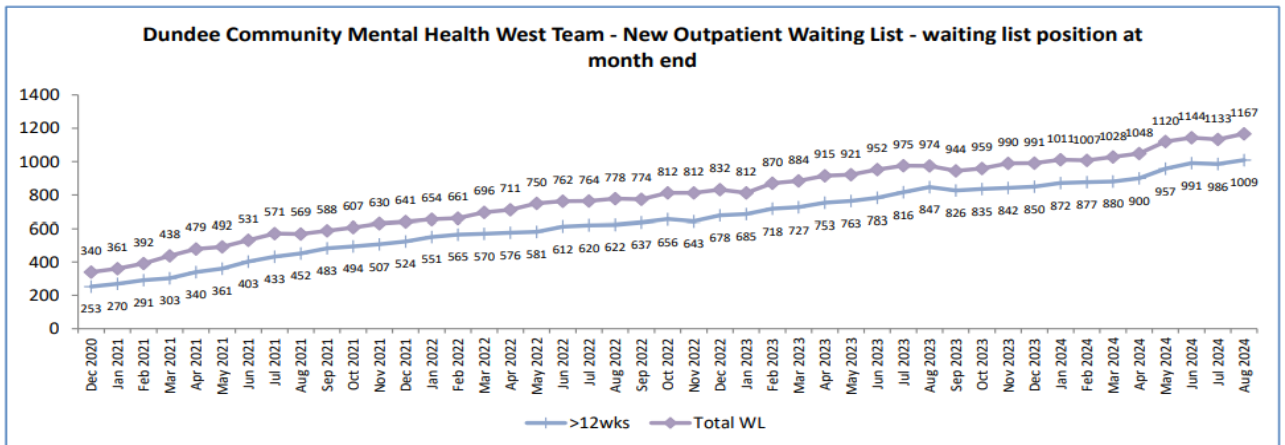
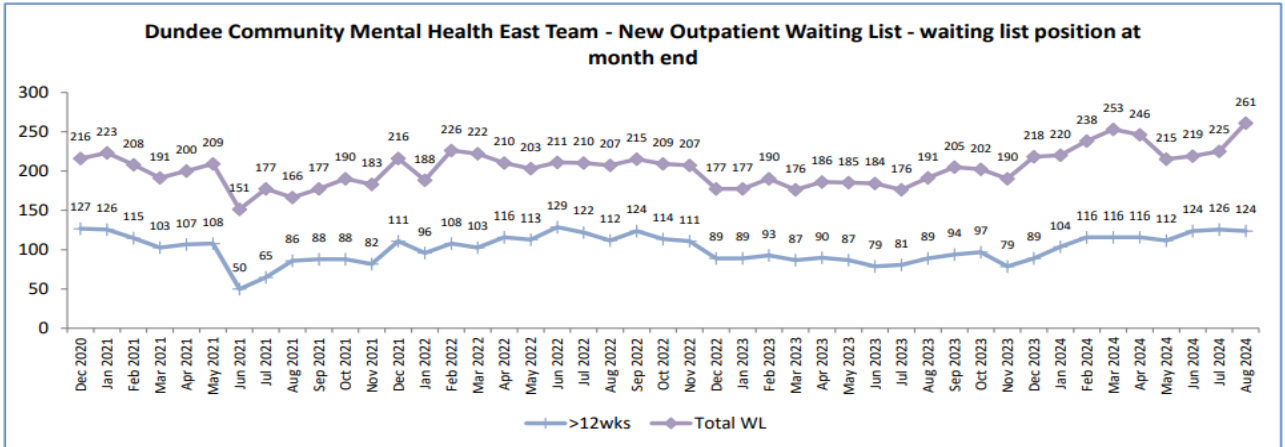
e.4 Volume of new outpatient attendances, excluding did not attends, grouped by attendance month:



e.5 Volume of referrals added to the waiting list for a new appointment, grouped by referral month:

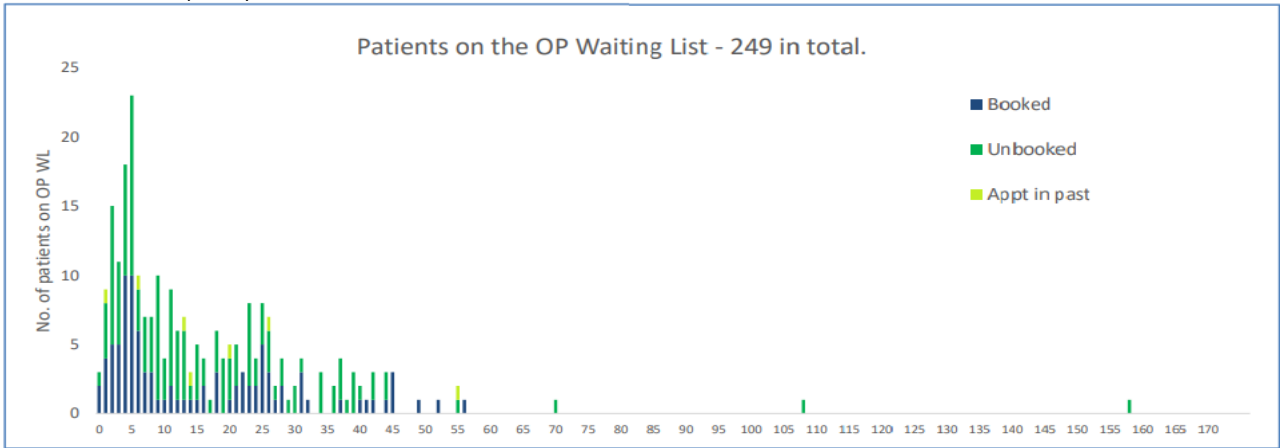


e.6 Snapshot of waiting list position at month end; total volume on waiting list and volume waiting over 12 weeks:

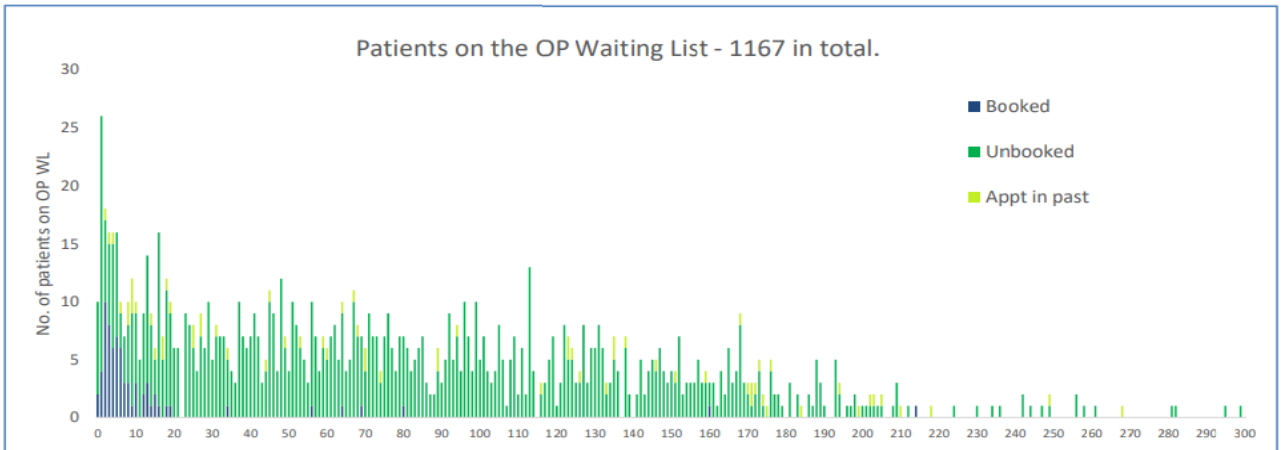


e.7 Snapshot waiting list distribution by weeks waiting at a point in time (05/06/2024) – Waiting List Type – True WL

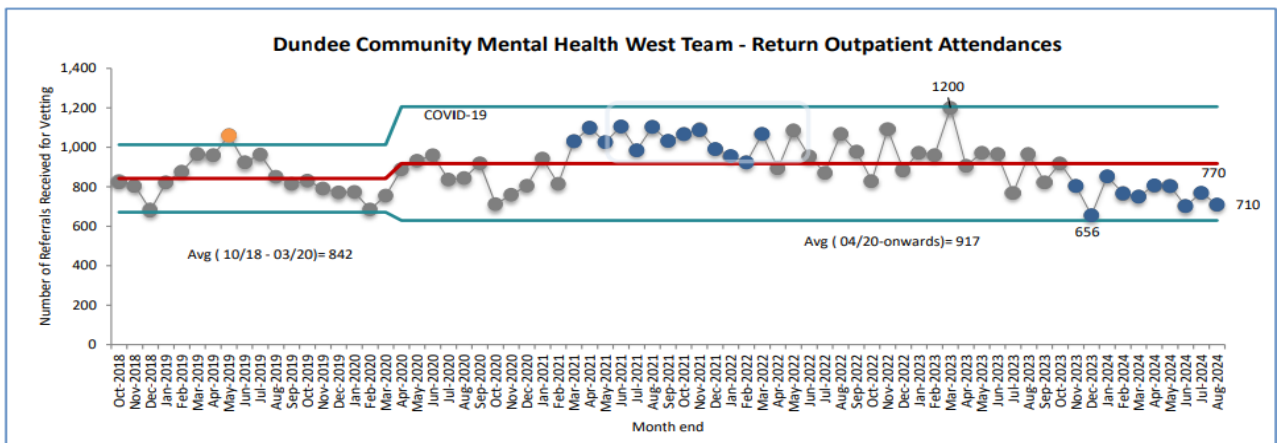
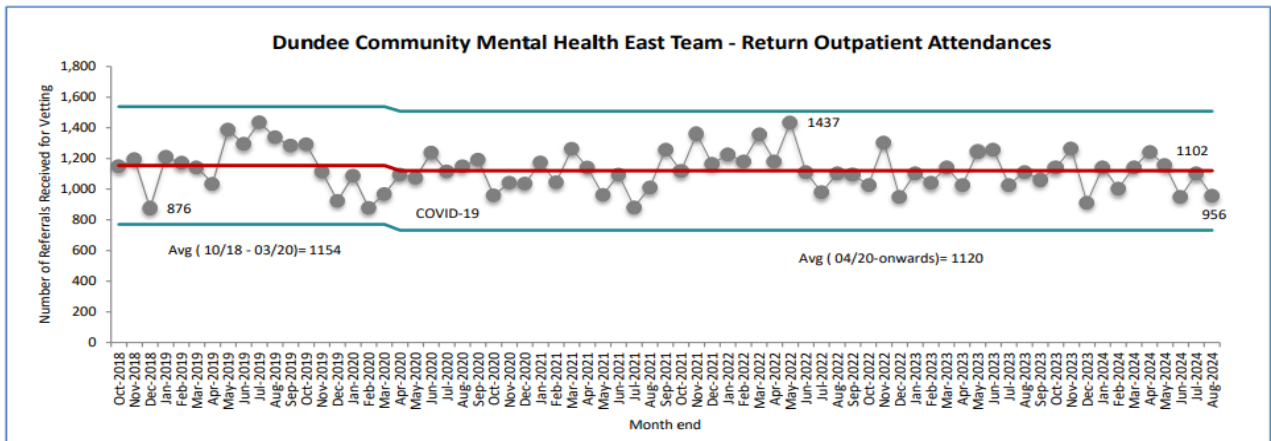
CMHT (East)



CMHT (West)



e.8 Volume of return outpatient attendances, excluding did not attends, grouped by attendance month:



5.0 POLICY IMPLICATIONS

5.1 This report has been subject to the Pre-IIA Screening Tool and does not make any recommendations for change to strategy, policy, procedures, services or funding and so has not been subject to an Integrated Impact Assessment. An appropriate senior manager has reviewed and agreed with this assessment.

6.0 RISK ASSESSMENT

Risk 1 Description	The risk of not providing sufficient assurance through governance assurance routes will reduce confidence in the ability of the HSCP to deliver safe, quality care.
Risk Category	Governance
Inherent Risk Level	Likelihood (2) x Impact (4) = Risk Scoring (8)
Mitigating Actions (including timescales and resources)	Systems in place for all operational teams to provide exception reports to the clinical, care and professional governance group. 'Getting It Right' Group established to support development of reporting framework for HSCP.
Residual Risk Level	Likelihood (2) x Impact (4) = Risk Scoring (8)
Planned Risk Level	Likelihood (1) x Impact (3) = Risk Scoring (3)
Approval recommendation	The risk level should be accepted with the expectation that the mitigating actions are taken forward.

7.0 CONSULTATIONS

7.1 The Chief Finance Officer, Chief Officer, Locality Managers and the Clerk were consulted in the preparation of this report.

8.0 BACKGROUND PAPERS

8.1 Appendix 1: Dundee HSCP Governance Structure





Dr David Shaw
Clinical Director

DATE: 08 November 2024

Jenny Hill
Head of Service

Angela Smith
Interim Head of Health and Community Care

Matthew Kendall
Allied Health Professions Lead

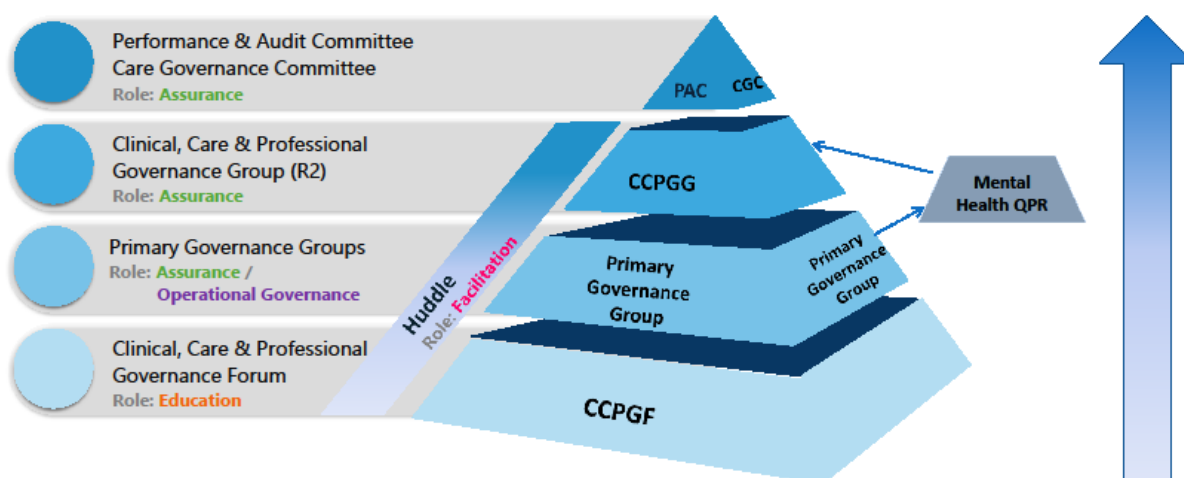
Level of Assurance	System Adequacy	Controls	✓
Substantial Assurance	 A sound system of governance, risk management and control exists, with internal controls operating effectively and being consistently applied to support the achievement of objectives in the area audited	Controls are applied continuously or with only minor lapses.	
Reasonable Assurance	 There is a generally sound system of governance, risk management and control in place. Some issues, non-compliance or scope for improvement were identified which may put at risk the achievement of objectives in the area audited.	Controls are applied frequently but with evidence of non-compliance.	✓
Limited Assurance	 Significant gaps, weaknesses or non-compliance were identified. Improvement is required to the system of governance, risk management and control to effectively manage risks to the achievement of objectives in the area audited.	Controls are applied but with some significant lapses.	
No Assurance	 Immediate action is required to address fundamental gaps, weaknesses or non-compliance identified. The system of governance, risk management and control is inadequate to effectively manage risks to the achievement of objectives in the area audited.	Significant breakdown in the application of controls.	

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Dundee HSCP Governance Structure

Dundee HSCP governance structures are outlined in the diagram below. The following narrative explains how each of the aspects functions to provide assurance to NHS Tayside and the Dundee IJB.

DHSCP Clinical, Care & Professional Governance



Dundee Health and Social Care Partnership Clinical, Care and Professional Governance Group is responsible for directing, collating and monitoring governance arrangements and ensuring that there are effective and embedded systems for Clinical, Care & Professional Governance in all services within Dundee Health and Social Care Partnership. It is chaired by the Clinical Director, and membership, as referenced in the terms of reference, extends to Head of Health and Community Care Services, Associate Nurse Director, Associate Medical Director, Associate Locality Managers, Lead Allied Health Professional, Lead Nurse, Lead Pharmacist, Clinical Governance Lead, Senior Officer – Business Planning and Information Governance, NHS Business Support Representative.

Management structures across Dundee HSCP have been redesigned over the past three months and the members of the CCPG Group will be updated to reflect this and the Primary Governance Group Structure which sits beneath the CCPG Group.

At each CCPG Group meeting each Primary Governance Group will present an exception report highlighting key areas of concern across the six domains listed in GIRFE. They will also reference exceptional pieces of work undertaken, current challenges and future potential issues identified through triangulation of data reviewed through Primary Governance Group meetings.

Each Primary Governance Group will produce an annual report in line with the reporting programme.

A range of additional reports are also reviewed at the CCPG Group, which includes DHSCP Analysis Report (Adverse events and Risks), Complaints, Infection Prevention and Control and Inspection Reports.

Further assurance is sought with a range of reports/discussions relating to topics such as professional registration, GDPR, SPSO, contemporaneous issues for example Dundee Drugs Commission review and Trust and Respect Report.

Primary Governance Groups (PGG)

There are currently nine PGGs:

- In Patient & Day Care Services (MfE, Stroke and Neurology, Palliative)
- Adult Community Services
- Acute and Urgent Care
- Mental Health & Learning Disabilities
- Psychological Therapies
- Primary Care & Health Inclusion
- Nutrition and Dietetics
- Dundee Drugs and Alcohol Recovery & Tayside Sexual and Reproductive Health Services
- Older People's mental Health and Care Homes

Each Primary Governance Group will meet monthly and the remit of the Primary Governance Group is to:

- Provide assurance to the Clinical, Care and Professional Governance Group on the systems and processes for clinical, care and professional governance activities.
- Develop, prioritise, implement, monitor and review the annual work plan for clinical, care and professional governance activities.
- To create the learning environment and conditions within Services by dedicating time to allow staff to share learning, tools and other resources and encourage the dissemination of good practice.
- Ensure that clinical and care leadership underpins Service assurance processes and that clinical and care leaders are supported to share tools and resources to spread good practice.
- Encourage an integrated approach to quality improvement across Services.
- Ensure appropriate actions in relation to clinical, care and professional governance and quality activities are taken in response to internal reports and external reports from bodies such as NHS Healthcare Improvement Scotland, Care Inspectorate, Audit Scotland, Mental Welfare Commission and Scottish Public Services Ombudsman.

- Ensuring that there is a robust reporting and assurance mechanism for services which are hosted within the partnership but do not solely operate within Dundee Health and Social Care Partnership.
- Undertake the management, escalation or cascading of issues/risks/concerns as appropriate.
- Collate, review and analyse core and service specific datasets to inform exception report to the CCPGG, reflecting the six domains described in the Getting It Right for Everyone – A Clinical, Care and Professional Governance Framework.
- The exception report should include, but is not limited to:
 - Emergent issues of concern identified
 - Adverse Events:
 - Recurring themes, Major and Extreme Incidents
 - Incidents that trigger Statutory Duty Of Candour
 - All Red Adverse Events
 - Adverse Event Reviews, Significant Case Reviews
 - Complaints
 - Risks
 - Inspection Reports and Outcomes
 - Changes to standards, legislation and guidelines
 - Outcomes of care
 - Adherence to standards
 - Sharing of learning

A representative from each PGG will represent the group at the Dundee HSCP CCPG Group and present and talk to the exception report and, where required, the annual report. The representative will act as a conduit between the PGG and CCPGG ensuring effective communication between groups.

Due to the recent redesign of the management structure, there have been changes in the organisation of the PGGs. The Governance team, alongside the professional leads in the HSCP are working closely with the new chairs of these PGGs to support development of these groups.

Governance Huddle

There is a weekly governance huddle attended by the professional leads and the governance team. A high level review of all adverse events is undertaken with the intention of identifying themes or patterns and triangulating knowledge of service pressures, governance scorecards and service data to identify services who may be struggling, who require support to manage adverse events or who may display a change in their current performance in relation to managing adverse events. This allows for early support to be provided to teams from both a governance and managerial perspective to undertake early management of developing potential risks.

The huddle is open to managers to attend to gain an enhanced overview of the governance arrangements across the HSCP. Managers can also attend to discuss specific aspects of clinical, care and professional governance as required.

The huddle will also undertake work to review risk management, complaints process and quality and any other governance-related theme as required.

Clinical, Care and Professional Governance Forum

The forum is used as an education forum for managers and lead governance staff across the HSCP. The format allows for review of scorecard data, encouraging discussion around works of excellence and challenging areas, with managers peer-reviewing one another and sharing learning across a range of themes.

Each forum will also have a dedicated educational element to improve knowledge and understanding of governance systems and processes across the HSCP. Subjects to date have included: Qlikview, Risk Management System, Datix system report building and scorecard development.



REPORT TO: PERFORMANCE AND AUDIT COMMITTEE – 20 NOVEMBER 2024

REPORT ON: QUARTERLY FEEDBACK REPORT – 2nd QUARTER 2024/25

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: PAC40-2024

1.0 PURPOSE OF REPORT

The purpose of this report is to summarise feedback received for the Health and Social Care Partnership (HSCP) in the second quarter of 2024/25. The complaints include complaints handled using the Dundee Health and Social Care Partnership Social Work Complaint Handling Procedure, the NHS Complaint Procedure and the Dundee City Integration Joint Board Complaint Handling Procedure.

2.0 RECOMMENDATIONS

It is recommended that the Performance and Audit Committee (PAC):

- 2.1 Notes the complaints handling performance for health and social work complaints set out within this report.
- 2.2 Notes the work which has been undertaken to address outstanding complaints within the HSCP and to improve complaints handling, monitoring, and reporting.
- 2.3 Note the recording of Planned Service Improvements following complaints that are upheld or partially upheld.
- 2.4 Note the work ongoing to implement Care Opinion as a feedback tool for all services in the Health and Social Care Partnership.

3.0 FINANCIAL IMPLICATIONS

None

4.0 MAIN TEXT

- 4.1 Since the 1st April 2017 both NHS and social work complaints follow the Scottish Public Service Ombudsman Model Complaint Handling Procedure. Both NHS Tayside Complaint Procedure and the Dundee Health and Social Care Partnerships Social Work Complaint Handling Procedures have been assessed as complying with the model complaint handling procedure by the SPSO.
- 4.2 Complaints are categorised by 2 stages: Stage 1: Frontline Resolution and Stage 2: Investigation. If a complainant remains dissatisfied with the outcome of a Stage 1: Frontline Resolution complaint, it can be escalated to a Stage 2. Complex complaints are handled as a Stage 2: Investigation complaint. If a complainant remains dissatisfied with the outcome of Stage 2: Investigation complaint they can contact the Scottish Public Services Ombudsman who will investigate the complaint, including professional decisions made. Complaints about the delivery of services are regularly presented to the Clinical, Care and Professional Governance Group to inform service improvement.
- 4.3 While the first graph advises the volume of complaints received during the period, this report is based upon complaints closed within the period.

4.4 Please note that not all figures will add up to 100% due to missing data or different Recordings.

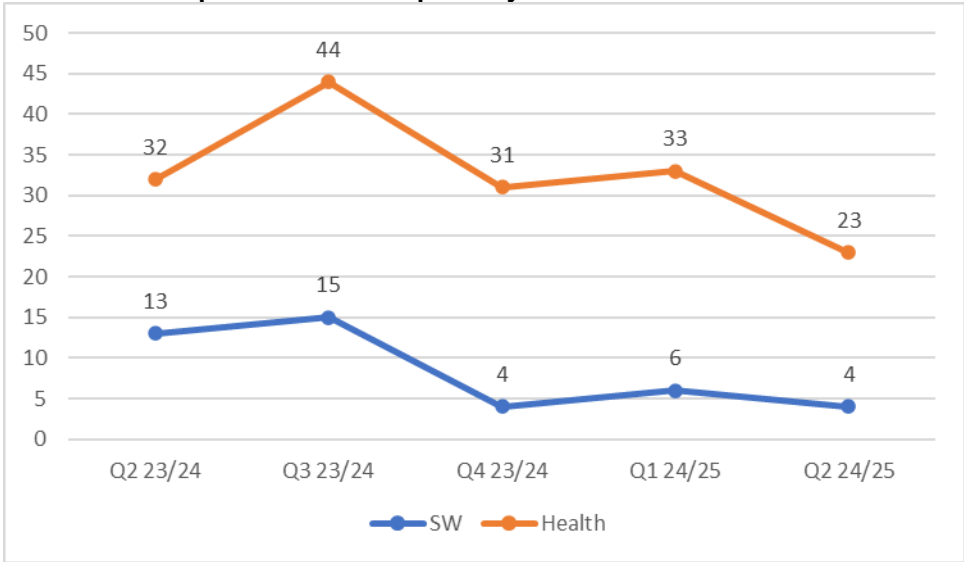
4.5 Whilst the SPSO mandatory complaint reporting categories only apply to non-NHS complaints as a Health and Social Care Partnership we have always felt it important to provide a cohesive complaint report so we can compare like for like. Therefore, we have included NHS complaints in the same category of reporting. However, we have experienced difficulties in gaining timeous access to the NHS complaint data.

5 Complaints Received

5.1 In the second quarter of 2024/25 a total of four complaints were received about social work or social care services.

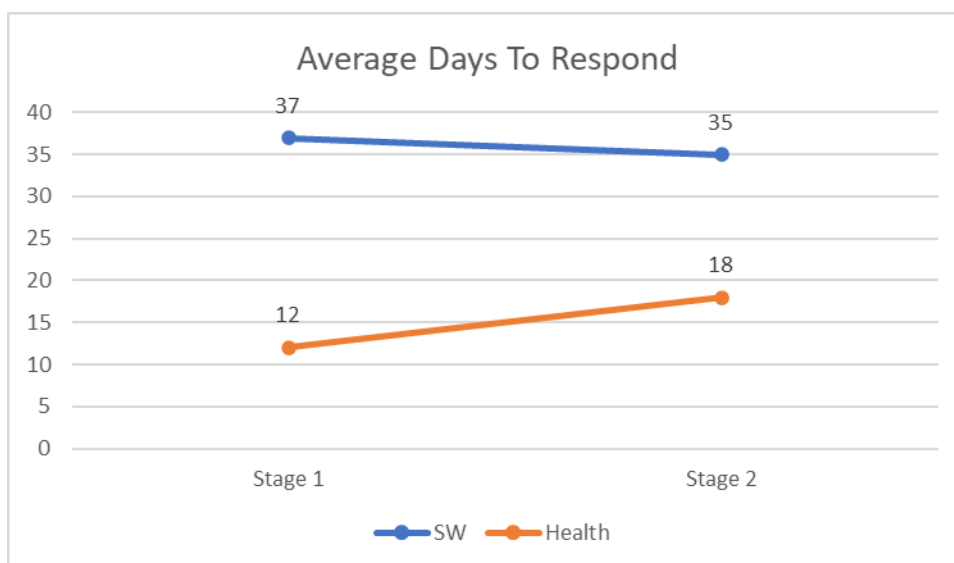
5.2 Health received 23 complaints for Q2 within in the Dundee Health and Social Care Partnership.

Number of complaints received quarterly



5.3 The graph shows that both types of complaints have seen a decrease in complaints received this quarter.

5.4 Average Days To Respond



5.5 There were no escalated complaints for this quarter across both Health and Social Work.

5.6 The graph indicates that Social Work complaints are not being responded to within timescales.

5.7 Complaints Stages – Closed within Timescale

5.8 Stage 1 complaints are completed within 5 days or given a maximum extension of a further 10 days.

Stage 1	Q2 2023/24		Q3 2023/24		Q4 2023/24		Q1 2024/25		Q2 2024/25	
Social Care	8	67%	6	50%	1	50%	2	67%	1	33%
Health	9	75%	10	59%	14	78%	16	89%	9	90%

5.9 There has been a significant decrease in Social Care Stage 1 complaints closed within timescales for the last quarter.

5.10 Stage 2 complaints are completed within 20 working days and can be extended also.

Stage 2	Q2 2023/24		Q3 2023/24		Q4 2023/24		Q1 2024/25		Q2 2024/25	
Social Care	13	54%	4	80%	5	71%	1	100%	1	33%
Health	6	100%	12	60%	3	23%	7	39%	9	47%

5.11 Both Health and Social Care Stage 2 complaints have seen a significant decrease in being closed within timescales.

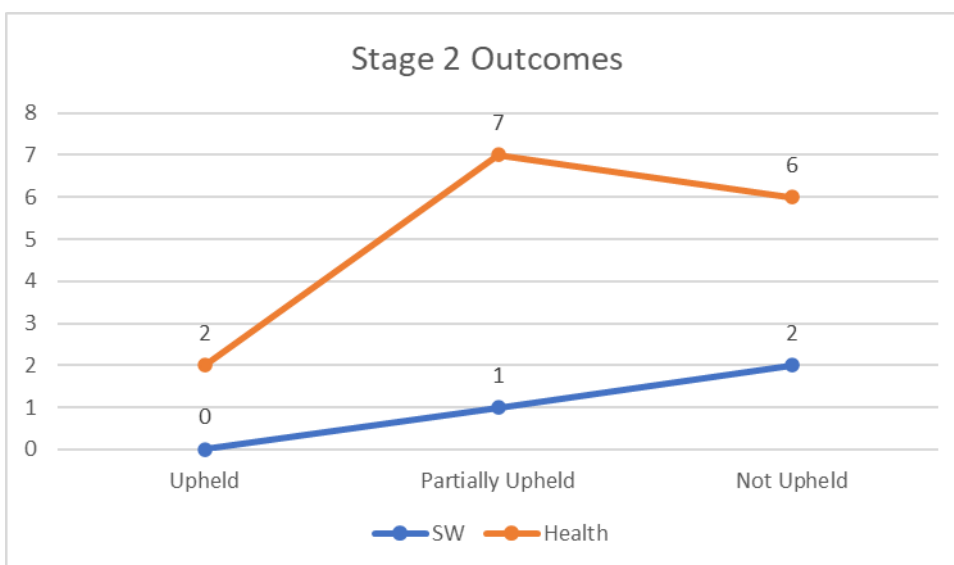
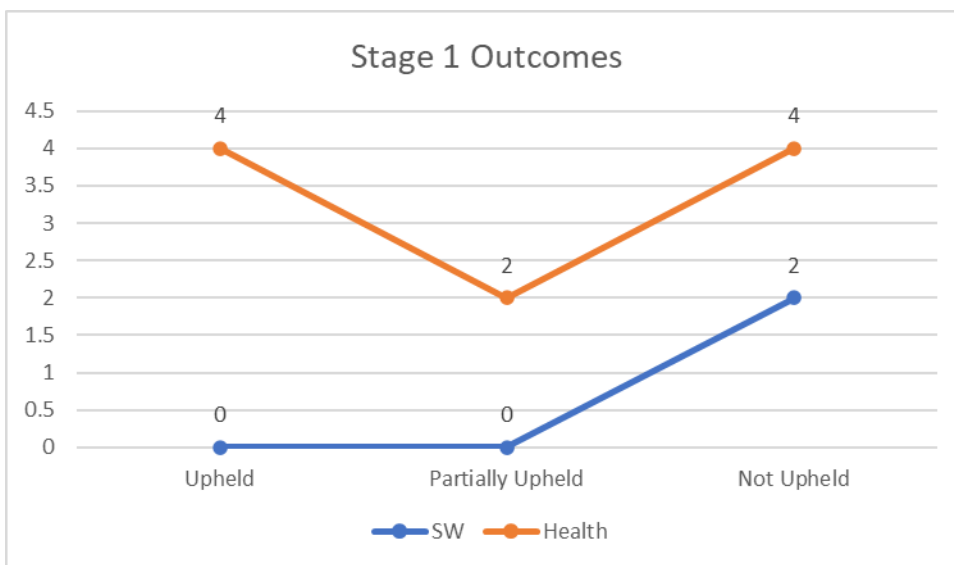
5.12 Feedback teams are working together and regularly reviewing open complaints to understand where improvements can be made in ensuring timescales can be met. However, due to the nature of our services, there will be complaints which cannot be completed within timescales due to their complexities.

Regular communication with staff working on complaints, especially the overdue responses has been ongoing and are aware that where possible timeous responses should be sent.

There has also been discussion of the DHSCP complaints staff having access to Qlikview for easier access to complaints information and to improve complaints handling.

6 Complaint Outcomes

- 6.1 Partially upheld and upheld complaints receive planned service improvements logged against them by the allocated complaint investigator, and these must be completed within a set timeframe.
- 6.2 These planned service improvements can range from process improvements or re-design to team briefings regarding staff attitude and behaviour.



7 Planned Service Improvements

- 7.1 There were 16 partially upheld or upheld complaints for social care and health which have all identified a cause and have service improvements planned to address these. By putting these planned service improvements in place, we look to minimise complaints of the same nature being received.
- 7.2 This is a reduction from last quarter where a total of 26 complaints were either upheld or partially upheld.

7.3 An example of this is a complaint which was received regarding issues with guardianship and medication amongst other things and was very complex to investigate. Initially this came in online as a query and was dealt with as such. During the course of the investigation, the team took on board that they hadn't recognized this as a complaint and that they would learn from this for any future correspondence of this nature.

8 Open Complaints

	Total Open	20 days or less	21-39 days	40-99 days	100 days +	180 days +	Average Days
SW	7	4	0	1	0	1	52
Health	16	9	4	3	0	0	23

8.1 Health open complaints are now being managed with weekly meetings taking place to discuss developments and issues with a small selection of staff across the service.

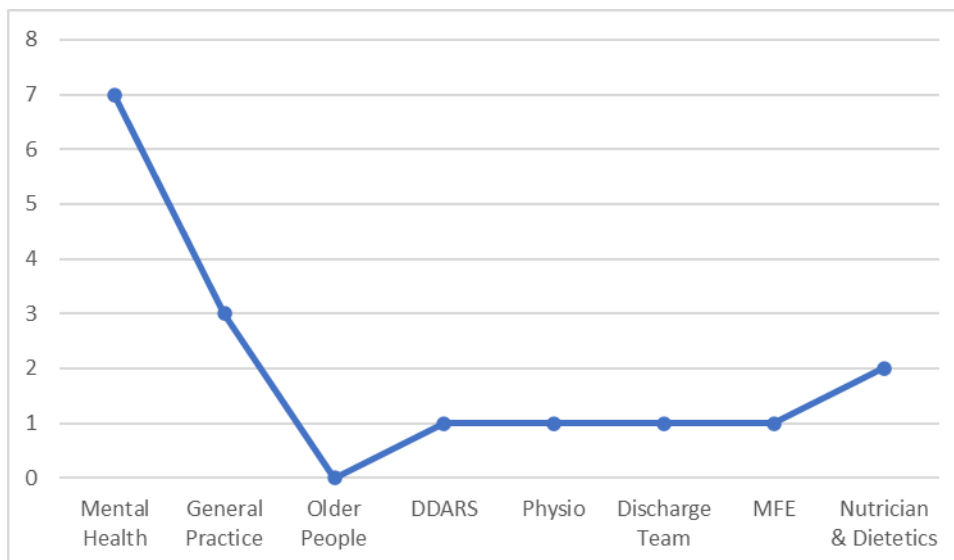
8.2 Eight of the open complaints currently sit within the Mental Health Service which by the nature of the service are more complex and can take longer to resolve.

8.3 The longest open complaint (65 days) within Health sits with General Practice Services and is a stage 2 complaint.

8.4 The longest open complaint (212 days) within social care is a stage 2 and is sitting with the Mental Health Service. This complaint is particularly complex and the complainant has added to the complaint on several occasions. Regular contact has been made with the Investigating Officer and updates to the system made where required. Senior Management are aware.

8.5 There are currently three complaints with the SPSO.

8.6 Snapshot of Health open complaints across services



9 Compliments

9.1 No new compliments have been received. This will be developed using Care Opinion.

10 IJB Complaints

10.1 No complaints about the Integration Joint Board have been received.

11 Care Opinion

11.1 Dundee Health and Social Care Partnership has subscribed to the Care Opinion platform and work is underway with a small team to develop our service area.

11.2 Training for the system is underway and includes introduction sessions for all staff.

12 POLICY IMPLICATIONS

12.1 This report has been subject to the Pre-IIA Screening Tool and does not make any recommendations for change to strategy, policy, procedures, services or funding and so has not been subject to an Integrated Impact Assessment. An appropriate senior manager has reviewed and agreed with this assessment.

13 RISK ASSESSMENT

13.1 This report has not been subject to a risk assessment as it is provided for information and does not require a policy decision from the PAC.

14 CONSULTATIONS

The Chief Officer and the Clerk were consulted in the preparation of this report.

15.0 BACKGROUND PAPERS

None

Kathryn Sharp
Acting Head of Service, Strategic Services

DATE: 24 October 2024

Cheryl Russell
Customer Care and Governance Officer

Clare Lewis-Robertson
Lead Officer



REPORT TO: PERFORMANCE & AUDIT COMMITTEE – 20 NOVEMBER 2024
REPORT ON: DHSCP STRATEGIC RISK REGISTER UPDATE
REPORT BY: CHIEF FINANCE OFFICER
REPORT NO: PAC46-2024

1.0 PURPOSE OF REPORT

1.1 The purpose of this report is to update the Performance and Audit Committee in relation to the Strategic Risk Register and on strategic risk management activities in Dundee Health and Social Care Partnership

2.0 RECOMMENDATIONS

It is recommended that the Performance & Audit Committee (PAC):

- 2.1 Note the content of this Strategic Risk Register Update report.
- 2.2 Note the entry of a new risk on Information Governance. (See Section 6).
- 2.3 Note the archival of four risks which are now considered to be covered as Operational Risks. (See Section 7)
- 2.4 Note the extract from the Strategic Risk register attached at Appendix 1 to this report.

3.0 FINANCIAL IMPLICATIONS

3.1 None

4.0 MAIN TEXT

- 4.1 The Dundee HSCP Strategic Risk Register is available to Dundee City Council Risk and Assurance Board through the Ideagen Risk Management system.
- 4.2 Operational Risks are reviewed by the Clinical Care and Professional Governance forum with any significant areas of concern which may impact on the ability of the IJB to deliver its Strategic and Commissioning Plan reported to the PAC through the Clinical Care and Professional Governance Group's Chairs Assurance Report.
- 4.3 Operational Risks which should be escalated are identified through Senior Management meetings, the Clinical Care and Professional Governance Risk forum and are reported through reports to the PAC or IJB as appropriate.

5.0 STRATEGIC RISK REGISTER UPDATE

- 5.1 There are currently six risks scoring at 20 or 25, which are High Risk Categories.
- 5.2 There are three risks which score at the maximum score of 25 are Staff Resource; Lack of Capital Investment in H&SC Integrated Community Facilities (including Primary Care) and Unable to Maintain IJB Spend.
- 5.3 The Unable to Maintain IJB Spend risk has remained at a score of 25 as the IJB has approved the Financial Recovery Plan.

- 5.4 The Staff Resource risk has remained at the highest score since 2021. The latest risk update highlights how staff resource impacts on the ability to progress the strategic plan actions. The implementation of the Safe Staffing Act is also demonstrating areas where staff resource is less than the standard. The impact of the half hour reduction of NHS workforce for Agenda for Change will also mean that across services available working week hours will reduce.
- 5.5 Lack of Capital Investment in H&SC Integrated Community Facilities (including Primary Care) remains at the maximum of 25. The Scottish Government 2024/25 Capital Investment Resources available to LAs and NHS Boards has been severely restricted leading to minimal likelihood of resources being made available for community facilities.
- 5.6 The other financial risk: Restrictions on Public Spending remains at the same level of 20. Control factors continue to be updated.
- 5.7 The Primary Care Sustainability risk remains at a score of 20. The most recent update highlights the pressure on general practice due to increasing demand and complexity of health needs together with the increase in GP vacancies, and premises leasing.
- 5.8 Capacity of Leadership Team remains at a score of 16. This reflects the retirement of the Chief Officer. Control factors include response from partner bodies, review of team structure and sharing of management team duties.
- 5.9 Data Quality risk remains at a score of 16. The Strategy and Performance team are working with operational staff to improve data quality. Forthcoming changes to IT systems include the move from Oracle to SQL for hosting Mosaic and the change from DCC IT system Citrix which will impact on reporting mechanisms. Quality, Data, and Intelligence team are working with IT to improve reporting mechanisms and decide on most efficient and resilient reporting systems (e.g. Power BI, Crystal).
- 5.10 Increased Bureaucracy risk remains at a score of 16. This is due to the potential for additional bureaucracy through the Scottish Government Covid Enquiry and National Care Service development.
- 5.11 National Care Service risk remains at a score of 20 (Impact 4 x Likelihood 5). We are still not able to assess the impact of the National Care Service on the IJB's ability to carry out its Strategic Plan. The latest update highlights the withdrawal of Council Leaders support for the Scottish Government's revised National Care Service Bill.
- 5.12 The Viability of External providers risk remains at a score of 16 and the most recent update highlights the development of improved robust monitoring when risk is identified.
- 5.13 The Cost of Living Crisis risk remains at a score of 16. The latest update highlights the sub-analyses of Engage Dundee for a range of at risk groups.
- 5.14 Changes to IT Systems remains at a score of 16. The latest update highlights the risks caused by the implementation of O365 and the discrepancies between NHS and DCC implementation; the implementation of Morse and the lifespan of a software system used for prescribing in DDARS.
- 6.0 New Risks**
- 6.1 A new risk of Information Governance has been entered. This is around the capacity of staff to respond to the increase in complex Subject Access Requests for Dundee City Council data controlled Social Work information, and comply with Data Protection timescales, and therefore potential action by the Information Commissioner. Control factors include the identification of new posts within Strategic Services to undertake this work.
- 7.0 Archived Risks**
- 7.1 Three Risks have been archived since the last Strategic Risk Register update. These are Dundee Drug and Alcohol Recovery Service; Mental Health Services; and Implementation of Safe Staffing.
- 7.2 These risks have been archived as they are now considered to be operational risks and are recorded and reported through the Clinical Care and Professional Governance forums.

7.3 Any remaining risks for the service related risks, in Mental Health Services and DDARs are included in other Strategic Risks e.g. Staff Resource.

8.0 POLICY IMPLICATIONS

8.1 This report has been subject to the Pre-IIA Screening Tool and does not make any recommendations for change to strategy, policy, procedures, services, or funding and so has not been subject to an Integrated Impact Assessment. An appropriate senior manager has reviewed and agreed with this assessment.

9.0 RISK ASSESSMENT

9.1 No risk assessment is necessary for this report.

10.0 CONSULTATIONS

10.1 The Chief Officer and the Clerk were consulted in the preparation of this report.

11.0 BACKGROUND PAPERS

11.1 None

Kathryn Sharp
Acting Head of Service, Strategic Planning, Health Improvement and
Commissioning

DATE: 25 October 2024

Clare Lewis-Robertson
Lead Officer (Strategic Planning and Business Support)

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DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP – STRATEGIC RISK NOVEMBER 2024

Description	Lead Director/Owner	Current Assessment			Status	Date Last Reviewed
		L	C	Exp		
<p>Unable to maintain IJB Spend IJB is unable to maintain spend within allocated resources which could lead to being unable to deliver on the Strategic & Commissioning Plan.</p> <p>Latest update The IJB approved the Financial Recovery Plan on the IJB meeting 23.10.24</p> <p>Control factors</p> <ul style="list-style-type: none"> • Financial monitoring systems • Increase in reserves • Management of vacancies and discretionary spend • MSG and external audit recommendations • Savings and Transformation Plan • Financial Recovery 	Dundee HSCP Chief Finance Officer	5	5	25	→	24.10.2024
<p>Staff Resource The volume of staff resource required to develop effective integrated arrangements while continuing to undertake existing roles / responsibilities / workload of key individuals may impact on organisational priorities, operational delivery to support delivery of effective integrated services. Corporate processes in partner bodies can lead to delays in recruitment. Market conditions can impact on ability to appoint suitable staff in a timely way. Impact on levels of staff absence impact on staff resource.</p> <p>Latest update</p> <p>Ability to progress strategic plan actions are impacted by staff resource available.</p> <p>Implementation of safe staffing act is demonstrating the levels of staffing operationally.</p> <p>Impact of half hour reduction of NHS workforce for Agenda for Change will mean that across services available working week hours will reduce.</p> <p>Control factors</p> <ul style="list-style-type: none"> • Additional focus on Absence Management • Development of new models of care • Organisational Development Strategy 	Dundee HSCP Chief Officer	5	5	25	→	24.10.2024

<ul style="list-style-type: none"> Recruitment Safe Staffing Act recording tools Service Redesign Workforce plan Workforce wellbeing actions. 						
<p>Lack of Capital Investment in Community Facilities (including Primary Care)</p> <p>Restrictions in access to capital funding from the statutory partner bodies and Scottish Government to invest in existing and potential new developments to enhance community based health and social care services.</p> <p>Latest update</p> <p>This continues to be an extreme risk. Scottish Government 2024/25 Capital Investment Resources available to LAs and NHS Boards has been severely restricted leading to minimal likelihood of resources being made available for community facilities</p> <p>Control factors</p> <p>Development of IJB Property Strategy</p> <p>Joint working with Partner Bodies over alternative opportunities</p> <p>Reshaping non-acute care project</p>	Dundee HSCP Chief Officer and Chief Finance Officer	5	5	25	→	24.10.2024
<p>National Care Service</p> <p>The recent legislation published on the establishment of the National Care Service sets out plans to introduce Local Care Boards with the abolition of Integration Joint Boards</p> <p>Latest update</p> <p>National Care Service (Scotland) Bill - draft Stage 2 amendments were posted in June 2024 with a 'Call for Views'. There is recognition by Scottish Government that work is needed to confirm which legislative approach would best deliver the intended changes. COSLA issued a statement on 27th September 2024 to advise that Council Leaders have withdrawn support for the Scottish Government's revised National Care Service Bill. It is currently anticipated that Integration Joint Boards will reform to become local Care Boards. The degree of uncertainty about future arrangements and timing for implementation of planned changes means there is a significant level of risk for IJB's</p>	Dundee HSCP Chief Officer	4	5	20	→	24.10.2024
<p>Primary Care Sustainability</p>	Dundee HSCP Chief Officer	4	5	20	→	24.10.2024

<p>Continued challenges around the sustained primary care services, arising from recruitment, inadequate infrastructure including IT and location, and inadequate funding to fully implement the Primary Care improvement plan.</p> <p>Latest update Sustainability of General Practice: If there continues to be huge pressure on general practice due to increasing demand and complexity of health needs together with the increase in GP vacancies due to retirement and recruitment and retention issues THEN we will be unable to meet the health needs of the population. Current Controls: Implementation of MOU under GMS 2018. Programme of work around sustainability encompassing GP strategy and GP premises strategy. Improved access to other services within primary care that support general practice. Informing patients about those services. Informing Reception Teams on service availability and access, further developing care navigation across all practices. Monitoring position through sustainability survey. Planned Controls: There is further work to be done to understand critical components of this risk including premises, funding, other services and staff groups (e.g. ANPs, nurses).</p> <p>If GP practices requests for lease assignation cannot be considered as a result of a lack of an agreed processes for practices, HSCPs and NHS Tayside regarding leases acquisition, including defining the necessary governance arrangements, then this will have a negative impact on GP partner recruitment and retention. Current Controls: GP Premises Strategy developed. Process in place in Dundee HSCP to consider local requests in the context of the property strategy. RAG process defined. Planned Controls: Draft process developed. Draft paper for submission to ELT (proposed Nov 2024) to be agreed across all four parties for consideration and approval of lease acquisition</p>						
<p>Restrictions on Public Sector Funding Continuing restrictions on public sector funding will impact on Local Authority and NHS budget settlements in the medium term impacting on the ability to provide sufficient funding required to support services delivered by the IJB. This could lead to the IJB failing to meet its aims within anticipated timescales as set out in its Strategic and Commissioning Plan.</p> <p>Latest Update</p>	Dundee HSCP Chief Finance Officer	5	4	20	→	24.10.2024

<p>Scot Gov medium term financial strategy published in May 2023, this highlights a significant gap in Scottish funding over the next 4 financial years. We await the May 24 publication, however national scot gov to NHS and LA's highlight the deteriorating position and ongoing challenges.</p> <p>Mitigating factors - include the development of the IJB's financial 5 year framework and transformation programme alongside strategic investment of IJB's reserves.</p> <p>Control factors</p> <ul style="list-style-type: none"> • Budgeting Arrangements • MSG and external audit recommendations • Savings and Transformation Plan 						
<p>Cost of Living Crisis</p> <p>Cost of living and inflation will impact on both service users and staff , in addition to the economic consequences on availability of financial resources. This is likely to have a significant impact on population health and the challenge this will present to the IJB in delivering its strategic priorities.</p> <p>Latest update</p> <p>Sub-analyses of Engage Dundee have been undertaken for a range of at-risk groups including carers and long-term sick and disabled. Findings have been fed into a range of SPGs to identify appropriate actions.</p> <p>Developments include a new mental health and wellbeing section on the NHST website linking people to a service directory, including money/benefits advice, and self-help materials.</p> <p>Public Health has led on the production of a mental health promotion leaflet, which is being co-produced with partners, communities and services users. This will be targeted at the digitally excluded, linking in with local community centres and foodbanks/ larders.</p> <p>A multi-agency Engine Room has been formed to develop interim indicators to link work at a local and service level to the city's strategic objective of reducing inequalities in health, and assess whether services are being provided in an equitable manner.</p>	<p>Dundee HSCP Chief Officer and Chief Finance Officer</p>	<p>4</p>	<p>4</p>	<p>16</p>	<p>→</p>	<p>24.10.2024</p>

<p>The HSCP is involved in the city's Local Fairness Initiatives and Employability Pathfinder. Tests of change are being explored with GP practices in the North East and East End to raise awareness of community supports.</p> <p>Control Factors</p> <ul style="list-style-type: none"> Engage Dundee Fairness and Equality Workstreams Focus of Services identifying those most vulnerable 						
<p>Viability of External Providers Financial instability / potential collapse of key providers leading to difficulty in ensuring short / medium term service provision. * Inability to source essential services * Financial expectations of third sector cannot be met * Increased cost of service provision * Additional burden on internal services * Quality of service reduces</p> <p>Latest update</p> <p>Contracts Team are currently looking at improved interface with contract/finance teams to ensure more robust monitoring when risk is identified - this part of internal audit recommendations.</p> <p>Control factors</p> <ul style="list-style-type: none"> Consistent engagement with service providers Internal audit review to partnership's approach to viability of external providers Potential Local or Scottish Government Intervention Robust Contract Monitoring Co-ordination to provider services 	Dundee HSCP Chief Officer	4	4	16	→	24.10.2024
<p>Escalation of Property Safety Issues The Health and Social Care Partnership faces a significant strategic risk due to the due to the ability of the partner bodies to effectively repair and maintain critical health and social care infrastructure, crucial for the safe delivery of care and other essential support services</p> <p>Latest update</p>	Dundee HSCP Chief Officer	4	4	16	→	24.10.2024

<p>Current areas of concern highlighted are at Kingsway Care Centre, RVH and DCC Records Store.</p> <p>Control factors include Property Rationalisation programme and escalation of these issues by Chief Officer.</p>						
<p>Capacity of Leadership Team Capacity of management team</p> <p>Latest update</p> <p>Several factors have contributed to the increase in likelihood for this risk, including the retirement of the Chief Officer.</p> <p>The leadership team continue to be impacted by workload pressures of the wider workforce recruitment challenges. This is likely to be exacerbated as preparations for the intro of the NCS develop over the coming period. The implementation of the new Leadership structure on a permanent basis will consolidate and provide clarity to roles.</p> <p>Control factors</p> <ul style="list-style-type: none"> • Response from Partner bodies • Review of Senior Management Team Structure • Sharing of Management Team duties 	Dundee HSCP Chief Officer	4	4	16	→	24.10.2024
<p>Data Quality Data Quality of information on Mosaic case recording system is not accurate leading to difficulties in providing statutory government returns and accurate billing for billable services delivered.</p> <p>Latest Update</p> <p>Strategy and Performance research team are working with operational staff to improve data quality.</p> <p>Forthcoming changes to IT systems include the move from Oracle to sql for hosting Mosaic and the change from DCC IT system Citrix which will impact on reporting mechanisms.</p> <p>Quality, Data and Intelligence team are working with IT to improve reporting mechanisms and decide on most efficient and resilient reporting systems (e.g. Power BI, Crystal).</p>	Senior Manager	4	4	16	→	24.10.2024
<p>Increased Bureaucracy</p>	Dundee HSCP Chief Officer	4	4	16	→	24.10.2024

<p>Governance mechanisms between the IJB and partners could lead to increased bureaucracy in order to satisfy the assurance arrangements required to be put in place.</p> <p>Latest update Potential for additional bureaucracy through Scot Gov Covid enquiry and National Care Service development.</p> <p>Control factors</p> <ul style="list-style-type: none"> • Support and roles • Work with partner bodies to streamline report requirements for respective accountabilities 						
<p>Changes to IT Systems</p> <p>There are significant changes coming to IT systems across DHSCP. These include move from Citrix to AWS. There are also moves from hosting Mosaic, Case Management system from Oracle to sql and issues arising from changes to reporting. There are also difficulties in ensuring access to information on Sharepoint between DCC and NHST. Hybrid working is being affected by these challenges. Morse is being implemented in NHST.</p> <p>Latest Update</p> <p>Changes to IT Systems remain to cause challenges for DHSCP workforce. This includes differences in implementation of O365 across DCC and NHST.</p> <p>Implentation of Morse in NHST is also ongoing.</p> <p>The IT system used by DDARS for prescribing is coming to its end of life and another solution is yet to be identified.</p>	Dundee HSCP Chief Officer	4	4	16	→	24.10.2024
<p>Information Governance</p> <p>Capacity and ability to comply with increasing number of Subject Access Requests in DCC leading to potential action from Information Commissioner</p> <p>Latest Update</p> <p>A year on year increase in Subject Access Requests has meant that this is causing a significant impact on staff who undertake this task. In addition changes to IT mean that manual redaction is no longer secure and must be undertaken by a specific software that only certain staff have access to. Risk that we will not comply with Data Protection rules and face action from Information Commission.</p> <p>Control factors</p>		3	4	12	↑	24.10.24

<ul style="list-style-type: none"> • Posts identified in Strategy and Performance section to undertake these tasks. Recruitment processes to begin in next six months. 						
<p>Category One Responder Additional responsibilities associated with Category 1 responder status are not supported by additional resources from Scottish Government and existing resources are not sufficient to meet statutory duties.</p> <p>Latest update Risk to remain on register due to finalisation of list of available DHSCP senior staff to manage rest centres, and to include Category One Responder duties in the next revision of the IJB Standing Orders in 2025. It is anticipated that once these actions are completed this risk will be able to be deactivated.</p>	Head of Health and Community Care	2	4	8	→	24.10.24
<p>Employment Terms</p> <p>Differing employment terms could expose the partnership to equality claims and impact on staff morale.</p> <p>Latest Update</p> <p>Management continue to have an overview of where issues arise within integrated teams with differing employment terms, and continue to assess and review within integrated teams.</p>	Dundee HSCP Chief Officer	3	3	9	→	24.10.2024
<p>Governance Arrangements being Established fail to Discharge Duties</p> <p>Clinical, Care & Professional Governance arrangements being established fail to discharge the duties required.</p> <p>The IJB's Governance arrangements were assessed as weak/unsatisfactory.</p> <p>Latest update</p> <p>Reports from CCPG to the PAC consistently provide a level of reasonable assurance of good and sound governance. leading to a reduction in the likelihood of this risk occurring..</p> <p>This risk will be revisited when we receive the Internal and External Audit governance report conclusions, with a view to potentially archiving.</p> <p>Control factors</p>	Dundee HSCP Chief Officer	2	4	8	→	24.10.2024

<ul style="list-style-type: none"> • Development of IJB Member Governance development sessions • Implement Governance Action Plan • Review of processes established 						
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New Risks for entry

None						
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Archived

<p>Dundee Drug and Alcohol Recovery Service Several risks for the Drug and Alcohol Recovery Service (formerly Integrated Substance Misuse Service) escalated from the Operational Risk Register. These include:</p> <ul style="list-style-type: none"> • Insufficient numbers of staff in integrated substance misuse service with prescribing competencies. • Increasing Patient demand in excess of resources • Current funding insufficient to undertake the service redesign of the integrated substance misuse service • COVID-19 Maintaining Safe Substance Misuse Service • Nursing Workforce <p>Latest Update</p> <p>Risks around DDARS are now considered to be mainly operational risks that are recorded and reported through CCPG. Decision to archive this Strategic Risk. Risks remaining for this service are covered in other Strategic Risks e.g. Staff Resource.</p>	Head of Health and Community Care	4	4	16	→	24.10.24
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<p>Mental Health Services</p> <p>There are system wide risks in the Mental Health Service. These include workforce and demand issues. Latest update</p> <p>Tayside Mental Health Strategy continues to make progress, developments such as the Community Wellbeing Centre will enhance community supports for people with mental health issues.</p> <p>Control factors</p> <ul style="list-style-type: none"> • Development of Tayside Mental Health Strategy • Opening of Hope Point Community Wellbeing Centre <p>Latest Update</p> <p>Risks around Mental Health Services are now considered to be mainly operational risks that are recorded and reported through CCPG. Decision to archive this Strategic Risk. Risks remaining for this service are covered in other Strategic Risks e.g. Staff Resource.</p>	<p>Dundee HSCP Chief Officer</p>	<p>4</p>	<p>4</p>	<p>16</p>	<p>→</p>	<p>24.10.24</p>
<p>Implementation of Safe Staffing</p> <p>Risk is around management teams capacity to ensure staff awareness and utilise appropriate recording systems.</p> <p>Latest Update</p> <p>Implementation is now complete and this is now considered to be an operational risk. Risk to be deactivated. Risks remaining for this service are covered in other Strategic Risks e.g. Staff Resource.</p>	<p>Dundee HSCP Head Of Health and Community Care</p>	<p>3</p>	<p>4</p>	<p>12</p>	<p>→</p>	<p>24.10.2024</p>

Risk Status	
↑	Increased level of risk exposure
→	Same level of risk exposure
↓	Reduction in level of risk exposure
x	Treated/Archived or Closed



REPORT TO: PERFORMANCE & AUDIT COMMITTEE – 20 NOVEMBER 2024
REPORT ON: CHIEF SOCIAL WORK OFFICER ANNUAL REPORT 2023-24
REPORT BY: CHIEF SOCIAL WORK OFFICER
REPORT NO: PAC37-2024

1.0 PURPOSE OF REPORT

1.1 This report brings forward for information the Chief Social Work Officer's Annual Report for 2023-24, attached as appendix 1.

2.0 RECOMMENDATIONS

It is recommended that the Performance & Audit Committee (PAC):

2.1 Note the content of this report and the Chief Social Work Officer's Annual Report for 2023-24 attached as appendix 1.

3.0 FINANCIAL IMPLICATIONS

3.1 None.

4.0 MAIN TEXT

4.1 The requirement that every local authority has a professionally qualified Chief Social Work Officer (CSWO) is set out in Section 5 (i) of the Social Work (Scotland) Act 1968, as amended by Section 45 of the Local Government (Scotland) Act 1994. Associated regulations state that the CSWO should be a qualified Social Worker and registered with the Scottish Social Services Council (SSSC).

4.2 The CSWO provides a strategic and professional leadership role in the delivery of Social Work and Social Care services, in addition to certain functions conferred by legislation directly on the officer. The overall objective of the role is to ensure the provision of effective, professional advice and guidance to Elected Members and officers in the provision of Social Work and Social Care services.

4.3 The Public Bodies (Joint Working) (Scotland) Act 2014 provides for the delegation of certain Social Work functions to an integration authority but the CSWO's responsibilities in relation to local authority Social Work functions continue to apply to services which are being delivered by other bodies under integration arrangements. Responsibility for appointing a CSWO cannot be delegated and must be exercised by the local authority itself. The CSWO also has a role in providing professional advice and guidance to the Integration Joint Board (IJB).

4.4 National guidance requires that the CSWO produces and publishes an annual summary report for local authorities and IJBs on the functions of the CSWO and that the approved report is forwarded to the Scottish Government to contribute towards a national overview of Social Work services. The information in this report complements other more detailed service specific reports on Social Work and Social Care services which have been reported in other ways.

- 4.5 As can be seen in this year's report (attached as Appendix 1), Social Work and Social Care services have continued to deliver quality support which improves lives and protects vulnerable people, whilst contributing towards and responding to a range of national, regional and local developments. There are several highlights in the report alongside a description of ongoing challenges and priorities ahead. Some specific achievements include:
- Millview Cottage Young Person's House won the Scottish Social Services Outstanding Residential Service Award 2023.
 - Balcarres Care Home won the Scottish Care, Care Home Service of the Year Award 2023.
 - Menzieshill House Team won the Generations Working Together Excellence Award 2023.
 - The Children and Families Service was a finalist in the UK-wide Local Government Chronicle Awards 2024 for Our Promise.
 - Over 98% of people were discharged from hospital to community supports without delay.
 - One of the 3 highest performing areas nationally in the benchmarking report on Medication Assisted Treatment (MAT) Standards.
 - The balance of family-based versus residential care increased from 87.2% to 90.5%, above the national average.
 - The proportion of Community Payback Orders completed successfully increased from 65% to 70%.
 - Other adult services evidenced a 21% improvement in Care Inspectorate inspection grades.
 - The Joint Inspection of Adult Support and Protection graded Leadership and Key Processes as Effective.
 - Children's Services case file audits showed further improvements with 94% graded as Good or better.
 - Over 77% of adults supported at home reported that they are supported to live as independently as possible.
- 4.6 Ongoing challenges facing Social Work and Social Care services throughout 2023/24 included the requirement for the CSWO to operate across multiple organisational and partnership boundaries to help realise a growing incentive for transformational change in how partners work together to provide care and support, whilst managing the day-to-day internal delivery of services. Most services are experiencing increased demands in a context of growing financial constraints, new regulatory or legislative requirements and uncertainty with a National Care Service. Like other areas, there have also been challenges with recruitment in some services.
- 4.7 In response, streamlined Protecting People governance arrangements; an integrated data set for all relevant functions to help Social Work and Social Care services identify service-specific strengths, areas of improvement, challenges and priorities; shifting the balance from residential or institutional care towards community and family-based support; empowering local communities and service users to both contribute towards decisions and self-care; and developing leadership and workforce capacity are all highlighted as key themes over the last 12 months.
- 4.8 The 2023/24 annual report is also forward looking and identifies the key challenges and opportunities for the coming year across Children's Services, Community Justice and Health and Social Care. As well as service specific improvement areas, the report identifies the

following improvement priorities to be progressed across the whole Social Work and Social Care service during 2024/25:

- Inform and respond to the National Care Service and National Social Work Agency developments.
- Develop consistent approaches towards workforce recruitment, retention and support across all service areas.
- Develop and apply an integrated Social Work and Social Care specific dataset on demand, support and impact.
- Explore the increased use of digital technology to support the workforce to carry out roles more efficiently.
- Develop and implement an improvement plan to increase the meaningful use of chronologies across all services.
- Support arrangements for Significant Adverse Event Reviews, Serious Incident Reviews and Learning Reviews.
- Work with all partners to explore opportunities to develop a cross-cutting prevention plan for vulnerable people.

The details of service areas specific improvement priorities are contained within the 'Looking Ahead' section of the full report (attached as appendix 1).

5.0 POLICY IMPLICATIONS

- 5.1 This report has been subject to the Pre-IIA Screening Tool and does not make any recommendations for change to strategy, policy, procedures, services or funding and so has not been subject to an Integrated Impact Assessment. An appropriate senior manager has reviewed and agreed with this assessment.

6.0 RISK ASSESSMENT

- 6.1 This report has not been subject to a risk assessment as it does not require any policy or financial decisions at this time.

7.0 CONSULTATIONS

- 7.1 The Chief Officer, Chief Finance Officer, Heads of Service - Health and Community Care, Dundee City Council Leadership Team and the Clerk were consulted in the preparation of this report.

8.0 BACKGROUND PAPERS

- 8.1 None.

Glyn Lloyd
Chief Social Work Officer

DATE: 24 October 2024

Neil Wallace
Service Manager, Children and Families Service, Dundee City Council

Kathryn Sharp
Service Manager, Strategy and Performance

**Chief Social Work Officer Annual Report
Dundee City Council
2023-24**

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Introduction from the Chief Social Work Officer

I'm extremely proud to present the Chief Social Work Officer Annual Report 2023-24. Over most of this period Diane McCulloch was the CSWO, having assumed the role 4 years earlier and navigated services through the Covid-19 pandemic, demographic pressures, cost of living crisis, financial constraints and some recruitment challenges.

When Diane retired in February 2024, I was honoured to be given the opportunity to lead the profession locally, build on previous developments in partnership with our workforce, other services and local communities and enable all our teams to provide crucial support to vulnerable people across the city.

The report follows a revised Scottish Government template and is shorter than previous versions to allow commentary on key developments relating to governance arrangements, service quality and performance, resources, our workforce and priorities and plans over the year ahead.

It illustrates continued challenges in the delivery of services alongside a fluid and uncertain national policy landscape. We are contending, for instance, with growing concerns over 0–3-year-olds, mental health, substance use, an ageing population, a growing prison population and hospital admissions.

It shows how, at the same time, we are also informing possible developments with a National Care Service, responding to or preparing for new regulatory and legislative requirements and managing both the immediate and anticipated longer-term budget cuts which are affecting the whole public sector.

In other words, services are delivering high quality care whilst exploring or implementing transformational change. There is a focus on streamlining governance arrangements; building capacity to shift a focus towards community and family-based care; empowering service users as groups or individuals; and supporting our teams.

In my view, it highlights some outstanding achievements which reflect the leadership, adaptability and innovation across services. Working collaboratively with partners and service users, they continue to make key contributions to city-wide priorities of addressing inequalities, promoting social inclusion and protecting people from harm.

The report also notes areas for further improvement, current and anticipated national and local challenges and potential risks, which all require a continued focus. I hope it provides a helpful overview of key activities over the 12-month period and explains identified priorities and plans for the period 2024-25 and onwards.

Some Key Achievements in 2023-24

Millview Cottage Young Person's House won the Scottish Social Services Outstanding Residential Service Award 2023

Balcarres Care Home won the Scottish Care, Care Home Service of the Year Award 2023

Menzieshill House Team won the Generations Working Together Excellence Award 2023

The Children and Families Service was a finalist in the UK-wide Local Government Chronicle Awards 2024 for Our Promise

Over 98% of people were discharged from hospital to community supports without delay

One of the 3 highest performing areas nationally in the benchmarking report on Medication Assisted Treatment (MAT) Standards

The balance of family-based versus residential care increased from 87.2% to 90.5%, above the national average

The proportion of Community Payback Orders completed successfully increased from 65% to 70%

Other adult services evidenced a 21% improvement in Care Inspectorate inspection grades

The Joint Inspection of Adult Support and Protection graded Leadership and Key Processes as Effective

Children's Services case file audits showed further improvements with 94% graded as Good or better

Over 77% of adults supported at home reported that they are supported to live as independently as possible

Governance, Accountability and Statutory Functions

In 2023-24, the role of CSWO was carried out by the Head of Service for Health and Community Care within the Health and Social Care Partnership until February 2024. Having previously undertaken a deputising role, the Head of Service for Children's and Community Justice Social Work became the CSWO on 1st March 2024.

The CSWO continues to have direct access to Elected Members, the Chief Executive and Chief Officers of the Council and Integration Joint Board, along with front-line practitioners. They contribute towards strategic partnership meetings, including recently streamlined Protecting People governance arrangements, as follows:

- Reporting to the Chief Executive and Executive Director of Children and Families
- Regular meetings with the Chief Officer of the Integration Joint Board
- Member of the Integration Joint Board
- Member of the IJB Performance and Audit Committee
- Member of Child Poverty, Inequalities and Attainment Leadership Group
- Member of the Community Justice and Safety Executive Board
- Member of Chief Officer Group for Protecting People
- Member of all Protecting People Committees
- Member of Alcohol and Drug Partnership Commissioning Group
- Member of the Tayside Regional Improvement Collaborative.

The CSWO is supported by a Governance Group which brings together Heads of Service and Senior Officers with responsibilities for all Social Work functions across the city. The main function of this group is to support the discharge of statutory duties and enable services to carry out their roles effectively. This includes a focus on:

- Practice governance and continuous improvement;
- Professional advice including where services are commissioned;
- Workforce planning, learning, recruitment and support;
- Making decisions relating to the curtailment of individual freedom;
- Assessment and management of certain offenders who present a risk of harm;
- Reporting significant serious or immediate risks;
- Assisting partners to understand the complexities of Social Work.

Governance Challenges, Opportunities and Next Steps

Going forward, the CSWO Group will maintain a focus on priorities in this report in the context of wider developments, such as a National Care Service; a Care Inspectorate Review of Social Work Governance Arrangements due to be published in March 2025; National Protecting People Group workstreams; and legislative or policy change.

One of the possible outcomes of the Thematic Review, for instance, will be to confirm that following the Public Bodies (Joint Working) (Scotland) Act 2014, growing financial constraints and policy change, governance arrangements for the delivery of Social Work and Social Care specific services have become more varied and complex.

In some areas, Children's and/or Community Justice Social Work services fall within the remit of IJBs, whereas in others they sit within Council Children's Services. In all areas, all services form an intrinsic part of varying Community Planning Partnership and Protecting People governance arrangements.

Either way, this requires CSWOs to operate across multiple organisational and partnership boundaries to help realise a growing incentive for transformational change in how we provide care and support, whilst managing the day-to-day internal delivery of services. This creates possible leadership capacity issues and risk.

The CSWO Governance Group is therefore currently developing a new integrated dataset covering all Social Work and Social Care specific statutory functions, categorised under levels/types of demand, the nature/quality of subsequent support and its impact on service users.

This will allow members to jointly focus and report on strengths, areas for improvement, challenges and priorities, including national or local arrangements which may help or hinder. It should enhance oversight, provide cross-cutting data to inform improved whole family support and help to respond to and/or escalate identified risks.

This type of approach towards streamlining, integrating, prioritising and focusing will be key and revised Protecting People arrangements, which have involved collapsing the Violence Against Women Partnership into Children and Adults at Risk Committees, are already supporting a better focus on vulnerable 16–17-year-olds and transitions.

As leadership and workforce capacity across all services will also be crucially important, the involvement of Learning and Organisational Development Service and Human Resources will be key. It is essential that all our workforce has the capacity and confidence to lead and respond to change whilst providing day-to-day support.

We know this will be a key focus of a new National Social Work Agency (NSWA) and the Group will need to both inform and be informed by any associated developments. It is likely to include some focus on the profile, visibility and capacity of the profession, which should also support recruitment.

Similarly, the group will inform local positions on possible developments with a National Care Service, including any final revisions to Integrated Joint Boards as local NCS Boards, mandated delegation of Children's and Community Justice Social Work and any new national performance reporting requirements.

If this all illustrates the complexities and uncertainties of the current national and local Social Work and Social Care landscape, it may also confirm the importance of the profession responding jointly and consistently, regardless of whatever structural and governance arrangements may emerge.

In my first few months in the role, I have confidence that Chief Officers and Elected Members understand and support delivery of the statutory functions in this wider context and are committed to responding to challenges and opportunities, with a key focus on continuous improvement in the delivery of services to the people we serve.



Service Quality and Performance

Children's Services

In Children's Social Work, teams responded to an overall stable number of Child Protection referrals to the Multi-Agency Screening Hub (MASH). In 2022-23, a total of 7,769 referrals, or around 148 referrals a week, were made to the hub by partners and members of the public. In 2023-24, this increased very slightly to 7,750, or 149 a week.

However, within these referrals there was a 35% increase in the number of concerns about vulnerable pregnant women, rising from 138 to 187. This mirrors existing concerns about a disproportionate number of 0–3-year-olds on the Child Protection Register or requiring alternative care. In addition to existing support, it informed:

- **Allocation of Whole Family Wellbeing Funding (WFWF) to the Tayside Council on Alcohol Birch Programme and Alternative Counselling services to identified vulnerable women**
- **Work with NHS Tayside and Dundee University on the development of an Infant Pledge resource entitled 'Hello in There Wee One', promoting active listening and positive attachments between mothers and babies**
- **Early discussions with Community Learning and Development on how we might further develop local place-based approaches via the What Matters to You initiative to include a greater focus on 0–3-year-olds**

Following referral to the MASH, there was a small reduction in the number of families requiring more in-depth assessment by a Social Work Intake Team. However, of those, the number of multi-agency Child Protection Planning Meetings increased from 141 to 159 and the number of new Child Protection Registrations (CPR) from 92 to 136.

This shows that where concerns had been identified about some children and young people, a higher number required formal Child Protection support. As there were also 102 de-registrations over the same period, involving decisions to remove a child from the register because risks had been addressed, this support was effective.

It reflects support provided by Children's Services and partners to families with children and young people on the CPR or otherwise on the edge of care, with a focus on helping parents/carers to address any risks of significant harm typically associated with the impact of poverty, mental health, substance use and domestic abuse.

Bairns Hoose

To further enhance these more immediate responses to risks, the service also collaborated with partners in Angus Council, Perth and Kinross Council, NHS Tayside and Police Scotland to submit a successful regional application to Scottish Government to become one of 6 Bairns Hoose Pathfinders across Scotland.

This initiative involves enhancing support across the 4 Bairns Hoose 'rooms' of Protection, Health, Justice and Recovery. The regional partnership received £495k additional revenue funding which currently runs to March 2025. The Implementation Plan is presently focused on a range of activities, including:

1. **Protection** – upgrading the layout and facilities at the MASH at Seymour House to make it a more child-friendly environment and developing work with Speech and Language Therapists and Talking Mats to assist communication
2. **Health** – additional capacity to carry out general GIRFEC assessments and specific Forensic Medical Examinations, along with training to NHST staff not accustomed to attending Initial Referral Discussions
3. **Justice** – introduction of a new Scottish Child Interviewing Model (SCIM) to Police and Social Work teams to replace Joint Investigative Interviewing (JII) and improved links with the Procurator Fiscal and Court via a video link
4. **Recovery** – commissioning longer-term flexible family support to assist children, young people and their parents/carers, which includes a focus on families being the key decision-makers in support received.



Children and Young People Requiring Temporary or Permanent Alternative Care

Over the period, there was a marked reduction in the overall number of care experienced children and young people requiring temporary or permanent alternative care alongside positive changes in the balance of family-based versus residential care. This can be seen in the table below with snapshot dates on 31 March:

Care Experienced Children and Young People			
Types of Care	31.03.2023	31.03.2024	% Variation
Secure Care	3	0	-100%
External Residential	34	17	-50%
Internal Residential	19	20	+5%
External Foster Care	95	83	-13%
Internal Foster Care	95	83	-13%
Kinship Care	104	111	+7%
Prospective Adopters	24	21	-13%
At Home	52	50	-4%
Flat/supported Accom	10	4	-60%
Grand total	436	389	-11%
Balance of Family-Based	87.2%	90.5%	+3.3%
% Externally Placed	36.7%	31.4%	-5.3%

This reduction in the overall number and shift towards family-based support was achieved by support to children and young people on the edge of care; building the networks of support provided by the Kinship Care Team; re-provisioning Craigie Cottage to match the age-profile of children in external residential care; and care planning.

A concerning reduction in the number of Foster Carers continued to mirror national trends and led to work on an 'Ideas to Action Programme'. This has involved the development of a new website and extended out of hours support to Foster Carers. It has led to a small increase in recruitment. A review of fees/allowances is underway.

In addition to reducing the number of care experienced children and young people and altering the balance of care arrangements, educational attainment continues to improve but they still lag their peers, especially when they remain at home or in kinship care. On this basis, further support to Kinship Carers over the period included:

- ✓ **Kinship Care Team and Pupil Support Workers providing targeted support to pupils with lower school attendance levels**
- ✓ **Maximising the income of kinship carers through welfare rights assessments to help promote stable nurturing homes**
- ✓ **Therapeutic support to kinship care families to strengthen relationships during periods of significant change in parenting roles**

- ✓ **Engagement with What Matters to You to promote local community-based support provided by and for other kinship carers**

Adolescents

Specifically in relation to vulnerable young people and young adults, the service also led on a partnership review of multi-agency approaches towards vulnerable adolescents which will lead to the development of a new co-located multi-agency service focused on both Child Protection and Youth/Criminal Justice from April 2025.

Continuing Care and Aftercare

In Continuing Care, a young person can remain in the same care arrangement until they are aged 21 years as part of a more supported transition to adulthood. The total number of young people wanting to remain reduced from 40 to 31 but there were marginal decreases in respect of each placement type, such as 19 to 16 in Foster Care.

Nevertheless, to try and maximise the uptake of Continuing Care, the service revised a protocol which now involves the Aftercare Team explaining options to young people sooner. The service also developed 2 new Supported Accommodation facilities at Reid Square and Fairbairn Street to extend the range of alternative options.

The revised protocol has led to a significant increase in the number of young people receiving compulsory Aftercare up to the age of 21 years and discretionary aftercare up to the age of 26 years. The former increased from 36 to 52 and the latter from 101 to 119, with a total increase in young people receiving Aftercare from 137 to 171.

However, although positive destinations for care experienced young people reached a high of 100% in 2022-23, it reduced to 70% in 2023-24. Whilst this involved only a small proportion of around 20 care experienced school leavers, they nevertheless generally lag their peers and can struggle to maintain progress longer-term.

The sustainable further education, training and employment of care experienced young people is therefore also a key priority and formed a key part of a Council review of Youth Participation. It led to the development of a comprehensive action plan, including the development of post-school mentoring and flexible opportunities.



Children and Young People with a Disability

Following a review, the service has retained a specialist Children with Disabilities Team to maintain and develop specialist knowledge and skills. The team continues to support families where there have been identified concerns, whilst also now coordinating Self Directed Support (SDS) assessments and plans.

Currently, 140 families are in receipt of various forms of SDS, ranging from funding to support Personal Assistants and/or equipment through to short-breaks and assistance over school holidays. A new assessment tool is ensuring that types/levels of support are informed by available evidence, mirror needs and are equitable across the city.

The team is currently developing an action plan in response to a national Care Inspectorate Thematic Review of Approaches Towards Children with a Disability, which they contributed towards. The review identified a range of good practice whilst noting a need for greater clarity of available support and greater consistency in its delivery.

Unaccompanied Asylum-Seeking Children (UASC)

Since January 2023, 9 UASC have newly arrived in the city via the National Transfer Scheme (NTS) and were accommodated under S.25 of the Children (Scotland) Act 1995. As such, they were legally defined as care experienced and the service supported these young people in Young People's Houses and Supported Accommodation.

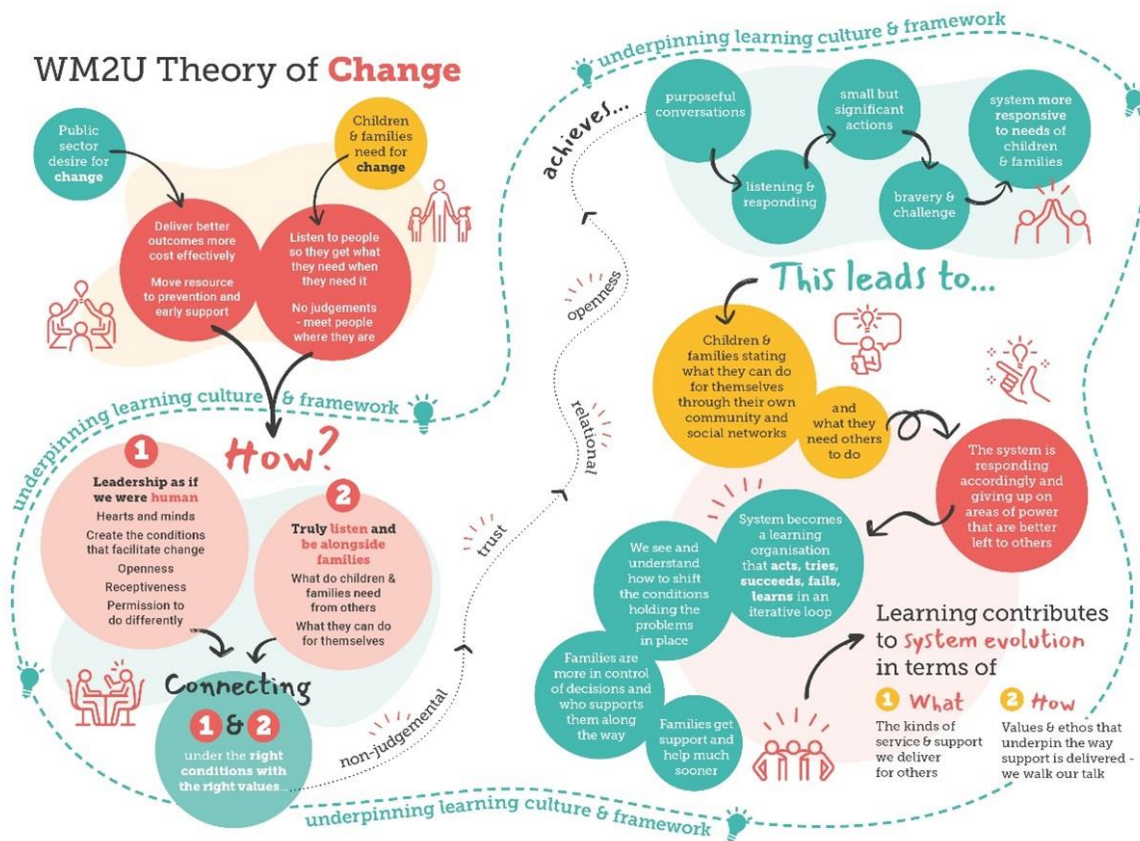
The service also carried out age assessments on a further 25 asylum seekers who had been moved to the city after having initially been assessed by the Home Office as adults on arrival. A total of 10 were subsequently confirmed as under 18 years and received similar support as UASC arriving via the NTS.

What Matters to You

The Children's Service was also closely involved in the development of What Matters to You in partnership with the Hunter Foundation, BBC Children in Need, Columba 1400 wider Council and other partners. This initiative places the voice, needs, aspirations and capacity of communities and families at the centre of engagement and support.

It has been piloted in Lochee, Strathmartine and Whitfield, where engagement and support has occurred via Columba 1400 Values Based Leadership Experiences, Community Cafes, family sessions and activities organised by Community Learning and Development.

Families have reported a positive difference to their lives involving a greater sense of belonging, growing self-efficacy, heightened trust, improved emotional health and more hope. The initiative has made further progress this year and Local Community Planning Partnerships will be instrumental in scaling and sustaining the approach.



For our overall approach to The Promise, the service was shortlisted as a finalist in the UK Local Government Chronicle Awards 2024 in the category of Children’s Services. An Expert Panel commented on a ‘strategic approach to improving outcomes engaging a variety of partners evidencing good progress in a challenging context’.



Community Justice Services

In Community Justice, the service continued to deliver and develop a range of interventions across the criminal justice system to ensure that timely, proportionate and effective responses are available. For the first time in 4 years, levels of demand across most areas returned to pre-pandemic levels. Comparisons with last year were:

- **Diversion from Prosecution** – increased from 77 to 92 referrals from the Crown Office Procurator Fiscal Service (COPFS)
- **Court Reports** – increased from 1165 to 1185 reports which inform sentencing decisions
- **Structured Deferred Sentences** – increased from 44 to 96 to provide people with an opportunity to engage with support prior to final sentencing
- **Community Payback Orders (CPO)** – increased from 447 to 553 Orders imposed by the High Court and Sheriff Court
- **Unpaid Work** – increased from 38,101 hours imposed to 43,616, with work carried out at various locations across the city
- **Supervised Release Orders** – increased from 16 to 29 people receiving a custodial sentence of less than 4 years with specific conditions on release
- **Long-term prisoners** – increased from 153 to 165 people serving prison sentences of 4 years or more.

This increase is consistent with national trends and was associated with Police Scotland, the Crown Office Procurator Fiscal Service and Scottish Court Service continuing to address the pandemic backlog, alongside arrest and conviction rates for new offences. It was manageable within available capacity.

As such, the proportion of people successfully completing a CPO increased from 65% to 70%, in line with the national average. Our Unpaid Work projects received 100% positive

feedback from recipients and included painting buildings at Clatto Park, refurbishing benches at cemeteries and repainting railings (see below).



However, also consistent with national trends was a continued increase in the use of remands and short-term prison sentences. This included an increase of young people aged 16-20 receiving a prison sentence from 6 in 2022-23 to 10 in 2023-24. These trends have contributed to the national Early Release Scheme this year.

The service continues to offer community-based alternatives to custody where an assessment indicates risks of re-offending can be managed, usually via a combination of restrictive or punitive measures such as a Restriction of Liberty Order and Unpaid Work alongside a supervisory or programmed element focused on rehabilitation.

It also continues to jointly risk assess, supervise and support Registered Sex Offenders and high risk of harm Violent Offenders under Multi Agency Public Protection Arrangements (MAPPA). There was a slight reduction in the number of jointly managed RSOs from 58 to 55.

Going forward, the service will develop a specific improvement plan in response to a Care Inspectorate Thematic Review of Prison Based Social Work in partnership with the Bella Centre. It will also work nationally with partners to develop an implementation plan for MAPPs, which is scheduled to replace ViSOR from 2026.

Adult Services

In Adult Services, all teams continued to respond to some similar demographic challenges and support people with a range of needs. As with Children's and Justice Services, there was an emphasis on adapting to changing levels of need by building capacity, enhancing preventative support and safely promoting independence.

Hospital Admission and Discharge

The rate of admissions to hospital continued to increase from 12,698 in 2019-20 to 14,335 last year. Conversely, emergency bed days continued to reduce, from 120,840 in 2018-19 to 110,015 last year. **Moreover, 98% of people were discharged from hospital without delay and the number of bed days lost reduced from 604 to 94.**

This reduction in bed days and timely discharge mirrored continued efforts to improve discharge planning processes and community-based support. To this end, initiatives over the last 12 months included a new enhanced flow coordinator role within the Discharge Team and enhanced support from Community Independent Living Service.

The Care at Home Team was also involved in projects where they planned with others to improve pathways and services. This includes Falls Prevention and Education Training which involved co-working with Scottish Ambulance Service, a Falls Team and Social Care Response Service.

✓ As a result of this initiative there was a reduction of 428 falls in the cohorts

This work will need to remain a key priority for the IJB and partners, as in addition to growing admission rates the city has a high rate of readmission where the patient had been discharged within the last 28 days. In 2018-19, the rate was 129 readmissions per 1,000 population and this rose to 147 readmissions in 2023.

It will need to include a concerted focus on slips, trips and falls, as the city also continues to have a high rate of falls related admissions to hospital for people aged 65+. The rate

increased from 30.9 admissions per 1,000 of the 65+ population in 2018-19 to 34.6 admissions per 1,000 of the 65+ population in 2023.

Some key challenges associated with a smaller number of patients with more complex or acute needs include supported housing provision with appropriate facilities, staffing capacity and guardianship legislation. The service reported on these to Scottish Government whilst addressing delays and engaging with patients and their families.

Carers

In 2023-24, the IJB allocated Carers Partnership funding to the Carers Centre for a Winter Fund to support carers most in need. The fund was set up for carers to help to alleviate some of the increasing financial pressures being experienced over the winter period. It also aimed to enable people to continue their caring roles with less anxiety.

This year's applicants identified having to make choices between 'heating' and 'eating' and there was a corresponding increase in the percentage of awards for fuel and food. Over the period, the fund distributed 429 grants totalling £124,019, covering costs such as food and fuel, travel, white goods, winter clothing, bedding and furniture.

Mental Health

Last year, Hope Point was established as a key landmark in the development of accessible 24/7 support for people experiencing distress. The centre opened in July 2023 and 2,466 contacts with the service were made up to March 2024. The service has been co-designed to take account of individual needs and is extremely well received:

"The staff at Hope Point saved my life. Amazing people! Amazing Service!"

"It was beneficial for me to see staff here and feel valued and listened to"

"I was absolutely hopeless before finding Hope Point, now I'm full of hope"

"You guys have saved my life many times over"



Where appropriate, a distress measure is used whereby people self-rate the degree of their distress on a scale of 0 to 10. This takes place at the start and at the end of an intervention and 100% of people saw a decrease in their score. The average was 3.6 points reduced distress rating. Other initiatives focused on mental health included:

- ✓ **Appointment of a full-time Suicide Prevention Coordinator**
- ✓ **A Suicide Prevention Stakeholder Event to inform a Prevention Delivery Plan**
- ✓ **Contributions to a Tayside Multi-Agency Suicide Review Group**
- ✓ **Targeted work around locations of concern**
- ✓ **Starting the co-production of a service to support people bereaved by suicide**
- ✓ **Refreshment of a Tayside [Suicide? Help! App](#) and website**
- ✓ **Suicide prevention courses across the partnership**

The proportion of patients referred to psychological therapies who commenced their treatment within 18 weeks of referral (completed waits) has risen from 46% in Q1 21/22 to 71% in Q4 23/24. This is a significant achievement to help people with more acute concerns to access timely support.

Mental Health Officer Service

The Mental Health Officer (MHO) Service continues to experience a high demand in both areas of Mental Health and Adults with Incapacity. In respect of mental health, there have been increases in Short-Term Detention certificates and Compulsory Treatment Orders, alongside a reduction in the number of practicing MHOs.

The service has since had 2 successful candidates for this year's MHO course but capacity is an ongoing challenge and there is an acknowledgement that promoting this

role is required across all services. This will be one aspect of work that will be progressed over the coming year.

In relation to Adults with Incapacity, requests for new guardianship applications have remained consistent but in the past 2 years there has been an increase in requests for reports related to renewals of welfare guardianship orders. This has continued to increase over this reporting year.

The overall capacity of mental health services is therefore a key priority, including in relation to supervising private welfare guardianships. To this end, the service is undertaking a workforce analysis across all adult services, whilst instigating a training program for all teams around various aspects of Guardianship roles.

Adults with Incapacity Act Amendment Consultation

The service response has been supportive of proposed changes in numerous areas, especially around streamlining processes such as changes to guardianship applications and financial management arrangements, with the caveat of ensuring safeguards for individuals are not reduced.

The service also welcomes considerations to promote supported decision making throughout the recommendations, whilst also trying to address significant issues around deprivation of liberty issues. Once finalised, all changes will be embedded via a local mental health action plan.

Like hospital admissions and discharge, our approach towards people with mental health concerns will need to remain a key priority. The trends in relation to levels of demand, complexity and risk are growing and there will need to be a particular focus on prevention, alongside support to people with acute concerns. Some key data:

- **Suicide** - across Scotland there was an increase in probable suicides from 2022, with a total of 792 deaths in 2023. In Dundee, 30 people died by probable suicide in 2023, an increase of one person from 2022. The rate was higher than the Scottish average in Highland, Dundee City and East Ayrshire Council areas.



Older People

Clearly, work to support older people was encompassed within approaches towards hospital admission and discharge; carers; and mental health. This this was augmented by specific initiatives focused on care homes, designed to enhance the experience of residents and their families. It included:

- ✓ **Intergenerational Practice in Care Homes Award** - this recognised Menzieshill's activity programme for promoting quality outcomes, including via the re-establishment of links with the local community such as Menzieshill Nursery and Tayview Primary School after the Covid-19 pandemic.

Activities involved a focus on boosting resident's wellbeing and reducing social isolation. One of the care home residents said of the young people; *"They are lovely. They all have their own idiosyncrasies and personalities- I love getting to know them. They take me right back to when I was that age."*



- ✓ **Supporting Tayside Excellence Programme (STEP) for Tayside Care Homes** - the STEP was rolled out across Tayside in July 2023 to collaboratively enhance care to residents via a supportive tool that provides the ability to self-assess against the healthcare framework for adults living in care homes.

Drug and Alcohol Services

The implementation of the national Medication Assisted Treatment (MAT) Standards was a key aspect of the work of all Alcohol and Drug Partnerships in 2023-24. The national benchmarking report on MAT implementation was published on 9 July 2024 (see [MAT Benchmarking 2024](#) for full report) and demonstrated considerable progress:

	MA T 1	MA T 2	MA T 3	MA T 4	MA T 5	MA T 6	MA T 6 (& 10)	MA T 7	MA T 8	MA T 9	MA T 10
202 2						N/A	N/A	N/A	N/A	N/A	N/A
202 3							N/A				
202 4						N/A					N/A

	Red		202 2	MAT 6 to MAT 10 were not assessed
	Provisional Amber		202 3	MAT 6 and MAT 10 were assessed separately
	Amber		202 4	MAT 6 and MAT 10 were assessed jointly
	Provisional Green			
	Green			

Other than 2 ADP areas in Dumfries & Galloway and Greater Glasgow, these were the highest scores achieved nationally and testimony to the focus and drive of local partners. In terms of what this means in practice for local people with a substance use concern:

- ✓ Individuals have fast access to treatment, a choice of prescribed medication, wraparound support and support to remain in treatment for as long as required.
- ✓ Those who have experienced a non-fatal overdose are quickly identified and supported to access treatment.
- ✓ Individuals can opt out to be supported by the new shared-care arrangements with Primary Care
- ✓ Everyone can access the support of independent advocators at any stage of their recovery journey
- ✓ Harm reduction support and equipment is available at any stage for those accessing MAT

- ✓ In 2023/24 94% of people referred to services for drug use began their treatment within 21 days of referral.
- ✓ The number of Alcohol Brief Interventions has increased from 996 in 2022-23 to 1,415 in 2023-24.

In addition to progress around the MAT Standards, a Non-Opioid Pathway to services and support is being implemented with partners. There have been some delays to the planned review of an alcohol pathway but a dedicated member of staff is now in post and progressing this as part of the wider programme on the non-opioids' pathway.

This work will again need to remain a key priority, including in relation to prevention. There were 46 drug deaths in the city in 2023 compared with 38 in 2022-23. The city had the 2nd highest rate of drug misuse deaths in Scotland and there were 192 suspected non-fatal overdose incidents.

Out-of-hours Service

The Social Work Out of Hours Service (OOHS) continued to coordinate responses to vulnerable families and adults in crisis, in partnership with key professionals from Health, Police, Private and Third Sector Agencies. The service still covers both Angus and Dundee and in the last year provided the following services to local people:

- Responded to 4,849 calls and undertook 1,009 visits concerning Children and Young People across the Dundee area. Of these visits, 820 were in response to the 426 planned work referrals received from daytime services and 189 were because of a crisis referral to the service.

Resources

Given growing levels of demand and/or complexity in several key areas, alongside reductions to funding and intermittent recruitment challenges, most services have reported that resources were stretched at times and outline concerns about sustainability. In 2023/24, the total Social Work budget was £144.775m:

Service Area	2023/24 Budget
Children's Services	£37.194m

Community Justice Services	£5.144m
Adult Social Care Services*	£102.437m
Total	£144.775m

In all services, this has required services to apply day-to-day measures which deploy resources efficiently, including in relation to proportionate support and defensible risk management, whilst strategically implementing whole system measures which make best use of the total resource and focus on key priorities.

* Delegated to Dundee Integration Joint Board – net of funding transfer from NHST

Children’s Services

Over the period, Children’s Social Work responded to financial pressures associated with children and young people in external residential care by bringing Kinship Care developments to fruition, re-provisioning the new Craigie Cottage for younger children and strengthening care planning arrangements for all children and young people.

As noted above, the service also attempted to increase the recruitment of internal Foster Carers to avoid an over-reliance on external Foster Carers and/or external residential care but although this led to some new carers, they have not yet reached previous levels and fees/allowances are being reviewed.

The review of approaches towards vulnerable adolescents, which included integrating the management arrangements of Locality Teams and Young People’s Houses to promote consistent oversight and support, has contributed towards there being no placements in Secure Care for 18 months and a reduction in missing episodes.

The service will need to maintain this approach to avoid the high financial and potential human costs of Secure Care, which should only be used when no internal capacity is available and/or is not suitable to meet complex needs and/or when certain legal criteria are met and risks cannot be managed defensibly in the local community.

Going forwards, the implementation of the Care and Justice (Scotland) Act 2024 has now ended the use of prisons for 16- to 17-year-olds in the justice system and replaces it with Secure Care. Currently, these placements are funded by Scottish Government and announcement of longer-term funding implications are expected in early 2025.

The service also completed a review of Self-Directed Support (SDS) assessment processes, to ensure support is equitable and mirrors types/levels of need. It will enable this part of the service to operate within budget or use evidence from assessments to demonstrate and respond to any identified unmet need.



Community Justice

In Community Justice, there were no financial pressures in 2023-24 and the service continued to meet all requirements via its ringfenced budget. The number of Court Reports and CPOs did not yet reach pre-pandemic levels and levels of demand remained manageable, although there was evidence of greater complexity.

In 2024-25, levels of demand have increased more markedly, particularly in relation to Restriction of Liberty Order (ROLO) requests. As this has occurred at the same time as some staffing absences, it has created some challenges which the service is responding to by collaborating with the Court to streamline some arrangements.

Adult Social Care Services

In the context of a challenging overall financial settlement, the IJB continued to deal with increasing levels of demand associated with the requirements of people with disabilities, mental health and substance use issues, alongside the legacy impact from the pandemic and cost of living crisis. It reported a year end overspend of £3.744m.

The partnership was also impacted by the same recruitment challenges in other key service areas across Scotland. The lack of capacity in the social care workforce has continued to provide whole-system challenges in further reducing delayed discharges from hospital.

Other professions such as Nursing, Allied Health Professionals (such as Occupational Therapists, Physiotherapists, Dieticians and Speech and Language Therapists) and GP's, alongside specialist areas such as substance use and mental health services, also continued to face recruitment challenges which had some impact on services.

The Health and Social Care Partnership's operational delivery model therefore continued to embed a model of fully integrated health and social care services to support the delivery of the Integration Joint Board's strategic priorities, with managers covering both Council and NHST services.

Given the financial challenges during 2023-24 and anticipated demands and constraints going forwards, transformation across all Social Work and Social Care services will be key to developing a sustainable service model which meets strategic priorities within existing resources, including financial, workforce and property.

Workforce

Recruitment and Support

The Social Work and Social Care workforce provides support to vulnerable groups in sometimes challenging situations. Teams frequently support people who have been traumatised and who, in various ways, may present a risk of harm to themselves, to others or from others.

They are required to engage with service users and empower them whilst sometimes informing statutory decisions made by the Children's Hearing, Sheriff Court or Parole Board which may restrict their liberty, including in relation to Secure Care, mental health treatment or detention and enforcement of community sentences.

The workforce is therefore highly valued and currently consists of 1,313 people employed within the Children and Families Service (371) and the Health and Social Care Partnership (942). As an overview of their employment status, age, ethnic identity, recruitment, retention and absences in 2023-24:

- Over 98% are employed on a permanent basis
- Just over 10% of the workforce are aged 30 years or under
- Almost 50% are aged 51 years or older
- At 81% most of the workforce are women
- Over 6% identify as having a disability
- Just under 4% identify as being of black or minority ethnic origin

- Workforce leavers in children's and community justice services was 8.09%.
- Workforce leavers in adult services was 10.93%
- Just under 32% of new starts were aged 30 years or under
- Over 23% of new starts were 51 years or older.
- Excluding Covid related absence 24 days were lost per FTE
- This is higher than the Council figure of 15 days lost per FTE
- There was an increase in working days lost across all sections
- There were more long-term absences than the Council at 81% and 73%
- The most common reason for lost days was mental health at 40.55%

It is therefore apparent that the workforce is under-represented across many of the protected equality characteristics. The population of the city comprises of 10.64% people of minority ethnic origin and 31.27% of people who have a disability, respectively compared with 4% and 6% in our workforce.

The recruitment pattern also provides some indication that some progress is being made in addressing challenges related to an ageing workforce and a desire to increase the young workforce but this will also need to continue to be a priority, whilst building on a range of measures introduced to enhance support and retention:

- ✓ Collaboration with Dundee University to increase student placements
- ✓ Delivery of mandatory qualifications to meet SSSC registration requirements.
- ✓ Fair Work First Commitments, such as payment of the Living Wage.
- ✓ Introduction of a national Newly Qualified Social Worker Scheme (NQSWS)
- ✓ Support with manageable caseloads informed by a Setting the Bar report
- ✓ Using Artificial Intelligence to record and transcribe assessments and support
- ✓ Launch of the Health & Wellbeing Framework in 2023
- ✓ New [Navigating Individual and Organisational Resilience](#) workshop
- ✓ Ongoing [Reflection and Resilience](#) work with teams
- ✓ The Employee Health & Wellbeing Service SharePoint site wellbeing information
- ✓ The Scottish Government's [National Wellbeing Hub](#)
- ✓ Wellbeing Ambassadors with 6 currently willing to undertake this role.
- ✓ Trauma informed response to potentially traumatic events in the workplace
- ✓ Absence Review Learning
- ✓ Targeted focus group work where data indicates there are wellbeing concerns
- ✓ Able Futures Access to Work Mental Health Support Service
- ✓ A focus on race discrimination towards both the workforce and service users

Training and Development

Protecting People Multi Agency Framework

In addition to general support, training is key to build the confidence and competence of teams. A training needs analysis has not yet been conducted but a comprehensive multi-agency framework was launched in February 2024 and provides a basis of protection learning for all workers across the city.



Going forwards, in addition to this generic training a training needs analysis will also be explored with Learning and Organisational Development. Teams across Children’s and Community Justice Social Work and the Health and Social Care Partnership will implement Quality Conversations.

Adult Support and Protection Week

In February 2024, Dundee co-ordinated a calendar of events to celebrate and promote national Adult Support and Protection Day. Nine multi-agency events were co-ordinated across the 5 days and 250 people booked on the sessions. Following evaluation, knowledge ratings increased from 3.5 to 4.5 on average and 97.5% wanted to see similar events.

“I had not realised that there were so many different projects supporting adults and young people in Dundee”

This training is critical as the Significant Case Review on Ms L included recommendations for partners to more effectively work together in a trauma informed manner and make timely referrals to Adult Support and Protection arrangements. It has been enhanced by half day sessions, where feedback has been positive. Other training over the year has included:

- **Defensible Decision Making** – collating, analysing, making decisions and acting on information about risks/needs, including consideration of bias
- Council Officer Learning – legislation, codes of practice, recent learning reviews, chronologies, risk assessment, professional curiosity and undue pressure.
- **Adult Protection Practitioners Forum** - action learning sets, including in relation to the development of policies and procedures

- Child Protection – introduction to child protection and workshops on chronologies, child sexual exploitation and online abuse.

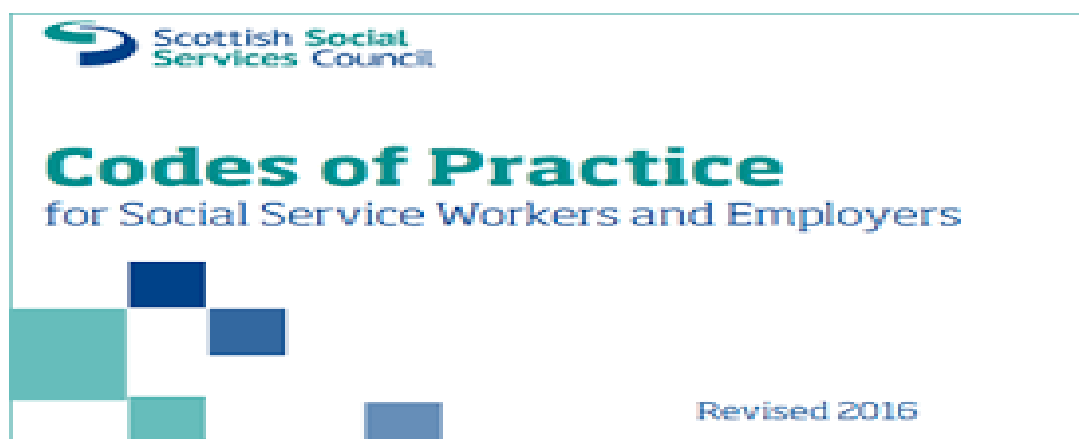
"I feel better equipped now to be able to know when I need to raise a child protection concern, who to report to and how to support the young person"

"This course has been amazing hard hitting and very insightful. I am less worried now about my role and feel so much more confident in what I am doing"

Scottish Social Service Council requirements

The Learning and Organisational Development Team have coordinated the delivery of vocational qualifications which enable employees to demonstrate that they can work to national occupational standards, along with academic credits to meet management registration requirements.

In addition to professional Social Work training, this training ensures that the values, knowledge and skills of the workforce are maintained. It contributes to both the Council as an employer and the workforce meeting the SSSC Codes of Practice, which clearly outline joint expectations.



Inspection Findings and Improvement Actions

Children's Services

In Children’s Services, Craigie Cottage opened as a new provision for 6–11-year-old children in September 2023. It was inspected 2 weeks after opening and received 2 grades of Weak. The inspectorate issued 4 requirements and 3 areas for improvement to be met by February 2024.

With support from the external leadership team, the management team in the house implemented an improvement plan and on their return to the house in May 2024, the inspectorate concluded that all requirements and areas for improvement had been met within timescales.

In the more recent inspection, the house was graded in 2 categories of Leadership as Good and Care and Support as Adequate, with an overall grade of Adequate based on the inspection methodology. The inspector noted considerable improvements in the competence and confidence of the team to support vulnerable younger children.

Adult Services

In the 46 registered adult services, 69 inspections were undertaken during 2023-24. This included 44 inspections carried out across 24 care homes and 25 inspections carried out across 22 other adult services. Three care homes operated by the HSCP were inspected during the reporting year. Table 2 illustrates:

Table 2: Grade Received by Service	Care Homes				Other Adult Services			
	2023-24		2022-23		2023-24		2022-23	
Number of Services Inspected	24		22		22		18	
6 ‘excellent’ in one or more key questions	2	8%	1	5%	0	0	0	0
5 ‘very good’ in one or more key questions	5	21%	6	27%	11	50%	9	50%
4 ‘good’ in one or more key questions	17	71%	13	59%	17	77%	12	67%
3 ‘adequate’ in one or more key questions	15	63%	12	55%	7	32%	7	39%

2 'weak' in one or more key questions	4	17%	4	18%	0	0	2	11%
1 'unsatisfactory' in one or more key questions	-	-	-	-	-	-	-	-
4 'good' and above in all grades (first annual inspection)	9	38%	9	41%	17	77%	10	56%
3 'adequate' or below in all grades (first annual inspection)	8	33%	3	14%	0	0	2	11%

This gradings data evidence a significant improvement in grades between 2022-23 and 2023-24 for other adult services, whilst care home grades remained similar with a noted increase in the number of care homes receiving a grade of 'adequate' or less in all assessed aspects. As such, care homes will need to remain a key focus.

Joint Inspection of Services for Children and Young People at Risk of Harm

The Joint Inspection of Services for Children and Young People at Risk of Harm was published in January 2022. The inspection graded services as Good overall and highlighted 4 areas for improvement, which mirrored a local partnership self-evaluation. Progress over the last 12 months has included:

- Approaches to recognising and responding to concerns about risk of harm and providing support to young people were not as effective as those for younger children** - funding has been secured to co-locate teams and after renovation work is completed the new service will operate from March 2025.

In preparation for the move, a monthly team development programme is in place facilitated by Learning and Organisational Development to support effective transition to the new model. The multi-disciplinary team has received additional advance training in risk assessments.

A new infrastructure has been put in place to support implementation of the Care and Risk Management protocol; leadership and management of Young People's Houses have been revised; Supported Accommodation facilities for Care Leavers have been extended; and a Transitions Protocol is being revised.

- Children and young people at risk of harm and their parents or carers were not consistently being supported to participate in protective processes** – a Child

Protection Charter which mirrors the principles of Trauma Informed Practice has been developed by young people.

The service has introduced a Mind of My Own app, which enables children and young people to comment on the support they receive in their own time. The Champions Board now operates in all 8 Secondary Schools and young people have participated in Columba 1400 Values Based Leadership Academies.

“I'm not the greatest with technology but I explained what Mind Of My Own is to a 15-year-old and he downloaded the app onto his phone - he enjoys having a way to communicate with me and working through some of the questions in his own time that he normally would avoid answering.”

The service also continued to commission an independent advocacy provider in Who Cares? Scotland, who have a strong presence in the Young People's Houses. Feedback from young people indicates they value the support they provide in enabling them to present their views to inform professional decisions.

3. The partnership did not yet have in place arrangements for the joint and systematic review of outcomes data to evidence the difference it was making to the lives of children at risk of harm and their families – this has also been a key focus and developments over the last year have included:

- ✓ Child Protection Committee Data Scrutiny Group and quarterly reporting to the Child Protection Committee.
- ✓ Dundee and Angus Learning Review Project to transition to Learning Reviews and identify opportunities for joint working with Tayside partners
- ✓ Child Protection Committee Case Review Group established to oversee identification and implementation of improvement actions
- ✓ Single agency quality assurance activities/frameworks are in place across public sector partners and some third sector partners but reporting is to be enhanced.

Joint Inspection of Adult Support and Protection

The Joint Inspection of Adult Support and Protection was published on November 19 2023. The inspection focused on two key quality indicators in the [ASP Quality Indicator framework](#) of key ASP Processes and Strategic Leadership. It graded both as Effective with clear strengths which collectively outweighed areas for improvement.

Key Areas for Improvement Highlighted by the Inspection Report

- The partnership needed to improve the consistent application and quality of investigation, chronology, and risk assessment templates
- Adult support and protection guidance and procedures should be updated as a matter of priority
- Quality assurance, self-evaluation and audit activities were embedded but to varying degrees, particularly across social work services
- The adult support and protection lead officer and support team should ensure they remain sighted on quality and prioritise the necessary improvements
- The pace of strategic change and improvement needed accelerated following similar findings in the previous inspection in 2017
- The partnership should ensure that strategic planning and implementation of initiatives are well resourced, sustainable and impact assessed.

In response, the Adult Support and Protection Committee developed a multi-agency improvement plan to address the 6 key areas of improvement. This was approved by the Chief Officers Group for Protecting People and submitted to the Care Inspectorate in February 2024.

As there was close alignment between the inspection findings and internal self-evaluation activity which meant that most areas for improvement were already subject to ongoing improvement activity. Work is ongoing to implement the agreed improvements throughout 2024-25.



Learning Reviews

During 2023-24, the Protecting People Committees focused on improving their approach to learning reviews. The new Dundee and Angus Learning Review Guidance introduced a single process for undertaking reviews that will be used in partnerships, applies to all types of harm and is aligned to recently revised national guidance.

This has been developed with a clear focus on taking a trauma-informed approach for both family members and the workforce. Development sessions were held in early 2024 to develop an accompanying local Protecting People Learning Review Oversight Group and the new protocol was officially launched April 1st 2024.

Continued implementation of the new approach will take place over the upcoming 2024-25 year. This will include further development of a Dundee Protecting People Learning Review Group and associated actions plan and accompanying tools and resources.

In December 2023, a Significant Case Review (SCR) on behalf of Ms. L was published with 16 recommendations. The Public Protection Committees developed an action plan and further information is found in the 7-Minute Briefing that was developed for the workforce: [7 Minute Briefing - MS L.pdf](#)

Over the year, a total of 7 other cases were also referred for consideration for review to the Child and Adult Support and Protection Committees. Five of these did not progress to a formal Learning Review and 2 are still pending but action points were identified and added to improvement plans.

Quality Assurance

Children's Services

For the last three years Children's Social Work has been carrying out regular audits using a Care Inspectorate evaluation tool focused on the quality of chronologies, assessments, plans and support. The audits are undertaken by pairs of managers in the service and reports are completed on a quarterly basis highlighting key themes.

The most recent audit in May 2024 found that overall 94% of files were rated as 'Good' or better, compared with 93% in the previous audit and 53% when the process commenced in 2020-21. It illustrates a clear trajectory of overall improvement, whilst confirming further support is required to improve chronologies.

Categories of case file audit tool	Number rated good or better	Percentage rated good or better
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Overall	16	94%
Accuracy of Information	25	88%
Assessment	16	94%
Chronology	11	65%
Care Plan	13	76%
Supervision/ Support	11	65%

The service-wide audit programme has been expanded to include quality assurance of family-based care, where results have been mirrored in terms of percentages rated as Good or above. In addition to this, we have also undertaken a specific case file audit of adolescent services, where 83% were rated as Good or above.

Community Justice

This auditing process is mirrored in Community Justice, where over 80% of Court Reports were assessed as being Good or better; 100% of LSCMI risk assessments were assessed as Good or better; and 70% of Risk Management Plans were assessed as Good or better.

Areas for improvement were noted as ensuring all relevant documentation is uploaded and available on the case recording system and increasing the number of home visits in line with National Standards and Objectives. These are being progressed by the Service Manager and management team.

Adult Services

Over summer 2023, the Health and Social Care Partnership completed a single agency audit of adult protection practice, based on an audit tool developed in partnership with practitioners and through collaboration with Perth & Kinross and Dumfries & Galloway colleagues. This audit found that:

- Files contained risk assessment information but this remained of variable quality and was recorded in a variety of places rather than a specific workflow
- Protection plans although present were not always easily identifiable, being captured within IRD, case conference minutes and case notes.
- Good evidence of multi-agency input and discussion across all stages of the ASP process but a need for protection plans to include SMART actions.

- One third of cases evidenced that advocacy had been discussed and encouraged, noting referrals made and evidencing involvement.
- Close to 60% of files included evidence of supervision that was Good or better, with all cases including some evidence of case discussions with a line manager.
- This is an improved position from a multi-agency audit undertaken in August 2020, where most files had no evidence of management oversight.

Overall, key strengths included clear evidence of good practice in all cases with protective measures keeping people safe whilst recognising and respecting their views and the least restrictive principle. These findings were supported by the outcomes of the audit work undertaken by the joint inspection team later in the year.

Feedback from teams involved in the process has informed further amendments to the workflows within MOSAIC to aid practice improvement, management oversight and quality assurance. Managers and teams are being supported to focus on consistently making separate recordings of supervision, as well as day-to-day case discussions.

Protecting People

In addition to Social Work specific audits, services also contributed towards wider partnership audits focused on specific groups and/or risks of harm. This included an audit of Multi Agency Risk Assessment Conferences (MARAC) in October 2023, when 15 MARAC cases were reviewed in pairs by members of the VAWP Scrutiny Group.

Overall, the findings of the review highlighted clear strengths in multi-agency working alongside some issues relating to infrastructure and resourcing of MARAC and a need for work to be undertaken to raise awareness of the purpose and function of MARAC across agencies. Meetings have since been increased from fortnightly to weekly.

Looking Ahead

This report has shown how our Social Work and Social Care services have provided and in many cases improved support to vulnerable groups, including children on the edge of care; people subject to community sentences; people at risk of hospital admission or leaving hospital; older people; and people with substance use concerns.

In some areas, there have been some nationally recognised achievements, such as our approach towards The Promise as a finalist in the LGC Awards, a Generations Working Together Award, Scottish Care Home Service of the Year Award, Scottish Social Services Outstanding Residential Care Award and MAT Standards.

It shows a clear focus on providing crucial support to the workforce, with numerous measures on recruitment, induction, wellbeing, training, shared learning via quality assurance processes and joint responses to the findings of Care Inspectorate inspections of Child Protection, Adult Support and Protection and regulated services.

However, the report highlights some challenges, such as concerns about vulnerable pregnant women and babies/infants; the recruitment of Foster Carers; high levels of remands and short-term prison sentences; hospital admissions/re-admissions/discharge; slips, trips and falls; mental health; and substance use.

There are also some enduring workforce issues, including an under-representation of key groups, recruitment challenges in some key areas and capacity within Social Work mental health services to meet levels of need in relation to mental health and welfare guardianship.

Uncertainty in the national environment may also unsettle teams and potential developments could have a profound impact on the way services are managed, commissioned and delivered. This includes financial constraints, a National Care Service, a National Social Work Agency and multiple new legislative requirements.

This is all determining our priorities, including through collaboration with key partners. To realise transformational change, we will need to work together to jointly understand and respond to opportunities and challenges across care systems, with vulnerable groups at the centre of everything we do.

In addition to service specific improvement plans and alongside key partners and/or partnerships, the table below therefore shows key some areas of work for the CSWO and the Social Work and Social Care leadership and management teams and practitioners over next 12 months.

General	<p>Inform and respond to National Care Service and National Social Work Agency developments</p> <p>Respond to the findings of the Care Inspectorate review of Social Work Governance Arrangements</p> <p>Develop consistent approaches towards workforce recruitment, retention and support across all service areas</p> <p>Develop and apply an integrated Social Work and Social Care specific dataset on demand, support and impact</p> <p>Explore the increased use of digital technology to support the workforce to carry out roles more efficiently</p> <p>Develop and implement an improvement plan to increase the meaningful use of chronologies across all services</p> <p>Support arrangements for Significant Adverse Event Reviews, Serious Incident Reviews and Learning Reviews</p> <p>Work with all partners to explore opportunities to develop a cross-cutting prevention plan for vulnerable people</p>
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<p>Children's Services</p>	<p>Explore opportunities to enhance targeted support to vulnerable families with 0–3-year-old babies/infants</p> <p>Implement co-located multi-agency services for vulnerable adolescents in the child protection and justice systems</p> <p>Complete a review of fees/allowances for internal Foster Carers to maintain or enhance capacity in family-based care</p> <p>Develop and implement a local Children with Disabilities Service Improvement Plan with key partners</p>
<p>Community Justice Service</p>	<p>Complete a Care Inspectorate supported self-evaluation of approaches towards alternatives to imprisonment</p> <p>Respond to any Scottish Government initiatives to change sentence planning and release arrangements for prisoners</p> <p>Implement improvement plans relating to Prison Based Social Work and the implementation of MAPPS</p>
<p>Adult Services</p>	<p>Work with the ADP to retain and develop a focus on substance use, particularly in relation to drug deaths</p> <p>Work with the Adult Support and Protection Committee to implement the ASP Inspection Improvement Plan</p>

	<p>Work with the Chief Officer and Integrated Joint Board on delays in hospital discharge for the critical few</p> <p>Work to build capacity of MHOs and specialist mental health teams to meet all legislative requirements</p>
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REPORT TO: PERFORMANCE & AUDIT COMMITTEE – 20 NOVEMBER 2024

REPORT ON: CITY PLAN FOR DUNDEE 2022-2032 – ANNUAL REPORT FOR 2023/24

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: PAC36-2024

1.0 PURPOSE OF REPORT

1.1 The second annual progress report on the City Plan for Dundee 2022-2032 was considered and agreed by the Dundee Partnership on 5 September 2024. The Dundee Partnership Management Group committed to bring updates to their individual organisations for noting.

2.0 RECOMMENDATIONS

It is recommended that the Performance & Audit Committee (PAC):

- 2.1 Notes the progress made since the first report on the City Plan for Dundee 2022-32 in October 2023 (section 5 and appendix 1).
- 2.2 Notes that the Strategic Leadership Groups will review performance indicators that have deteriorated and take measures to improve these going forward.
- 2.3 Remits the Health and Social Care Partnership Leadership Team and Strategic Planning Advisory Group to monitor Dundee Health and Social Care Partnership's commitment and inputs to delivering actions supporting this plan.

3.0 FINANCIAL IMPLICATIONS

3.1 None.

4.0 BACKGROUND

4.1 The Community Empowerment (Scotland) Act 2015 gave community planning partnerships (CPPs) a specific duty to improve local priority outcomes and act with a view to tackle inequalities of outcome across communities in that area. CPPs were required to prepare and publish a ten-year local outcomes improvement plan (LOIP) by 1 October 2017. The LOIP is the current term to describe the document previously known as the single outcome agreement. In Dundee, the LOIP is known as the City Plan for Dundee.

4.2 The Dundee Partnership published its first City Plan in late 2017 for the period, 2017 to 2026. The Plan fully reflected the Scottish Government's guidance for CPPs by:

- Using our understanding of local needs circumstances and opportunities to establish a clear and ambitious vision for Dundee.
- Focusing on a smaller number of key strategic priorities and setting realistic but ambitious 1, 3- and 10-year improvement targets.

- Acting to reduce the gap in outcomes between the most and least deprived groups and improving long term sustainability of public services.
- Preparing locality plans which show how we will collaborate with communities to respond to their priorities.




4.3 When the first plan was agreed it was also highlighted that the City Plan would run on a five-year rolling basis, while being subject to annual reviews and reporting, and it sits within the duties of the IJB, public bodies, and the Scottish Government in relation to Community Planning and Best Value.

4.4 The new City Plan for Dundee 2022-2032 was agreed by the Dundee Partnership in September 2022 and reported to the IJB in October 2022 (Article XIII of the minute of the meeting of the Dundee Integration Joint Board held on 26 October 2022 refers). The first annual report on this was published in October 2023.

5.0 PERFORMANCE AND PROGRESS

5.1 The City Plan for 2022-2032 focusses on a small number of priorities and sets targets which are reviewed annually. Monitoring continues in the same way as previously, showing whether they are on or close to target and whether they are showing a long-term improving trend.

5.2 The summary of the City Plan performance by priority theme in the table below shows that overall, 57% of the performance indicators have improved when compared to the previous year. The Plan contains ambitious targets and 15 of the 30 indicators have met or are within 5% of the target.

Priority Themes		No. of Indicators on or within 5% of Year 2 Target	No. of Indicators improved
	Reduce Child Poverty and Inequalities in Incomes, Education and Health	6 (50%)	6 (50%)
	Deliver Inclusive Economic Growth (including Community Wealth Building)	7 (47%)	9 (60%)
	Tackle Climate Change and reach Net Zero Emissions by 2045	2(67%)	2 (67%)
Total Improved		15 (50%)	17 (57%)
Total Number of Indicators		30	

5.3 The purpose of this type of reporting is to ensure focus on delivering the levels of improvement on key measurable outcomes. The Dundee Partnership Management Group reviews all areas to ensure all plans help towards the priority outcomes. Looking across the total number of indicators in the appendix, the most improved indicators and the areas for improvement are noted below. The areas for improvement will be a focus during the next year.

The indicators showing the most improvement so far are:

- Number of people employed by accredited Living Wage Employers in Dundee City (23%).
- % point gap in literacy in P1-7 between pupils living in SIMD 1 areas and living in SIMD 5 areas (12%).
- Number of Business Gateway Start-Ups per 10,000 population (12%).
- Claimant Count 16+ (11%).

The top four performance indicators that are furthest away from target with no improvement on the year before are listed below:

- % of young people 16 to 24 who are unemployed (46%).
- % of employees in Dundee earning less than the real living wage (31%).
- Rate of emergency hospital admissions where primary cause of admission was regarding mental health (24%).
- Number of Drugs Deaths (21%).

5.4 The appendix attached is the full report setting out in detail our progress. The sections covering the three priority themes all include a performance scorecard, highlights from the last year and actions for completion in the current year.

6.0 POLICY IMPLICATIONS

6.1 This report has been subject to the Pre-IIA Screening Tool and does not make any recommendations for change to strategy, policy, procedures, services or funding and so has not been subject to an Integrated Impact Assessment. An appropriate senior manager has reviewed and agreed with this assessment.

7.0 RISK ASSESSMENT

Risk 1 Description	Poor performance against actions and indicators contained within the City Plan could affect outcomes for individuals and their carers, spend associated with poor performance and the ability of the IJB to deliver fully commitments set out in their Strategic Commissioning Framework (which has overlap with the content of the City Plan).
Risk Category	Financial, Governance, Political
Inherent Risk Level	Likelihood 3 x Impact 5 = Risk Scoring 15 (which is an Extreme Risk Level)
Mitigating Actions (including timescales and resources)	<ul style="list-style-type: none"> - Dundee HSCP provides senior management representation to all the relevant groups within the Dundee Partnership. - Through the HSCP structures there are existing action plans to improve performance in areas such as drug and alcohol and mental health. The IJB's own Annual Performance Reports demonstrates improvements in quality of services and examples of impacts on service users. - The PAC receives regular datasets regarding key areas contained within the City Plan, including drug and alcohol services and mental health services.
Residual Risk Level	Likelihood 2 x Impact 3 = Risk Scoring 6 (which is a Moderate Risk Level)
Planned Risk Level	Likelihood 2 x Impact 3 = Risk Scoring 6 (which is a Moderate Risk Level)
Approval recommendation	Given the moderate level of planned risk, this risk is deemed to be manageable.

8.0 CONSULTATIONS

8.1 The Dundee Partnership Management Group, Co-Chairs of the Strategic Leadership Groups, The Clerk and the Health and Social Care Partnership Leadership Team were consulted on the contents of this report.


9.0 BACKGROUND PAPERS

9.1 None.

Christine Jones
Acting Chief Finance Officer

DATE: 24 October 2024

Peter Allan
Community Planning Manager, Dundee City Council

DUNDEE
PARTNERSHIP 

City Plan

for Dundee
2022-2032

Annual Progress Report 2023-24



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Introduction

by the Chair of the Dundee Partnership

As a city, Dundee continues to evolve as a place for opportunity and development even as it faces ongoing financial and social challenges.

This report sets out how the Dundee Partnership is leading the collective efforts of the agencies, organisations and communities who are committed to improving outcomes for people who live and work here or come to visit to enjoy the experiences we have to offer.

Over the last year, we have undertaken a comprehensive review of the Dundee Partnership. We looked closely at what we do and how we organise ourselves. As a result, we have created three new Strategic Leadership Groups to focus on the three biggest challenges we face as a city. If we are to transform the lives of Dundonians now and for generations to come, we need to grow our economy in a way that benefits everyone; we need to reduce the unacceptable levels of child poverty and the other social injustices we see around us; and we need to make our contribution to slowing down the impact of climate change by achieving our Net Zero ambitions.

We are confident that we are now in a better shape to lead Dundee to where we all want to be. I hope that you will share our confidence once you read the work that we have done over the past year and our plans for 2024/25.



Councillor Mark Flynn
Chair of the Dundee Partnership
& Leader of Dundee City Council

Background

The Dundee Partnership is nationally recognised as a Community Planning Partnership that is inclusive and works well, bring together public, private, and voluntary sector organisations alongside representation from communities. Many of the collaborative projects that are delivered across the city originate with members of the Partnership seeking synergies with other partners and then actively taking things forward.

This drive is necessary to help tackle the inequalities that we still see in Dundee and bring about a fairer, more creative, and greener city for the future. The Dundee Partnership Vision encompasses all of this and more.



Dundee will be a caring city which has tackled the root causes of poverty and delivered fairness in incomes, education and health.



Dundee will have a strong, creative, smart and sustainable city economy with jobs and opportunities for all.



Dundee will be a greener city, made up of strong communities where people feel empowered, safe and proud to live.



The three strategic priorities of the Partnership directly correlate with the work of the three new Strategic Leadership Groups. A large number of agencies and strategic agendas are brought together under these strategic priorities. The diagram below shows the key responsible groups and the main strategic documents that the City Plan builds upon. They also reflect the needs and aspirations of our citizens and the overall aim of reducing deprivation and inequalities.






Progress Summary 2023-2024

Data gathering and reporting is still being impacted by the after-effects of the Covid-19 Pandemic, especially in relation to year-on-year figures, but this report makes use of the latest available data.

Table 1 below provides a high-level summary report on the number and status of targets and improvements made on the performance indicators selected to measure progress on the City Plan. The table shows that overall, 15 (50%) of the performance indicators in the City Plan are on or within 5% of their target and 17 (57%) have improved compared when comparing this year's data to the previous year. More broadly, 63% of indicators have improved or been maintained and a breakdown of this can be seen within each priority measure later in this report.

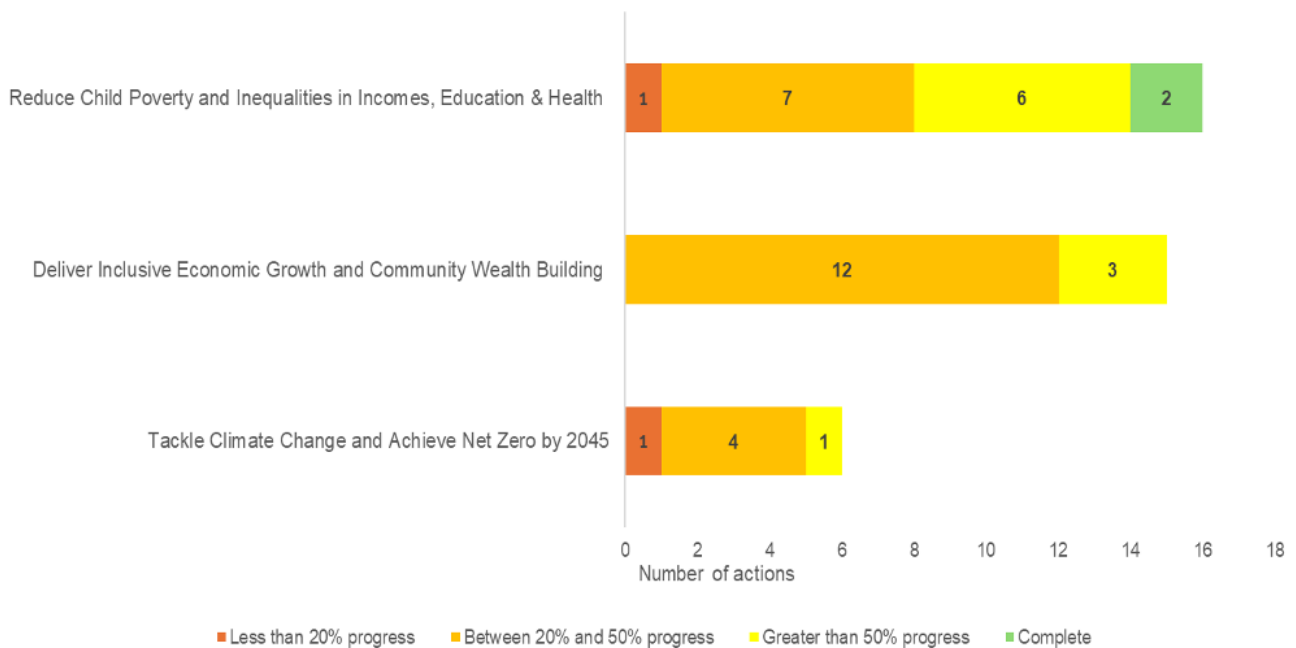
Table 1: City Plan Performance indicators

Priority Theme	Indicators on or within 5% of Current Target	Indicators that have improved over previous year	Total Indicators
 Reduce Child Poverty and Inequalities in Incomes, Education and Health	6 (50%)	6 (50%)	12
 Deliver Inclusive Economic Growth (including Community Wealth Building)	7 (47%)	9 (60%)	15
 Tackle Climate Change and reach Net Zero Emissions by 2045	2 (67%)	2 (67%)	3
Total	15 (50%)	17 (57%)	30

Note: In Performance Indicator tables later in this document, the first table for each strategic priority shows the number of PIs on target, close to on target, or below target as well as the percentage that have been maintained or improved in the past year. The detailed table shows the long term trend, which is the current figure compared to the average of the previous 2 years data. When looking at the long-term trend: = means maintaining, upwards arrow means improving trend and downwards arrow means deteriorating trend.

Graph 1 below shows that all actions are in progress which means someone has been assigned, briefed, and already taken steps towards achieving the action. The percentage complete is a self-assessment and gives some indications of progress to date. Of the 37 actions in the City Plan, 2 have been completed, with a further 10 (27%) making significant progress of greater than 50% of planned activity having been achieved by the end of year two of the 2022-2032 Plan. Around 5% of actions have made small amounts (<20%) of progress towards completion, but this is not unexpected two years into a ten-year plan.

Graph 1: City Plan Actions Progress



Areas for Improvement

This annual report addresses the second year of an ambitious ten year plan and reflects progress in the year 2023/24. Progress in some areas may therefore be modest and demonstrate the significant challenges ahead given the difficult social and financial context that currently exists.

The detailed monitoring being undertaken has identified the performance indicators that data tells us are furthest away from target with no improvement on the year before. With this information, partners now have an early indication where additional efforts will be needed to turn this around so that the long-term targets will be reached. These PIs are covered in the table below.

With regard to the Areas for Improvement noted in the 2022/23 report, four of these remain as areas needing improvement – two (attendance gap and 16-24 claimant count) remaining static despite efforts to lower them, one (children living in poverty) largely being influenced more by external factors, and the fourth (positive destinations for care experienced school leavers) fluctuating in part due to the small numbers involved.

Improvements were seen in the other three areas reported last year. The number of workless households has reduced, though is still higher than two years ago; the percentage of primary one children classified as obese or overweight has reduced, and the increase in the percentage of household waste recycled is one of our most improved performance indicators.

Areas for improvement

% of young people 16-24 who are unemployed

The youth unemployment rate in Dundee City increased from 21.7% in 2022/23 to 31.7% in 2023/24. The percentage increase in youth unemployment contrasts with the total number of 16-24 year olds claiming unemployment related benefits which has remained static, and therefore it is unclear whether this a statistical anomaly or an actual trend. Nevertheless, through the Discover Work Employability Pathway the Council and partners have dedicated resources to support young people back into the labour market and will continue to prioritise this.

Areas for improvement

% point difference attendance gap between children living in SIMD 1 areas and the average for SIMD 2-5

The percentage point difference attendance gap between children living in SIMD 1 areas and the average for SIMD 2-5 remained at 4.3% in 2023/24. The target for this performance indicator is 3.4%. Attendance monitoring is a priority area both in Dundee and nationally. Beyond the measures already included in strategic plans and monitored locally, work is being undertaken to identify additional measures to monitor attendance in academic year 2024/25.

% of working age people with no qualifications

The percentage of working age people with no qualifications in Dundee City stood at 7.7% in 2023/24, an increase from the 6.7% reported in 2022/23. Through the Employability Pathway and the city's colleges and universities, there is provision in place to address skills and qualification gaps across the local population. There is also specific work ongoing to address poor participation rates amongst 16-19 year olds which may reflect poor progression from school towards post school training and education.

Rate of emergency hospital admissions where primary cause of admission was regarding mental health

The rate of emergency hospital admissions where the primary cause of admission was regarding mental health stood at 3.58 per 1,000 adult population in 2023/24 this is an increase from the 2.9 reported in 2022/23. There has been an increased number of people experiencing mental health difficulties which has led to an increase in the rate of emergency admissions.

% of primary 1 aged children classified as at risk of overweight or obesity

In the period 2022/23, 23.8% of primary 1 aged children in Dundee City were at risk of being overweight or obese, this is higher than the Scottish average of 21.9%, and places Dundee City as the Local Authority with the ninth highest level of children at risk of overweight or obesity. The challenging fiscal landscape is further exacerbating unfavourable shifts in food consumption and physical activity patterns seen in the population and underlines the importance of the ongoing implementation of the Child Healthy Weight Strategy. The strategy utilises a whole systems approach methodology that seeks to focus collective action and a shared responsibility to increase the proportion of children who have a healthy weight and reduce the disparity in levels of obesity seen in the least affluent compared to the most affluent areas of the city.

Areas for improvement

% of the Dundee Workforce in employment

The percentage of working age people in employment in Dundee City stood at 63.7% this has decreased from 68.8% reported in 2022/23. There has been a marked drop in the share of working age people in employment since the Covid-19 pandemic, this has been the subject of a report to the Inclusive Economic Growth Strategic Leadership Group and will be subject of ongoing monitoring. Work to identify future actions to grow the economy and support people back into work is being progressed.

% Active Travel (Walking and Cycling) as a proportion of trips to work

The 2022 Scottish Household Survey (published in 2024) reported that 18% of respondents in Dundee City stated that they walk or cycle to work. This figure is lower than the current city plan target of 20%. Due to the covid 19 pandemic there was no local authority figures available in 2020 and the 2021 survey was undertaken using a different survey methodology (telephone survey as opposed to a face to face survey) so the figure of 33% in Dundee recorded in this iteration of the survey is not comparable to the 2022 survey. The last survey conducted using the same methodology as the 2022 survey was the 2019 Scottish Household Survey and this reported that 19% of respondents in Dundee reported that they walked or cycled to work.

Reduce Child Poverty and Inequalities in Incomes, Education & Health



“Dundee will be a caring city which has tackled the root causes of poverty and delivered fairness in incomes, education and health.”

100%

SCQF Level 4 Literacy



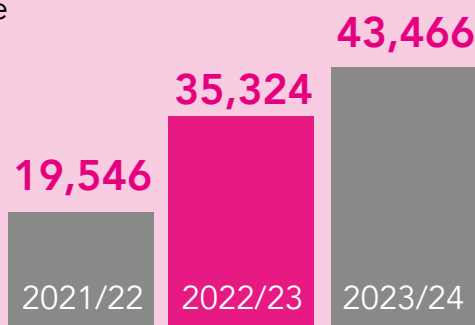
88.2%

SCQF Level 4 Numeracy

Literacy and Numeracy levels at SCQF Level 4 for Care Experienced Young People increased from 66.7% in 2019 to 100% for Literacy and 88.2% for Numeracy in 2023.

Number of people employed by accredited living wage employers in Dundee City.

(Already exceeding Year 3 target 42,468).



87.3%

of 16-19 year olds participate in education, employment or training from SIMD 1.

3%

reduction in primary 1 children classified as obese or overweight (23.8%).



Strategic Highlights from Last Year

- The Dundee Alcohol and Drug Partnership (ADP) Delivery Plan was published in January 2023 and reviewed in April 2024. Key stakeholders, people with lived and living experience and community members took part in the review of the actions to improve the lives of those affected by substance use.
- The Primary Care Mental Health and Wellbeing Framework was established, offering easy-to-access locality-based care, advice, and support from a multi-disciplinary team.

- MCR Pathways continues to offer mentoring to our S3 - S6 pupils who are care-experienced or affected by circumstances which leaves them vulnerable. The most recent data from MCR indicates that 191 young people are engaged in mentoring with a further 90 likely to join early in the next academic session.
- The number of identified Young Carers in schools continues to grow. In January 2024, 754 had been identified. Having dedicated link workers from Dundee Carers Centre attached to our schools helps provide support for them.
- Both Dundee City Council and the Integrated Joint Board maintained their commitments to their Equality Duties, to ensure that no one has poorer life chances based on protected characteristics. DCC published its Mainstreaming Equalities Progress Report in April 2023. Two key positive developments were the signing of a Faith Covenant between DCC and faith organisations, signed in November 2023, and the extensive engagement with service users, Deaf Links, and other services that helped to a six-year BSL Plan. The IJB meanwhile, increased access to learning on equality and fairness matters, set up an Equality & Human Rights Workforce Learning Network and made their communications more accessible. Both DCC and the IJB carry out detailed Integrated Impact Assessments on proposed changes that might affect protected groups
- Details of several other strategic highlights that fall within this theme can be found in the [Fairness and Tackling Local Child Poverty Report](#), agreed in June 2024.

Actions in progress for completion 2024/25

There is one action within this theme due for completion by 31st March 2025.

- Continue to develop and implement the Local Fairness Initiatives in Linlathen and Stobswell West.

The following actions have been completed:

- Develop and deliver the replacement strategic framework and delivery plan for drug and alcohol recovery services (Completed February 2023).
- Deliver on the Dundee Mental Health and Wellbeing Strategic Plan 2019-2024 (Completed April 2024)

The following actions are already over 50% complete:

- Continue to develop and implement the Local Fairness Initiatives in Linlathen and Stobswell West
- Increase the uptake of the under 22's free bus travel, ensuring that young people in the most deprived areas are benefiting at comparable levels to those in less deprived areas

- Develop and publish the next Local Child Poverty Action Plan (including wider fairness actions) and track progress to ensure that commitments made are delivered
- Implement the 'Dundee Promise' that offers an apprenticeship to all care experienced children, young people and care leavers
- Support closing the gap in positive destinations for 16-19 year olds, in particular those who are care experienced and those from SIMD 1 areas, transitioning from school into work or higher education
- Increase the number of opportunities for our young people to gain work experience and paid internships across the public, third and private sectors, through schemes like Career Ready

Priorities in Action

Fairness Leadership Panel

The Panel is a full and effective collaboration between people with lived experience of the impact of low incomes and representatives of influential bodies and groups in the city. We scrutinise the work of the organisations within the Dundee Partnership to ensure that they are maintaining their commitment to tackling poverty and that they are achieving the actions they have agreed to. Panel members are not afraid of asking hard questions. Here are a few highlights of the work the Panel has done during 2023/24:

The Dundee Fairness Action Plan

A Panel subgroup has continued to review and critique each section of the Plan and given honest insight into how these proposed actions will or won't help the community. The group have shared ideas about how to widen and deepen the impact of the actions outlined in the Plan. They also asked for an easy read version of the Plan for Dundee citizens. As the Action Plan is constantly being updated, the Panel will be part of a rolling review programme, making sure the actions are realistic and achievable, and are genuinely taken forward.

Employability Strategy and Approach

A Panel subgroup engaged with Discover Work as they reviewed the strategy and delivery of employability support in Dundee. They co-created the principles of the new strategy. Once the new strategy is launched all employability services will need to adopt these principles. The subgroup is also working with Discover Work on the Commissioning Documents for employability services.

Hearing from our Communities

The Panel were keen to continue to hear from people and projects in local communities. In 2023, Panel members visited 12 community groups across the city, to hear how the cost of living has impacted them and to gather insight into the key challenges people are facing. This helped the Panel shape their focus for the next year. Here are some of the things the Panel heard:

- The increase in running costs and insecure funding has brought real pressure on the sustainability of local projects
- The mental health of staff, volunteers and those attending projects is being seriously impacted
- There were also concerns raised about: young people, housing, organisational growth and pressure, drug and alcohol addictions, cost of clothing, rise in crime, and how challenging it is accessing services if English isn't your first language

The Panel plan to do project visits again in 2024.

Annual Conference

The panel held its second Annual Conference in November 2023. These conferences help the Panel share key issues they have focused on over the past year and hear from a cross section of sectors about current issues and concerns. This helps the Panel as they set priorities for the year ahead. At the 2023 conference there were an extensive number of local partners, the Scottish Government, Joseph Rowntree Foundation, the Scottish Poverty and Inequality Research Unit, the Poverty Alliance, and the Robertson Trust.

Public Body Debt

Panel members have been working with Council managers to discuss Public Body Debts. The Panel believes that Dundee could lead the way in changing how public sector bodies collect debts with a debt recovery process that is centred around dignity, respect, and human rights. The Panel has given recommendations to the Council, and they are developing a new Debt Recovery Policy that incorporate these recommendations.

Plans for 2024/25

In the year ahead, the Panel will be investigating the issues of Housing, Mental Health & Isolation, and Support given to third sector staff and volunteers.

Income Maximisation

Welfare Reform still presents significant challenges to tackling child poverty and income inequality in Dundee however Council Advice Services and our Advice Strategy partners in the voluntary sector continue to respond proactively and positively in several ways. Services have been responding to and sharing practice on the Universal Credit Migration Programme for those receiving Tax Credits, helping individuals to make claims at the correct time and make sure their Tax Credits are correct prior to migration, ensuring that incomes are fully maximised throughout.

In 2023/24 Council Advice Services, Brooksbank Centre & Services, and Dundee Citizens Advice Bureau helped customer claim £15,466,761 in benefits and additional income.

Welfare Advice and Health Partnerships

The GP practice co-located Welfare Advice and Health Partnership service continues to provide advice in health care settings and is now available to 91,589 patients in twelve GP practices across Dundee (eight from Council Advice Services, four from Brooksbank). In 2023/24 these practices generated £3,447,036 in benefit gains.

By being able to access welfare advice in a healthcare setting, patients feel a greater sense of confidentiality and trust in the welfare rights advisor. Reviews of the service suggested that health services and healthcare professionals often have unique access to vulnerable individuals which can assist in identifying the need for advice among their practice population, thereby mitigating poverty and reducing health inequalities.

Maternity and Health Visitor referrals

As a way of tackling child poverty, the Maternity and Health Visitor referral service is offered to all new mothers in Dundee during the initial 1,000 days of a child's development. In 2023/24 this generated £717,000 in income for new mothers and their families. Midwifery make direct referrals through the NHS Badgernet electronic health record system as part of their new mother assessment process and referrals come direct to Council Advice Services to make contact with new mothers and provide a full income maximisation service.

Local Fairness Initiative

In 2023/24 the Local Fairness Initiative in Linlathen led to increased provision of employability support and holistic advice through regular weekly drop-ins at Brooksbank Advice Centre. There is now also an increased provision for children and young people, including three new play areas, new play sessions for children with additional support needs and weekly family fun activity sessions with free meal. A new community campaign group called Friends of Linlathen was set up to promote the rights of residents.

In Stobswell West, over £80k of Scottish Government Funding has been secured to support the initiative. The establishment of the Stobswell Connect shop enabled regular weekly support and advice sessions hosted by a range of local services to be offered. This has included increased local support in relation to housing and money advice, carers support, energy advice & support, and support for parents. There have also been improved community participation opportunities and more community based social activities delivered through a new fortnightly conversation café. Development of a new creative intergenerational project celebrating the Dundee dialect and increased engagement through door knocking to discuss what people would like to see happen locally has also taken place.

Living Wage

2024 marked the fifth anniversary of Dundee declaring its commitment to becoming a Living Wage City and launching its 'Making Dundee A Living Wage City' campaign. Dundee was the first city in the UK to launch a place-based campaign and since then, more than a dozen localities across the country have followed Dundee's lead. The campaign pulled together major local employers such as Dundee City Council, Dundee & Angus College, and Dundee & Angus Chamber of Commerce to agree to work as an action group to promote the Living Wage in the city and take forward the agreed commitment.

The action group secured the commitment that all businesses and employers in the Central Waterfront area would be required to pay at least the real Living Wage rate. Key anchor employers have also pledged their commitment to the real Living Wage: NHS Tayside, Social Security Scotland, University of Dundee, Hillcrest Group, all our cultural attractions, including Dundee Science Centre, and DC Thompson. A major milestone was achieved, when Wallace Veterinary Centre became the 100th Living Wage employer in Dundee.

By the end of April 2024 there were 128 Living Wage accredited employers headquartered in Dundee, an increase from 122 in 2022/23. This has resulted in 2,082 staff being uplifted to the real Living Wage and a total of 43,466 staff covered by a Living Wage commitment. The pace of increase in accreditation has slowed down due to the cost of living crisis, and in 2023/24, five businesses closed their accreditations.

Dundee Healthy Weight Partnership (DHWP)

In Dundee, 23.8% of primary 1 aged children remain at risk of being overweight or obese. To change this, a whole systems approach to child healthy weight is being implemented, with the UK's whole system approach to obesity guide used to support local approaches. Output from a Senior Leaders Child Healthy Weight event held in early 2024 is being used to agree next steps for the implementation of 'local levers' in Dundee. Over the last 12 months various workstreams / key actions have been implemented, many of which are iterative and ongoing in nature:

- Activities to support a collective understanding of the issue and identify aligned actions. Mapping of local systems is helping with this
- The DHWP hosts subgroups aligned to four system workstreams, safer and greener streets, school lunchtime experience, community cooking and physical education in primary schools
- Linking with local communities and Local Community Plans via Dundee Health and Wellbeing Networks
- Creation of a wider network of individuals who work or live in Dundee who are informed about the whole systems approach

Alcohol & Drug Partnership

During 2023/24 there has been significant progress and improvements in the treatment and care available to those affected by drug and alcohol use, reflecting the innovation, hard work, dedication, and development of good practice by frontline staff. Individuals in Dundee now have fast access to treatment, they have a choice as to the medication prescribed to them (including choice about all the support available to them) and are supported to remain in treatment for as long as need. Those who have experienced a non-fatal overdose are quickly identified and supported through assertive outreach to access treatment. Independent advocators are available to support people at any stage of their recovery journey and there is help for people to deal with past and recurring trauma.

There has been a significant increase in the number of individuals from Dundee accessing residential rehabilitation to help recover from substance use. All these individuals are supported through the dedicated Dundee Residential Rehab Pathway to enter the residential treatment, during their stay (including visits from family members) and on their return to Dundee. More women have accessed residential rehab than ever before and the majority of those embarking on residential support completed the full treatment. There is now specific support for those in recovery to gain qualifications and employment opportunities.

Dundee's Recovery Network was established, the Lived Experience Framework developed, and a robust system for gathering evidence from those affected by substance use who are receiving services / support established. This also includes more opportunities for family members to have a voice.

Dundee Mental Health and Wellbeing in Primary Care

A Primary Care Mental Health and Wellbeing Framework was established offering easy-to-access locality-based care, advice, and support from a multi-disciplinary team. The approach focuses on early intervention to prevent mental health issues from occurring or escalating, addressing the underlying causes, adversities, and inequalities where possible and seeking to promote positive mental health and wellbeing. Key activities include straightforward referral pathways to substance use, mental health services, and social care, responding to emotional distress, and offering person-centred, trauma-informed support.

Important developments recently have been the establishment of Hope Point: Wellbeing Support which opened in August 2023 and the introduction of Distress Brief Interventions to GP practices. A local Children and Young People's Mental Health and Wellbeing Multi-Agency Group has also been formed. Specialist services and pathways around neurodevelopmental problems are in development and Connect, an Early Intervention in Psychosis service, has been established to enable early access to specialist services.

Get Out Get Active (GOGA) Tayside

GOGA has become one of Tayside's most successful physical activity programmes, targeting and supporting the most inactive groups to engage with low level, fun and inclusive physical activity opportunities. GOGA is based on the principles of 'free activity' and 'active together' resulting in tailored delivery that allows individuals with and without long term conditions and disabilities to come together and enjoy various forms of physical activity.

To ensure GOGA is bringing added value to the Tayside physical activity landscape and avoiding duplication, GOGA delivery is rooted in community and stakeholder engagement to identify gaps in existing provision. Public engagement with GOGA has proven to be successful and between 1st October 2023 and 30th June 2024, 861 sessions were delivered with 8,433 total attendances.

Green Health Partnership (GHP)

Dundee's GHP, funded by Nature Scot has been in operation for 5 years. During that time, the programme has been celebrated as one of Scotland's first nature prescribing projects and has connected local people to the outdoors, through everyday contact. This programme has supported not only the physical activity agenda, but also strengthened the connection between our local environments and our mental health and wellbeing, whilst providing opportunities to combat loneliness and isolation.

The current funding period will end in September 2024, which requires the GHP Leadership team to adapt the approach to ensure sustainability. The Leadership team will continue to work together in partnership, to maintain the existing GHP steering group and focus on maximising the role of green health across the city within existing structures and teams. This change will provide the GHP leads the opportunity to move towards a more sustainable delivery model which reduces the reliance on short term, non-recurring funding. The change in approach will be led by the Directorate of Public Health and expanded across Tayside, to move towards a sustainable and consistent approach to maximising the outdoors for health improvement.

Public Health Scotland Localised Working Pathfinder Programme

Between January 2023 and March 2024 Public Health Scotland worked with stakeholders and the Dundee Partnership in relation to adding value to activity around poverty and inequalities, specifically in mitigating the cost of living crisis impact on vulnerable citizens.

Key areas identified as potentially adding value were whether there were short to medium term impacts of existing work that might provide evidence of reductions in the inequalities gap and whether there were proven interventions with impact on inequalities that could be mapped against work taking place in Dundee.

A multi-agency workshop was held in November 2023. From this the following themes emerged.

- Better data sharing and data linkage is needed to enable maximum utility of what is already being collected. A Partnership wide data sharing protocol was suggested
- A good set of baseline data is needed to understand the population profile of Dundee
- Data quality needs to be consistently good
- Qualitative data could potentially be used to get better insights to experience and changes in the short to medium term
- Consideration needs given to measurement of process as well as outcomes, to understand short to medium term change

The Pathfinder was concluded in March 2024, having shown that developing positive working relationships promotes shared understanding and shows the benefits of joint working. Work continues through the new Strategic Leadership Group to develop this area of work, seeking indicators for the short to medium term impact of activity.

Winter Fund for Carers

Carers are known to be more likely to be affected by poverty and deprivation and are now recognised as a group of people likely to be subject to Health Inequalities. In 2024, the IJB allocated Carers Partnership money to Dundee Carers Centre for a Winter Fund to support carers most in need by alleviating some of the increasing financial pressures of the season.

Applicants identified having to make the too familiar stark choice between 'heating and eating', leading to many of the grants being for fuel and food. The Engage Dundee survey also identified that 56% of carers who responded had gone without food or energy to pay a bill (compared with 46% of all respondents). During 2023/24 the fund distributed 429 grants totalling £124,019, covering travel, white goods, winter clothing, bedding and furniture as well as fuel and food.

Violence Against Women - Deaf Links

Deaf Links is a Tayside-wide charity based in Dundee which supports people who experience sensory loss. In partnership with Women's Aid in Dundee, Angus and Perth, Deaf Links are committed to supporting deaf women who are experiencing any form of abuse or coercive control.

Through advocacy workers who are fluent in British Sign Language they provide a dedicated service to deaf women across Tayside. They work directly with women, their children and young people, offering crisis intervention, information, advocacy services and support to enable equal access to mainstream support services.

The advocacy services provided empower, inform, and enable women in a variety of settings, liaising closely with statutory and other voluntary organisations. The Violence Against Deaf Women Advocacy Worker also provides information sessions to Deaf Women and raises awareness of BSL and Deaf Culture with mainstream service providers.

Best Foot Forward

Best Foot Forward is a partnership between the NHS Healthy Weight team, Active Schools and Claypotts Castle PS (based in the Douglas area of Dundee with 83% of children living in SIMD 1&2). The programme aims to encourage peer support and relationships between parents / carers and foster open and honest conversations around the challenges of achieving healthy eating and physical exercise day to day. Sessions are 90 minutes long with adults and children attending together. There is an input each week (see below) followed by either a cooking session or a physical activity session.

A group of 47 participants; including 21 parents and their children attended for ten weeks of group discussion and participation around topics such as: healthy eating habits, meal planning, sleep routines, screen time, fussy eating, healthy mouths etc.

Dundee Mental Health and Wellbeing Strategic Plan

Developed during 2023/24, the Dundee Mental Health and Wellbeing (MHWB) Strategic Plan 2024-2027 recognises unequal distribution of mental ill health and is making a shift towards support being offered within local communities, so that more people can be supported where they live by accessing informal locality interventions and activities. The vision is to provide mental health and wellbeing services in Primary Care that enable people to access the right support, at the right time, in the right place, by staff who are knowledgeable and skilled to deliver this.

This is achieved through the Primary Care Mental Health and Wellbeing (MHWB) Framework offering easy-to-access locality-based care, advice, and support and utilising a multi-disciplinary team.

Sources of Support – Primary Care Link Workers

Sources of Support has link workers available in all GP Practices in Dundee. The service is for any person aged 16 and over. Their remit is to support people whose mental health and well-being are impacted by social, economic, and environmental issues, which means that the service offers non-medical interventions and coordinated care to help improve health and well-being.

In Dundee, link workers case manage the needs of the person for up to 20 weeks to help them achieve their identified goals. Advocacy and liaison with primary and secondary care, statutory- and third-sector services is a key feature of the link worker role. Primary care supports tackling mental health inequalities through these staff and it is evident from the service's activity that a higher volume of people from deprived areas access link worker support. Between May 2023 and April 2024, the service supported 941 people.

Distress Brief Interventions (DBI)

The DBI service is a national programme providing support to people aged 16 or over experiencing distress and feeling emotionally overwhelmed. In Dundee, the service is hosted by Penumbra and based in the city centre.

Following the initial referral via email, a DBI peer practitioner will contact the person within 24 hours and support them for up to 14 days. They will work with the person to address some of the difficulties they may be experiencing that have led to their distress and to identify ways of preventing and managing any future distress.

DBI seeks to widen the support offered to people engaging with frontline services, at a time when they need it the most. Presently, there are several potential routes to receiving DBI that are being managed through a phased programme to ensure demand can be met. Between April 2023 and March 2024, 834 individuals were referred to DBI in Dundee. 82 referrals were from Police Scotland and 752 from Primary Care.

Hope Point

Hope Point is an initial contact centre for anyone in Dundee City who experiences distress, including those with mental health issues. The centre opened in July 2023 and has continued to be open 24/7 since then. The environment and service has been co-designed with a wide range of people in the city to ensure the service is able to take account of individuals needs including protected characteristics.

Lived experience has been integral to the development both in terms of consultation in the planning stages and with regards to the staff team who are all employed in Peer Support roles. Hope Point is a welcoming, non-clinical environment where staff come alongside people on a short-term basis to help address the difficulties they are facing, plan next steps safely and connect them with other supports and services if that is what is required.

During March 2024, Hope Point had 398 contacts, including providing support for 83 new people.

Creating Hope Together Through Suicide Prevention

Suicide prevention work continues to progress across several spheres, ensuring this aligns with other local and national strategies, including Dundee HSCPs Mental Health and Wellbeing Strategic Plan (2020-2024). Community Health Advisory Forum members, whose role it is to ensure that strategic health and wellbeing developments are responsive to the needs of socioeconomically deprived communities, provided feedback which has been incorporated into the draft action plan.

Key achievements in the last year include:

- Appointed a full-time Suicide Prevention Coordinator
- Refreshed the Tayside **Suicide? Help!** app and website which presents information about the support available for people affected by suicide and suicidal thoughts
- Adapted the NHS Education for Scotland suicide prevention training materials for local use and rolled-out training for those whose role means they may be in contact with someone risk of suicide
- Awarded £13,000 from the Tayside Health Fund to develop a third sector alliance which will build learning and capacity to deliver suicide prevention training across services and communities

Further universal and targeted actions are being developed with implications of socioeconomic circumstances considered across all actions. The approved delivery plan will be available in October 2024.

Home-Start Dundee Summer Delivery for Families



As part of The McManus' ongoing partnership with Home Start Dundee, over the summer, the Learning Team worked in partnership with Home-Start Dundee, Tayside Contracts and Dundee Bairns to provide free cultural activities, art materials and the provision of food.






The museum, widely known as 'The People's museum' is dedicated to helping children and families living in poverty in Dundee. The collaborative working with Home-Start Dundee and Dundee Bairns enabled a positive impact to be made on the lives of local people struggling with mental health and the cost of living.

Performance Scorecard

Priority	PI On Target	PI Within 5% of Target	PI Not on Target	Total	Improved or the same as last year (% of total)
Reduce Child Poverty and inequalities in Incomes, Education & Health	4	2	5	12*	7 (58%)

*The number of drugs deaths has a target of reduce as opposed to a numerical target so won't be counted within the on, within 5% or not on target columns in the above table but is counted in the overall total.

Most Improved PIs 	Most Deteriorating PIs 
Number of people employed by accredited Living Wage Employers in Dundee City (23%)	Rate of emergency hospital admissions where primary cause of admission was regarding mental health (24%)
% point gap in literacy in P1-7 between pupils living in SIMD 1 areas and living in SIMD 5 areas (-12%)	Number of Drugs Deaths (21%)
% of primary 1 children classified as obese or overweight (-11%)	% care experienced school leavers entering positive destinations (-14%)

Performance Indicator	-2 Year	-1 Year	Latest Figure	Current Year	Yr 3 (24/25)	Long Term Trend
	Data	Data	Data	Target	Target	
Children living in poverty to be reduced by half by 2030	22.5%	27.1%	28.2%	21.4%	19.3%	
% of 16–19-year-olds participating in Education, Employment or Training	89.4%	89.4%	90.5%	91.0%	92.0%	
% of 16-19 year olds participating in Education, Employment or training from SIMD 1	84.8%	84.1%	87.3%	86.5%	90%	
% care experienced school leavers entering positive destinations	100%	83%	71%	93%	95%	
% gap in attainment tariff average scores between school leavers living in SIMD 1 areas and in SIMD 5 areas	51%	48%	49%	47%	43%	

Performance Indicator	-2 Year	-1 Year	Latest Figure	Current Year	Yr 3 (24/25)	Long Term Trend
% point gap in literacy in P1-7 between pupils living in SIMD 1 areas and living in SIMD 5 areas	19.9%	19.9%	17.6%*	17.5%	14.3%	▲
% point gap in numeracy in P1-7 between pupils living in SIMD 1 areas and living in SIMD 5 areas	13.6%	16.3%	15.0%*	14%	13%	=
% point difference attendance gap between children living in SIMD 1 areas and the average for SIMD 2-5	3.6%	4.3%	4.3%	3.4%	3.1%	=
% of primary 1 children classified as obese or overweight	24.7%	26.6%	23.8%	23.5%	21.2%	▲
Number of drugs deaths	52	38	46	Reduce	Reduce	▼
Rate of emergency hospital admissions where the primary cause of admission was regarding mental health	3.4	2.9	3.6	3.2	2.9	=
Number of people employed by accredited living wage employers in Dundee City	19,546	35,324	43,466	23,370	42,468	▲

*Interim figures subject to Scottish Government Quality Assurance Checks

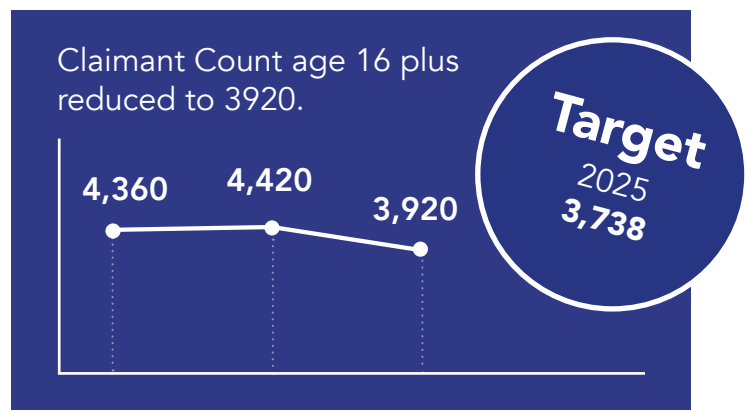
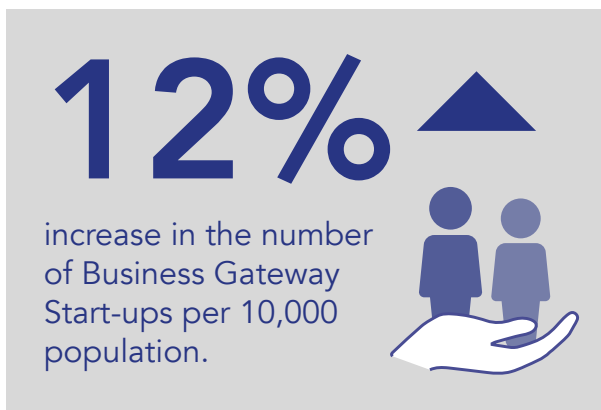
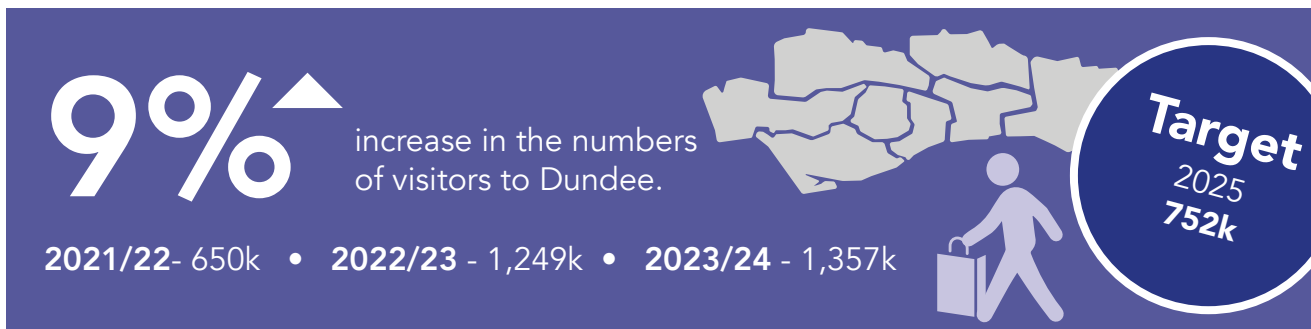
Actions in the plan	Progress %	Due Date	Lead Partner or Group
Continue to develop and implement the local fairness initiatives in Linlathen and Stobswell West	85%	31-Mar-2025	Local Fairness Initiatives Project Board
Increase the uptake of the under 22s free bus travel, ensuring that young people in the most deprived areas are benefiting at comparable levels to those in less deprived areas	95%	31-Mar-2027	Dundee City Council NEC Group
Continue to develop and implement the Child Poverty Pathfinder	30%	31-Mar-2032	Dundee Child Poverty Pathfinder Programme Board
Develop and publish the next Local Child Poverty Action Plan (including wider fairness actions) and track progress to ensure that commitments made are delivered	60%	31-Mar-2032	Dundee City Council/ NHS Tayside
Maintain the commitment to being the Living Wage City	30%	31-Mar-2032	Living Wage Action Group

Actions in the plan	Progress %	Due Date	Lead Partner or Group
Implement the 'Dundee Promise' that offers an apprenticeship to all care experienced children, young people and care leavers	76%	31-Mar-2032	Dundee Work Partnership
Ensure maximum take up of all UK and Scottish Welfare Benefits	50%	31-Mar-2032	Department of Work and Pensions / Social Security Scotland / Dundee Welfare Rights Forum
Implement the new advice strategy for Dundee and maximise provision	50%	31-Mar-2032	Dundee Welfare Rights Forum
Ensure that cash first, dignified and sustainable approaches are in places across the city to support those dealing with fuel or food poverty	50%	31-Mar-2032	Dundee Welfare Rights Forum/Dundee Community Food Network
Support closing the gap in positive destinations for 16–19-year-olds, in particular those who are care experienced and those from SIMD 1 areas, transitioning from school into work or higher education	67%	31-Mar-2032	Discover Work Partnership/ Tayside Regional Improvement Collaborative / FE & HE Partners
Improve ongoing participation, in particular for care experienced young people and those from SIMD 1 areas	20%	31-Mar-2032	Discover Work Partnership/ Tayside Regional Improvement Collaborative / FE & HE Partners
Increase the number of mentors across the public, third and private sectors supporting our young people through the MCR Pathways approach	45%	31-Mar-2032	Tayside Regional Improvement Collaborative
Increase the number of opportunities for our young people to gain work experience and paid internships across the public, third and private sectors, through schemes like Career Ready	65%	31-Mar-2032	Discover Work Partnership/ Tayside Regional Improvement Collaborative
Develop and deliver the replacement strategic framework and delivery plan for drug and alcohol recovery services	100%	31-Mar-2032	Dundee Health & Social Care Partnership / Alcohol and Drug Partnership
Deliver on the Dundee Mental Health and Wellbeing Strategic Plan 2019-2024	100%	31-Mar-2032	Mental Health and Wellbeing Strategic and Commissioning Group
Deliver on the Child Healthy Weight Strategy	15%	31-Mar-2032	Dundee Healthy Weight Partnership (DHWP)

Deliver Inclusive Economic Growth and Community Wealth Building



"Dundee will have a strong, creative, smart and sustainable city economy with jobs and opportunities for all."



Strategic Highlights from Last Year

Discover Work, Dundee's Local Employability Pathway (LEP) continues to deliver well through its multi-agency approach shaped by the [Discover Work Strategy 2022-27](#). This work has been extensively covered in the June 2024 [Council Plan Report](#), and [Fairness & Local Child Poverty Action Report](#). Highlights include 75% of customers reaching a positive destination, 71% of these sustaining that destination for at least six months, and 61% for at least twelve months. In addition, a new Youth Participation Plan was developed for launch in April 2024 to help 16-19 year olds pursue education, develop their employability skills and realise their full potential.

The largest Meet the Buyer Tayside Event delivered to date was held on 20th February 2024. There were 28 exhibitors on the day including headline partners Dundee City Council, Angus Council, Perth & Kinross Council and Supplier Development Programme (SDP). The event had 545 registered suppliers, with 332 attendees from 199 Scottish SME businesses. The outcomes report can be accessed [here](#).

In March 2024, the Living Wage Partnership celebrated 5 years since Dundee was named as the UK's first Living Wage place and a celebration event took place on 10th May at Michelin Scotland Innovation Parc. The Action Group continues to drive forward continued support for the Living Wage and by October 2023 had already achieved 128 Living Wage Employers in the City.

Funding for a new research, development and production facility in Dundee to be delivered by a consortium led by Abertay University was announced in November 2023. The CoSTAR Realtime Lab is part of the national £75m CoSTAR network funded by the Arts and Humanities Research Council through UKRI (UK Research and Innovation) and is set to help drive the next generation of visual effects technologies that will revolutionise the UK's film, TV and performing arts industries.

The Port of Dundee continued to support the construction of the Neart na Gaoithe (NnG) Offshore Wind Farm development off the Fife coast enabling the installation of 54 turbines with production capacity of 450 megawatts, enough to power 375,000 homes. The construction programme is due to complete late 2024.

As part of the 2023 Autumn Statement, it was announced that as part of the Levelling Up Fund, Dundee had been selected as one of four local authorities in Scotland to receive £20M capital investment from the UK Government, enabling delivery of a MultiModal Transport Hub at Bell Street.

Construction commenced in November 2023 on James Thomson House, a £26m office development at Dundee Waterfront. This will provide 51,600 square feet of Grade A office accommodation when completed in 2025. The development will be completed with sustainability in mind and is set to achieve EPC 'A' and BREEAM 'Excellent' environmental accreditation ratings. The offices are being built by Robertson Construction on behalf of Dundee City Council and the project is being partly financed through the Scottish Government's Growth Accelerator model.

The £1m Skills Academy based at Michelin Scotland Innovation Parc, Dundee, opened in October 2023. Delivered by Dundee and Angus College and MSIP (of which Dundee City Council is a partner), the Skills Academy is the national centre for excellence for skills development in renewable energy, sustainable mobility and decarbonisation.

V&A Dundee celebrated its 5-year anniversary in September 2023. Key findings from a report written to mark the museum's fifth birthday highlighted there had been 1.7 million visits to the museum since it opened. It also detailed total Gross Value Added (GVA) economic impact of £304 million for Scotland, including £109 million for Dundee.

Dundee achieved successful and safe delivery of the Big Weekend over a glorious weekend in May 2023. Over 83,000 people enjoyed the festivities which resulted in a positive post-event evaluation and an estimated £3.7m economic impact.

Actions in progress for completion 2024/25

There are no actions within this theme due for completion by 31st March 2025.

The following actions are already over 50% complete:

- Deliver the Tay Cities Deal and the Dundee projects supported by the programme
- Create a Dundee Economic Advisory Group to provide regular engagement with local business and political leaders
- Build on Dundee's Scotland Loves Local campaign.

Priorities in Action

Preparing a New Employability Pathway for 2024-29

A co-commissioning process was used to commit employability funding for 2024-26 through the Discover Work Challenge Fund, to set up a new Employability Pathway for 2024-29. This involved the allocation of employability funding totalling £2.35m from a range of sources including:

- The UK Shared Prosperity Fund from UK Government
- Tay Cities Region Deal funding as part of the Skills and Employability Programme
- Devolved funding from Scottish Government to LEPs through No One Left Behind, inclusive of Child Poverty funds to deliver the parental employment aspects of Best Start, Bright Futures: Tackling Child Poverty Delivery Plan 2022-2026

City Centre Strategic Investment Plan

Significant progress has been made in delivering the ambitious improvements set out in the City Centre Strategic Investment Plan across the key themes of Living, Working, Visiting, Public Realm and Accessibility. Projects that were delivered during 2023/24 include the City Centre Commercial Waste Pilot; the upgrading of the Commercial Street / Murraygate junction; public realm improvements to Union Street and Exchange Street; new office developments at West Marketgait and Site 6 in the Waterfront; as well as a programme of events and activities that help to drive footfall. The next area of focus that has been identified relates to the Eastern Quarter where a longer-term masterplan setting out a range of interventions that respond to the challenges and opportunities is being developed.

Supporting Start Up businesses and SMEs

The Council funded Business Gateway Tayside Service continues to meet or exceed performance targets. The service supported 242 businesses into start-up in Dundee between April 2023 and March 2024, with a further 112 supported to grow their businesses during the same period. A dedicated Community Outreach Adviser was appointed to provide outreach services to existing and prospective businesses that may not self-access Business Gateway services.

Dundee City Council's Business Growth and Innovation Grant launched in 2022 and continued to be delivered during 2023/24. By March 2024, sixteen grant awards had been made to assist and encourage eligible businesses to increase their turnover and grow their employment base within the Dundee area.

The Michelin Scotland Innovation Parc completed construction of their Innovation Hub, Innovation Labs and Makerspace in 2023. Two Innovation Challenges have been undertaken and four Accelerator Programme cohorts had been delivered by March 2024 with 41 companies participating.

Community Wealth Building (CWB)

The Council has made good progress in integrating CWB principles into its key strategies within the Dundee Council Plan 2022-27 and City Plan for Dundee 2022-32. It is also being integrated into relevant service and thematic plans by using the lens of CWB to frame future direction. The CWB working group has continued to take forward actions in each pillar area i.e. making Dundee a CWB place, spending, workforce, finance, land & property and inclusive ownership.

Highlights since the previous update include:

- CWB Coordinator appointed, and Partners Conference delivered in May 2023
- Communication plan created and awareness raising undertaken with council and external partners
- A local spend monitoring system is now in place which allows the council to report on local spend
- Work to encourage local contractor spend in capital programmes also resulted in over £24m of subcontract activity being spent locally
- Working in partnership with the Council's Climate Team our scope 3 emissions have been mapped, which will allow us to better target categories for climate improvement measures
- The Dundee Climate Fund participatory budgeting programme was delivered
- Research was commissioned to map generative businesses and the support available to them in Dundee, indicating there are 143 inclusive ownership companies in Dundee, 87% being Social Enterprises and 13% co-operatives / employee-owned businesses
- UK Shared Prosperity Funding was provided in 2023/2024 to the Circle and Dundee Social Enterprise Network to provide additional training to businesses operating in the social economy

NHS Tayside Anchor Strategy

In October 2023, NHS Tayside published its [Anchor Strategy](#), setting out plans to enhance its role as an Anchor Institution and contribute to CWB approaches across Tayside.

NHS Tayside employs around 14,000 people across Angus, Dundee, and Perth & Kinross, spends more than £333m each year on goods and services, and occupies more than 428,000 sqm of land and buildings including more than 65 premises. The strategy builds on areas of existing good practice across employability, procurement, and use of land and assets, and sets out priorities to further work in these areas to address health inequalities and improve community wellbeing.

Objectives aim to enhance provision of fair and meaningful work opportunities for those most at risk of economic disadvantage. This includes, adapting procurement processes for community benefit, enhancing social value and increasing suppliers from local SMEs, social enterprises and supported businesses, and increasing the sustainable and productive use of its land and assets. Working collaboratively with other anchors and partnerships across the region is crucial to the successful delivery of this strategy and NHS Tayside is a key partner within Dundee Partnership's CWB agenda.

Eden Project

After extensive work during 2023/24, planning permission for Dundee's £130m Eden Project was approved by Councillors in June 2024. The major visitor attraction, which will be based at the former gasworks site to the north of East Dock Street will combine exhibits, performance, learning, play, immersive experiences, horticulture, live music and art. There will also be food, beverage and retail spaces. The team will now concentrate on working with partners, progressing the design, securing investment and continuing to deliver their community programmes within the city.

Tay Cities Deal in Dundee

The Tay Cities Deal SME Skills Fund was launched on 31 January 2024 and will support up to 80 companies across Dundee and the wider Tay Cities region.

Construction work commenced on the Biomedical Regional Innovation Hub at Dundee Technopole in 2023. The project is underpinned with £25m funding from the Scottish Government through the Tay Cities Deal. The facility is scheduled to open in February 2025 and will offer 4,700 sqm of space over three floors for new high growth spinouts.

Funded through the Tay Cities Deal, the Dundee Airport project enabled renewal of the public service obligation in November 2023, allowing direct flights between Dundee Airport and London Heathrow to continue for a further two years.

The Tay5G project had delivered eight use case trials by March 2024. These included trials related to e-sports, virtual production, search and rescue, offshore maintenance and inspection, broadcasting, sustainable fashion, agritech and Internet of Things.

Delivering Economic Growth in the Cultural Sector

More data is needed in this area, but a comparison of information from 2019/20 and 2023/24 shows a rise in part-time positions and a reduction in freelance opportunities and work for artists. Generally, the sector has contracted since 2020 but is beginning to rebound post-covid and is seeing positive news in relation to the Living Wage being paid. Looking forward, the Culture Strategy includes actions for fair work and supporting businesses, and aims to have better data available over time.



Health & Work Team








The ability to access good quality work is an important protective factor for health and wellbeing. Paid work has the potential to improve health and reduce health inequalities by increasing household incomes and meeting important social and psychological needs. Poor mental health remains the leading reason for absence from work and is considered one of the main factors causing the current rise in levels of working age adults currently unable to work. The Health and Work team engage with workplaces across Tayside to encourage and enable the provision of good, fair working conditions and environments to enhance this important determinant of health.

Building capacity within workplaces to provide conditions that support and enhance employee wellbeing is a key aim of the health and work programme. During 2023-24 the team delivered 27 training courses and workshops to 357 individuals from 82 different organisations across Tayside. Topics covered included mental health at work, keeping active at work, menopause and cancer in the workplace. A successful partnership with Enable Works supported the delivery of sessions on diversity and inclusion, neurodiversity awareness, flexible working and inclusive recruitment, all with a workplace focus.

Performance Scorecard

Priority	PI On Target	PI Within 5% of Target	PI Not on Target	Total	Improved or the same as last year (% of total)
Deliver Inclusive Economic Growth (including Community Wealth Building)	7	0	8	15	10 (67%)

Most Improved PIs 	Most Deteriorating PIs 
Number of Business Gateway Start-Ups per 10,000 population (12%)	% of young people 16 to 24 who are unemployed (46%)
Claimant Count 16+ (-11%)	% of employees in Dundee earning less than the real living wage (31%)
Visitors to Dundee (000's) (9%)	% of working age people with no qualifications (15%)

Performance Indicator	-2 Year	-1 Year	Latest Figure	Current Year	Yr 3 (24/25)	Long Term Trend
	Data	Data	Data	Target	Target	
% of the Dundee Workforce in employment	71.3%	68.8%	63.7%	72%	73.5%	
Median earnings of total resident workers as a percentage of Scottish average	92.0%	91.0%	87.5%	94.9%	96.8%	
Gross weekly pay for full time employees living in the area	£575.00	£584.20	£614.90	£603.75	£665.63	
% of employees in Dundee earning less than the real living wage	10.2%	7.2%	9.4%	11.4%	10.3%	
Number of living wage accredited employers based or headquartered in Dundee	100	122	128	120	160	
% participation rate of young people from SIMD 1 and 2	85.4%	85.3%	87.8%	87.3%	89%	
Number of workless households in Dundee	9,500	10,500	10,300	9,025	8,145	

Performance Indicator	-2 Year	-1 Year	Latest Figure	Current Year	Yr 3 (24/25)	Long Term Trend
% of young people 16 to 24 who are unemployed	21.8%	21.7%	31.7%	20.7%	18.7%	▼
16-24 Claimant Count	780	830	830	741	669	▼
Claimant Count 16+	4,360	4,420	3,920	4,142	3,738	▲
Claimants as a proportion of economically active residents aged 16+	5.9%	4.3%	4.2%	4.2%	3.8%	▲
% of working age people with no qualifications	6.7%	6.7%	7.7%	6.2%	5.6%	▼
Number of Business Gateway start-ups per 10,000 population	16.2	14.8	16.5	17.85	19.68	▲
Visitors to Dundee (000's)	650	1,249	1,357	682	752	▲
City Centre retail units vacancy rate (%)	13.8%	18.0%	17.7%	12.4%	11.1%	▼

Actions in the plan	Progress %	Due Date	Lead Partner or Group
Deliver the Tay Cities Deal and the Dundee projects supported by the programme	60%	31-Mar-2032	Tay Cities Board
Attract more skilled green jobs	26%	31-Mar-2032	Dundee City Council / Scottish Enterprise/ Dundee Port/ MSiP
Continue to grow the number of jobs within Dundee Waterfront	40%	31-Mar-2027	Dundee City Council / Scottish Enterprise/ Dundee and Angus Chamber of Commerce
Deliver Michelin Scotland Innovation Parc's vision and business plan to attract more jobs	40%	31-Mar-2032	MSiP Board
Continue work with partners to explore options to develop a Life Sciences Innovation District	25%	31-Mar-2032	Scottish Enterprise/ University of Dundee/ Dundee City Council
Continue work with partners to take forward proposals for Eden Scotland	35%	31-Mar-2032	Eden Project Dundee

Actions in the plan	Progress %	Due Date	Lead Partner or Group
Implement the long-term City Centre Investment Plan to deliver a vibrant City Centre	25%	31-Mar-2027	Dundee City Council/ Dundee and Angus Chamber of Commerce
Create a Dundee Economic Advisory Group to provide regular engagement with local business and political leaders	80%	31-Mar-2032	Dundee & Angus Chamber of Commerce
Further grow the number of local organisations registered as Living Wage Employers	30%	31-Mar-2032	Living Wage Action Group
Continue to raise the profile of the city through a range of marketing activities, promoting key messages, assets and opportunities to businesses, investors, developers and visitors	50%	31-Mar-2027	Invest Dundee / Tourism Leadership Group
Deliver an extensive community wealth building strategy, ensuring the maximum level of investment possible is retained within Dundee to support local jobs	50%	31-Mar-2024	Dundee City Council Community Wealth Building Group with additional partners
Build on Dundee's Scotland Loves Local Campaign	60%	31-Mar-2032	Dundee & Angus Chamber of Commerce / Dundee City Council
Maximise apprenticeship opportunities	25%	31-Mar-2027	Discover Work Partnership
Increase and enhance employment pathways, in particular supporting around 11,000 economically inactive people towards job seeking and 16–19-year-olds into positive destinations	25%	31-Mar-2027	Dundee Work Partnership
Increase the number of start-ups and SMEs in the city and support their expansion	50%	31-Mar-2027	Business Gateway

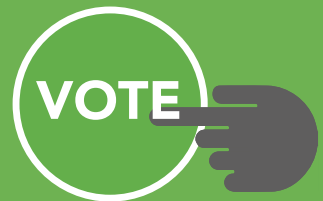
Tackle Climate Change and Achieve Net Zero by 2045



“Dundee will be a greener city, made up of strong communities where people feel empowered, safe and proud to live.”

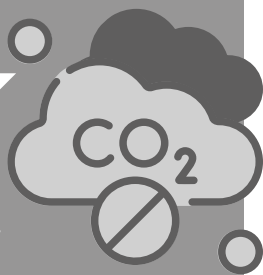
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votes cast, and a total of 10 projects received funding through the Dundee Climate Fund 2.0.



7%

reduction in CO₂ (KtCO₂) Citywide.



3%

increase of household waste recycled (36.6%*).

*provisional figure for 2023 subject to final confirmation by SEPA



Strategic Highlights from Last Year

The pre-existing Climate Leadership Group took on the role within the Dundee Partnership of acting as the Strategic Leadership Group for Tackling Climate Change and Reaching Net Zero by 2045. The group is chaired by Ronnie Quinn, an independent entrepreneur with a wealth of experience in this field. Councillor Heather Anderson has taken up a vice-chair position in her role as Climate Champion for Dundee City Council.

Several strategies and plans have been developed, including the Dundee Local Heat and Energy Efficiency Strategy (LHEES), Dundee Local Area Energy Plan (LAEP) and Net Zero Transition Plan. A review of the Dundee Climate Action Plan is also underway.

During 2024/2025 the implementation of Dundee's Biodiversity Action Plan was supported by the receipt of £171,000 from the Scottish Government's Nature Restoration Fund. This funding enabled a raft of initiatives to be implemented including expanding the extent of native wildflower meadows throughout the city. These, added to the significant coastal meadow creation as part of the Broughty Ferry and Monifieth Active Travel route, are a vital component in Dundee's Nature Network helping nature to mitigate and adapt to the effects of climate change.

Actions in progress for completion 2024/25

There are no actions within this theme due for completion by 31st March 2025.

The following action is over 50% complete:

- Develop a City Energy Masterplan that takes a whole systems approach to decarbonising, decentralising and digitising heat and energy production.

Priorities in Action

The Dundee Climate Leadership Group (DCLG)

This group provides active leadership on Dundee's net-zero challenge, leveraging expertise from across the city to engage and inspire collective ownership as well as a shared commitment to tackling climate change. The DCLG ensures that across the city there is communication and collaboration on both the strategic decision-making needed to set and meet regional and national targets as well as on-the-ground delivery through the Sustainable Dundee Network, with partners working directly with communities to deliver adaptation and enhance resilience.

During 2023/24 the Group has been closely involved in the development of Dundee's Local Area Energy Plan (LAEP), reviewing the city's Dundee Climate Action Plan and engaged as key stakeholders in the development of the Local Heat and Energy Efficiency Strategy (LHEES) for the city.

Dundee's Local Heat and Energy Efficiency Strategy (LHEES)

The Council has developed Dundee's first Local Heat and Energy Efficiency Strategy (LHEES). The LHEES, which received committee approval and was published in Spring 2024, is an important strategic citywide plan to decarbonise heat and improve energy efficiency in buildings. It will help to tackle the city's climate emergency and meet its net zero target whilst helping to alleviate fuel poverty and offering the potential for new economic opportunities in the city. The LHEES Delivery Plan is now in development.

In addition, Dundee City Council have pioneered the use of Climate OS, emissions modelling software in Scotland, to visualise how far the actions in our plans can take us to our Net Zero targets therefore providing a quantified understanding of the scale of the challenge remaining.

Dundee Local Area Energy Plan (LAEP)

Following the LHEES, a Local Area Energy Plan (LAEP) is also being developed the city. The LAEP encompasses heat, electricity and transport, sets out a vision of what a net-zero carbon energy system could look like for Dundee, describing the priority interventions and recommendations for action that will support the city in delivering its 2045 net zero target.

The DCLG has been pivotal in developing the Local Area Energy Plan (LAEP) for the city; analysing the technical potential for renewable energy generation, waste and low carbon heat sources through to future building heat and electricity demand mapping and forecasting building (domestic and non-domestic) decarbonisation. The LAEP will be launched in 2024 and this, together with the significant partnerships that have evolved, is a timely opportunity to refresh the DCAP.

Dundee Climate Action Plan Review

The city-wide Dundee Climate Action Plan (DCAP) was published in 2019, outlining a collaborative approach to reach net zero emissions by 2045. The plan comprised 64 actions under the themes of Energy, Transport, Waste and Climate Resilience.

One of the main purposes of DCLG is to monitor and drive progress of the Dundee Climate Action Plan in meeting the city's Net Zero targets and to recommend innovative solutions that support a Just Transition to a Net Zero future.

Two workshops were planned to review the DCAP. The first took place in March 2024, and focussed on bringing partners together to review the plan using our Emissions Dashboard, Climate OS, as well as exploring what steps partners are taking that can help us achieve Net Zero collectively.

Workshop two in Autumn 2024 will pull in the actions identified in the LAEP to create a more accurate picture of our emissions reduction pathways and facilitate discussions around delivery and funding.

Net Zero Transition Plan

Both the City Plan (2022-2032) and Council Plan (2022-2027) identify tackling climate change and reaching net zero carbon emissions by 2045 or sooner as one of their three strategic priorities for the City.

The Council's new Net Zero Transition Plan, published in December 2023, builds on this ambition, committing Dundee City Council to being a net zero organisation by 2038 and will allow Dundee City Council to effectively and decisively lead this transition to a low carbon and climate resilient City.

The pace and scale of transformational change required to meet this challenge requires collective leadership to support cross-sector collaboration in low carbon innovation, investment, behaviour change and ensuring a Just Transition by addressing inequalities such as poverty and social justice.

The Plan has therefore been co-developed with all seven Council Services and is centred around reducing emissions from buildings, streetlighting, fleet, business & service travel, and waste produced by the Council. It will also introduce a Circular Economy, increase climate resilience and ensure a Just Transition away from fossil fuels, including increasing green skills and jobs to support this.

The Plan is led by the Sustainability and Climate Change team who have been focussed on consensus around governance, monitoring and reporting. The Plan will be governed internally by the Council Leadership Team, with reports every six months and progress against targets will be reported annually to Committee from January 2025.

Climate Risk & Vulnerability Assessment (CRVA)

As part of the Climate Action Planning process a Climate Risk and Vulnerability Assessment (CRVA) was carried out in 2018. This estimated the risks and impacts from Climate Change and allowed the identification of climate adaptation actions for the city. It is now recommended that a refresh of the CRVA and actions take place due to the increased urgency of the climate and nature emergency, the broader expertise & tools we now have access to, and the need to understand the impact of climatic changes since the last risk assessment, specifically incorporating the 2oC and 4oC scenarios.

As a first step to future adaptation planning in Dundee, a Natural Capital Baseline Assessment was commissioned by the DCLG in January 2023, providing a full account of the ecosystem services and biodiversity in the city's green space currently, allowing future interventions to be monitored and valuable data to be incorporated into the next CRVA.

The updated CRVA is due to be completed by August 2024 and is being developed with input from a wide range of cross-sectoral stakeholders. It will include an up-to-date climate risk profile for Dundee, a prioritised list of impacts with recommended adaptation options for the highest priority impacts along with viable co-benefits of recommended options, and an estimation of the economic impacts of climate change.

In addition, recognising that to ensure climate resilience we need to consider the whole catchment and wider area, a regional partnership is being developed with Angus Council and Perth & Kinross Council to identifying regional synergies and solutions.

Dundee Climate Fund (DCF)

The Dundee Climate Fund (DCF) was set up with a total of £750,000 available, to support community-led climate change projects and contributes to the aim of 1% of the Dundee City Council being allocated via Participatory Budgeting.

The Council was the first local authority in Scotland using a Community Choices model to identify and have citizens decide on local climate change spend. The fund is an important part in the Council's policy response to mobilising community action on climate change, enabling communities to have a greater impact and facilitating capacity building within the network of local stakeholders.

Eligible applicants were able to develop their project ideas within the five topics of energy, transport, waste, resilience, and building capacity. The application review process was designed to support applicants to develop stronger ideas before they were put to a public vote.

Dundee Climate Fund Round 1: After registering 4,376 votes, a total of twelve local projects benefited from a share of around £385,000, helping to grow local community projects acting on climate change, reducing carbon emissions and engaging communities.

Dundee Climate Fund Round 2: Community generated ideas were collected through extensive stakeholder engagement. A total of 10 projects received funding through the DCF 2.0 with 4,758 votes cast. The third round of the DCF is currently underway to utilise remaining funding and is seeking submissions for consideration.

Urban ReLeaf

Urban ReLeaf, a city-wide citizen-science initiative in Dundee, engages the community to contribute their observations and perceptions of greenspaces across the city. By harnessing the collective input of citizens, the project strives to enhance the benefits derived from these greenspaces and ensure they cater to the diverse needs of the community.

The first phase of the project is capturing people's perceptions of Dundee's greenspaces throughout an entire year to capture all seasonality. This includes aspects of mobility, greenspace usage, what people love and dislike about the spaces as well as capturing data on resilience with a particular focus on flooding and draught. This data will be used to inform the Open spaces Strategy, adding quantitative data to the existing qualitative data, and will also feed into the City's Local Development Plan. The second phase of the project will be developed based on the findings of the first phase.

Hello Dundee

More than 100 interactive signs have been installed across the city asking people to engage in a friendly chat using a QR code or text message-based conversation. The project uses an innovative engagement platform that makes public spaces interactive and is looking to hear from the city's diverse community about how they feel. It also shares some information with them about actions the city is taking to adapt to climate change and inspire audiences on how to act themselves.

This is a collaborative project across Council services, capturing the following topics:

- Active Travel, including questions for DCC residential bike shelters
- Parks, greenspaces, biodiversity
- Local services and amenities (20-minute Neighbourhoods), health and wellbeing resources
- Energy, retrofitting and funding
- Electric Vehicles: myth busting, how to use charging stations including trouble shooting, and available funding & grants

- Flooding & surface water management. Additionally, a Storm conversation to signpost to information to prepare for / during / after adverse weather events
- Street Lighting: sharing of DCC city lighting improvements, and information relating to LED's at home

The newest iteration of the project includes AI technology to help respond to queries directly.

- Air Quality & LEZ conversation: enabling users to ask any question they have regarding LEZs, ensuring they have access to accurate and timely information. You can test the conversation by going to the [website](#).
- AI-integrated Waste conversation tool: Particularly beneficial for addressing recycling queries, helping users determine how to recycle various items correctly by accessing a DCC developed knowledge base and combining items to handle complex enquiries. It also provides signposting to bin collection calendars, making waste management easier for everyone. The tool can be found [online](#).

The Hello Dundee ChatBot tool will significantly enhance public engagement and streamline information dissemination across all topics of sustainability and climate change, aligning with our commitment to sustainability and community support.

Scottish Climate Week – Re:City Event

Running alongside the wider Scottish Climate Week from 25th September to 1st October, Dundee Climate Week culminated in a day of celebrations on Saturday 30th, as City Square hosted Re:City: Reimagine, Remake, Reconnect.

Re:City was designed to bring Dundee residents together with a day of free activities, information presentations, and performances. The event featured hands-on workshops, live music, Loose Parts Play from ScrapAntics, and the opportunity for attendees to engage with various sustainability initiatives.

Inspired by Scotland's Climate Week, the day was created for everyone to enjoy. Participants engaged in masterclasses with ReBoutique, creating DIY beauty products, and with Transition Dundee, celebrating textile repair by teaching how to hem, fix fabric holes, and make curtains. Additionally, local florist Branches and All ran sustainable floristry courses.

MWV Environment Baldovie presented a recycling-themed game, with free tote bags filled with goodies from Zero Waste Scotland for the first 100 participants. Dundee City Council also provided giveaways. Attendees had the chance to pick up a brochure for The University of Dundee's Festival of the Future and interact with Dundee City Council's Countrypark Rangers.

Dr. Bike offered tune-ups for regular cycle commuters and provided an opportunity for new cyclists to get their bikes road-ready. The Dundee Cycle Hub provided eCargo bike rides and advice on walking and cycling in Dundee, while the British Transport Police Scotland marked bikes for security.

The Eden Project held consultations throughout the day, showcasing their newest designs for Dundee, offering attendees a chance to influence the city's future.

Green-fingered visitors enjoyed activities with representatives from The Maxwell Community Centre & Garden, the Dundee Community Growers Network, and Campy Growers, who focused on growing food from seed to plate. The University of Dundee Botanic Garden shared information about their latest community outreach projects.

Over 1,300 people participated in the event, demonstrating Dundee's commitment to sustainability and community engagement.

NHS Tayside Climate Change and Sustainability

NHS Tayside has committed to reducing its impact on the environment and the lasting effects that this can have on the health of individuals and our local populations. To meet statutory duties and targets to reduce its negative impact on the environment and adapt to the changing climate, NHS Tayside has appointed an Executive Lead and Board Champion who will support progress and delivery.

An NHS Tayside Climate Change and Sustainability Board has been established and supporting infrastructure is in place to deliver on targets and ambitions locally across the areas of transport & travel, waste, procurement, property, energy, clinical work, and greenspace & biodiversity.

Initial areas of success include the removal of Desflurane gases in theatres, a reduction in inhaler gas propellants by switching to dry powder ones in General Practice, move to use of electric fleet vehicles, encouraging active travel, increasing access to green spaces and improving recycling.

The NHS Tayside Climate Emergency and Sustainability Annual Report for 2022/23 can be found [online](#).

Tackling Ash Dieback

Dundee City Council has been at the forefront of Scotland's approach to tackling ash dieback. It is anticipated that this fungal disease will kill the vast majority of ash trees in the UK. Progress of the disease in infected trees affects the structural integrity of the tree. Trees with advanced infections are therefore a significant health and safety risk to people, particularly where mature trees are adjacent to roads, pavements and busy open spaces. Dundee City Council took early action in using GIS to map / assess ash trees and identified the significant resources required to remove infected trees. Other local authorities have sought advice and support seeking to replicate Dundee's approach.



Countryside Rangers Engagement




Dundee's Countryside Ranger Service delivers three fully subscribed Branching Out programmes every year. This bespoke therapeutic intervention, based in Templeton Woods, is designed for participants who use mental health services in the city. They are referred onto the programme by health professionals.

A range of activities are on offer from practical conservation work to exploring the natural world through citizen science and environmental art, followed by a chance to socialise over refreshments made on an open fire every week. The culmination of the twelve week programme is the achievement of a John Muir Award. Feedback from those who attend is extremely positive and some continue their involvement by regularly volunteering with the Countryside Rangers after completing the programme.

Performance Scorecard

Priority	PI On Target	PI Within 5% of Target	PI Not on Target	Total	Improved or the same as last year (% of total)
Tackle Climate Change and Reach Net Zero Carbon Emissions by 2045	2	0	1	3	2 (67%)

Most Improved PIs 	Most Deteriorating PIs 
City Wide CO2 Emissions (KtCO2) (-7%)	% Active Travel (Walking and Cycling) as a proportion of trips to work (-5%)
% of household waste recycled (3%)	

Performance Indicator	-2 Year	-1 Year	Latest Figure	Current Year	Yr 3 (24/25)	Long Term Trend
	Data	Data	Data	Target	Target	
City-wide CO2 Emissions (Kt Co2)	664	674	629	630.8	569.3	
% Active Travel (Walking and cycling) as a proportion of trips to work	19% (2019 data)	N/A*	18%	20%	22%	
% of Household Waste Recycled	32.6%	35.6%	36.6%**	36.4%	40.2%	

*Data not available as the survey was conducted in a non comparable format due to the covid-19 pandemic

**This is a provisional figure for 2023 subject to final confirmation by SEPA

Actions in the plan	Progress %	Due date	Lead Partner or Group
Implement the Dundee Climate Action Plan and adopt new emissions modelling tools to inform decision-making	50%	31-Mar-2032	Dundee Climate Leadership Group
Develop a city Energy Masterplan that takes a whole systems approach to decarbonising, decentralising and digitising heat and energy production	90%	31-Mar-2027	Dundee Climate Leadership Group

Actions in the plan	Progress %	Due date	Lead Partner or Group
Support the decarbonisation of transport systems and improve infrastructure for walking, cycling, wheeling and reducing the need to travel	6%	31-Mar-2032	Dundee City Council
Manage waste sustainably by reducing, reusing, recycling and recovering waste to improve resource efficiency whilst working towards a circular economy	50%	31-Mar-2032	Dundee City Council
Take action to ensure our communities, green networks and infrastructure are adaptable to a changing climate and reduce the risks and vulnerability to unavoidable impacts	20%	31-Mar-2032	Dundee City Council
Engage with communities about the climate challenge and foster participation and collaboration to enable local action	30%	31-Mar-2032	Sustainable Dundee

Working with our Communities in their Localities

The Community Empowerment Team continues to involve and engage the citizens of Dundee in issues of importance in their community and city wide.

There was a 300% increase in the number of citizens engaged with on community planning issues. This was in part due to city wide consultations such as Engage Dundee and the Rent Consultation but also local events about what would improve life in Ardler, St Marys and Kirkton, consultation on active travel in Lochee, and community safety in Stobswell.

Local Community Plan Contributions

There has been a 20% increase in the number of citizens contributing to Local Community Plan outcomes. This includes people contributing to projects mitigating the effects of poverty such as community food larders or meeting our Net Zero ambitions through community growing and environmental projects.

Devolved Funding for Recovery Support

Over £80,000 was devolved by the Alcohol and Drugs Partnership to Local Community Planning Partnerships for them to decide how best to support recovery from drug and alcohol issues in their communities. The local CLD teams have been tasked with ensuring that people with lived experience are on decision-making panels and helping to deliver the initiatives the money will pay for.

Projects have included recovery cafes, hillwalking groups and men's groups for people to access in their neighbourhoods. Dundee's first peer recovery project has been established in the Hilltown which has been supporting people in recovery and creating a progression pathway for them into community volunteering. In total, 10,729 people were supported during 2023/24.

Growing Access to CLD Youth Work

There is an increasing number of young people engaging in CLD Youth Work programmes delivered across the city. Large-scale evening programmes are continuing to record higher attendances, alongside smaller groupwork activities that are delivered across all communities in the evening within local community provision. Overall attendances for 2023/24 totaled 40,069, fueled by free access to the Youth Work evening activities. More staff capacity has been added to the diversionary programme to meet this increased demand.

Community Centre Use

The numbers attending community centres continues to be high in part due to an emergence of family-focused work, particularly around food and themes of empowerment. Centres are also increasingly being used as community hubs to host health-related programmes such as vaccinations and clinics. The number of people attending food larders and community cafes also remains high.

Community centres are valuable locality hubs for services and third sector organisations and communities to develop locally targeted provision. They are increasingly being used as an alternative to curriculum in school and as learning space for activities supporting New Scots to integrate. The Local Management groups in centres such as Charleston and Hilltown are strengthening and putting on more programmes of activity for their community. Altogether 2023/24 saw 460,110 visits to community centres.

Community Involvement and Influence

There has been widespread citizen involvement across council services in setting priorities and influencing / deciding on spend. There has been a focused approach on key areas of the city such as the city centre and schools' streets, and a wide programme of community involvement and influence around environmental and green space. Environment and green space were highlighted as a priority area improvement for community in the development of Dundee's locality plans and community involvement in influencing spend has involved large numbers of people.

The Alcohol and Drug Partnership tested the allocation of a devolved locality budget through the eight ward-based Local Community Planning Partnerships to look at community led and influenced spend (see above).

Overall, there has been involvement with a broad range of services with different methods for engagement and deliberation used e.g., online, face to face, focus groups, workshops, and large-scale community consultations.

Community Engagement and Health

Community engagement and involvement is now part of the fabric of Dundee's approach to developing health-related plans and services as evidenced through the process of producing the new IJB Plan for Excellence in Health and Social Care, the ADP structure, mental health developments including Hope Point, the new Community Wellbeing Centre, and the work of the Carers Partnership.

Local health and wellbeing networks play a key role in providing connections to communities and have been formally recognised as one of the mechanisms that will be used by the HSCP. In addition, the new Community Health Advisory Forum acts as a reference group for health partners to engage. This health-related engagement complements and builds on other engagement activity and consultative forums available in Dundee's communities such as the Fairness Leadership Panel and Community Regeneration Forums.

Local Health & Wellbeing Networks

The local Health and Wellbeing Networks (HWBNs) operate as subgroups of LCPPs and are the adopted mechanism for health partners to engage with communities and localise strategic priorities. HWBN members work together to identify and address local health needs and feed emerging issues up the Strategic Priority Groups (SPGs) through the Community Health Inequalities Manager and other senior officers with an association with the networks. For example, mental health and wellbeing issues are discussed at the Communities and Inequalities workstream of the Mental Health & Wellbeing SPG and updates are a standing agenda item at SPG meetings.

Through these mechanisms, strategic and local partners develop a collective vision and understanding of the needs of communities and can act collectively to address them. HWBNs have recently prioritised men's health as a result of information fed down from the SPG on suicide deaths / risk. It is a notable success that some local people now sit on the HWBNs and are involved directly. The Community Health Inequalities Manager has recently joined the Fairness Leadership Panel providing another connection to collective work around poverty and disadvantage.

The Cultural Sector & Communities

Dundee's cultural attractions are very popular with 1,093,876 visitors in 2023/24. In total across the year 2023/24, cultural organisations engaged with 41,850 people through 2,165 learning, outreach or engagement sessions, both in house and in community settings.

Over six months of tracking from October 2023 to March 2024, cultural organisations took their work out across all of the wards of Dundee, running workshops, engagement and creative sessions with 11,437 people.

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DUNDEE 
PARTNERSHIP

For more or additional information please contact

Dundee Partnership Team
dundee.partnership@dundeecity.gov.uk

or visit the website

www.dundeepartnership.co.uk



REPORT TO: PERFORMANCE AND AUDIT COMMITTEE – 20 NOVEMBER 2024

REPORT ON: GOVERNANCE ACTION PLAN PROGRESS REPORT

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: PAC43-2024

1.0 PURPOSE OF REPORT

1.1 The purpose of this report is to provide the Performance and Audit Committee with an update on the progress of the actions set out in the Governance Action Plan.

2.0 RECOMMENDATIONS

It is recommended that the Performance and Audit Committee (PAC):

2.1 Notes the content of the report and the progress made against the actions within the Governance Action Plan (contained within appendix 1).

3.0 FINANCIAL IMPLICATIONS

3.1 None.

4.0 MAIN TEXT

4.1 In September 2024 the PAC was advised that an exercise had been completed to reprioritise outstanding recommendations within the Governance Action Plan, with the live actions having been uploaded into the Ideagen performance management system. At that time officers across the Partnership were in the process of updating each action; this process has also now been completed.

4.2 Appendix 1 contains an overview report detailing the current status of the actions within the reprioritised Governance Action Plan. This includes 17 actions that have now been completed and a further 7 that have been abandoned because they have been assessed to no longer be relevant in the current context or to be unachievable within current systems and resources. There are 29 actions currently in process, with the majority (25) demonstrating some level of progress.

4.3 Moving forward, a summary of progress against the actions within the Governance Action Plan will be provided to each meeting of the PAC. Over the period to the end of the current financial year officers will focus on progression and completion of outstanding, historical actions. A process has also been established to ensure that new recommendations and actions from relevant reports are added to the plan on an ongoing basis.

5.0 POLICY IMPLICATIONS

5.1 This report has been subject to the Pre-IIA Screening Tool and does not make any recommendations for change to strategy, policy, procedures, services or funding and so has not been subject to an Integrated Impact Assessment. An appropriate senior manager has reviewed and agreed with this assessment.

6.0 RISK ASSESSMENT

Risk 1 Description	Lack of progress toward completion of actions within the Governance Action Plan may undermine the sustainability of governance arrangements and assurances within the IJB.
Risk Category	Governance, Political
Inherent Risk Level	Likelihood 3 x Impact 4 = Risk Scoring 12 (which is an Moderate Risk Level)
Mitigating Actions (including timescales and resources)	<ul style="list-style-type: none"> • All actions have now been uploaded to Ideagen system to support efficient and effective monitoring arrangements. • The process of updating the progress against each action currently being undertaken by officers across the Partnership. • Governance Action Plan updates will now be available from November 2024.
Residual Risk Level	Likelihood 2 x Impact 3 = Risk Scoring 6 (which is a Moderate Risk Level)
Planned Risk Level	Likelihood 2 x Impact 3 = Risk Scoring 6 (which is a Moderate Risk Level)
Approval recommendation	Given the moderate level of planned risk, this risk is deemed to be manageable.

7.0 CONSULTATIONS

7.1 The Chief Officer, Chief Internal Auditor and the Clerk were consulted in the preparation of this report.

8.0 BACKGROUND PAPERS

8.1 None.

Christine Jones
Chief Finance Officer

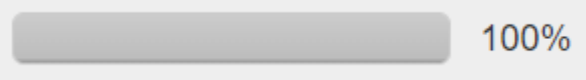

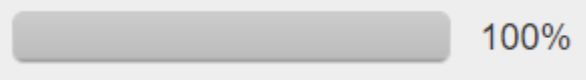


DATE: 24 October 2024

Clare Lewis-Robertson
Lead Officer, Strategic Planning and Business Support


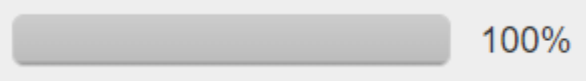



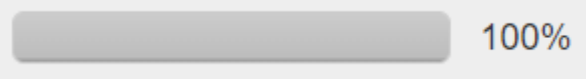
Kathryn Sharp
Acting Head of Service, Strategic Services

IJB Outstanding Actions – Governance Action Plan


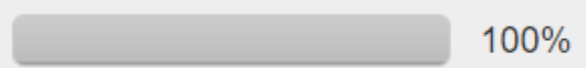

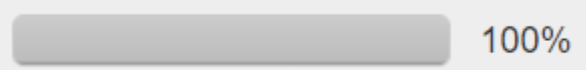



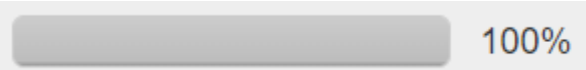
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		Title and Description	Due Date	Ownership	Latest Update
1		DHSCPGAPEA20170912 National performance reports on SMT agenda 	31 Oct 2020	Chief Officer	23.10.24 Recent Audit Scotland reports have been submitted to the IJB for consideration. This practice will continue, with screening of relevant reports by the revised Senior Management Team structure. Management Team meeting agenda to consider appropriate reporting and information sharing forum.
2		DHSCPGAPEA20180925 Amend budget monitoring reports 	31 Dec 2018	Chief Finance Officer	23.10.24 Outturn monitoring report now embedded within business as usual arrangements. Any significant revision of budgets, in excess of officers' delegated authority, will be communicated to IJB members within the regular budget monitoring report for approval.
3		DHSCPGAPEA20201124 Development opportunities for Board members 	31 Oct 2020	Chief Finance Officer Head of Service,	10 September 2024 A programme of monthly development sessions has been established and delivered starting in June 2024. Sessions are currently planned to end of 2024, with sessions for 2025 to be planned as part of

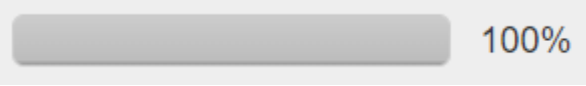
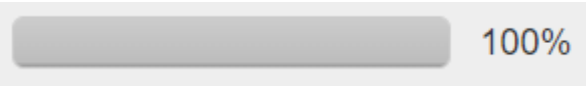

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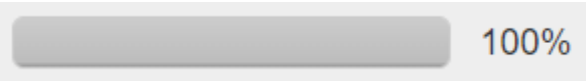

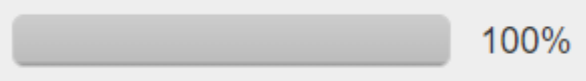


				Strategic Services	the process of developing the 2025 meeting schedule for the IJB
4		DHSCPGAPEA20221123 Best Value plans and reporting 	31 Oct 2020	Chief Officer Chief Finance Officer Head of Service, Strategic Services	23 October 2024 Annual Best Value report was provided to the IJB in December 2023.
5		DHSCPGAPEA20221123 Monitoring impact of transformational change and reserves strategy 	31 Oct 2020	Chief Officer Chief Finance Officer Head of Service, Strategic Services	23.10.24 Reserves Strategy submitted to IJB in August 2024.
6		DHSCPGAPEA20221123 PAC terms of reference 	31 Oct 2020	Chief Officer Chief Finance Officer Head of Service, Strategic Services	10.09.2024 PAC terms of reference have been updated and were approved by the IJB in December 2023.

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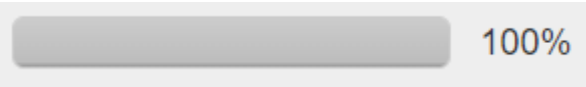
7		DHSCPGAPEA20231122 Check on accounts presented for audit 	31 Oct 2020	Chief Officer Chief Finance Officer	23.10.2024 2022/23 accounts included this review and no subsequent issues were identified by the auditor
8		DHSCPGAPIA20210623-3.1 Update to Standing Orders - Review Remit of PAC 	31 Mar 2022	Chief Officer	10.09.2024 Revised PAC Terms of Reference were approved by the IJB on 13 December 2023 (DIJB72-2023).
9		DHSCPGAPIA20210623-3.2 Update to Standing Orders - Review of Financial Regulations 	31 Oct 2021	Chief Officer Chief Finance Officer	10.09.2024 The Dundee IJB Standing Orders were updated in December 2023 and Financial Regulations were revised and approved by the IJB on 19 June 2024 (DIJB28-2024).
10		DHSCPGAPIA20210623-4 New Strategic Commissioning Plan developed, focus should be on strategic, holistic solutions which allow the transfer of resources to facilitate improvements in services and shifting the balance of care, alongside the technical aspects of LHSA 	31 Mar 2022	Chief Officer	10.09.2024 The IJB's new 10-year Strategic Framework was approved and published in April 2023. The IJB focused on a public facing strategic framework which continues to support service improvement and shifting the balance of care.

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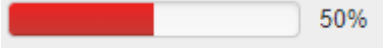

11	✓	<p>DHSCPGAPIA20211124-2</p> <p>Review of the resources required for performance management and present the results to an appropriate IJB Committee</p> 	30 June 2022	Head of Service, Strategic Services	<p>10.09.24</p> <p>A review of the Partnership's Strategic Services has been completed, resulting in an agreed future structure. This includes a distinct Quality, Data and Intelligence Team focused on meeting the requirements of the IJB in relation to performance management and a range of other quality and data functions. The structure was reported to the Performance and Audit Committee on 22 May 2024.</p>
12	✓	<p>DHSCPGAPIA20220622-3</p> <p>PAC End of Year Report</p> 	28.02.2023	Chief Finance Officer	<p>23.10.2024</p> <p>The first Annual Report from the Chair of the PAC was submitted to the IJB in 2023. This will now be done on an annual basis - 2024 report will be submitted in December 2024.</p>
13	✓	<p>DHSCPGAPIA20220622-6</p> <p>Detailed monitoring of the position of individual savings initiatives to clearly show identified versus realised savings</p> 	31.12.2025	Chief Finance Officer	<p>23.10.2024</p> <p>Financial monitoring reports contain information regarding financial implications of savings and transformation. This will be further strengthened through the ongoing financial recovery plan and forthcoming 25/26 budget setting process. There will also be additional opportunities to enhance reporting as the Delivery Plan is</p>

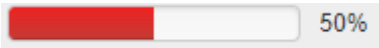

					implemented and reported through the Senior Management Team and Strategic Planning Advisory Group, with exception reports to the IJB.
14		DHSCPGAPIA20220622-9 Output from internal monitoring and quality assurance processes for care services should be overtly included within the clinical and care governance assurance reports and their quality should be assessed through triangulation 	31.12.2023	Chief Finance Officer Chief Social Work Officer	23.10.2024 CCPG forums and reporting includes consideration of quality monitoring for care services, including both internal and external scrutiny approaches. Exception reporting is included within this approach. This is then reflect within reports to the IJB as appropriate.
15		DHSCPGAPIA20220720-2 Cat 1 Responder - PAC Assurance from partner bodies 	31 October 2022	Head of Service, Strategic Services Head of Health and Community Care	23.10.2024 Annual Category 1 Responder report now submitted the the IJB. This incorporates assurances from the corporate bodies.
16		DHSCPGAPIA20220720-3 Cat 1 Responder - Assurance on the current status of the implementation of the IJBs Category 1 responsibilities 	31 October 2022	Head of Service, Strategic Services Head of Health and Community Care	23.10.2024 Category One Annual Report submitted to IJB in both 2023 and 2024, this will now be submitted on an annual basis.



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17		DHSCPGAPIA20220720-4 Cat 1 Responder - Action Plan 	31 October 2022	Head of Service, Strategic Services Head of Health and Community Care	23.10.2024 Category 1 Responder Action Plan now in place. Originally submitted to the IJB in October 2022 (DIJB73-2022) and progress is now tracked via the Category 1 Responder Annual Reports.
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In progress

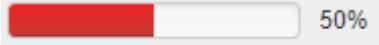

		Title and Description	Due Date	Ownership	All Updates
18		DHSCPGAPIAR20190212 Improved hosted services arrangements Development of improved Lead Authority Services arrangements around risk and performance management for lead authority services 	31 Oct 2020	Chief Officer Chief Finance Officer	23.10.24 Lead Partner meetings now taking place on a bi-monthly basis, including the Chief Officers, Chief Finance Officers and Heads of Service. Provides a forum for sharing service developments, financial reporting and performance reporting for lead partner services. 12.02.2019 Work continues to be progressed, including in relation to revision of strategic plans and preparation of 22/23 annual performance reports.
19		DHSCPGAPEA20201124 Regular reporting against savings and transformation proposals	31 Aug 2021	Chief Officer	23.10.24 Financial monitoring reports contain information regarding financial implications

		<p>Updates on the IJB's transformation programme and efficiency savings are not reported to the Board on a regular basis. Members may not be fully aware of the position and unable to take corrective actions.</p> <p>The position on the achievement of savings proposals and transformation should be clearly and regularly reported to members. The impact from Covid-19 and delivering pandemic remobilisation plans will also need to be considered.</p> 		<p>Chief Finance Officer</p> <p>Head of Service, Strategic Services</p>	<p>of savings and transformation. This will be further strengthened through the ongoing financial recovery plan and forthcoming 25/26 budget setting process. There will also be additional opportunities to enhance reporting as the Delivery Plan is implemented and reported through the Senior Management Team and Strategic Planning Advisory Group, with exception reports to the IJB.</p> <p>24.11.2020</p> <p>The IJB is provided with an overview of the risks of delivery associated with the savings programme as part of regular financial monitoring reports presented to the IJB. This will be enhanced during the year with a minimum of two specific savings and transformation reports outlining the progress made with implementation of service change initiatives.</p>
20		<p>DHSCPGAPEA20211124</p> <p>Reporting against risk management improvement actions and strategic risk register</p> <p>Further improvement actions remain to be progressed associated with the IJBs risk management arrangements, including reviewing the IJB's risk management policy and developing further an understanding of the IJBs risk appetite. Until risk management arrangements have matured further there is a risk that exposure to risks may</p>	31 Oct 2022	<p>Chief Officer</p> <p>Head of Service, Strategic Services</p>	<p>06.11.24</p> <p>Risk Appetite Setting Session held with IJB members in November 2024. Feedback from risk appetite setting will allow risk appetite categories to be determined and targets applied to Strategic risks by end of 2024.</p> <p>June 2022</p> <p>Work is progressing to develop the risk management policy and the Joint Board's risk</p>

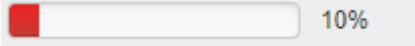

		<p>not be fully understood, highlighted, appropriately mitigated through management controls, and scrutinised. The Board and PAC should continue to be updated on progress on the delivery against the remaining risk management improvement actions and updates to the Strategic Risk Register.</p> 			<p>appetite, both of which has been informed by Joint Board development sessions. There is an intention to set a risk appetite for the Joint Board by autumn / winter 2022</p> <p>24.11.2021</p> <p>Will continue to be reported through the Governance Action Plan Update Report.</p>
21	●	<p>DHSCPGAPEA20221123</p> <p>Governance changes following revision of Integration Scheme</p> <p>Following ministerial approval of the revised integration scheme, the Joint Boards governance arrangements will require to be reviewed alongside its existing governance action plan outstanding actions. Governance arrangements do not support effective decision making. Management should identify the governance changes needed following ministerial approval of the Joints Boards revised integration scheme, alongside its existing governance action plan's outstanding actions. As part of this process management should review actions: for their currency; against strategic priorities and risk profile; and against its capacity to deliver.</p> 	31 Oct 2020	<p>Chief Officer</p> <p>Chief Finance Officer</p> <p>Head of Service, Strategic Services</p>	<p>10.09.24</p> <p>Standing orders, scheme of delegation and financial regulations have been updated and approved by the IJB. Internal Audit has completed a review of the Governance Action Plan, with actions currently being uploaded onto Ideagen and updated with current progress.</p> <p>24.11.2022</p> <p>Once Integration Scheme has ministerial approval any required changes to the IJB's Standing Orders, financial regulations and scheme of delegation will be presented to the IJB. Work continues with the support of Internal Audit to review the existing governance action plan.</p>
22	●	DHSCPGAPIA20200825-1	31 Oct 2020	Chief Officer	10.09.2024

	<p>Proper monitoring and escalation of agreed governance improvement actions</p> <p>A high proportion of issues previously highlighted by ourselves and others which have resulted in agreed recommendations have not been taken forward as expected. Whilst Covid-19 may have had some impact, it is not, in our view, the primary cause of the failure to deliver these key changes. We have also reported a number of areas where update reports were promised but not delivered. We would expect these areas for improvement to continue to feature in the IJB's Governance statement and would reiterate the need for robust monitoring by the PAC and consideration of the consequences of non-achievement on the overall control environment. The lack of progress in implementing agreed governance improvements 'due to challenges in meeting a range of priorities with limited resources available to progress within the Health and Social Care Partnership' has not been included in the Chair's Assurance report which is presented to the IJB following a meeting of the PAC, nor has this topic been discussed by the IJB. Correspondence has now been received from the Scottish Government advising that given the Covid-19 response it does not expect IJBs to continue work on developing successor Integration Schemes. This update work had been intended to address a number of key governance issues which will still require to be resolved, notwithstanding the delay in updating the Integration Scheme.</p> <p>Alongside proper monitoring of agreed governance improvement actions, we would recommend that a clearer escalation route of such issues encountered is</p>		<p>Head of Service, Strategic Services</p>	<p>Work has now been completed by Internal Audit to map all outstanding governance actions. Officers are finalising the upload of all actions to Ideagen to aid monitoring and reporting, including via Governance Action Plan report to PAC. This will prompt responsible officer to provide updates against all actions prior to reporting to November 2024 PAC.</p> <p>25.08.2020</p> <p>The issue of delays in completing agreed improvement actions is recognised and accepted as an area of improvement. A further review of progress of the Governance Action Plan and agreement of the escalation process will be brought to the meeting of the Performance and Audit Committee in September 2020 and reflected in the Chairs Assurance report to the IJB for further consideration by the wider IJB membership.</p>
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		<p>needed to prompt the IJB to determine any remedial actions to be taken. Barriers to achievement and solutions to address these should be clearly identified and the Chair's Assurance report should clearly identify these key governance issues so that the IJB understands their importance, impact and is able to take appropriate action. The discussion should include how to address issues involving Partners, with further escalation to the Working Together Forum, where the Chairs, Council Leaders, Chief Executives and Chief Officers from all partner bodies meet.</p> 			
23		<p>DHSCPGAPIA20210623-6</p> <p>Compliance from Partner Bodies</p> <p>Strategic risks and their controls are well articulated and nearly all IJB agenda items can be linked to one of the organisation's strategic risks. However, there is currently no direct reporting to the IJB on its risk profile; nor direct, overt assurance on each of its strategic risks with risk monitoring occurring at the CCPG and the PAC receiving assurance on the overall system of risk management as above. Where controls sit within the partner bodies, the IJB receives only a general annual assurance through the year end processes, for example the IJB does not currently receive specific staff governance assurances from the employing partners, nor on compliance with GDPR and other information governance arrangements. To further develop good governance arrangements, an IJB assurance plan could be implemented to ensure</p>	31 Dec 2021	Chief Finance Officer	<p>23.10.2024</p> <p>Findings of internal audit reports conducted by the Council and NHS Tayside with relevance to the IJB are now summarised and reported to PAC. Further work is to be progressed in relation to FTF Governance Assurance Principles over the next 12 months.</p> <p>23.06.2021</p> <p>Recommendation to be implemented accordingly.</p>


		<p>assurance on all risks is provided to the IJB, including where necessary assurances from partner organisation. The FTF internal audit assurance principles are appended to this report and should be used to inform development of any assurance workplan. Any monitoring or performance reports should be overtly related to specific risks and should contain a conclusion on whether the performance reports indicate that controls are operating effectively to mitigate the risk as intended. Some assurances may require to be provided by the partners, to ensure the IJB receives assurance that its strategies and statutory responsibilities are supported by the enabling strategies and governance arrangements of its partners and these are appropriately prioritised, resourced and monitored.</p> 			
24		<p>DHSCPGAPIA20211124-1.1</p> <p>Revision of Integration Scheme</p> <p>Performance reports do not currently provide overt conclusions on their impact on specific risks and whether controls are operating as intended. Our Annual Internal Audit Report for 2017/18 noted that it was intended to frame the performance report information in the context of a delivery plan to ensure that operational delivery of the Strategic Commissioning Plan can be monitored. We recommended a Delivery Plan to track actions which will support implementation of the Strategic Commissioning Plan. This is not yet in place. There are no clear criteria for the commissioning of deep dive reports into specific areas</p>	30 Jun 2022	Head of Service, Strategic Services	<p>10.09.2024</p> <p>Scoping work for the Performance Framework required within the Integration Scheme has been undertaken. Further development of the framework will be a priority within the Partnership Delivery Plan for 2024-2026.</p> <p>24.11.2021</p> <p>The IJB receives regular assurances on performance through the Chairs Assurance Report from the Performance & Audit Committee (PAC) and the Annual Performance Report. The quarterly</p>


	<p>of operation. Overall, we note that there is no clear process for monitoring that any actions agreed in response to the scrutiny of performance are progressing as intended and improving performance. A combined Finance & Performance Group was to assist with the linking of finance and performance decisions. However, this new amalgamated group has not yet met to discuss performance. Whilst performance management arrangements have been developed for integrated function, this is still not in place for non-integrated functions, although this was required under the Integration Scheme.</p> <p>Further developments of the performance management arrangements should include the following: Assurance and performance reports should be related to specific risks and should contain an overt conclusion on whether the performance reports indicate that controls are operating effectively to mitigate the risk as intended. The attached Committee Assurance Principles may be helpful in this regard. The combined Finance & Performance Group, when constituted, should consider both finance and performance in the context of the IJB's strategic risks and both inform and be informed by the Strategic Commissioning Plan. The IJB should monitor the work of the ISPG to ensure that it develops the new SCP in such a way it embeds meaningful performance measures which can be reported regularly to allow a conclusion on whether the SCP is being implemented effectively and is delivering the required outcomes (not just inputs or outputs). Management should agree a process for what triggers deep dive/ analytical reports which should prioritise relevance to strategic IJB risks. Actions agreed should be monitored to ensure the desired effect is</p>			<p>performance reports to the PAC continue to evolve with the 2021/22 Quarter 1 report presented to the November 2021 PAC reflecting some of the above recommendations with further work to be done to enhance the connections between performance and risk. This includes further development of the process to escalate operational risks to strategic risk and resultant overall assurance to the IJB that risks are being mitigated and do not impact on performance. The finance and performance group will be reconstituted as recommended. The likely outcome of the review of the Strategic & Commissioning Plan will be an extension of the plan throughout 2022/23 with work undertaken in 2023/24 to develop the new plan. The required performance measures to meet the recommendation above will be considered as part of that process. A more formal process to trigger further analytical reports will be developed. The Integration Scheme is currently being revised and consideration will be given to establishing the relevant performance information relating to non-integrated functions as part of that process.</p>
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		<p>achieved. As set out in the Integration Scheme, 'a list of targets and measures, which relate to the non-integrated functions of the partners that will have to be taken into account by the Integration Joint Board when preparing their Strategic Plan' should be included</p> 			
25		<p>DHSCPGAPIA20211124-1.2</p> <p>Enhanced Performance Reporting</p> <p>Performance reports do not currently provide overt conclusions on their impact on specific risks and whether controls are operating as intended. Our Annual Internal Audit Report for 2017/18 noted that it was intended to frame the performance report information in the context of a delivery plan to ensure that operational delivery of the Strategic Commissioning Plan can be monitored. We recommended a Delivery Plan to track actions which will support implementation of the Strategic Commissioning Plan. This is not yet in place. There are no clear criteria for the commissioning of deep dive reports into specific areas of operation. Overall, we note that there is no clear process for monitoring that any actions agreed in response to the scrutiny of performance are progressing as intended and improving performance. A combined Finance & Performance Group was to assist with the linking of finance and performance decisions. However, this new amalgamated group has not yet met to discuss performance. Whilst performance management arrangements have been developed for integrated function, this is still not in place for non-integrated</p>	30 Jun 2022	Head of Service, Strategic Services	<p>10.09.24</p> <p>All performance and assurance reports contain a risk assessment section to ensure that they are clearly linked to relevant strategic and operational risks. The development and submission of performance reports has been further evolved since 2021 - including the development of distinct suites of indicators and regular reporting against these for areas of service which are considered to be strategic risks (this includes mental health, drugs and alcohol and unscheduled care). Within the new Strategic Services structure there is further scope for refinement of performance reporting, including interface with risk and finance, which will be explored further by colleagues over the next year.</p> <p>24.11.2021</p> <p>The IJB receives regular assurances on performance through the Chairs Assurance Report from the Performance & Audit</p>



	<p>functions, although this was required under the Integration Scheme.</p> <p>Further developments of the performance management arrangements should include the following: Assurance and performance reports should be related to specific risks and should contain an overt conclusion on whether the performance reports indicate that controls are operating effectively to mitigate the risk as intended. The attached Committee Assurance Principles may be helpful in this regard. The combined Finance & Performance Group, when constituted, should consider both finance and performance in the context of the IJB's strategic risks and both inform and be informed by the Strategic Commissioning Plan. The IJB should monitor the work of the ISPG to ensure that it develops the new SCP in such a way it embeds meaningful performance measures which can be reported regularly to allow a conclusion on whether the SCP is being implemented effectively and is delivering the required outcomes (not just inputs or outputs). Management should agree a process for what triggers deep dive/ analytical reports which should prioritise relevance to strategic IJB risks. Actions agreed should be monitored to ensure the desired effect is achieved. As set out in the Integration Scheme, 'a list of targets and measures, which relate to the non-integrated functions of the partners that will have to be taken into account by the Integration Joint Board when preparing their Strategic Plan' should be included</p>			<p>Committee (PAC) and the Annual Performance Report. The quarterly performance reports to the PAC continue to evolve with the 2021/22 Quarter 1 report presented to the November 2021 PAC reflecting some of the above recommendations with further work to be done to enhance the connections between performance and risk. This includes further development of the process to escalate operational risks to strategic risk and resultant overall assurance to the IJB that risks are being mitigated and do not impact on performance. The finance and performance group will be reconstituted as recommended. The likely outcome of the review of the Strategic & Commissioning Plan will be an extension of the plan throughout 2022/23 with work undertaken in 2023/24 to develop the new plan. The required performance measures to meet the recommendation above will be considered as part of that process. A more formal process to trigger further analytical reports will be developed. The Integration Scheme is currently being revised and consideration will be given to establishing the relevant performance information relating to non-integrated functions as part of that process.</p>
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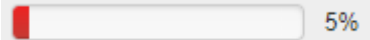

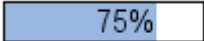
26		<p>DHSCPGAPIA20211124-1.3</p> <p>Finance & Performance Group</p> <p>Performance reports do not currently provide overt conclusions on their impact on specific risks and whether controls are operating as intended. Our Annual Internal Audit Report for 2017/18 noted that it was intended to frame the performance report information in the context of a delivery plan to ensure that operational delivery of the Strategic Commissioning Plan can be monitored. We recommended a Delivery Plan to track actions which will support implementation of the Strategic Commissioning Plan. This is not yet in place. There are no clear criteria for the commissioning of deep dive reports into specific areas of operation. Overall, we note that there is no clear process for monitoring that any actions agreed in response to the scrutiny of performance are progressing as intended and improving performance. A combined Finance & Performance Group was to assist with the linking of finance and performance decisions. However, this new amalgamated group has not yet met to discuss performance. Whilst performance management arrangements have been developed for integrated function, this is still not in place for non-integrated functions, although this was required under the Integration Scheme.</p> <p>Further developments of the performance management arrangements should include the following: Assurance and performance reports should be related to specific risks and should contain an overt conclusion on whether the performance reports indicate that controls are operating effectively to mitigate the risk as intended. The</p>	30 Jun 2022	Head of Service, Strategic Services	<p>10.09.24</p> <p>The role of a Finance and Performance Group is being considered as part of ongoing discussions within the Senior Leadership Team regarding the structure and focus of leadership and management meetings.</p> <p>24.11.2021</p> <p>The IJB receives regular assurances on performance through the Chairs Assurance Report from the Performance & Audit Committee (PAC) and the Annual Performance Report. The quarterly performance reports to the PAC continue to evolve with the 2021/22 Quarter 1 report presented to the November 2021 PAC reflecting some of the above recommendations with further work to be done to enhance the connections between performance and risk. This includes further development of the process to escalate operational risks to strategic risk and resultant overall assurance to the IJB that risks are being mitigated and do not impact on performance. The finance and performance group will be reconstituted as recommended. The likely outcome of the review of the Strategic & Commissioning Plan will be an extension of the plan throughout 2022/23 with work undertaken in 2023/24 to</p>
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		<p>attached Committee Assurance Principles may be helpful in this regard. The combined Finance & Performance Group, when constituted, should consider both finance and performance in the context of the IJB's strategic risks and both inform and be informed by the Strategic Commissioning Plan. The IJB should monitor the work of the ISPG to ensure that it develops the new SCP in such a way it embeds meaningful performance measures which can be reported regularly to allow a conclusion on whether the SCP is being implemented effectively and is delivering the required outcomes (not just inputs or outputs). Management should agree a process for what triggers deep dive/ analytical reports which should prioritise relevance to strategic IJB risks. Actions agreed should be monitored to ensure the desired effect is achieved. As set out in the Integration Scheme, 'a list of targets and measures, which relate to the non-integrated functions of the partners that will have to be taken into account by the Integration Joint Board when preparing their Strategic Plan' should be included</p>			<p>develop the new plan. The required performance measures to meet the recommendation above will be considered as part of that process. A more formal process to trigger further analytical reports will be developed. The Integration Scheme is currently being revised and consideration will be given to establishing the relevant performance information relating to non-integrated functions as part of that process.</p>
27		<p>DHSCPGAPIA20211124-1.4</p> <p>Process for analytical Reports</p> <p>Performance reports do not currently provide overt conclusions on their impact on specific risks and whether controls are operating as intended. Our Annual Internal Audit Report for 2017/18 noted that it was intended to frame the performance report information in the context of a delivery plan to ensure that operational delivery of the Strategic Commissioning Plan can be monitored. We</p>	31 Mar 2024	Head of Service, Strategic Services	<p>10.09.2024</p> <p>The role of a Finance and Performance Group is being considered as part of ongoing discussions within the Senior Leadership Team regarding the structure and focus of leadership and management meetings. This will include consideration of the group / process by which analytical reports can be commissioned.</p>

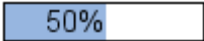

	<p>recommended a Delivery Plan to track actions which will support implementation of the Strategic Commissioning Plan. This is not yet in place. There are no clear criteria for the commissioning of deep dive reports into specific areas of operation. Overall, we note that there is no clear process for monitoring that any actions agreed in response to the scrutiny of performance are progressing as intended and improving performance. A combined Finance & Performance Group was to assist with the linking of finance and performance decisions. However, this new amalgamated group has not yet met to discuss performance. Whilst performance management arrangements have been developed for integrated function, this is still not in place for non-integrated functions, although this was required under the Integration Scheme.</p> <p>Further developments of the performance management arrangements should include the following: Assurance and performance reports should be related to specific risks and should contain an overt conclusion on whether the performance reports indicate that controls are operating effectively to mitigate the risk as intended. The attached Committee Assurance Principles may be helpful in this regard. The combined Finance & Performance Group, when constituted, should consider both finance and performance in the context of the IJB's strategic risks and both inform and be informed by the Strategic Commissioning Plan. The IJB should monitor the work of the ISPG to ensure that it develops the new SCP in such a way it embeds meaningful performance measures which can be reported regularly to allow a conclusion on whether the SCP is being implemented effectively and is delivering the required outcomes (not just inputs or</p>			<p>In the meantime the new Quality, Data and Intelligence Team has introduced a formal process for requesting analytical work. The PAC action tracker also provides a mechanism for recording and tracking requests made by the PAC and / or IJB</p> <p>24.11.2021 The IJB receives regular assurances on performance through the Chairs Assurance Report from the Performance & Audit Committee (PAC) and the Annual Performance Report. The quarterly performance reports to the PAC continue to evolve with the 2021/22 Quarter 1 report presented to the November 2021 PAC reflecting some of the above recommendations with further work to be done to enhance the connections between performance and risk. This includes further development of the process to escalate operational risks to strategic risk and resultant overall assurance to the IJB that risks are being mitigated and do not impact on performance. The finance and performance group will be reconstituted as recommended. The likely outcome of the review of the Strategic & Commissioning Plan will be an extension of the plan throughout 2022/23 with work undertaken in 2023/24 to develop the new plan. The required performance measures to meet the recommendation above will be considered as</p>
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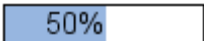

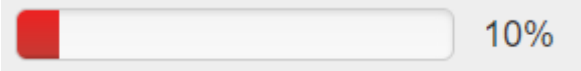

		<p>outputs). Management should agree a process for what triggers deep dive/ analytical reports which should prioritise relevance to strategic IJB risks. Actions agreed should be monitored to ensure the desired effect is achieved. As set out in the Integration Scheme, 'a list of targets and measures, which relate to the non-integrated functions of the partners that will have to be taken into account by the Integration Joint Board when preparing their Strategic Plan' should be included #</p> <p></p>			<p>part of that process. A more formal process to trigger further analytical reports will be developed. The Integration Scheme is currently being revised and consideration will be given to establishing the relevant performance information relating to non-integrated functions as part of that process.</p>
28		<p>DHSCPGAPIA20211124-1.5</p> <p>Development of Strategic Plan Performance Measures – 2023/24</p> <p>Performance reports do not currently provide overt conclusions on their impact on specific risks and whether controls are operating as intended. Our Annual Internal Audit Report for 2017/18 noted that it was intended to frame the performance report information in the context of a delivery plan to ensure that operational delivery of the Strategic Commissioning Plan can be monitored. We recommended a Delivery Plan to track actions which will support implementation of the Strategic Commissioning Plan. This is not yet in place. There are no clear criteria for the commissioning of deep dive reports into specific areas of operation. Overall, we note that there is no clear process for monitoring that any actions agreed in response to the scrutiny of performance are progressing as intended and improving performance. A combined Finance & Performance Group was to assist with the</p>	31 Mar 2024	Head of Service, Strategic Services	<p>10.09.2024</p> <p>Scoping work for the Performance Framework required within the Integration Scheme has been undertaken. Further development of the framework will be a priority within the Partnership Delivery Plan for 2024-2026.</p> <p>24.11.2021</p> <p>The IJB receives regular assurances on performance through the Chairs Assurance Report from the Performance & Audit Committee (PAC) and the Annual Performance Report. The quarterly performance reports to the PAC continue to evolve with the 2021/22 Quarter 1 report presented to the November 2021 PAC reflecting some of the above recommendations with further work to be done to enhance the connections between</p>


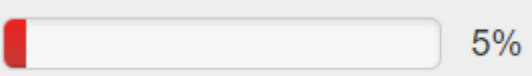
	<p>linking of finance and performance decisions. However, this new amalgamated group has not yet met to discuss performance. Whilst performance management arrangements have been developed for integrated function, this is still not in place for non-integrated functions, although this was required under the Integration Scheme.</p> <p>Further developments of the performance management arrangements should include the following: Assurance and performance reports should be related to specific risks and should contain an overt conclusion on whether the performance reports indicate that controls are operating effectively to mitigate the risk as intended. The attached Committee Assurance Principles may be helpful in this regard. The combined Finance & Performance Group, when constituted, should consider both finance and performance in the context of the IJB's strategic risks and both inform and be informed by the Strategic Commissioning Plan. The IJB should monitor the work of the ISPG to ensure that it develops the new SCP in such a way it embeds meaningful performance measures which can be reported regularly to allow a conclusion on whether the SCP is being implemented effectively and is delivering the required outcomes (not just inputs or outputs). Management should agree a process for what triggers deep dive/ analytical reports which should prioritise relevance to strategic IJB risks. Actions agreed should be monitored to ensure the desired effect is achieved. As set out in the Integration Scheme, 'a list of targets and measures, which relate to the non-integrated functions of the partners that will have to be taken into account by the Integration Joint Board when preparing their Strategic Plan' should be included</p>			<p>performance and risk. This includes further development of the process to escalate operational risks to strategic risk and resultant overall assurance to the IJB that risks are being mitigated and do not impact on performance. The finance and performance group will be reconstituted as recommended. The likely outcome of the review of the Strategic & Commissioning Plan will be an extension of the plan throughout 2022/23 with work undertaken in 2023/24 to develop the new plan. The required performance measures to meet the recommendation above will be considered as part of that process. A more formal process to trigger further analytical reports will be developed. The Integration Scheme is currently being revised and consideration will be given to establishing the relevant performance information relating to non-integrated functions as part of that process.</p>
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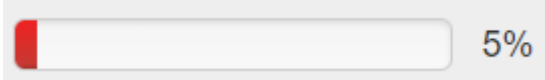
					
29		<p>DHSCPGAPIA20220622-2</p> <p>Consideration will need to be given to how the IJB will receive assurance and monitor progress against these actions.</p> 	31 Dec 2022	Chief Finance Officer	<p>23.10.2024</p> <p>IJB has endorsed the HSCP Delivery Plan for October 2024 to March 2026. This will be monitored via the Senior Management Team and the Strategic Planning Advisory Group, with exception reporting to the IJB where required.</p> <p>10.09.2024</p> <p>Work has progressed to produce a Partnership Delivery Plan to support the delivery of the strategic shifts within the IJB's Strategic Framework. In response to previous audit findings the Delivery Plan is intended to incorporate Partnership transformation programmes / projects so that there is a single, consolidate operational delivery plan on an annual basis (first plan will cover 18 months).</p> <p>22.06.2022</p> <p>This issue is already being considered by the Strategic Planning Advisory Group for 2022/23 and in preparation for the implementation of the new Strategic and Commissioning Plan from 2023/24 onwards.</p>

30	 <p>DHSCPGAPIA20220622-4</p> <p>The IJB should receive of relevant, reliable and sufficient assurances against its strategic risks especially high scoring ones (above the risk appetite to be established)</p> <p>Whilst we note the improvement work undertaken in relation to risk management; there is currently no direct reporting to the IJB providing direct overt assurance on each of its strategic risks. Nearly all agenda items can be linked to one of the organisation’s strategic risks. However, these are not specifically reported in such a way that allows an assessment of whether for the related strategic risk:• the risk score is correct, • controls are adequate and operating effectively• mitigating actions are being delivered • overall the risk is being mitigated effectively Action is to be taken to link risk and performance management. However, there is currently a lack of data or other performance reporting against many of the highest strategic risks of the organisation, including in particular Drugs & Alcohol Services. The Getting it Right for Everyone (GIRFE) Steering Group is still considering how assurance over hosted services should operate pan-Tayside. Implementation of this will be crucial for the IJB to receive assurance in relation to some of its new significant strategic risks including Primary Care Services and Mental health. We previously commented that the IJB does not currently receive specific staff governance assurances from the employing partners and recommended that the overall review of assurances on strategic risks to the IJB should include assurances over staff governance. We would note that staff resource is one</p>	31.12.2022	Chief Finance Officer	<p>23.10.2024</p> <p>Development session to establish risk appetite scheduled for November 2024.</p> <p>PAC receives regular reports against the strategic risk register, with any exceptions reported to the IJB via the Chair's Assurance Report. An annual risk management report is submitted directly to the IJB.</p> <p>22.06.2022</p> <p>Recommendation to be adopted through assessing against planned substantive service specific reports to be taken to the IJB during the year and ensure a high quality risk assurance assessment is included as standard in reporting</p>
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		<p>of the highest risks of the organisation scored at the highest possible 5x5.</p> <p>The IJB should receive of relevant, reliable and sufficient assurances against its strategic risks especially high scoring ones (above the risk appetite to be established). Such reporting could be through adapting existing reporting processes to ensure they signpost the relevant information to conclude on the areas listed above, or through specific deep dive assurance reports against individual risks. For some risks, assurance will have to come from other organisations including other IJBs and partner bodies.</p>			
					
31		<p>DHSCPGAPIA20220622-5</p> <p>Clinical and care governance arrangements will feed into the formation of IJB directions</p> <p>A draft Directions Policy & Procedure is being considered as an associated document with the revised Integration Scheme. This Policy seeks to enhance governance, transparency and accountability between the IJBs, Local Authorities and NHS Tayside, by clarifying responsibilities and relationships to address the statutory guidance issued in 2020 in response to the proposals of the Ministerial Strategic Group (MSG) Health and Community Care Review of Progress with Integration.</p> <p>We would reiterate our position that as part of any further developments in this area, consideration should be given as to how clinical and care governance arrangements will feed into the formation of IJB directions.</p>	31 December 2022	Chief Officer Clinical Director	<p>23.10.2024</p> <p>IJB Directions policy has now been agreed and is being implemented. At the next review of that policy the interface with CCPG will be considered and relevant amendments recommend to the IJB.</p> <p>22.06.2022</p> <p>Issues of clinical and care governance will be considered where relevant in the issuing of Directions</p>

					
32		<p>DHSCPGAPIA20220622-7</p> <p>Overall assessment of progress in delivering the Risk Management Action Plan is included in the Governance Action plan (40% progress as at February 2022) but the individual actions are not reported to the PAC.</p> <p>An overall assessment of progress in delivering the Risk Management Action Plan is included in the Governance Action plan (40% progress as at February 2022) but the individual actions are not reported to the PAC. Reporting should clearly set out progress against individual actions to allow for clear monitoring of the maturity assessment.</p> 	30 November 2022	Chief Finance Officer	<p>23.10.2024</p> <p>Following the risk management development session (November 2024) consideration will be given to how these individual actions are subsequently reported to the IJB.</p> <p>22.06.2022</p> <p>A summary review of the individual actions will be undertaken and progress against each one presented to the PAC in a composite update report on risk management arrangements</p>
33		<p>DHSCPGAPIA20220622-8</p> <p>CCPG Annual Report</p> <p>Dundee HSCP provides regular, high-quality assurance reports to the NHS Tayside Care Governance Committee as well as the PAC. An annual report for the year is planned for the June IJB and provides positive assurance on the work of the group. Throughout the year the level of assurance provided was moderate. The report is comprehensive and well-written, but does not reference relevant strategic risk, or areas for development.</p>	30 June 2023	Chief Officer Clinical Director	<p>23.10.2024</p> <p>Annual CCPG report is in place and provides a comprehensive retrospective overview of activities and concerns during the previous 12 months. It also reflects on impact in terms of the IJB's strategic risks.</p> <p>The 2025 report will be developed to also include forward looking content / priorities.</p> <p>22.06.2022</p>


		<p>There might be benefit in it being used to reflect on key concerns during the year and priorities for the coming year, as well as views on the relevant Strategic Risks.</p> 			<p>Noting the positive comments around the comprehensive and well written annual report, this element of potential improvement will be considered for the next annual report.</p>
34	●	<p>DHSCPGAPIA20220720-1</p> <p>Cat 1 Responder -Definition of IJB Duties</p> <p>Category 1 responder resilience arrangements have not been fully and adequately incorporated into the IJBs governance structure. The IJB has received no additional reports on resilience since its April 2021 meeting and no update reports on resilience arrangements have been submitted to any groups within the IJB governance framework to date during 2021/22.</p> <p>In addition to implementing the recommendation contained within the Internal Audit Annual Report 2020/21 (Action Point 3) relating to the PAC, it should be ensured that the duties of the IJB are fully defined and that the appropriate governance arrangements for resilience, including reporting of such and the provision of necessary assurances to the IJB are specified within the IJBs governance framework. This should include consideration of how the role of the TLRPG integrates into the IJBs governance framework.</p> 	31 October 2022	<p>Head of Service, Strategic Services</p> <p>Head of Health and Community Care</p>	<p>23.10.2024</p> <p>This will be added to the next revision of the IJB Standing Orders in 2025.</p> <p>Further review of relevant governance documents to be undertaken to address this omission.</p> <p>20.07.2022</p> <p>Actions to be implemented as per recommendation. IJB / PAC Standing Orders and Scheme of Delegation to be reviewed following agreement of revised Integration Scheme which will incorporate above recommendations.</p>
35	●	<p>DHSCPGAPIA20230130-1</p>	31 March 2023	Head of Health and	23.10.2024


	<p>Sustainability of Primary Care - assurance from lead partner</p> <p>Angus IJB, as the lead partner for primary care, should provide assurance to Dundee IJB regarding progress against the audit recommendations and management actions arising from the Internal Audit of the Sustainability of Primary Care.</p> 		<p>Community Care</p>	<p>Assurance to be requested from Angus Chief Officer to inform the next Governance Action Plan update to Dundee IJB, due for submission in January 2025.</p> <p>Management actions agreed in response to the audit report were:</p> <ul style="list-style-type: none"> • A revised scope for a General Practice and associated MDT strategic risk has been proposed and a revised narrative to articulate the risk has been prepared for submission to and consideration by Primary Care Board target date 8 December 2022. • The PCB will discuss the status of risks associated with other contractor streams. • The concept of breaking down the GP Contractor risk is accepted. A second Primary Care risk workshop will take place to consider the appropriate methodology and risk elements with respect to this risk during 2022/23. • The Chief Officer Angus IJB as lead partner will take the outcome of the workshop to Primary Care Board for consideration. • The primary care strategic risks indicated above will be reviewed and all four bodies will agree a consistent approach to managing the risk. Processes have been initiated to analyse the risk and review the terms of reference of the Primary Care Board.
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					<ul style="list-style-type: none">• A second risk workshop (planned for March 2023), commissioned by the Chief Officer, Angus IJB will map out the approach and will identify the operational, service level, risks that are common to all. The workshop will include senior management and clinical manager input. An agreed response to the full recommendations will be provided to Primary Care Board and NHS Tayside by June 2023.• It is accepted that the clinical and strategic commissioning plans for IJBs need to reflect a joined- up vision for Primary Care. This will be reflected in the next iteration of each IJB's Strategic Commissioning Plan. Perth & Kinross IJB has prepared a plan for the period 2023 to 2026. Dundee and Angus IJB will prepare plans by 31 March 2023.• Reflecting the work in Perth, the principle of a consistent GP sustainability survey across each IJB to support a Tayside wide assessment is accepted. A core question set will form the basis of the survey, with each IJB having the option to add bespoke questions to inform local assessments. The outcome will be reported back to the Primary Care Board on a twice yearly basis together with associated local delivery plans.• The Chief Officer, Angus IJB as lead partner will initiate a Tayside wide discussion comprising the three Chief Officers and the AMD for Primary Care, with input for NHS Tayside as required, for example with regards to premises and finance, to review
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					<p>responsibilities regarding primary care management and risks within that. The Chief Officer, Angus IJB will prepare a report with the recommendations for discussion with ELT.</p> <ul style="list-style-type: none">• The strategic risk 353 Sustainability of Primary Care is now reporting into Care Governance Committee.• Further consideration has been given to the benefits of a new committee taking responsibility for the Primary Care Risk. This will be clarified through the outcome of the current project work revising the terms of reference of the Primary Care Board.• The Chief Officer, Angus IJB as lead partner will initiate discussion amongst the three IJB Chief Officers and NHS Tayside senior management representatives. The discussion will form the basis of a paper for consideration at the Primary Care Board in the first instance.• As per action point 3, the principle of a regular, consistent GP sustainability survey in each Tayside IJB is accepted. A sustainability survey with a core question set will be undertaken. The data will triangulated with data from national and local sources to establish a baseline. The core question set will provide a Tayside wide indicator. The updated outputs will be reported back to the Primary Care Board on a twice yearly basis, with associated local delivery plan.
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				<ul style="list-style-type: none">• At Primary Care Board level, it is expected that NHS Tayside contributions to mitigating and resolving risks (for example regarding property issues) is further explored. The Primary Care Board will liaise with the NHS Tayside Property department on how the required contribution will be provided. This will inform the report back to ELT.• The recommendation is accepted that the Primary Care Board provides a single forum for strategic decision making for Primary Care and has responsibility and authority for managing the risk, recognising that operational decision making is devolved to each of the three HSCP as described within their respective Integration Schemes. This requires the Primary Care Board to have the appropriate organisational status and NHS Tayside and IJBs will work towards that, reviewing membership and Terms of Reference of the Primary Care Board to achieve this.• We accept the need for consistent and senior proactive input from the NHST Property Services to assist in the addressing of aspects of the Primary Care risk. This should be alongside the recognised input from NHST Digital Services and the requirement for ongoing NHST Human Resources input.• The Chief Officer, Angus IJB as lead partner will initiate discussion amongst the three IJB Chief Officers and NHS Tayside senior
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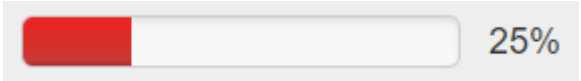

					<p>management representatives preparing a paper for consideration at the Primary Care Board in the first instance and subsequently NHS Tayside ELT.</p> <ul style="list-style-type: none"> • The Associate Medical Director role is currently being reviewed with a view to a permanent recruitment with an updated job description, which will reflect the risk responsibilities. • The Chief Officer, Angus IJB as the lead partner for Primary Care Services under the Integration Scheme will co-ordinate strategic planning and will seek approval from all Integrated Joint Boards on the proposed strategy. • As noted above, a new, broader Terms of Reference for the Primary Care Board is required and this will address the reporting arrangements to provide a flow for assurance.
36		<p>DHSCPGAPIA20230524-1</p> <p>GAP -reprioritisation of outstanding recommendations</p> <p>The current GAP does not make it easy to identify if all the recommendations from a specific report/source have been completed. Whilst we note the background to produce one overarching GAP, we now consider this approach to be over complicated and difficult to follow. An exercise, facilitated by Internal Audit, including reprioritisation of outstanding recommendations is undertaken to ensure completeness of actions to be</p>	30 September 2023	Chief Finance Officer	<p>23.10.2024</p> <p>Work has now been completed by Internal Audit to map all outstanding governance actions. Officers are finalising the upload of all actions to Idagen to aid monitoring and reporting, including via Governance Action Plan report to PAC. This will prompt responsible officer to provide updates against all actions prior to reporting to November 2024 PAC.</p>


		<p>followed up within the respective reports recommended by Internal Audit, which may present the opportunity for consolidation or cross reference. We recommend that separate reports are maintained and reported to the PAC as follows:</p> <ul style="list-style-type: none"> • Internal Audit Report and Annual Report recommendations • External Audit Recommendations • External review recommendations, for example MSG report • Governance Statement Improvement Actions • Actions from agenda item discussions to be reported within the standard agenda item – Action Tracker <p>Areas of enhancement to the reporting could include:</p> <ul style="list-style-type: none"> • Chart showing total number of action points due broken down into complete, in progress, due date extended, no longer relevant • Link to risk (and/or area of governance) – updates should clearly identify risks of non-delivery of actions and these should be summarised in the risk assessment section of the cover paper, which should link to relevant strategic risks. • a RAG rating for outstanding actions <p>Consider drafting a Follow Up Protocol to clarify roles and responsibilities, monitoring and escalation arrangements over the process. The PAC Terms of Reference will require updating to reflect the arrangements going forward, along with related protocols.</p>			<p>24.05.2023</p> <p>When first developed, the Governance Action Plan reflected the complicated range of governance arrangements required to be implemented for the IJB as an emerging organisation within a new integrated legislative framework for which there was no previous model to follow. The range of actions continued to be added to at each stage a review on particular aspects of governance was undertaken. It is agreed by management that this has now become overly complicated to manage in a single plan and management agrees that this can now be streamlined against the categories outlined in the report. Management will develop future reporting to the PAC to be consistent with the recommendations.</p>
37		<p>DHSCPGAPIA20230621-1</p> <p>Sustainability - Delivering the IJB's strategic and commissioning priorities within the budget and resources that it has available will be a significant challenge.</p>	31 December 2023	Chief Finance Officer	<p>23.10.2024</p> <p>Financial monitoring reports contain information regarding financial implications of savings and transformation. This will be further strengthened through the ongoing financial recovery plan and forthcoming 25/26</p>



	<p>Delivering the IJB's strategic and commissioning priorities within the budget and resources that it has available will be a significant challenge. Over the coming 5-year period, it is estimated that total savings of nearly £36m will be required. It is extremely unlikely that savings of this magnitude can be achieved without a significant transformation programme accompanied by clear prioritisation. This will mean difficult choices. There is no detail in the new Strategic Commissioning Framework about areas that may need to be de-prioritised or how these will be identified. An Annual Delivery Plan configured to include transformation supplemented by a resource framework and a performance framework is in the initial stages of development. The culture and conditions which provided financial stability may well have dissipated during the Covid pandemic given the prioritisation of immediate operational activity and ease of access to funding.</p> <p>In these circumstances monitoring of the implementation of the SCF and of the development and then implementation of the supporting documents including the Annual Delivery Plan, Resource Framework, Workforce Plan and Performance Framework will be fundamental. Management should clearly set out how the IJB will receive assurance, including assurance over transformation. Reporting on implementation of Strategy and financial monitoring should have a clear focus on the success of transformational projects i.e. what has changed and how services are better delivered, with savings achieved, as a result of transformation. Reporting should provide a rounded view of overall performance, financial sustainability and progress in implementing the priorities set out in the Strategic Plan, linked to assurance</p>			<p>budget setting process. There will also be additional opportunities to enhance reporting as the Delivery Plan is implemented and reported through the Senior Management Team and Strategic Planning Advisory Group, with exception reports to the IJB.</p> <p>Budget development sessions planned for November and December 2024 and January to March 2025 will provide an opportunity for reflection with IJB members and to develop culture around prioritisation. 2025/26 is the third year of the IJB's Plan for Excellence and therefore work will begin on statutory review of the plan, this will include the need to engage IJB members in further discussion about prioritisation of strategic shifts and associated financial plans.</p> <p>21.06.2023</p> <p>Management is focussed on developing and progressing transformation plans with clear links to the IJB's Strategic Commissioning Plan and consideration of the future financial sustainability of health and social care services. The further development of governance and reporting around transformation are key priorities for management over 2023/24 and beyond and a detailed proposal for changes to the governance and reporting, taking into account</p>
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		<p>on any relevant strategic risks. Financial monitoring reports should also clearly link to the Strategy Delivery plan and resource framework and clearly show progress with savings (identified and actually achieved against a planned trajectory) arising from these actions. A key area will be culture. The IJB should ensure that financial sustainability is given appropriate priority in all decisions, recognising that money spent now will not be available for future needs. There may be benefit in a future Board Seminar giving overt consideration as to how such a culture can be set and reinforced in all future decisions, at the IJB Board, Standing Committee and operational levels.</p> <p></p>			<p>this recommendation, will be presented to the IJB for approval.</p>
38		<p>DHSCPGAPIA20230621-2.1</p> <p>Consideration is given to how IJB members could be involved in the development and agreement of the organisation's risk profile.</p> <p>The Risk Management Strategy agreed in April 2021 states that the IJB Board is responsible for 'receipt, review and scrutiny of reports on strategic risks'. Agreement of the new Strategic Commissioning Plan and the ongoing work on the accompanying Annual Delivery Plan, Resource Framework and Performance Framework provides an opportunity for the IJB to reflect on its overall risk profile, i.e. all issues with the potential to stop the organisation achieving its strategic objective and An IJB Development session on risk is being prepared for before end of June 2023 and will address outstanding actions including Risk</p>	31 December 2023	Chief Finance Officer	<p>23.10.2024</p> <p>Further risk management development session planned for November 2024, which will fully include IJB members in setting the organisations risk profile.</p> <p>21.06.2023</p> <p>Management in agreement with the recommendations noted above and will ensure action is taken to work in partnership with IJB members to development and understanding of the IJB's risk profile and appetite A detailed report on progress will be provided to the PAC, with the 2023/24 Risk Management Annual report providing further</p>

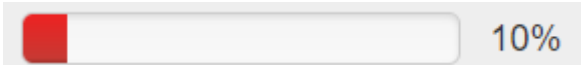

		<p>Appetite. The latest risk update was provided to the May 2023 PAC meeting and noted that “target risk scores will be revisited following planned Risk Appetite sessions for the recent development work around risk appetite”. We welcome this intention and note that further work will also be required to identify how the new risk appetite will affect Strategy, decision-making prioritisation and budget setting and organisational focus, the ‘so what?’ question, which will be fundamental to making risk appetite real.</p> <p></p>			assurance on the effectiveness of these developments.
39		<p>DHSCPGAPIA20230621-2.2</p> <p>Implementation of Risk Appetite</p> <p>To help implementation of the Risk Appetite to be agreed, we recommend that the IJB sets out clearly how:• risk appetite is to be taken into consideration as part of decision making• risk appetite affects monitoring and escalation processes for individual risks• Risk appetite is reflected in target risk scores and how the IJB will understand whether target is actually being achieved.</p> <p></p>	31 December 2023	Chief Finance Officer	<p>23.10.2024</p> <p>These actions will be followed up after the forthcoming risk management development session. The approach to be taken will be informed by the views of IJB members.</p> <p>21.06.2023</p> <p>Management in agreement with the recommendations noted above and will ensure action is taken to work in partnership with IJB members to development and understanding of the IJB’s risk profile and appetite A detailed report on progress will be provided to the PAC, with the 2023/24 Risk Management Annual report providing further assurance on the effectiveness of these developments.</p>
40		<p>DHSCPGAPIA20230927-1.1</p> <p>Viability of External Providers - Financial Monitoring Process</p>	31 December 2023	Head of Service, Strategic Services	<p>24.10.2024</p> <p>Office365 Lists function is now being used to support payment processes and monitoring.</p>

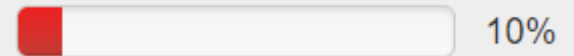

		<p>It is recommended that the Monitoring and Review Protocol is enhanced to include a clear escalation process in the event that financial sustainability of a Care Provider is deemed to be at risk. This should include thresholds for each of the ratios considered in the financial monitoring template which would trigger escalation for enhanced monitoring, or other appropriate action, to ensure a consistent approach is taken. To ensure sufficiently regular financial monitoring of annual accounts is conducted for each provider, a review should be performed at least annually, including ensuring that a copy of the Care Provider’s recent annual accounts is held. Overall assurance against this risk should then be reported to a pertinent Committee, or the IJB itself, and could include KPI reporting relating to the financial sustainability ratios.</p> 			<p>Social Care Contracts and Finance colleagues have scheduled meeting to focus on development of risk and escalation processes.</p> <p>23.09.23 The financial monitoring process will be strengthened through the redirection of financial management support from within existing HSCP Finance Team resources to focus on supporting contractual monitoring arrangements. Routes to reporting to relevant committee for assurance or escalation of risks to be confirmed following review. Options include reporting alongside Clinical Care and Professional Governance assurances to the Performance and Audit Committee or through the annual Care Inspectorate Gradings Report as a separate section on financial viability concerns.</p>
41		<p>DHSCPGAPIA20230927-2.1</p> <p>Viability of External Providers - contract monitoring template</p> <p>It is recommended that a single standardised template is developed and implemented for quarterly monitoring to ensure an agreed minimum level of quality monitoring is undertaken in respect of performance, quality, staffing levels and financial information. The template should also contain a further section which can be tailored to include</p>	31 December 2024	Head of Service, Strategic Services	<p>24.10.2024</p> <p>Senior Officer has reviewed all templates in use and confirmed that these are fit for purpose for the service area. All templates in use require updates around quality assurance/care inspections/internal quality checks/evaluations/complaints/compliments and anonymised case study to demonstrate impact. Care at Home version revised to focus on service specific information.</p>

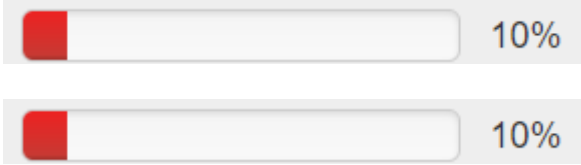
	<p>any metrics specific to the provider to enable tailored monitoring as needed, above the minimum expected monitoring activities. To assist in suitably embedding the new template across all care providers, a Senior Officer within DHSCP should undertake a sample inspection each quarter to assess the quality of monitoring reports. Any monitoring reports identified which lack sufficient documentation of the quality assessment should be escalated and discussed with the Contracts Officer to ensure appropriate action is taken in conjunction with the provider. When providers are subject to external review (e.g. through the Care Inspectorate), these findings should be triangulated with previous internal quality assessments to review whether pertinent issues were picked up, and therefore if the quality of the internal assurances is sufficiently robust or requires further improvement.</p> 		<p>Broader exercise now underway to look at quality accreditation aligned to contract clause – online survey results being considered with a view to making clear our expectation around accredited quality assurance systems. Small working group also in place to consider requirements in terms of submission of workforce data as part of monitoring templates.</p> <p>23.09.23</p> <p>Given the range of services contracted out to care providers not one size template fits all in terms of service outcomes and performance. The qualitative aspects of service monitoring are derived from a range of areas including the Care Inspectorate, service user consultation and care planning. Therefore, the template itself is not considered in isolation. Each contract has an allocated lead officer who is a senior officer within the HSCP. They are responsible for monitoring the quality of services and taking action if the service is not delivering what they are contracted to do. Any risks would be escalated to the Clinical Care and Professional Governance Group of the HSCP which reports into the IJB’s Performance and Audit Committee, therefore there is low risk of a decline in care not being identified. The Contracts team will however review the current templates in use and consider how</p>
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					various aspects of the templates can be standardised for future. A process of peer review will be developed to assess the quality of monitoring reports.
42		<p>DHSCPGAPIA20230927-3.1</p> <p>Viability of External Providers - signing of contracts</p> <p>It is recommended that all contracts with care providers are signed by both parties as soon as possible after the contracting period starts if there is a change to the financial elements of the contract, or no later than the date which the contract commences where any other changes are made. To enable internal monitoring of this, the contracts register should be reviewed regularly to ensure contracts approaching renewal are suitably prepared and they can be signed in sufficient time for the new contract commencing</p> <p> 90%</p>	30 April 2024	Head of Service, Strategic Services	<p>24.10.2024</p> <p>Amendments to contract clauses around safer staffing and data protection delayed progress slightly for 2024/25 contracts. Prioritising contracts that require uplift declaration to be signed in accordance with Scottish Government requirements. Majority of contracts for 24/25 issued and steady flow of signed contracts being returned. Meeting planned in November to begin planning for 25/26 contract workload which will take account of learning from last year's issues. Aim to have range of documents ready awaiting outcome of national finance frameworks.</p> <p>23.09.23</p> <p>Note that the provider and the contractor know what is expected from the contractual arrangement each year. Given the IJB is unable to set its annual budget until the end of March each year as it is dependent on the local authority and NHS Tayside to set their budgets, it is impossible for these contractual agreements to be put in place by the 1st April each year. This situation has recently been exacerbated by an additional declaration</p>

					having to be signed by care providers to confirm they will pay the Scottish Living Wage to their adult social care staff for that contract period. Contracts are issued as timeously as they can during April and contracts officers follow up on any outstanding unsigned contracts in their portfolios.
43		<p>DHSCPGAPIA20240131-1.1</p> <p>Operational Planning - Development of operational plans</p> <p>All transformation boards should articulate the pathway towards the development of their underpinning operational plan, and report on its progress to a relevant governance group.</p> <div data-bbox="344 842 546 884" style="border: 1px solid black; padding: 2px; width: fit-content;">50%</div>	30 September 2024	<p>Chief Finance Officer</p> <p>Head of Service, Strategic Services</p>	<p>23.10.2024</p> <p>IJB has now endorsed the HSCP Delivery Plan for October 2024 to March 2026. This includes actions relating to transformation and related savings. Reporting will be facilitated by regular oversight of the delivery plan by the Senior Management Team and Strategic Planning Advisory Group, with exception reports to the IJB as required. Further work will now be undertaken to look at planning arrangements at the next tier - that is care group level.</p> <p>31.01.2024</p> <p>Review to be undertaken to ensure clear pathways exist for the development of operational plans to support transformation including reporting processes.</p>
44		<p>DHSCPGAPIA20240131-2.1</p> <p>Operational Planning - Review of Terms of Reference</p>	30 June 2024	Chief Finance Officer	<p>31.01.2024</p> <p>The workplan for the completion of the replacement Strategic Commissioning Plan includes a follow-on action to review the structure of Strategic Planning and</p>

		<p>Terms of reference for governance and management groups and committees should specify the review period, generally annually, and Terms of Reference should be updated if necessary. This should, at a minimum, require that the remit of groups is reviewed each time the Strategic Commissioning Plan, or relevant strategic objectives, are updated.</p> 		Head of Service, Strategic Services	Transformation Groups, with a view to ensuring alignment between the remit / focus of the groups and the strategic shifts within the plan. Confirmation of a revised structure will be contained within the Resource Framework (companion document to the plan) that is currently being developed. At that point a consistent approach to developing and reviewing terms of reference will also be implemented (including a standardised format). It is recognised that there is a need for enhanced administrative capacity to ensure that key documents, such as terms of reference are maintained for planning and transformation groups; the revised structure for the Strategy, Performance and Business Support Service addresses this.
45		<p>DHSCPGAPIA20240131-3.1</p> <p>Operational Planning - project management arrangements</p> <p>The HSCP should outline the circumstances in which it is considered appropriate that formal project management is applied, and the minimum set of controls that should be applied. The complexity of the arrangements for delivery of the Strategic Commissioning Plan, and its underpinning delivery plans and programmes of transformation, is such that it may be appropriate to adopt a principles based approach.</p>	30 June 2024	<p>Chief Finance Officer</p> <p>Head of Service, Strategic Services</p>	<p>23 October 2024</p> <p>Both Dundee City Council and NHS Tayside have recently developed a Project Management Office approach to support transformation activity. The HSCP will make connections to these emerging structures to progress discussions regarding a collaborative approach to project management and access to available resources.</p> <p>31.01.2024</p>

		 10%			The HSCP does not have centralised project management capacity to support projects. The resources that are available are not always directly controlled by the HSCP as they are accessed through Dundee City Council and NHS Tayside, with many working to joint groups within the acute sector or across Tayside and guided by their direction. Where the HSCP has project management capacity, it is usually because it is funded by specific funding streams (for example unscheduled care). Overall the HSCP has a lack of formal project management skills as the expectation of integration is to access existing resources and not replicate wherever possible. Nevertheless, the HSCP will develop the principles of where project management is required and seek the appropriate resources from the partner bodies or specific funding from the IJB as required
46		DHSCPGAPIA20240131-4.1 Operational Planning - alignment to strategic plan The HSCP has committed to the development of a revised set of Strategic Plan performance measures throughout 2023/24. Groups responsible for the implementation of delivery plans and supporting performance management frameworks should take cognisance of this work, and in developing their own suites of performance measures, should: • Align the objectives of their implementation	30 June 2024	Chief Finance Officer Head of Service, Strategic Services	31.01.2024 The HSCP is working through the complexities of this within some groups but at the pace that available resources allow. Some additional service level datasets have already been developed for the Performance and Audit Committee e.g. around mental health, drugs and alcohol and hospital discharge management which are trying to focus on improvement and where possible impact. There is a national challenge regarding how to

	<p>plans to the performance measures identified for the Strategic Plan, where it makes sense to do so• Consider other workstreams within delivery plans that contribute to the same objectives, and the relative impact. Measurement of indicators and their reporting should account for the situation where indicators at a service level are improving, while deteriorating for the HSCP as a whole, or vice versa.</p> 			<p>measure impact. The HSCP is engaged with and contributing to ongoing work within Scottish Government on a new National Improvement Framework for health and social care. The HSCP will complete the work on the main performance framework and continue to work with strategic planning / transformation groups to further develop and align their reporting as resources allow</p>
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Abandoned

	Title and Description	Due Date	Ownership	All Updates
47	<p>DHSCPGAPEA20170912</p> <p>Hospital acute services set aside</p>	31 Oct 2020	<p>Chief Officer</p> <p>Chief Finance Officer</p>	<p>23.10.24</p> <p>Developments on large hospital set aside have been suspended and replaced with collaborative working on the unscheduled care pathway. Minimum reporting standards for set aside within the integration legislation continue to be met through end of year financial transactions.</p>
48	<p>DHSCPGAPEA20180925</p> <p>Budget setting timescale</p>	31 Oct 2020	Chief Finance Officer	<p>23.10.24</p> <p>Given NHS Tayside do not approve their financial plan until, at the earliest, the</p>

					April NHS Tayside Board meeting the IJB is not in a position to finalise their budget until after this time. This position will not change unless there are changes to NHS Tayside budget setting processes and timescales, which are also connected to national budget arrangements.
49		DHSCPGAPEA20180925 Combine financial and performance reporting	31 Oct 2020	Chief Officer Chief Finance Officer Head of Service, Strategic Services	23.10.24 This is a complex task which would require significant additional resource to achieve. At a broad level connections are made through the Annual Performance report regarding areas of investment and improved performance, for example delayed discharge and drug and alcohol services. However, more in-depth analysis is not possible at this time.
50		DHSCPGAPIA20200922 Governance mapping - strategic objectives	31 Mar 2021	Chief Officer	23.10.2024 This action has been abandoned given its historic nature. The Senior Management Team will continue to agree and monitor membership and attendance at meetings.
51		DHSCPGAPIA20220622-1 IJB Ensure Actions Implemented MSG	31 Dec 2022	Chief Officer	23 October 2024 MSG is no longer being pursued by the Scottish Government, with focus now on National Care Service.
52		DHSCPGAPIA20230621-3.1 Outstanding Actions - PAC Annual Report to IJB	31 Aug 2023	Chief Finance Officer	23 October 2024

PAC43-2024

					This is a duplicate action so has been abandoned.
53		DHSCPGAPIA20230621-3.2 Outstanding Actions - Development of streamlined reporting to PAC	30 September 2023	Chief Finance Officer	23 October 2024 This is a duplicate action so has been abandoned.



REPORT TO: PERFORMANCE & AUDIT COMMITTEE – 20 NOVEMBER 2024

**REPORT ON: DUNDEE INTEGRATION JOINT BOARD INTERNAL AUDIT PLAN
PROGRESS REPORT**

REPORT BY: ACTING CHIEF FINANCE OFFICER

REPORT NO: PAC41-2024

1.0 PURPOSE OF REPORT

1.1 This paper provides the Performance and Audit Committee (PAC) with an update on the 2023/24 Internal Audit Plan and progress of the 2024/25 internal audit plan. This report also includes internal audit reports that were commissioned by the partner Audit and Risk Committees, where the outputs are considered relevant for assurance purposes to Dundee IJB.

2.0 RECOMMENDATIONS

It is recommended that the PAC:

2.1 Notes the progress on the 2023/24 internal audit plan and work undertaken on the 2024/25 plan.

3.0 FINANCIAL IMPLICATIONS

3.1 None.




4.0 MAIN TEXT

4.1 The Public Sector Internal Audit Standards (PSIAS) require that the Chief Internal Auditor reports periodically to the PAC on activity and performance relative to the approved annual plan. We have previously set out that audit work is planned to allow the Chief Internal Auditor to provide the necessary assurances prior to the signing of the accounts.

4.2 The PAC approved the 2023/24 Internal Audit Plan at the September 2023 meeting and progress is set out in Appendix 1.

4.3 The PAC approved the 2024/25 Internal Audit Plan at the September 2024 meeting. Internal audit work undertaken in 2024/25 is also set out in Appendix 1.

4.4 Working with our partners in Dundee City Council, we are committed to ensuring that internal audit assignments are reported to the target PAC. The progress of each audit has been risk assessed and a RAG rating added showing an assessment using the following definitions:

Risk Assessment		Definition
Green		On track or complete
Amber		In progress with minor delay
Red		Not on track (reason to be provided)

4.5 An update on the progress of all the IJB's Internal Audits is shown in Appendix 1. Resources to deliver these audits are provided by NHS Tayside and Dundee City Council Internal Audit Services.

4.6 In order that all parts of the system receive appropriate information on the adequacy and effectiveness of internal controls relevant to them, including controls operated by other bodies which impact on their control environment, an output sharing protocol was developed and approved by all partners' respective Audit and Risk Committees. This protocol covers the need to share internal audit outputs beyond the organisation that commissioned the work, in particular where the outputs are considered relevant for assurance purposes. The following reports are considered relevant and are summarised here for information. It should be noted that the respective Audit and Risk/ Scrutiny Committees of the commissioning bodies are responsible for scrutiny of implementation of actions.

4.7 An External Quality Assessment of FTF Internal Audit will be completed in November / December 2024.

NHS Tayside reports:

No applicable reports currently.

Dundee City Council reports:

No applicable reports currently.

5.0 POLICY IMPLICATIONS

5.1 This report has been subject to the Pre-IIA Screening Tool and does not make any recommendations for change to strategy, policy, procedures, services or funding and so has not been subject to an Integrated Impact Assessment. An appropriate senior manager has reviewed and agreed with this assessment.

6.0 RISK ASSESSMENT

6.1 This report has not been subject to a risk assessment as it is a status update and does not require any policy or financial decisions at this time.

7.0 CONSULTATIONS

7.1 The Acting Chief Finance Officer, Regional Audit Manager, Chief Internal Auditor and the Clerk were consulted in the preparation of this report.




8.0 BACKGROUND PAPERS




8.1 None.






Christine Jones
Acting Chief Finance Officer

Date: 8 November 2024

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Ref	Audit	Indicative Scope	Target Audit Committee & current RAG status	Planning Commenced	Work in Progress	Draft Report	Completed	Grade
2023/24								
D01-24	Audit Planning	Audit Risk Assessment & Operational Planning.	Complete 	✓	✓	✓	✓	N/A
D02-24	Audit Management	Liaison with management, Pre-Audit Committee liaison with Chief Finance Officer, preparation of papers and attendance at PAC.	Ongoing/ May 2024 	✓	✓	✓	✓	N/A
D03-24	Annual Internal Audit Report (2022/23)	CIA annual assurance statement to the IJB and fieldwork to support this.	June 2023 (IJB) 	✓	✓	✓	✓	N/A
D04-24	Governance & Assurance	All actions have now been added to the Ideagen performance management system following completion of the mapping exercise by Internal Audit. Officers across the Partnership have now updated each of the actions uploaded to Ideagen; a full overview of progress across all actions on the Governance Action Plan is on the agenda at the November 2024 PAC meeting.	September 2023 May 2024 September 2024 November 2024	✓	✓	✓	✓	N/A

Ref	Audit	Indicative Scope	Target Audit Committee & current RAG status	Planning Commenced	Work Progress in	Draft Report	Completed	Grade
								
D05-24	Internal Control Evaluation	<p>Holistic assessment of the internal control environment in preparation for production of 2023/24 Annual Internal Audit Report.</p> <p>Follow-up of previous agreed governance actions including Internal Audit recommendations.</p> <p>Incorporated into the Annual Internal Audit report 2023/24 and reported to the June 2024 IJB meeting</p>	<p>Dundee IJB meeting June 2024</p> 	✓	✓	✓	✓	N/A
D06-24	Workforce	<p>Related risk: Staff Resource</p> <p>Scope: coherent, co-ordinated, adequate and effective approach to managing significant workforce risks. Strategic & operational responses across the totality of the workforce, including contracted services and 3rd sector.</p> <p>The initial scope of the audit was adjusted to reflect the updated description and mitigations for the relevant risk, resulting in a delay in starting the audit fieldwork. Audit fieldwork has been completed and a closure meetings was held on 10 October 2024. Draft report to be issued to management week beginning 11 November 2024.</p>	<p>February 2024</p> <p>September 2024</p> <p>November 2024</p> <p>TBC</p> 	✓	✓			
2024/25								
D01-25	Audit Planning	Audit Risk Assessment & Operational Planning.	Complete	✓	✓	✓	✓	N/A

Ref	Audit	Indicative Scope	Target Audit Committee & current RAG status	Planning Commenced	Work in Progress	Draft Report	Completed	Grade
								
D02-25	Audit Management	Liaison with management, Pre-Audit Committee liaison with Chief Finance Officer, preparation of papers and attendance at PAC.	Ongoing/ May 2025 	✓	✓			
D03-25	Internal Control Evaluation	Holistic assessment of the internal control environment in preparation for production of the 2024/25 Annual Report. Follow up of previously agreed governance actions including Internal Audit recommendations.	May 2025 	✓				
D04-25	Annual Report 2024/25	Chief Internal Auditor's annual assurance statement to the IJB with fieldwork to support this.	September 2025 (IJB meeting June 2025) 	✓				
D05-25	Lead Partner Services	Lead Partner Governance and Assurance arrangements	May 2025 	✓				

Ref	Audit	Indicative Scope	Target Audit Committee & current RAG status	Planning Commenced	Work in Progress	Draft Report	Completed	Grade
		Scope to review status of information sharing related to finance / financial outlook / risks / clinical and care governance / activity and strategic planning (Scope still to be finalised)						

PERFORMANCE AND AUDIT COMMITTEE – ATTENDANCES - JANUARY 2024 TO DECEMBER 2024

COMMITTEE MEMBERS - (* - DENOTES VOTING MEMBER – APPOINTED FROM INTEGRATION JOINT BOARD)					
<u>Organisation</u>	<u>Member</u>	<u>Meeting Dates 2024</u>			
		31/01	22/5	25/9	20/11
Dundee City Council (Elected Member)	Ken Lynn **	A/S	✓	✓	
NHS Tayside (Non Executive Member)	Bob Benson				
Dundee City Council (Elected Member)	Dorothy McHugh *	✓	✓	✓	
Dundee City Council (Elected Member)	Siobhan Tolland				
NHS Tayside (Non Executive Member)	Beth Hamilton		✓		
NHS Tayside (Non Executive Member)	David Cheape		✓	✓	
NHS Tayside (Non Executive Member)	Sam Riddell *	✓			
NHS Tayside (Non Executive Member)	Donald McPherson*	✓			
Chief Officer	Vicky Irons	A	A	A	
Chief Finance Officer/Acting Chief Officer	Dave Berry	✓	✓	✓	
Acting Chief Finance Officer	Christine Jones		✓	✓	
NHS Tayside (Registered Medical Practitioner – not providing primary medical services)	Sanjay Pillai		✓	A	
NHS Tayside (Registered Medical Practitioner – not providing primary medical services)	James Cotton	A			
Dundee City Council (Chief Social Work Officer)	Diane McCulloch	✓			
NHS Tayside (Staff Partnership Representative)	Raymond Marshall	A	A	A	
Carers' Representative	Martyn Sloan	✓	✓	A	
Chief Internal Auditor ***	Jocelyn Lyall	✓	✓	A/S	

✓ Attended

A Submitted apologies

A/S Submitted apologies and was substituted

No longer a member and has been replaced / was not a member at the time

* Denotes Voting Members

** Denotes Office Bearer. Periods of appointment are on fixed terms in accordance with legislation.

*** The Chief Internal Auditor is a member of the Committee and is not a member of the Integration Joint Board.

**** Audit Scotland are not formal members of the Committee and are invited to attend at least one meeting of the Committee a year.

(Note: First meeting of the Committee was held on 17th January, 2017).

(Note: Membership are all members of the Integration Joint Board (only exceptions are Chief Internal Auditor and Audit Scotland).

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