

TO: ALL MEMBERS, ELECTED MEMBERS
AND OFFICER REPRESENTATIVES OF
THE DUNDEE CITY HEALTH AND
SOCIAL CARE INTEGRATION JOINT
BOARD
(Please see distribution list)

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

City Chambers
DUNDEE
DD1 3BY

18th December, 2018

Dear Sir or Madam

DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD

I refer to the agenda of business issued in relation to the meeting of the Integration Joint Board to be held on Tuesday, 18th December 2018 and now enclose the undernoted item of business which should be read as a replacement for the report issued.

Yours faithfully

DAVID W LYNCH

Chief Officer

AGENDA

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(Report No DIJB66-2018 by the Chief Officer, copy attached).

DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD
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Elected Member	Councillor Roisin Smith *
Elected Member	Bailie Helen Wright *
Non Executive Member	Jenny Alexander *
Non Executive Member	Dr Norman Pratt *
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Chief Officer	David W Lynch
Chief Finance Officer	Dave Berry
Registered medical practitioner (whose name is included in the list of primary medical services performers)	Dr Frank Weber
Registered nurse	Sarah Dickie
Registered medical practitioner (not providing primary medical services)	Dr Cesar Rodriguez
Staff Partnership Representative	Raymond Marshall
Trade Union Representative	Jim McFarlane
Third Sector Representative	Christine Lowden
Service User residing in the area of the local authority	Linda Gray
Person providing unpaid care in the area of the local authority	Martyn Sloan
Director of Public Health	Dr Drew Walker

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NHS Tayside (Communications rep)	Jane Duncan
NHS Tayside (PA to Director of Public Health)	Linda Rodger
NHS Fife (Internal Audit) (Principal Auditor)	Judith Triebs
Audit Scotland (Senior Audit Manager)	Bruce Crosbie



REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD -
18 DECEMBER 2018

REPORT ON: SUBSTANCE MISUSE REDESIGN UPDATE

REPORT BY: CHIEF OFFICER

REPORT NO: DIJB66-2018

1.0 PURPOSE OF REPORT

1.1 To provide information about the redesign of substance misuse services and seek approval to release Dundee Alcohol and Drug Partnership resources carried forward from previous financial years held by Dundee Integration Joint Board to progress the proposed Dundee Alcohol and Drug Partnership (ADP) Investment Plan.

2.0 RECOMMENDATIONS

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

2.1 Notes the content of the report and approves the Substance Misuse Redesign Programme Implementation Plan (attached as Appendix 1).

2.2 Notes that the intentions within the Substance Misuse Redesign Programme and the proposed ADP Investment Plan support the delivery of the Dundee Health and Social Care Strategic and Commissioning Plan 2016 – 2021 as described in 4.1.6 and the Substance Misuse Strategic Commissioning Plan 2018 - 2021.

2.3 Approves the release of ADP resources carried forward from previous years and held by Dundee Integration Joint Board in order to implement the proposed ADP Investment Plan agreed by the Dundee ADP on 22 November 2018 (attached as Appendix 2).

2.3 Requests a report on progress with the Redesign Programme in 12 Months.

3.0 FINANCIAL IMPLICATIONS

3.1 The redesign is funded through a reconfiguration of resources available to the Health and Social Care Partnership and Alcohol and Drug Partnership as part of Dundee Integration Joint Boards delegated budget. An Investment Plan for use of Scottish Government funding was approved at Dundee Integration Joint Board on 30 October 2018.

3.2 During 2018/19, NHS Tayside transferred carry forward funding from historical underspends associated with the ADP to Dundee Integration Joint Board to the value of £378,000. The Dundee ADP Investment Plan as set out in Appendix 2 proposes to use £174,612 of this funding with an additional sum of approximately £100,000 already set aside to cover costs associated with the Dundee Drugs Commission and Drug Deaths Research. This leaves a balance of approximately £103,000 to support the Integration Joint Board's overall financial position for 2018/19.

4.0 MAIN TEXT

4.1 Background to Substance Misuse Redesign

- 4.1.1 It is our ambition that citizens of Dundee will have access to the information and support that they need to live a fulfilled life and recover. In addition, that we intervene early to prevent a negative impact of substance use on citizens of Dundee, children, families, carers and communities. We know that, in Dundee that we have a range of actions to take to deliver upon this ambition.
- 4.1.2 Upon transfer of responsibilities for Substance Misuse Services to the Health and Social Care Partnership in 2017, an evaluation of the performance, risks and operating model took place using learning from a range of activity which included user and stakeholder feedback, Local Adverse Event Reviews, Clinical Care and Professional Governance, National Standards and Guidance, current performance and a range of local and national drivers for change.
- 4.1.3 A summary of risks and improvement themes were subsequently reported to the Dundee Health and Social Care Partnership Clinical, Care and Professional Governance Group and the Performance and Audit Committee throughout 2017 and 2018.
- 4.1.4 The evaluation informed a redesign programme which was subsequently presented to and discussed at a number of forums during the period 2017 to 2018 which includes the ADP, Substance Misuse, Homelessness, Suicide Prevention and Carers Strategic Planning Groups, and the Dundee Drugs Commission.
- 4.1.5 There is an expectation that ADP and IJB will work closely together to deliver services for those affected by substance use. This includes the directing of ADP funding through NHS Boards to Integrated Authorities for distribution to ADP's. While ADP's continue to provide strategic leadership, IJB's will hold a governance role in relation to the use of available resources.
- 4.1.6 The redesign work reflected within both the Substance Misuse Redesign Programme Implementation Plan and the ADP Underspend Investment Plan, are in keeping with the strategic intentions described within Dundee Health and Social Care Strategic and Commissioning Plan 2016 – 2021. (Priority 1 - Health Inequalities: prioritise resources towards the implementation of the Dundee Partnership Alcohol and Drug Strategy). It will also progress the strategic actions aligned to the Substance Misuse Strategic Commissioning Plan 2018 – 2021.

5.0 SUBSTANCE MISUSE REDESIGN

5.1 Aim and Principles of the Substance Misuse Redesign

- 5.1.1 In support of our ambition that citizens of Dundee will have access to the information and support that they need to live a fulfilled life and recover, we aim to:
- Enable citizens of Dundee to improve their wellbeing, quality of life, independence and recover.
 - Contribute to a reduction in admission and readmission to hospital.
 - Promote early intervention, prevention, independent living and reduction in health inequalities.
 - Identify and support Unpaid Carers and family members.
 - Protect children and adults from harm by ensuring effective arrangements in place to identify, escalate and respond to concerns.
 - Build capacity to achieve our aims.

5.1.2 The redesign is supported through use of six principles to inform the development of a new model of working. These are that a new operating model for Substance Misuse Services should be:

- Based in localities across Dundee and available over 7 days and at evenings to improve accessibility, reduce inequalities and support people in employment.
- Holistic, person centred and focused on enabling people to recover, achieve their personal outcomes and be protected from harm. This includes proactively engaging with individuals to support their recovery.
- Underpinned by excellent governance arrangements so that an assurance is provided regarding the quality, safety and effectiveness of the advice, support, treatment and information provided.
- Implemented collaboratively so that people experience well-coordinated support which is integrated from their perspective.
- Organised from a single referral point in localities using integrated documentation so that we make effective use of resources available to support recovery and protect people from harm.
- Responsive to Carers and family members, so that Carers and family members receive the support they need to continue in the caring role.

5.2 Redesign Programme

5.2.1 The substance misuse redesign programme interlinks with a number of change programmes across the Health and Social Care Partnership, NHS Tayside, Dundee City Council and the City. To support effective delivery and development of partnership arrangements the redesign is implemented through four key projects:

- | | |
|-----------|---|
| Project 1 | Recovery, Health and Wellbeing (Developing a Recovery Orientated System of Care which enables Citizens to improve their wellbeing, quality of life, independence and recover) |
| Project 2 | Discharge Management and Unscheduled Care (Reducing Admission and Readmission to Hospital) |
| Project 3 | Integrated Governance and Infrastructure (Developing a Shared Learning Culture and Infrastructure which enables Sustainable Change) |
| Project 4 | Positive Communications (Promoting Recovery and Reducing Stigma Associated With Substance Misuse) |

5.2.2 A redesign plan articulates the actions identified for each project. The plan is a dynamic plan and will be updated based on ongoing self-evaluation, learning and feedback. It is aimed that this approach will support and foster collaboration and an ongoing learning and improvement culture to the delivery of substance misuse services. The Plan is attached at Appendix 1.

5.3 Progress with the Redesign

5.3.1 Over the past year, the focus has been on establishing the organisational and cultural conditions that will support and enable implementation of the redesign programme. This has included:

- Strengthening leadership capacity through development of integrated leadership roles and reconfiguring previously separate health and social care teams into four integrated locality teams. These will be fully implemented over next 6 months.
- Developing an integrated health, social care and third sector locality operating model which supports multi-disciplinary working and enables delivery of a recovery orientated service across all localities of Dundee. Over the next year this will be further developed through use of a public sector partnership with third sector to enable the model to be coproduced.

- A review of options to achieve Scottish Government Waiting Times Targets. This led to the initiation of weekly huddles and implementation of the Direct Access Service.
- Integrated workforce planning in order to build our multi-disciplinary workforce capacity to meet demand and to be able to deliver a recovery orientated service.
- Transfer of Tayside Substance Misuse Liaison Service to the Dundee Integrated Discharge Hub. This aims to improve pathways and support for people with complex needs who are in acute hospital environments.
- Development of multi-disciplinary risk management approaches with colleagues across third, independent and statutory services. This will be consolidated through monthly meetings and development of a multi-agency working with risk guidance over the next year.

5.3.2 The priorities over the next year are to establish integrated health, social care and third sector locality teams and develop pathways and models which facilitate access to right support at right time. Monitoring of progress of the redesign will continue to be undertaken through a Finance, Performance and Commissioning Group with regular updates provided to the ADP and IJB.

5.4 Costs Associated with the Redesign

5.4.1 The redesign is funded through a reconfiguration of resources available to the Health and Social Care Partnership and ADP.

5.4.2 It has been supported through the Scottish Government Investment Plan approved at Dundee IJB on 30 October 2018. This investment plan builds capacity across health, social care and third sector services to develop a recovery orientated system of care.

5.4.3 In addition to this a proposed Dundee ADP Underspend Investment Plan was agreed at the ADP on the 22 November 2018. This further Investment Plan builds capacity through a number of community based organisations to develop a recovery orientated system of care. The Investment Plan is attached at Appendix 2. The IJB is asked to agree the release of ADP underspend monies in order to implement the plan.

5.5 Summary and Conclusion

5.5.1 A redesign of substance misuse services has been implemented to support our ambition that people using substance misuse services will have access to the information and support that they need to live a fulfilled life and recover.

5.5.2 Over the past year, the focus has been on establishing the organisational and cultural conditions that will support the redesign. This has included strengthening leadership and development of multi-disciplinary working. The focus for 2019 – 2020 will be to further implement the redesign programme and investment plans to collaboratively develop a recovery orientated system of care.

6.0 POLICY IMPLICATIONS

6.1 This report has been screened for any policy implications in respect of Equality Impact Assessment and Risk Management. There are no major issues.

7.0 RISK ASSESSMENT

Risk 1 Description	There is a risk that current funding will be insufficient to undertake the redesign
Risk Category	Financial
Inherent Risk Level	Likelihood 3 x Impact 4 = Risk Scoring 12 (which is High Risk Level)
Mitigating Actions (including timescales and resources)	Securing multi-agency agreement on the actions required in line with the Dundee Substance Misuse Strategic Plan.
Residual Risk Level	Likelihood 3 x Impact 3 = Risk Scoring 9 (which is a High Risk Level)
Planned Risk Level	Likelihood 2 x Impact 3 = Risk Scoring 6 (which is a Moderate Risk Level)
Approval recommendation	Given the risk mitigation actions in place the risk is deemed to be manageable and should be accepted.

8.0 CONSULTATIONS

The Chief Finance Officer and the Clerk were consulted in the preparation of this report.

9.0 DIRECTIONS

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	x

David W Lynch
Chief Officer

DATE: 5 December 2018

Alexis Chappell
Locality Manager



DIRECTION FROM THE DUNDEE CITY INTEGRATION JOINT BOARD

1	Reference	DIJB66-2018
2	Date Direction issued by Integration Joint Board	18 December 2018
3	Date from which direction takes effect	18 December 2018
4	Direction to:	Dundee City Council and NHS Tayside
5	Does this direction supersede, amend or cancel a previous direction – if yes, include the reference number(s)	No
6	Functions covered by direction	Substance Misuse Services Investment Plan and substance misuse services impacted by service redesign.
7	Full text of direction	<p>Dundee City Council is directed to enter in to contractual arrangements with all relevant service providers as per the Substance Misuse Services Investment Plan for the provision of those services and to redesign council substance misuse services in line with the recommendations set out in this report.</p> <p>NHS Tayside is directed to redesign NHS substance misuse services in line with the recommendations set out in this report.</p>
8	Budget allocated by Integration Joint Board to carry out direction	Dundee City Council - £174,612 in addition to current allocated resources, NHS Tayside – within current allocated resources.
9	Performance monitoring arrangements	Through the financial and service performance monitoring and workforce planning review arrangements to Dundee Integration Joint Board.
10	Date direction will be reviewed	March 2020

DUNDEE SUBSTANCE MISUSE PARTNERSHIP

REDESIGN ACTION PLAN

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Introduction

Welcome to the Dundee Substance Misuse Redesign Action Plan.

The purpose of this Redesign Action Plan is to set out how Citizens of Dundee are enabled to have the information, advice and support they need to recover and live a healthy and fulfilled life. This plan is a dynamic plan and will be updated based on ongoing self-evaluation, learning and feedback. It is aimed that this approach will support and foster collaboration and an ongoing learning and improvement culture to the delivery of substance misuse services.

The redesign of substance misuse services is a response to a number of drivers for change which highlighted that our current approach needs to change. These drivers include:

- Feedback from citizens of Dundee, workforce and stakeholders.
- Integration of health and social care
- The priorities identified within Dundee IJB Strategic Commissioning Plan, Substance Misuse Strategic Commissioning Plan,
- ADP Review Programme, GIRFEC Improvement Programme, Local Outcome Improvement Plan, Dundee Fairness Commission, Community Justice and Community Safety Programme, Mental Health Redesign and Homelessness Transformation programme, Discharge Management and Unscheduled Care Transformation Programme, Primary Care Transformation Programme.
- Carers (Scotland) Act 2016 and Carers Strategic Plan
- Learning from review of Local Adverse Event Reviews and significant incidents

Due to this, the redesign is a complex project which interlinks with a number of change programmes across the Health and Social Care Partnership, NHS Tayside, Dundee City Council and the City. To support effective delivery of the redesign programme and development of partnership arrangements the redesign is implemented through four key projects.

- Recovery, Health and Wellbeing
- Discharge Management and Unscheduled Care
- Integrated Governance and Infrastructure
- Positive Communications

Our Vision

Citizens of Dundee are enabled to have the information, advice and support they need to live a healthy and fulfilled life.

Our Aims

In support of this ambition, we aim to:

- Enable citizens of Dundee to improve their wellbeing, quality of life, independence and recover.
- Contribute to a reduction in admission and readmission to hospital.
- Promote early intervention, prevention, independent living and reduction in health inequalities.
- Identify and support Unpaid Carers and family members.
- Protect children and adults from harm by ensuring effective arrangements in place to identify, escalate and respond to concerns.
- Building capacity to achieve our aims.

Our Approach

To support our approach to improving outcomes for citizens of Dundee we have adopted a set of guiding principles to support enables shared decision making and actions.



No.	Action				Strategic Reference	Progress
Project 1 - Recovery, Health and Wellbeing (Developing a Recovery Orientated System of Care which enables Citizens to improve their wellbeing, quality of life, independence and recover)						
<i>Project Outcomes – Citizens of Dundee are able to improve their wellbeing, quality of life, independence and recover; Protect children and adults from harm by ensuring effective arrangements in place to identify, escalate and respond to concerns; Carers are Supported; promote early intervention, prevention, independent living and reduction in health inequalities</i>						
1.1	Implement Interim Risk Management to mitigate risks identified in relation to capacity and demand, leadership capacity and ability of the service to mitigate risks.	Locality Manager & Integrated Managers Substance Misuse	Ongoing until redesign completed	Additional Nursing and Social Work Resource funded temporarily within budget.	<ul style="list-style-type: none"> • National Health & Wellbeing Outcome 2,3,4,5,6,7,8 and 9. • ADP SPG Recovery Priority - Recovery 	
1.2	Development and implementation of Tier 3 and 4 integrated locality health and social care organisational structure and teams which can be accessed in localities across Dundee. This includes implementation of: <ul style="list-style-type: none"> • Integrated accommodation and infrastructure. • Integrated workforce and organisational development plan. • Integrated approaches to service governance. 	Locality Manager & Integrated Managers Substance Misuse Clinical Leads Pharmacy Leads Psychology Leads Staffside and DCC Unions Nursing and Social Work Professional Leads DVA Learning and Development	By June 2020	Project Management Support Within reconfiguration of current resources.	<ul style="list-style-type: none"> • DHSCP Priorities – Building Capacity, Health Inequalities, Localities, Models of Support • DHSCP – Integrated Workforce Strategy, Accommodation Strategy. • NHS Tayside and DCC Organisational Change Policies. • LAERS Thematic Review 	
1.3	Development and implementation of a Tier 2 Third Sector Substance Misuse Service who can work in localities across Dundee alongside the Tier 3 Service and an associated workforce development programme.	Locality Manager DVA Chief Executive Third Sector Leads ADP Lead Officer Contracts and commissioning	By October 2019	Project Management Within reconfiguration of current resources.	<ul style="list-style-type: none"> • National Health & Wellbeing Outcome 2,3,4,5,6,7,8 and 9. • ADP SPG Recovery Priority - Recovery 	

No.	Action				Strategic Reference	Progress
1.4	Development and implementation of a Tier 3 Third Sector service linked to the development of housing first model, lead professional's model, rapid rehousing and substance misuse redesign.	Housing Options and Homelessness Partnership/ Locality Manager Delivery Sub Group	By March 2020	Project Management Within reconfiguration of current resources.	<ul style="list-style-type: none"> • DHSCP Priorities – Building Capacity, Health Inequalities, Localities, Models of Support 	
1.5	Development and implementation of effective joint working arrangements between community & inpatient mental health and substance misuse services.	Locality Managers and Integrated Managers Substance Misuse and Mental Health Clinical Leads Clinicians	By March 2021	Project Management Resource funded via Mental Health Section 15 monies	<ul style="list-style-type: none"> • Homelessness Strategic Plan • DHSCP – Integrated Workforce Strategy, Accommodation Strategy. • NHS Tayside and DCC Organisational Change Policies. • LAERS/ SCEA/ DATIX Thematic Review 	
1.6	Implement a range of treatment choices which enable people to recover.	Clinical Leads, Integrated Manager (Nursing)	By March 2020	Clinical Resource	<ul style="list-style-type: none"> • National Health & Wellbeing Outcome 2,3,4,5,6,7,8 and 9. 	
1.7	Implement a range of psychological interventions which can promote recovery in line with Scottish Government Guidance across health, social care and third sector.	Psychology Leads ADP Lead Officer	By March 2021	Within current resource.	<ul style="list-style-type: none"> • UK and Tayside Clinical Guidelines • ADP SPG Recovery Priority - Recovery 	
1.8	Implement Pharmacy programme which supports move to locality working.	Lead Pharmacist Substance Misuse	By March 2020	Within Current Resources	<ul style="list-style-type: none"> • DHSCP Priorities – Building Capacity, Health Inequalities, Localities, Models of Support • Homelessness , Suicide Prevention Strategic Plan 	

No.	Action				Strategic Reference	Progress
					<ul style="list-style-type: none"> • DHSCP – Integrated Workforce Strategy, Accommodation Strategy. • NHS Tayside and DCC Organisational Change Policies. • LAERS/ SCEA/ DATIX Thematic Review 	
1.9	<p>Development and implementation of well-coordinated and effective support in localities across Dundee with integrated pathways through services that promote safety, health, wellbeing and enable people to achieve their personal goals. This includes implementation of:</p> <ul style="list-style-type: none"> • Effective pathways with C & F, Prisons, Community Justice, Police, Primary Care, Homelessness, Sexual Health, Third Sector. • Health, social care and third sector MDT's in localities across Dundee. • Effective multi-agency arrangements for supporting and protecting adults, children and women at risk of harm. • Effective MDT overdose prevention pathways. • Approaches to reducing harm caused by alcohol and drugs across all localities of Dundee 	Integrated Managers Substance Misuse Third Sector Representatives Working with Risk Steering Group	By March 2020	Project Management Resource Within reconfiguration of current resources	<ul style="list-style-type: none"> • National Health & Wellbeing Outcome 2,3,4,5,6,7,8 and 9. • UK and Tayside Clinical Guidelines • Adult Protection Guidance • Personalisation Guidance • ADP SPG Recovery Priority - Recovery • DHSCP Priorities – Building Capacity, Health Inequalities, Localities, Models of Support • Homelessness , Suicide Prevention, Community Justice Strategic Plans • DHSCP – Integrated Workforce Strategy, Accommodation Strategy. 	

No.	Action				Strategic Reference	Progress
					<ul style="list-style-type: none"> • NHS Tayside and DCC Organisational Change Policies. • LAERS/ SCEA/ DATIX Thematic Review 	
1.10	Implement personalisation and increase support options available via self-directed support in order to increase recovery options available to service users.	Locality Manager Integrated Managers Snr Officer Strategy	By March 2020	Project Management Resource Within current resources	<ul style="list-style-type: none"> • National Health & Wellbeing Outcome 2,3,4,5,6,7,8 and 9. • UK and Tayside Clinical Guidelines 	
1.11	Implement multi-agency approaches and guidance to working with risk where statutory test does not apply. This includes implementation of lead professionals model and effective multi-agency arrangements for supporting and protecting adults, children and women at risk of harm	Partnership between Suicide Prevention/ Housing Options and Homelessness SPG/ Finance Performance and Commissioning Group/ Locality Managers Snr Officer Strategy	By March 2019	Snr Officer Support	<ul style="list-style-type: none"> • Personalisation Guidance • Lead Professional Guidance • ADP SPG Recovery Priority - Recovery • DHSCP Priorities – Building Capacity, Health Inequalities, Localities, Models of Support • Homelessness , Suicide Prevention Strategic Plan • DHSCP – Integrated Workforce Strategy, Accommodation Strategy. • NHS Tayside and DCC Organisational Change Policies. • LAERS/ SCEA/ DATIX Thematic Review 	

No.	Action				Strategic Reference	Progress
1.12	<p>Further develop our supports to Carers and family members affected by drugs and alcohol. This includes:</p> <ul style="list-style-type: none"> • Development of locality based informal support • Implementation of Carers (S) Act 2016 • Personalised support which enabled Young and Adult Carers to achieve their outcomes. 	Dundee Carers Partnership	By 2020	<p>Within Current Resources</p> <p>Investment Plan agreed via Dundee Carers Partnership</p>	<ul style="list-style-type: none"> • National Health & Wellbeing Outcome 2,3,4,5,6,7,8 and 9. • Dundee Carers Partnership Strategic Plan • Carers (S) Act 2016 	

No.	Action				Strategic Reference	Progress
Project 2 – Discharge Management and Unscheduled Care (Reducing Admission and Readmission to Hospital)						
<i>Project Outcome – Reduction in admission and readmission to hospital; Protect children and adults from harm by ensuring effective arrangements in place to identify, escalate and respond to concerns; Carers are Supported; Promote early intervention, prevention, independent living and reduction in health inequalities</i>						
2.1	Development and implementation of effective discharge management and liaison arrangements, pathways and model of working to enable people who use substances and/ or who have a multiple health and support needs to return home from hospital when they are well and reduce risk of readmission.	Integrated Manager Discharge Management Multi-agency group	By December 2020	Within current resources	National Health & Wellbeing Outcome 2,3,4,5,6,7,8 and 9. ADP SPG Recovery Priority - Recovery Unscheduled Care Board/ Unscheduled Care Transformation	
2.2	Integration of Tayside Alcohol and Drug Liaison, Tayside POA and the Integrated Discharge Hub.	Integrated Manager Discharge Management	By December 2019	Within current resources	Home & Hospital Transition Group DHSCP Commissioning Plan - Moving Assessment into the community	
2.3	Further develop resources such as step up/ step down to support prevention of admission and readmission to hospital.	Integrated Manager Discharge Management	By December 2019	Within current resources		

No.	Action			Strategic Reference	Progress
Project 3 – Integrated Governance and Infrastructure (Developing a Shared Learning Culture and Infrastructure which enables Sustainable Change)					
Outcomes – Citizens of Dundee are able to improve their wellbeing, quality of life, independence and recover; Protect children and adults from harm by ensuring effective arrangements in place to identify, escalate and respond to concerns; Carers are Supported.					
3.1	Development and implementation of and Integrated Balanced Scorecard to enable a focus on continuous improvement across substance misuse services.	Tayside ADP Officer, Tayside ADP Information Analyst	By December 2018	Within Current Resources	<ul style="list-style-type: none"> • Health and Social Care Standards • NICE Guidelines • Duty of Candour • GDPR • ADP Governance
3.2	Development and implementation of a financial governance framework which includes: <ul style="list-style-type: none"> • Integrated Budget Statement • Ongoing Review and Monitoring Of That Statement. • Decision Making Governance 	Finance, Performance and Commissioning Group HSCP Accountant Tayside ADP Officer	By December 2018	Within current resources	
3.3	Development and implementation of an integrated operational risk management model which includes: <ul style="list-style-type: none"> • Integrated risk register. • Review of the register • Development of risk management and risk mitigation actions via locality multi-disciplinary meetings and reporting. 	Integrated Managers Substance Misuse and Homelessness Third Sector Leads HSCP Commissioning and Contracts	By December 2018	Project Management Resource Within current resources	
3.4	Development and implementation of a single self-evaluation document which brings learning from range of reports into one document and makes recommendation for improvement.	Tayside ADP Officer	By December 2018	Within current resources	

No.	Action			Strategic Reference	Progress
3.5	<p>Development and implementation of a shared approach to continuous improvement and learning through:</p> <ul style="list-style-type: none"> • Review of data from balanced scorecard, self-evaluation and waiting times. • Review of benchmarking and learning from other areas. • Review of new guidance and policy direction. • Review of progress in implementing health and social care standards • Development of shared responses to learning and improvement activity identified through review of data. 	<p>Integrated Managers Substance Misuse and Homelessness Third Sector Leads HSCP Commissioning and Contracts</p> <p>Supported by Tayside ADP Officer</p>	By March 2019	Within current resources	
3.6	<p>Ensure effective implementation of health and social care standards and protection of children and adults across health, social care and third sector services</p>	<p>Integrated Managers Substance Misuse and Homelessness Third Sector Leads HSCP Commissioning and Contracts</p> <p>Supported by Tayside ADP Officer</p>	By June 2019	Within current resources	
3.7	<p>Confirm accountability for substance misuse services.</p>	<p>ADP/ HSCP/ Locality Manager</p>	By April 2019	Within Current resources	

No.	Action				Strategic Reference	Progress
3.8	Develop and Implement a learning and workforce development programme which provides information and learning in relation to Clinical Guidelines, Health And Social Care Standards & Personalisation as applied to substance misuse across health, social care and third sector.	PP Team/ Lead Pharmacist/ DVA Learning and Development	By June 2019	Within current resources		
3.9	Undertake national, local and international benchmarking and review on a regular basis and bring recommendations for learning to the Financing, Performance and Commissioning Group to inform continuous improvement of service delivery in Dundee.	Tayside ADP Lead Officer, Tayside Intelligence Analyst	By January 2019	Within current resources		
3.10	Develop and implement information sharing protocols which enable effective information sharing across substance misuse services and key partners.	Tayside ADP Lead Officer, HSCP Snr Manager Data Protection	By June 2019	Within current resources		

No.	Action				Strategic Reference	Progress
Project 4 – Positive Communications (Promoting Recovery and Reducing Stigma Associated With Substance Misuse)						
4.1	Development and implementation of communications plan and programmes in order to provide positive information about substance misuse services and to reduce stigma.	DVA/ Protecting People Communications/ DHSCP Communications	By October 2019	Within current resources	<ul style="list-style-type: none"> • National Health & Wellbeing Outcome 2,3,4,5,6,7,8 and 9. • ADP SPG Recovery Priority - Recovery 	
4.2	Development and implementation of a website which provides information about substance misuse, suicide prevention and homelessness.	Partnership between Suicide Prevention and Homelessness SPG/ TEC Lead/ FPCG	By October 2019	Within Current Resources Project Management	<ul style="list-style-type: none"> • DHSCP Priorities – Building Capacity, Health Inequalities, Localities, Models of Support • Homelessness , Suicide Prevention Strategic Plan 	
4.3	Development and implementation of digital Recovery stories as a means of promoting recovery across Dundee.	Partnership between Suicide Prevention and Homelessness SPG/ TEC Lead/ FPCG	By October 2019	Project Management		

DUNDEE ADP & IJB, November 2018

ADDITIONAL INVESTMENT IN SERVICES TO REDUCE PROBLEM DRUG AND ALCOHOL USE: Underspend funding allocated to Dundee ADP

2018-19 INVESTMENT PLAN AND REPORTING TEMPLATE

Investment area	Key Challenges	Proposal & Intended Outcomes	Anticipated Investment	Anticipated Investment Measure Progress
Recovery Hill Walking Group	<ul style="list-style-type: none"> Supporting individuals to progress with their recovery Ensure individuals with lived experience contribute to shaping the ROSC in Dundee Ensure enough support is available for individuals at every stage of their recovery 	Develop infrastructure for joint working Develop and maintain multi-agency working Individuals better supported to progress with their recovery Individuals better supported to progress with their recovery	£18,000 over 2 years. One off allocation in year one	<ul style="list-style-type: none"> Involvement of individuals with lived experience in the design, delivery and monitoring of the ROSC in Dundee. Improvement engagement and retention with the ROSC. Individuals in Dundee recover from substance misuse and are able to lead ordinary lives. Local and National Partnership arrangements developed which enables effective implementation of and sustainability of the project. Sustainable provision of recovery support across all localities of Dundee.
Revive Dundee Community Coaching	<ul style="list-style-type: none"> Supporting individuals to progress with their recovery Ensure individuals with lived experience contribute to shaping the ROSC in Dundee Ensure enough support is available for individuals at every stage of their recovery 	Develop infrastructure for charitable status Develop infrastructure for joint working Develop and maintain multi-agency working Individuals better supported to progress with their recovery	Agreement in Principle to £6,112 (additional £500 to help develop governance) over 1 year subject to confirmation of Governance Arrangements (including a PVG for working with vulnerable adults).	<ul style="list-style-type: none"> Involvement of individuals with lived experience in the design, delivery and monitoring of the ROSC in Dundee. Individuals in Dundee recover from substance misuse and are able to lead ordinary lives. Governance arrangements developed in line with DVA Good Governance Award and Charitable status. Local and National Partnership arrangements developed which enables effective implementation of and sustainability of the project. Sustainable provision of recovery support across all localities of Dundee.

Investment area	Key Challenges	Proposal & Intended Outcomes	Anticipated Investment	Anticipated Investment Measure Progress
			One off allocation in year one	
Recovery Friendly Dundee	<ul style="list-style-type: none"> • Supporting individuals to progress with their recovery • Ensure individuals with lived experience and communities across contribute to shaping the ROSC in Dundee and redesign of substance misuse services. • Ensure enough support is available for individuals at every stage of their recovery 	<p>Develop infrastructure for joint working Develop and maintain multi-agency working Individuals better supported to progress with their recovery</p>	£25,000 over 1 year. One off allocation in year one	<ul style="list-style-type: none"> • Involvement of individuals and communities with lived experience in the design, delivery and monitoring of the ROSC and redesign of substance misuse services in Dundee. • Individuals in Dundee recover from substance misuse and are able to lead ordinary lives. • Coproduction of website and recovery information as a partnership with key partners across HSCP and third sector. • Coproduction of a Dundee recovery charter and brand which promotes recovery and reduces stigmatisation. • Local and National Partnership arrangements developed which enables effective implementation of and sustainability of the project. • Sustainable provision of recovery support across all localities of Dundee. • Completion of learning and development on recovery and clinical decision making to inform project development.

Investment area	Key Challenges	Proposal & Intended Outcomes	Anticipated Investment	Anticipated Investment Measure Progress
WRASAC - Improving Responses to vulnerable women	<ul style="list-style-type: none"> Vulnerable women are at increased risk of drug deaths Women affected by domestic abuse and substance misuse struggle to access and engage with services 	Develop and maintain multi-agency working so that Women are better supported to progress with their recovery and are safer.	£50,000 over 18 months. One off allocation in year one	<ul style="list-style-type: none"> Individuals are supported to progress with their recovery from drug and alcohol misuse in a ROSC Vulnerable Women in Dundee will be better supported. The principles of Safe & Together will be embedded with in practice. Improvement engagement and retention with the ROSC Effective response to non-Fatal overdoses. Local and National Partnership arrangements developed which enables effective implementation of and sustainability of the project. Completion of learning and development on recovery and clinical decision making to inform project development.
Fintry Family Support Service	<ul style="list-style-type: none"> Families affected by substance misuse struggle to function Supporting the whole family together (rather than separate support to children and adults) Children living within families affected by substance misuse need to have the best support to achieve their full potential. 	Develop infrastructure for joint working Develop and maintain multi-agency working Individuals better supported to progress with their recovery Children and young people are Safer	£45,000 over 3 years. One off allocation in year one with review after 1 st year.	<ul style="list-style-type: none"> Increased support to individuals and families Vulnerable families in Dundee will be better supported through a whole-family approach to supporting children and parents affected by substance misuse. Children and young people will be safer. Effective response to non-Fatal overdoses. Improved engagement and retention with the ROSC Local Partnership arrangements developed which enables effective implementation of and sustainability of the project across all localities of Dundee. Sustainable provision of support across all localities of Dundee.

Investment area	Key Challenges	Proposal & Intended Outcomes	Anticipated Investment	Anticipated Investment Measure Progress
Recover Tay	<ul style="list-style-type: none"> Supporting individuals to progress with their recovery Ensure individuals with lived experience and communities across contribute to shaping the ROSC in Dundee and redesign of substance misuse services. Ensure enough support is available for individuals at every stage of their recovery 	Develop infrastructure for charitable status Develop infrastructure for joint working Develop and maintain multi-agency working Individuals better supported to progress with their recovery	£10,500 over 1 year. (Additional £500 to help develop governance) over 1 year subject to confirmation of Governance Arrangements (including a PVG for working with vulnerable adults). One off allocation in year one	<ul style="list-style-type: none"> Involvement of individuals with lived experience in the design, delivery and monitoring of the ROSC in Dundee. Individuals in Dundee recover from substance misuse and are able to lead ordinary lives. Governance arrangements developed in line with DVA Good Governance Award and Charitable status. Local and National Partnership arrangements developed which enables effective implementation of and sustainability of the project. Sustainable provision of recovery support across all localities of Dundee.
Dundee Hubs Evaluation	<ul style="list-style-type: none"> Development of an understanding of impact of the Dundee Hubs. Development of shared approaches across services in Dundee towards locality working, particularly for people who do not engage with services. 	Undertake mini competition Develop infrastructure for joint working Develop and maintain multi-agency working Individuals better supported to progress with their recovery TOTAL	£20,000 £174,612	<ul style="list-style-type: none"> Local and National Partnership arrangements developed which enables effective implementation of and sustainability of the project. Steering Group implemented which consists of third sector, statutory and support services and oversees the evaluation. Recommendations made to the Finance & Commissioning group (as the group leading on the redesign) to support implementation of the redesign of services. Recommendations made which considers how the hubs links to and develop informal community based support in localities across Dundee which includes joint working with local GP's, pharmacies, schools, libraries and community centres.

Investment area	Key Challenges	Proposal & Intended Outcomes	Anticipated Investment	Anticipated Investment Measure Progress
<p>Additional points agreed:</p> <ul style="list-style-type: none"> • All individuals delivering training and / or support require to undergo a PVG for working with vulnerable adults • Service Level Agreements will be developed with respect to each allocation (including statutory and Third sector organisations). • All the organisations awarded funding will be expected to embed key standards and principles, governing the practice and culture of their work, which includes health and social care standards and policies and practices which protect children and adults, including vulnerable women. • All organisations will be expected to introduce a gender-perspective to ensure specific and appropriate support is available to vulnerable women which promotes recovery and safeguards their welfare. • All organisations will be expected to identify and offer support, which includes signposting to relevant organisations, to carers and family members affected by substance misuse so that Carers and family members are supported. • All organisations will be expected to support and contribute to the redesign of substance misuse services in Dundee. 				

TO: ALL MEMBERS, ELECTED MEMBERS
AND OFFICER REPRESENTATIVES OF
THE DUNDEE CITY HEALTH AND
SOCIAL CARE INTEGRATION JOINT
BOARD
(Please see distribution list)

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

City Chambers
DUNDEE
DD1 3BY

18th December, 2018

Dear Sir or Madam

DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD

I refer to the agenda of business issued in relation to the meeting of the Integration Joint Board to be held on Tuesday, 18th December 2018 and now enclose the undernoted item of business which was not received at time of issue.

Yours faithfully

DAVID W LYNCH

Chief Officer

AGENDA

5 PERFORMANCE AND AUDIT COMMITTEE

(b) CHAIR'S ASSURANCE REPORT (**Page 1**)

(Report No DIJB74-2018 by the Chairperson of the Performance and Audit Committee, copy attached).

DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD
DISTRIBUTION LIST

(a) DISTRIBUTION - INTEGRATION JOINT BOARD MEMBERS

(* - DENOTES VOTING MEMBER)

<u>Role</u>	<u>Recipient</u>
Non Executive Member (Chair)	Trudy McLeay *
Elected Member (Vice Chair)	Councillor Ken Lynn *
Elected Member	Councillor Roisin Smith *
Elected Member	Bailie Helen Wright *
Non Executive Member	Jenny Alexander *
Non Executive Member	Dr Norman Pratt *
Chief Officer	David W Lynch
Chief Finance Officer	Dave Berry
Registered medical practitioner (whose name is included in the list of primary medical services performers)	Dr Frank Weber
Registered medical practitioner (not providing primary medical services)	Dr Cesar Rodriguez
Registered nurse	Sarah Dickie
Chief Social Work Officer	Jane Martin
Third Sector Representative	Christine Lowden
Staff Partnership Representative	Raymond Marshall
Trade Union Representative	Jim McFarlane
Director of Public Health	Dr Drew Walker
Person providing unpaid care in the area of the local authority	Martyn Sloan
Service User residing in the area of the local authority	TBC

(b) DISTRIBUTION – FOR INFORMATION ONLY

<u>Organisation</u>	<u>Recipient</u>
NHS Tayside (Chief Executive)	Chief Executive
Dundee City Council (Chief Executive)	David R Martin
Dundee City Council (Head of Democratic and Legal Services)	Roger Mennie
Dundee City Council (Members' Support)	Jayne McConnachie
Dundee City Council (Members' Support)	Dawn Clarke
Dundee City Council (Members' Support)	Fiona Barty
Dundee City Council (Communications rep)	Steven Bell
NHS Tayside (Communications rep)	Jane Duncan
NHS Tayside (PA to Director of Public Health)	Linda Rodger
NHS Fife (Internal Audit) (Principal Auditor)	Judith Triebs
Audit Scotland (Senior Audit Manager)	Bruce Crosbie



REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD -
18 DECEMBER 2018

REPORT ON: PERFORMANCE AND AUDIT COMMITTEE CHAIR'S ASSURANCE
REPORT

REPORT BY: CHAIR, PERFORMANCE AND AUDIT COMMITTEE

REPORT NO: DIJB74-2018

1.0 INSTRUCTIONS ISSUED BY THE COMMITTEE

The committee was not required to issue any instructions in relation to the business laid before it.

2.0 PERFORMANCE AGAINST WORKPLAN

The Committee:

- Reviewed the Health and Social Care Partnership's discharge management performance in relation to complex delays. The Committee noted the improved performance in complex delays for the 75+ age group which reflected the introduction of the "Discharge to Assess" model which promotes hospital discharge prior to major assessment decisions being made and investment in additional Mental Health Officer capacity to support clinicians and the Adults with Incapacity process. There was a slight improvement in the 18-74 age group primarily around general psychiatry but acknowledgement was made that there is still significant work to be done. The Committee was also given assurance around a range of planned improvement actions to increase future performance.
- Considered the progress being made in relation to Psychological Therapies waiting times as a follow up to a paper submitted to the May 2018 Committee which noted a number of specialties were not meeting their respective Health Improvement, Efficiency, Access and Treatment (HEAT) targets. The updated position noted some minor improvement however a number of specialties were failing to meet their targets. It was noted that the previously agreed actions highlighted at the May Committee were longer term actions for improvement.
- Noted the progress of the Internal Audit Plan with the 2017/18 reviews almost complete and work progressing in relation to the 18/19 plan.

3.0 ISSUES TO HIGHLIGHT TO THE BOARD

- The new membership of the Performance and Audit Committee was confirmed with Jenny Alexander and Dr Norman Pratt and myself joining as new members with Bailie Helen Wright continuing her membership of the committee.
- Following on from the official business of the committee, a members development session was held which set out an overview of members responsibilities in relation to governance, audit and risk management.



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

(See Distribution List attached)

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

City Chambers
DUNDEE
DD1 3BY

11th December, 2018

Dear Sir or Madam

DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD

I would like to invite you to attend a meeting of the above Integration Joint Board which is to be held in Committee Room 1, 14 City Square, Dundee on Tuesday, 18th December, 2018 at 2.00 pm.

Apologies for absence should be intimated to Willie Waddell, Committee Services Officer, on telephone 01382 434228 or by e-mail willie.waddell@dundeecity.gov.uk

Yours faithfully

DAVID W LYNCH

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 MEMBERSHIP OF DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – SERVICE USER REPRESENTATIVE

Reference is made to Article III(c) of the minute of meeting of this Integration Joint Board held on 30th October, 2018, wherein it was noted that the service user position on the Integration Joint Board was vacant and that a report would be submitted to a future meeting of this Integration Joint Board on proposed appointment to this position.

It is reported that Andrew Jack who had been appointed as a member of Dundee Integration Joint Board in the capacity of service user representative had submitted his resignation from the Integration Joint Board resulting in the vacancy and that a new member in respect of service users residing in the area had been sought from NHS Tayside Public Partners to fill the vacant position of office.

The Integration Joint Board is asked to note that the new service user representative on Dundee City Health and Social Care Integration Joint Board has been identified as Linda Gray.

The Integration Joint Board is asked to agree to this appointment.

4 MINUTE OF PREVIOUS MEETING - Page 1

The minute of previous meeting of the Integration Joint Board held on 30th October, 2018 is attached for approval.

5 PERFORMANCE AND AUDIT COMMITTEE

(a) MINUTE OF PREVIOUS MEETING OF 27TH NOVEMBER, 2018 - Page 7

(Copy attached for information and record purposes).

(b) CHAIR'S ASSURANCE REPORT

(Report No DIJB74-2018 by the Chairperson of the Performance and Audit Committee, copy to follow).

6 STANDING ORDERS INCLUDING TERMS OF REFERENCE FOR THE PERFORMANCE AND AUDIT COMMITTEE - Page 10

(Report No DIJB73-2018 by the Clerk and Standards Officer, copy attached).

7 DUNDEE MENTAL HEALTH AND WELLBEING STRATEGIC PLAN 2019-2024

(a) Presentation by Arlene Mitchell, Service Manager, Dundee Health and Social Care Partnership,

(b) Report No DIJB64-2018 by the Chief Officer, copy attached. - Page 30

8 CHIEF SOCIAL WORK OFFICER GOVERNANCE FRAMEWORK - Page 48

(Report No DIJB62-2018 by the Chief Social Work Officer, copy attached).

9 CHIEF SOCIAL WORK OFFICER ANNUAL REPORT 2017/2018 - Page 90

(Report No DIJB61-2018 by the Chief Social Work Officer, copy attached).

10 DUNDEE ADULT SUPPORT AND PROTECTION COMMITTEE, INDEPENDENT CONVENOR'S BIENNIAL REPORT 2016-2018 - Page 126

(Report No DIJB63-2018 by the Independent Convenor, copy attached).

11 FINANCIAL MONITORING POSITION AS AT OCTOBER 2018 - Page 178

(Report No DIJB65-2018 by the Chief Finance Officer, copy attached).

12 DELEGATED BUDGET 2019/20 – INITIAL OUTLOOK - Page 190

(Report No DIJB72-2018 by the Chief Finance Officer, copy attached).

13 SUBSTANCE MISUSE REDESIGN UPDATE - Page 198

(Report No DIJB66-2018 by the Chief Officer, copy attached).

14 CARERS (SCOTLAND) ACT 2016 IMPLEMENTATION UPDATE - Page 226

(Report No DIJB67-2018 by the Chief Officer, copy attached).

15 CARERS (SCOTLAND) ACT 2016 – SHORT BREAKS STATEMENT - Page 240

(Report No DIJB69-2018 by the Chief Officer, copy attached).

16 AWARD OF CONTRACT FOR THE SUPPLY OF COMMUNITY EQUIPMENT FOR THE DUNDEE AND ANGUS EQUIPMENT LOAN SERVICE - Page 264

(Report No DIJB68-2018 by the Chief Officer, copy attached).

17 COMMUNITY CUSTODY UNIT IN DUNDEE – DIJB70-2018

On 22nd October, 2018 the Planning Committee of Dundee City Council approved the application by the Scottish Prison Service (SPS) to build a Community Custody Unit (CCU) for 16 females in Dundee, on the site of the former Our Lady's Primary School in Coldside. The intention is that the facility will open in 2020 and will build on the well-established approach to women delivered through the Justice centre based at Friarfield.

The rationale behind a small local CCU embedded within a community ,as opposed to a large institutional conventional prison, flows from the 2011 Commission on Women Offenders (Angiolini Report) which emphasised that women in prison often have clusters of support and vulnerability issues, such as being victims of domestic abuse, childhood sexual abuse, mental health and substance misuse issues. Women in prison are assessed as being lower risk to others than males. Women in prison can also lose contact with their own children and their family networks when separated by geographical distance. The CCU will prioritise admission to women from the Tayside and North Fife area, as well as prioritising admission to women who are assessed to be heading toward a transition phase, most commonly toward the end of a sentence. Women in the CCU should be able to maintain stronger links to family supports and stronger links to community support, including increasing contact with community services, as and when they meet the criteria for community access.

Initial discussion has begun about how the health and social care services should be delivered to support the women in the CCU. There will require to be some in-unit provision, as not all women will qualify for community access, yet alongside this the ethos of the CCU will be to encourage links to local services, as women prepare to re-enter the community. The negotiations around support provision also need to factor-in that not all the women will be normally resident in Dundee and also look at social work provision.

A further report to IJB will be submitted when these discussions, involving Prison Healthcare (hosted by NHS Perth) and Dundee Health and Social Care partnership , are further advanced.

18 DEVELOPMENT OF TAYSIDE PUBLIC HEALTH STRATEGY - PAGE 268

(Report No DIJB71-2018 by the Chief Officer, copy attached).

**19 MEETINGS OF THE INTEGRATION JOINT BOARD 2018 – ATTENDANCES – DIJB76-2018
- Page 270**

A copy of the attendance return for meetings of the Integration Joint Board held to date over 2018 is attached for information.

20 DATE OF NEXT MEETING

The next meeting of the Integration Joint Board will be held in Committee Room 1, 14 City Square, Dundee on Tuesday, 26th February, 2019 at 2.00 pm.

DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD
DISTRIBUTION LIST

(a) DISTRIBUTION - INTEGRATION JOINT BOARD MEMBERS

(* - DENOTES VOTING MEMBER)

<u>Role</u>	<u>Recipient</u>
Non Executive Member (Chair)	Trudy McLeay *
Elected Member (Vice Chair)	Councillor Ken Lynn *
Elected Member	Councillor Roisin Smith *
Elected Member	Bailie Helen Wright *
Non Executive Member	Jenny Alexander *
Non Executive Member	Dr Norman Pratt *
Chief Officer	David W Lynch
Chief Finance Officer	Dave Berry
Registered medical practitioner (whose name is included in the list of primary medical services performers)	Dr Frank Weber
Registered medical practitioner (not providing primary medical services)	Dr Cesar Rodriguez
Registered nurse	Sarah Dickie
Chief Social Work Officer	Jane Martin
Third Sector Representative	Christine Lowden
Staff Partnership Representative	Raymond Marshall
Trade Union Representative	Jim McFarlane
Director of Public Health	Dr Drew Walker
Person providing unpaid care in the area of the local authority	Martyn Sloan
Service User residing in the area of the local authority	TBC

(b) DISTRIBUTION – FOR INFORMATION ONLY

<u>Organisation</u>	<u>Recipient</u>
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Dundee City Council (Members' Support)	Dawn Clarke
Dundee City Council (Members' Support)	Fiona Barty
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NHS Tayside (Communications rep)	Jane Duncan
NHS Tayside (PA to Director of Public Health)	Linda Rodger
NHS Fife (Internal Audit) (Principal Auditor)	Judith Triebs
Audit Scotland (Senior Audit Manager)	Bruce Crosbie

At a MEETING of the **DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** held at Dundee on 30th October, 2018.

Present:-

<u>Members</u>	<u>Role</u>
Ken LYNN (<i>Vice Chairperson</i>)	Nominated by Health Board (Non-Executive Member)
Roisin SMITH	Nominated by Dundee City Council (Elected Member)
Helen WRIGHT	Nominated by Dundee City Council (Elected Member)
Jenny ALEXANDER	Nominated by Health Board (Non-Executive Member)
Norman PRATT	Nominated by Health Board (Non-Executive Member)
David W LYNCH	Chief Officer
Dave BERRY	Chief Finance Officer
Jane MARTIN	Chief Social Work Officer
Drew WALKER	Director of Public Health
Raymond MARSHALL	Staff Partnership Representative
Jim MCFARLANE	Trade Union Representative
Christine LOWDEN	Third Sector Representative
Martyn SLOAN	Person providing unpaid care in the area of the local authority

Ken LYNN, Vice Chairperson, in the Chair.

I APOLOGIES FOR ABSENCE

Apologies for absence were submitted on behalf of :-

<u>Members</u>	<u>Role</u>
Trudy McLEAY	Chairperson
Cesar RODRIGUEZ	Registered Medical Practitioner (not providing primary medical services)
Frank WEBER	Registered Medical Practitioner (whose name is included in the list of primary medical performers)
Sarah DICKIE	Registered Nurse

II DECLARATIONS OF INTEREST

No declarations of interest were made.

III MEMBERSHIP OF DUNDEE CITY INTEGRATION JOINT BOARD

(a) NHS TAYSIDE

The Integration Joint Board agreed to note that the undernoted members had been nominated by NHS Tayside to serve as members of the Integration Joint Board.

<u>Role</u>	<u>Member</u>
Nominated by Health Board	Trudy McLeay *
Nominated by Health Board	Jenny Alexander *
Nominated by Health Board	Dr Norman Pratt *
Registered medical practitioner whose name is included in the list of primary medical practitioner	Dr Frank Weber

Registered nurse	Sarah Dickie
Registered medical practitioner not providing primary medical services	Dr Cesar Rodriguez

* Denotes Voting Member

(b) DUNDEE CITY COUNCIL

The Integration Joint Board agreed to note that the undernoted members had been nominated by Dundee City Council to serve as members of the Integration Joint Board.

Role

Member

Nominated by Dundee City Council

Councillor Ken Lynn *

Nominated by Dundee City Council

Councillor Roisin Smith *

Nominated by Dundee City Council

Bailie Helen Wright *

* Denotes Voting Member.

(c) MEMBERSHIP

The Integration Joint Board agreed to the appointment of the undernoted members to serve as members of the Integration Joint Board and to note that the service user position was currently vacant and that a report would be submitted to a future meeting of the Integration Joint Board on proposed appointment to this position.

Role

Member

Staff Partnership Representative

Raymond Marshall

Staff of the constituent authorities engaged in the provision of services provided under integration functions

Jim McFarlane

Third sector bodies

Christine Lowden

Service users

Vacant

Persons providing unpaid care

Martyn Sloan

Director of Public Health

Drew Walker

IV CHAIR PERSON AND VICE-CHAIR PERSON

(a) CHAIRPERSON

The Integration Joint Board agreed to note that following the resignation of Doug Cross, NHS Tayside Board had agreed to appoint Trudy McLeay to the position of Chairperson of the Integration Joint Board.

(b) VICE-CHAIRPERSON

The Integration Joint Board agreed to note that Dundee City Council had appointed Councillor Ken Lynn to the position of Vice-Chairperson of the Integration Joint Board.

V PERFORMANCE AND AUDIT COMMITTEE – APPOINTMENT OF MEMBERSHIP AND CHAIRPERSON

Reference was made to Article VIII of the minute of meeting of the Integration Joint Board held on 30th August, 2016 wherein it was agreed to establish a Performance and Audit Committee as a Standing Committee of the Integration Joint Board. The Terms of Reference were also agreed.

(a) MEMBERSHIP

The Terms of Reference indicated that the Integration Joint Board shall appoint the Committee which would consist of not less than six members of the Integration Joint Board. The Committee would include at least four Integration Joint Board voting members (on the basis of two from NHS Tayside and two from Dundee City Council).

The Integration Joint Board agreed to appoint Councillor Ken Lynn, Bailie Helen Wright, Jenny Alexander, Dr Norman Pratt, Dr Cesar Rodriguez, Jane Martin and Raymond Marshall as members of the Performance and Audit Committee.

(b) CHAIRPERSON

The Integration Joint Board agreed to appoint Councillor Ken Lynn to the position of Chairperson of the Performance and Audit Committee.

VI MINUTE OF PREVIOUS MEETING

The minute of meeting of the Integration Joint Board held on 28th August, 2018 was submitted and approved.

VII PERFORMANCE AND AUDIT COMMITTEE

(a) MINUTE OF PREVIOUS MEETING OF 25TH SEPTEMBER, 2018

The minute of meeting of the Performance and Audit Committee held on 25th September, 2018 was submitted and noted for information and record purposes.

VIII FREE PERSONAL CARE FOR ADULTS AGED UNDER 65 YEARS

There was submitted Report No DIJB53-2018 by the Chief Officer advising of new legislation to extend Free Personal Care to adults aged under 65 years of age from 1st April, 2019. The report set out the information available to partners to date and the proposed actions Dundee Health and Social Care Partnership would take in preparation for the new legislation.

The Integration Joint Board agreed:-

- (i) to note the Scottish Government's legislation to extend Free Personal Care to Adults aged under 65 years;
- (ii) to note that the Health and Social Care Partnership awaited receipt of further national guidance in respect of the extension of the policy in addition to the level of additional funding to support the policy change;
- (iii) to note the proposed planning in preparation for the policy change as detailed in Appendix 1 of the report;
- (iv) to note that as responsibility for charging was not devolved to Integration Joint Boards, approval to change the current charging policy would be sought through Dundee City Council's Policy and Resources Committee; and
- (v) to instruct the Chief Officer to provide an update report to the Integration Joint Board setting out the progress to implement the policy change at both a national and local level in January 2019.

IX UPDATE ON DATA PROTECTION WORK SINCE THE IMPLEMENTATION OF GENERAL DATA PROTECTION REGULATIONS

There was submitted Report No DIJB54-2018 by the Chief Finance Officer informing of work undertaken since the implementation of the General Data Protection Regulations on 25th May, 2018.

The Integration Joint Board agreed:-

- (i) to note the work that was being undertaken by NHS Tayside and Dundee City Council to ensure the organisations were working towards General Data Protection Regulations compliance as detailed in sections 4.2.1 to 4.2.9 of the report; and
- (ii) to note that Dundee City Council's Data Protection Officer would act as Data Protection Officer for the Integration Joint Board.

The Integration Joint Board further agreed to note that Dundee City Council employees in the Health and Social Care Partnership were required to complete a mandatory e-learning module on Data Protection Regulations and that the Chief Officer would ascertain the position in relation to the arrangements for NHS staff within the Health and Social Care Partnership being advised and prepared for the requirements of Data Protection Regulations to ensure consistency of approach and awareness across the Partnership to ensure that effective and sufficiently resilient processes were in place.

X HELENSLEA CARE HOME

There was submitted Report No DIJB55-2018 by the Chief Officer confirming the decision to move to terminate the National Care Home Contract agreement between Dundee City Council and Bertinaley Care who were the owners of Helenslea House Residential Care Home. The report set out in detail, the grounds for the decision, the actions taken and the subsequent closure of the care home on 13th September, 2018.

The Integration Joint Board agreed to note the report for information.

XI ALCOHOL AND DRUG PARTNERSHIP – ADDITIONAL FUNDING

There was submitted Report No DIJB56-2018 by the Chief Officer providing information about additional funding provided by Scottish Government to support the delivery of drug and alcohol services and to approve the Dundee Local Investment Plan.

The Integration Joint Board agreed:-

- (i) to note the letter from Scottish Government detailing additional funding as attached at Appendix 1 of the report;
- (ii) to approve the Dundee Local Investment Plan as set out in Appendix 2 of the report;
- (iii) to note that the Dundee Alcohol and Drug Partnership considered and approved the proposed Local Improvement Plan on the 23rd October, 2018; and
- (iv) to instruct that the Local Improvement Plan be submitted to the Scottish Government Alcohol and Drug Delivery Unit by the end of October 2018 for consideration for funding.

XII FINANCIAL MONITORING POSITION AS AT 31ST AUGUST, 2018

There was submitted Report No DIJB57-2018 by the Chief Finance Officer providing an update of the projected financial monitoring position for delegated health and social care services for 2018/19.

The Integration Joint Board agreed to note the content of the report including the overall projected financial year end as at 31st August, 2018.

XIII TRANSFORMATION PROGRAMME – UPDATE REPORT

There was submitted Report No DIJB58-2018 by the Chief Finance Officer providing an update on the progress of Dundee Health and Social Care Partnership's Transformation Programme.

The Integration Joint Board agreed:-

- (i) to note the content of the report, the progress to date and the scope and scale of the transformation work streams as set out in Appendix 1 of the report; and
- (ii) to instruct the Chief Finance Officer to provide a further update on progress of the Transformation Programme by the end of March 2019.

XIV WINTER PLAN (2018/2019) – NHS TAYSIDE AND PARTNER ORGANISATIONS

There was submitted Report No DIJB59-2018 by the Chief Officer informing of the Winter Plan 2018/19 – NHS Tayside and Partner Organisations (the Winter Plan) to be submitted on behalf of NHS Tayside and its partner organisations to the Scottish Government. The Winter Plan set out the arrangements across Tayside to support season's variations across health and social care services and described the level of preparedness.

The Integration Joint Board agreed:-

- (i) to note the content of the report and approve and agree the plan as presented at Appendix 1 of the report; and
- (ii) to note the detailed actions for the Dundee Health and Social Care Partnership as detailed in Section 4.6 of the report and Section 4.4 of the Winter Plan.

XV PROGRAMME OF MEETINGS - DUNDEE INTEGRATION JOINT BOARD - 2019

The Integration Joint Board agreed that the programme of meetings of the Dundee City Health and Social Care Integration Joint Board over 2019 be as follows:-

<u>Date</u>	<u>Venue</u>	<u>Time</u>	
Tuesday, 26th February, 2019	Committee Room 1, 14 City Square, Dundee	2.00 pm	
Friday, 29th March, 2019	Committee Room 1, 14 City Square, Dundee	2.00 pm	(Budget Meeting)
Tuesday, 23rd April, 2019	Committee Room 1, 14 City Square, Dundee	2.00 pm	
Tuesday, 25th June, 2019	Committee Room 1, 14 City Square, Dundee	2.00 pm	
Tuesday, 27th August, 2019	Committee Room 1, 14 City Square, Dundee	2.00 pm	
Tuesday, 29th October, 2019	Committee Room 1, 14 City Square, Dundee	2.00 pm	
Tuesday, 17th December, 2019	Committee Room 1, 14 City Square, Dundee	2.00 pm	

XVI PROGRAMME OF MEETINGS – PERFORMANCE AND AUDIT COMMITTEE - 2019

The Integration Joint Board agreed to note that the programme of meetings of the Performance and Audit Committee over 2019 would be recommended as follows:-

<u>Date</u>	<u>Venue</u>	<u>Time</u>
Tuesday, 12th February, 2019	Committee Room 1, 14 City Square, Dundee	2.00 pm
Monday, 25th March, 2019	Committee Room 1, 14 City Square, Dundee	2.00 pm
Tuesday, 28th May, 2019	Committee Room 1, 14 City Square, Dundee	2.00 pm
Tuesday, 30th July, 2019	Committee Room 1, 14 City Square, Dundee	2.00 pm
Tuesday, 24th September, 2019	Committee Room 1, 14 City Square, Dundee	2.00 pm
Tuesday, 26th November, 2019	Committee Room 1, 14 City Square, Dundee	2.00 pm

XVII MEETINGS OF THE INTEGRATION JOINT BOARD 2018 - ATTENDANCES

There was submitted Agenda Note DIJB60-2018 providing a copy of the attendance return for meetings of the Integration Joint Board held to date over 2018.

XVIII DATE OF NEXT MEETING

The Integration Joint Board agreed to note that the next meeting of the Integration Joint Board would be held in Committee Room 1, 14 City Square, Dundee on 18th December, 2018 at 2.00 pm.

Ken LYNN, Vice Chairperson.

At a MEETING of the **PERFORMANCE AND AUDIT COMMITTEE OF THE DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** held at Dundee on 27th November, 2018.

Present:-

<u>Members</u>	<u>Role</u>
Ken LYNN (Chairman)	Nominated by Dundee City Council (Elected Member)
Helen WRIGHT	Nominated by Dundee City Council (Elected Member)
Dave BERRY	Chief Finance Officer
David LYNCH	Chief Officer
Jane MARTIN	Chief Social Work Officer
Cesar RODRIGUEZ	Registered Medical Practitioner (not providing primary medical services)

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

Tony GASKIN	Chief Internal Auditor
Clare LEWIS-ROBERTSON	Dundee Health and Social Care Partnership
Diane McCULLOCH	Dundee Health and Social Care Partnership
Arlene MITCHELL	Dundee Health and Social Care Partnership
Kathryn SHARP	Dundee Health and Social Care Partnership

Ken LYNN, Chairperson, in the Chair.

I APOLOGIES FOR ABSENCE

Apologies for absence were submitted on behalf of:-

Jenny ALEXANDER	Nominated by Health Board (Non Executive Member)
Norman PRATT	Nominated by Health Board (Non Executive Member)

II DECLARATION OF INTEREST

No declarations of interest were made.

III PERFORMANCE AND AUDIT COMMITTEE – MEMBERSHIP AND CHAIRPERSON

Reference was made to Article V of the minute of meeting of the Integration Joint Board held on 30th October, 2018, wherein the membership of the Performance and Audit Committee was agreed and appointment was made to the position of Chairperson of the Committee.

The Committee noted that the membership of the Performance and Audit Committee was agreed as follows:- Councillor Ken Lynn, Bailie Helen Wright, Jenny Alexander, Dr Norman Pratt, Jane Martin, Dr Cesar Rodriguez and Raymond Marshall, and that Councillor Ken Lynn was appointed to the position of Chairperson.

IV MINUTE OF PREVIOUS MEETING

The minute of meeting of the Committee held on 25th September, 2018 was submitted and approved.

V DISCHARGE MANAGEMENT PERFORMANCE UPDATE ON COMPLEX DELAYS

There was submitted Report No PAC59-2018 by the Chief Officer updating the Committee on discharge management performance in Dundee in relation to complex delays.

The Committee agreed:-

- (i) to note the current position in relation to complex delays for the 75+ age group, Section 5.2, Table 1, and the 18-74 age group as outlined in Section 5.3, Table 3 of the report;
- (ii) to note the improvement actions planned to respond to areas of pressure for the 18-74 age group as outlined in Section 6 of the report; and
- (iii) to note the improvements as defined in Section 7 of the report.

VI PSYCHOLOGICAL THERAPIES WAITING TIMES

There was submitted Report No PAC61-2018 by the Chief Finance Officer updating the Committee on progress being made towards meeting Health Improvement, Efficiency, Access and Treatment (HEAT) targets within the hosted Psychological Therapies Service.

The Committee agreed:-

- (i) to note the progress being made towards meeting the HEAT targets as outlined in the report; and
- (ii) to note the actions that continue to be taken to address current breaches as outlined in the report.

VII DUNDEE INTEGRATION JOINT BOARD INTERNAL AUDIT PLAN PROGRESS REPORT

There was submitted Report No PAC60-2018 by the Chief Finance Officer providing the Committee with a progress update in relation to the current Internal Audit Plan.

The Committee agreed:-

- (i) to note the substantial completion of the 2017/18 Internal Audit Plan as well as commencement of delivery of the 2018/19 plan as outlined in Appendix 1 of the report.

VIII MEETING OF PERFORMANCE AND AUDIT COMMITTEE 2018 – ATTENDANCES

There was submitted Agenda Note PAC62-2018 providing a copy of the attendance return for meetings of the Performance and Audit Committee held to date over 2018.

The Committee noted the position as outlined.

IX PROGRAMME OF MEETINGS – PERFORMANCE AND AUDIT COMMITTEE 2019

The Performance and Audit Committee agreed that the programme of meetings of the Performance and Audit Committee over 2019 be as follows:-

<u>Date</u>	<u>Venue</u>	<u>Time</u>
Tuesday, 12th February, 2019	Committee Room 1, 14 City Square, Dundee	2.00 pm
Monday , 25th March, 2019	Committee Room 1, 14 City Square, Dundee	2.00 pm
Tuesday, 28th May, 2019	Committee Room 1, 14 City Square, Dundee	2.00 pm
Tuesday, 30th July, 2019	Committee Room 1, 14 City Square, Dundee	2.00 pm
Tuesday, 24th September, 2019	Committee Room 1, 14 City Square, Dundee	2.00 pm
Tuesday, 26th November, 2019	Committee Room 1, 14 City Square, Dundee	2.00 pm

X DATE OF NEXT MEETING

The Performance and Audit Committee agreed to note that the next meeting of the Performance and Audit Committee would be held in Committee Room 1, 14 City Square, Dundee on 12th February, 2019 at 2.00 pm.



REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD –
18TH DECEMBER, 2018

REPORT ON: STANDING ORDERS (INCLUDING TERMS OF REFERENCE FOR THE
PERFORMANCE AND AUDIT COMMITTEE)

REPORT BY: CLERK AND STANDARDS OFFICER

REPORT NO: DIJB73-2018

1.0 PURPOSE OF REPORT

The purpose of this report is to seek the Integration Joint Board's approval to the proposed amendments to the Integration Joint Board's Standing Orders including the proposed amended Terms of Reference for the Performance and Audit Committee which are attached to the Standing Orders as detailed in the Appendix to this report.

2.0 RECOMMENDATIONS

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

- (i) approve the proposed amendments to the Standing Orders including the proposed amended Terms of Reference for the Performance and Audit Committee which are attached to the Standing Orders as detailed in the appendix to this report;
- (ii) remit the Clerk and Standards Officer to the Integration Joint Board to amend the Standing Orders including the proposed Terms of Reference for the Performance and Audit Committee which are attached to the Standing Orders accordingly and that these be distributed to the membership and placed on the website for Dundee Health and Social Care Partnership; and
- (iii) agree that the amended Standing Orders including the proposed Terms of Reference for the Performance and Audit Committee which are attached to the Standing Orders be effective from the next meeting of the Integration Joint Board which is to be held on 26th February, 2019.

3.0 FINANCIAL IMPLICATIONS

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

4.0 MAIN TEXT

- 4.1 Reference is made to Article X of the minute of meeting of this Integration Joint Board held on 27th October, 2015 wherein the Integration Joint Board agreed to adopt the Standing Orders of the Integration Joint Board.
- 4.2 Reference is also made to Article IX of the minute of meeting of this Integration Joint Board held on 30th August 2016 wherein the Integration Joint Board agreed to the establishment of the Performance and Audit Committee as a Standing Committee of the Integration Board and also agreed the Terms of Reference for the Committee.
- 4.3 A copy of the current Standing Orders including the Terms of Reference for the Performance and Audit Committee with proposed amendments tracked is attached.

5.0 POLICY IMPLICATIONS

5.1 This report has been screened for any policy implications in respect of Sustainability, Strategic Environmental Assessment, Anti-Poverty, Equality Impact Assessment and Risk Management.

There are no major implications.

6.0 RISK ASSESSMENT

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

7.0 CONSULTATIONS

The Chief Officer and the Chief Finance Officer were consulted in the preparation of this report.

8.0 BACKGROUND PAPERS

None.

Roger Mennie
Clerk and Standards Officer

DATE: 23rd October, 2018



STANDING ORDERS

of

DUNDEE INTEGRATION JOINT BOARD

SECTION 1 - GENERAL

- 1.1 These Standing Orders are made under the Public Bodies (Joint Working) (Scotland) Act 2014 and the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014 ~~and shall apply with effect from 19th February, 2019. These Standing Orders shall apply and have effect on and from the day they are adopted by the Integration Joint Board~~ with such amendments as may be made by the Integration Joint Board from time to time.
- 1.2 These Standing Orders shall, as far as applicable, be the rules and regulations for the proceedings of Committees and Sub-Committees and therefore reference to the term 'Board' in the Standing Orders should be interpreted accordingly. The term 'Chairperson' shall also be deemed to include the Chairperson of any Committee or Sub-Committee but only in relation to such Committees or Sub-Committees.
- 1.3 In these Standing Orders "the Integration Joint Board" shall mean the Dundee Integration Joint Board established in terms of The Public Bodies (Joint Working) (Integration Joint Board Establishment) (Scotland) Order 2015.
- 1.4 Any statutory provision, regulation or direction issued by the Scottish Ministers shall have precedence if they are in conflict with these Standing Orders.

SECTION 2 – MEMBERSHIP

- 2.1 Voting membership of the Integration Joint Board shall comprise three persons nominated by NHS Tayside, and three elected members nominated by Dundee City Council. Where NHS Tayside is unable to fill its places with Non-Executive Directors it can then nominate other appropriate people, who must be members of Tayside NHS Board to fill their spaces but at least two must be Non-Executive Directors.
- 2.2 Non-voting membership of the Integration Joint Board shall comprise:
 - (a) the Chief Social Work Officer of Dundee City Council;
 - (b) the Chief Officer of the Integration Joint Board;
 - (c) the proper officer of the Integration Joint Board appointed under Section 95 of the Local Government (Scotland) Act 1973;
 - (d) a registered medical practitioner whose name is included in the list of primary medical services performers prepared by NHS Tayside in accordance with Regulations made under Section 17P of the National Health Service (Scotland) Act 1978;
 - (e) a registered nurse who is employed by NHS Tayside or by a person or body with which NHS Tayside has entered into a general medical services contract;
 - (f) a registered medical practitioner employed by NHS Tayside and not providing primary medical services;
 - (g) one member in respect of staff of the constituent authorities engaged in the provision of services provided under integration functions;

- (h) one member in respect of third sector bodies carrying out activities related to health or social care in the area of Dundee City Council;
- (i) one member in respect of service users residing in the area of Dundee City Council;
- (j) one member in respect of persons providing unpaid care in the area of Dundee City Council; and
- (k) such additional members as the Integration Joint Board sees fit. Such a member may not be a Dundee City Councillor or a Non-Executive Director of NHS Tayside.

The members appointed under paragraphs (d) to (f) must be determined by NHS Tayside.

- 2.3 A member of the Integration Joint Board in terms of Paragraph 2.2 (a) and (c) will remain a member for as long as they hold the office in respect of which they are appointed. Otherwise, the term of office of Members of the Integration Joint Board shall be for a maximum period of three years (or in the case of Dundee City Councillors until the day of the Statutory Meeting of the Council following the next ordinary Election for Local Government Councillors in Scotland, whichever is shorter).
- 2.4 Where a Member resigns or otherwise ceases to hold office, the person appointed in his/her place shall be appointed for the unexpired term of the Member they replace.
- 2.5 On expiry of a Member's term of appointment the Member shall be eligible for re-appointment provided that he/she remains eligible and is not otherwise disqualified from appointment in terms of Article 8 of the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014.
- 2.6 A voting Member appointed under paragraph 2.1 ceases to be a member of the Integration Joint Board if they cease to be either a Councillor or a Non-Executive Director of NHS Tayside or an appropriate person in terms of the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014.
- 2.7 A Member of the Integration Joint Board, other than those Members referred to in paragraph 2.2 (a) and (c), may resign his/her membership at any time during their term of office by giving notice to the Integration Joint Board in writing. The resignation shall take effect from the date notified in the notice or on the date of receipt if no date is notified. If this is a voting member, the Integration Joint Board must inform the constituent authority that made the nomination.
- 2.8 If a Member has not attended three consecutive meetings of the Integration Joint Board, and their absence was not due to illness or other reasonable cause as determined by the Integration Joint Board, the Integration Joint Board may remove the member from office by providing the member with one month's notice in writing.
- 2.9 If a member acts in a way which brings the Integration Joint Board into disrepute or in a way which is inconsistent with the proper performance of the functions of the Integration Joint Board, the Integration Joint Board may remove the member from office with effect from such date as the Integration Joint Board may specify in writing.
- 2.10 If a member is disqualified under Article 8 of the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014 during a term of office they are to be removed from office immediately.

- 2.11 A constituent authority may remove a member which it nominated by providing one month's notice in writing to the member and the Integration Joint Board.
- 2.12 Proxy Members for Members of the Integration Joint Board ~~who are unable to attend a meeting of the Integration Joint Board~~ may be appointed by the constituent authority which nominated the Member, ~~or in the case of a non-voting member referred to in Paragraph 2.2 (a), (b), (c), (d), (e), by the member him/herself, as appropriate.~~ The appointment of such Proxy Members will be subject to the same rules and procedures for Members. Proxy Members shall receive papers for Meetings of the Integration Joint Board but shall be entitled to attend or vote at a Meeting only in the absence of the principal Member they represent. If the Chairperson or Vice Chairperson is unable to attend a meeting of the Integration Joint Board, any Proxy Member attending the meeting may not preside over that meeting.
- 2.13 The acts, meetings or proceedings of the Integration Joint Board shall not be invalidated by any defect in the appointment of any Member.
- 2.14 A vacancy in the membership of the Integration Joint Board will not invalidate anything done or any decision made by the Integration Joint Board.

SECTION 3 - CHAIRPERSON AND VICE CHAIRPERSON

- 3.1 The Chairperson and Vice Chairperson will be drawn from NHS Tayside and Dundee City Council voting members of the Integration Joint Board. If a Council member is to serve as Chairperson then the Vice Chairperson will be a member nominated by NHS Tayside and vice versa. ~~The first Chairperson of the Integration Joint Board will be appointed on the nomination of NHS Tayside. The first Vice Chairperson of the Integration Joint Board will be appointed on the nomination of Dundee City Council.~~
- 3.2 The term of office of the ~~first~~ Chairperson and of the ~~first~~ Vice Chairperson will be for a rotational period of ~~12 months~~ 2 years commencing 25th October, 2016 upon nomination to those positions as required by the constituent authorities of NHS Tayside and Dundee City Council and at such other times as may be necessary following the date of the formal establishment in law of the Integration Joint Board. NHS Tayside or Dundee City Council may change their appointee as Chairperson or Vice Chairperson during an appointing period. At the end of the ~~12 month~~ 2 year period the constituent authority which nominated the Chairperson will nominate the Vice Chairperson and vice versa.
- 3.3 The Vice-Chairperson may act in all respects as the Chairperson of the Integration Joint Board if the Chairperson is absent or otherwise unable to perform his/her duties.
- 3.4 *At each meeting of the Integration Joint Board the Chairperson, if present, shall preside. If the Chairperson is absent from any meeting of the Integration Joint Board, a Committee or a Sub-Committee the Vice-Chairperson, if present, shall preside. If both the Chairperson and the Vice-Chairperson are absent, a voting member chosen at the meeting by the other voting members attending the meeting shall preside. Any Proxy Member attending the meeting in terms of 2.12 may not preside over that meeting.*
- 3.5 The Chairperson shall amongst other things:-
- (a) Preserve order and ensure that every Member has a fair hearing;

- (b) Decide on matters of relevancy, competency and order, and whether to have a recess during the Meeting, having taken into account any advice offered by the Chief Officer or other relevant officer in attendance at the Meeting;
- (c) Determine the order in which speakers can be heard;
- (d) Ensure that due and sufficient opportunity is given to Members who wish to speak to express their views on any subject under discussion;
- (e) Maintain order and at his/her discretion, order the exclusion of any member of the public who is deemed to have caused disorder or misbehaved;
- (f) The decision of the Chairperson on all matters within his/her jurisdiction shall be final;
- (g) Deference shall at all times be paid to the authority of the Chairperson. When he/she speaks, the Chairperson shall be heard without interruption; and
- (h) Members shall address the Chairperson while speaking.

SECTION 4 – MEETINGS

- 4.1 ~~The first meeting of the Integration Joint Board will be convened at a time and place to be determined by the Chairperson. Thereafter Meetings of~~ the Integration Joint Board shall meet at such place and such frequency as may be agreed by the Integration Joint Board.
- 4.2 *The Chairperson may convene Special Meetings of the Integration Joint Board at such other times as he/she sees fit. If the Office of Chairperson is vacant, or if the Chairperson is unable to act for any reason, the Vice-Chairperson may at any time call such a meeting.*
- 4.3 *If the Chairperson refuses to call a meeting of the Integration Joint Board after a requisition for that purpose specifying the business proposed to be transacted, signed by at least two thirds of the voting Members, has been presented to the Chairperson or if, without so refusing, the Chairperson does not call a meeting within seven days after such requisition has been presented, those Members who presented the requisition may forthwith call a Meeting provided no business shall be transacted at the Meeting other than specified in the requisition.*

SECTION 5 - NOTICE OF MEETINGS

- 5.1 *Before each meeting of the Integration Joint Board, or Committee or Sub-Committee of the Integration Joint Board, a notice of the meeting, specifying the time, place and business to be transacted at it signed by the Chairperson, or a member authorised by the Chairperson to sign on the Chairperson's behalf, shall be delivered to every Member or sent by post to the usual place of residence of such Members or delivered by electronic means so as to be available to them at least five clear days (not including Saturday and Sunday) before the meeting. Members may opt in writing addressed to the Chief Officer to have notice of meetings delivered to an alternative address. Such notice shall remain valid until rescinded in writing. Lack of service of the notice on any member shall not affect the validity of anything done at a meeting.*

- 5.2 *In the case of a meeting of the Integration Joint Board called by Members in default of the Chairperson, the notice shall be signed by those Members who requisitioned the meeting.*
- 5.3 At all Ordinary or Special Meetings of the Integration Joint Board, no business other than that on the agenda shall be discussed or adopted except where by reason of special circumstances, which shall be specified in the minutes, the Chairperson is of the opinion that the item should be considered at the meeting as a matter of urgency.

SECTION 6 - QUORUM

- 6.1 *No business shall be transacted at a meeting of the Integration Joint Board unless there are present and entitled to vote both Dundee City Council and Tayside NHS Board members and at least one half of the voting Members of the Integration Joint Board.*
- 6.2 If within ten minutes after the time appointed for the commencement of a meeting of the Integration Joint Board a quorum is not present, the meeting will stand adjourned to such date and time as may be fixed.

SECTION 7 - CODE OF CONDUCT AND CONFLICTS OF INTEREST

- 7.1 Members of the Integration Joint Board shall subscribe to and comply with the Code of Conduct for Members of the Dundee Integration Joint Board which is deemed to be incorporated into these Standing Orders. All members shall be obliged before taking up membership, to agree in writing to be bound by the terms of the Code.
- 7.2 If any Member has a financial or non-financial interest as defined in the Code and is present at any meeting at which the matter is to be considered, he/she must as soon as practical, after the meeting starts, disclose that he/she has an interest and the nature of that interest and if he/she is precluded from taking part in consideration of that matter.
- 7.3 *If a Member or any associate of theirs has any pecuniary or any other interest direct or indirect, in any contract or proposed contract or other matter and that Member is present at a meeting of the Integration Joint Board, a Committee or Sub-Committee that Member shall disclose the fact and the nature of the relevant interest and shall not be entitled to vote on any question with respect to it. A Member shall not be treated as having any interest in any contract or matter if it cannot reasonably be regarded as likely to significantly affect or influence the voting by that Member on any question with respect to that contract or matter.*
- 7.4 *Where an interest is disclosed the member declaring the interest/ the other members present at the meeting in question must decide whether that interest prohibits the member declaring the interest from taking part in discussion of or voting on the item of business.*

SECTION 8 - ADJOURNMENT OF MEETINGS

- 8.1 *If it is necessary or expedient to do so a meeting of the Integration Joint Board, a Committee or Sub-Committee may be adjourned to another date, time or place by a motion, which shall be moved and seconded and put to the meeting without*

discussion. If such a motion is carried by a simple majority of those present and entitled to vote, the meeting shall be adjourned to the day, time and place specified in the motion.

SECTION 9 - DISCLOSURE OF INFORMATION

9.1 No Member or Officer shall disclose to any person any information which falls into the following categories:-

- Confidential information within the meaning of Section 50(a)(2) of the Local Government (Scotland) Act 1973.
- The full or any part of any document marked “not for publication” by virtue of the appropriate paragraph of Part 1 of Schedule 7A of the Local Government (Scotland) Act 1973, unless and until the document has been made available to the public or press under section 50B of the 1973 Act.
- Any information regarding proceedings of the Integration Joint Board from which the public have been excluded unless or until disclosure has been authorised by the Integration Joint Board or the information has been made available to the press or to the public under the terms of the relevant legislation.

9.2 Without prejudice to the foregoing no Member shall use or disclose to any person any confidential and/or exempt information coming to his/her knowledge by virtue of his/her office as a Member where such disclosure would be to the advantage of the Member or of anyone known to him/her or which would be to the disadvantage of the Integration Joint Board.

SECTION 10 - RECORDING OF PROCEEDINGS

10.1 No sound, film, video tape, digital or photographic recording of the proceedings of any Meeting shall be made without the prior approval of the Integration Joint Board. Furthermore all mobiles phone must be ~~switched off~~ on silent mode during a meeting of the Integration Joint Board.

SECTION 11 – ADMISSION OF PRESS AND PUBLIC

11.1 Subject to paragraph 11.2 of this Standing Order, every meeting of the Integration Joint Board shall be open to the public and press. The Chief Officer shall be responsible for giving public notice of the time and place of each meeting of the Integration Joint Board, a Committee or Sub-Committee not less than five clear days (not including Saturday and Sunday) before the date of each meeting.

11.2 The public and press shall be excluded from any meeting of the Integration Joint Board during consideration of an item of business whenever it is likely in view of the nature of the business that if they were present information would be disclosed which was confidential in terms of Part IIIA of the 1973 Act.

11.3 The Integration Joint Board may by resolution exclude the press and public from any meeting of the Integration Joint Board during consideration of an item of business whenever it is likely in view of the nature of the business, that, if they were present,

information would be disclosed which falls within one or more of the categories of exempt information in terms of Part IIIA of the 1973 Act

11.4 A resolution under paragraph 11.3 of this Standing Order shall:

- (a) Identify the proceedings or part of the proceedings to which it applies; and
- (b) State in terms of the Act the category or categories of exempt information concerned.

SECTION 12 - ALTERATION, DELETION AND REVOCATION OF DECISIONS OF THE INTEGRATION JOINT BOARD

- 12.1 Without prejudice to the terms of Standing Order 13, no motion to alter, delete or revoke a decision of the Integration Joint Board will be competent within six months from the decision, unless the Chairperson determines that a material change of circumstances has occurred to the extent that it is appropriate for the issue to be re-considered.
- 12.2 The alteration, deletion or revocation of any decision of the Integration Joint Board shall not affect or prejudice any proceedings, action or liability competently done or undertaken under any such decision prior to its alteration, deletion or revocation.

SECTION 13 - SUSPENSION, AMENDMENT OR DELETION OF STANDING ORDERS

- 13.1 Subject to any statutory requirements, any one or more of the Standing Orders may be suspended, amended or deleted at any Meeting so far as regards any business at such meeting provided that two thirds of the Members of the Integration Joint Board present and voting shall so decide. Any motion to suspend Standing Orders shall state the number or terms of the Standing Order(s) to be suspended.
- 13.2 The preceding paragraph of this Standing Order shall not apply to these Standing Orders or portions thereof which incorporate the provisions of Statutes or Statutory Orders or Instruments which cannot be altered or revoked by the Integration Joint Board.

SECTION 14 - MOTIONS, AMENDMENTS AND DEBATE

- 14.1 It will be competent for any voting or non-voting Member of the Integration Joint Board at a meeting of the Integration Joint Board to move a motion or amendment directly arising out of the business before the Meeting, provided always that if a non-voting Member moves a motion or amendment it shall only be put to the meeting if it is seconded by a voting Member. If it is not seconded by a voting Member, the motion or amendment shall fall.
- 14.2 No Member, with the exception of the mover of the motion or amendment, will speak supporting the motion or amendment until the same will have been seconded by another Member. A non-voting Member may second a motion or amendment moved by a voting Member.
- 14.3 Subject to the right of the mover of a motion to reply, no Member will speak more than once on the same issue at any meeting of the Integration Joint Board except:-
- On a point of order
 - With the permission of the Chairperson
 - On a point of clarification

In all of the above cases no new matter will be introduced.

- 14.4 The mover of the original motion will have the right of reply for a period of not more than 5 minutes. He/she will introduce no new matter and once a reply is commenced, no other Member will speak on the subject of debate. Once the mover has replied, the discussion will be held closed and the Chairperson will call for the vote to be taken.
- 14.5 Amendments must be relevant to the motions to which they relate and no Member will be at liberty to move more than one amendment, unless the mover of an amendment has failed to have it seconded, or second more than one amendment.
- 14.6 It will be competent for any Member who has not already spoken in a debate to move the closure of such debate, provided always that if a non-voting Member moves such a motion it shall only be put to the meeting if it is seconded by a voting Member. If it is not seconded by a voting Member, the motion shall fall. On such motion being seconded, the vote will be taken and, if a majority of the voting Members present vote for the motion, the debate will be closed. However, closure is subject to the right of the mover of the motion to reply. Thereafter, a vote will be taken immediately on the subject of the debate.
- 14.7 Any Member may indicate his/her desire to ask a question or offer information immediately after a speech by another Member and it will be the option of the Chairperson to decline or accept the question or offer of information.
- 14.8 When a motion is under debate, no other motion or amendment will be moved except in the following circumstances:
- to adjourn the debate; or
 - to close the debate in terms of Standing Order 14.6.
- 14.9 A motion or amendment once moved and seconded cannot be altered or withdrawn unless with the consent of the majority of voting members.
- 14.10 If any member of the Integration Joint Board disregards the authority of the Chairperson or obstructs the meeting or conducts himself or herself offensively at the meeting, such member may be suspended for the remainder of the meeting. A motion to suspend a member shall be made and seconded without discussion and forthwith put to the meeting. Any member of the Integration Joint Board so suspended shall forthwith leave the meeting and shall not without the consent of the members again enter the meeting and if any member so suspended refuses to leave the meeting when so required by the Chairperson he or she may immediately by order of the Chairperson be removed from the meeting by any person authorised by the Chairperson to remove him/her.

SECTION 15 – PROCEDURE FOR MOTIONS AND AMENDMENTS

- 15.1 All motions and amendments should be submitted in writing to the Clerk to the Integration Joint Board on or before 12 noon on the day of the meeting at which the item is to be considered. The Clerk will check motions and amendments for compliance with law, Standing Orders, Code of Conduct, previous decisions of the Board and financial accuracy.
- 15.2 Any further motions and amendments not anticipated in advance of the meeting should be submitted in writing to the Clerk at the meeting and will be checked for compliance with law, Standing Orders, Code of Conduct, previous decisions of the Board and financial accuracy.
- 15.3 The Chair will determine their competency (including whether they are relevant to the motion, substantially different to it and to all other amendments).
- 15.4 The import of all motions and amendments shall be stated immediately on their being proposed to the meeting by the mover before being spoken to, and such motions and amendments (except motions for the approval or disapproval, simpliciter, of any matter before the Board, purely negative amendments, amendments to remit for further consideration and report, and motions and amendments which are fully set out in a minute of the Board) shall be reduced to writing, signed by the mover, and delivered to the Clerk immediately on being moved.
- 15.5 All amendments must be relative to the motion and after the first amendment has been voted upon, all subsequent amendments must be substantially different from the first amendment.
- 15.6 Whenever an amendment upon an original motion has been moved and seconded, no further amendment shall be moved until the result of the first amendment has been determined. If an amendment be rejected, further amendments to the original motion may be moved. If any amendment be carried, such amendment shall take the place of the original motion and shall become the motion upon which any further amendments may be moved.
- 15.7 Motions and amendments moved but not seconded shall not be recorded in the minutes unless the movers shall, at such meetings, request that they be so recorded.
- 15.8 Where any motion or proposal is accepted by a meeting, the name of the mover and of the seconder, if any, shall, notwithstanding that there may not be a division, be recorded in the minutes.

SECTION 16 - VOTING

- 16.1 Every effort shall be made by Members to ensure that as many decisions as possible are made by consensus.
- 16.2 Only the three Members nominated by NHS Tayside, and the three Members appointed by Dundee City Council shall be entitled to vote.
- 16.3 *Every question at a meeting shall be determined by a majority of votes of the Members present and who are entitled to vote on the question. In the case of an equality of votes the Chairperson shall not have a second or casting vote.*

- 16.4 Where a consensus cannot be reached at one meeting, the matter under discussion will be carried forward to the next meeting to permit further discussion/resolution. If the voting members do not agree such a method of breaking the deadlock then no decision will be taken and the status quo shall prevail. Standing Order 12 shall not preclude reconsideration of any such item within a 6 month period.

SECTION 17 - MINUTES

- 17.1 *The names of the Members present at a meeting shall be recorded in the minutes of the meeting.*
- 17.2 *The minutes of the proceedings of a meeting, including any decision or resolution made by that meeting, shall be drawn up and submitted to the next ensuing meeting for agreement, after which they will be signed by the person presiding at that meeting. A minute purporting to be so signed shall be received in evidence without further proof.*

SECTION 18 - COMMITTEES, SUB-COMMITTEES AND WORKING GROUPS

- 18.1 The Integration Joint Board may establish any Committee, Sub Committee or Working Group as may be required from time to time to carry out such of its functions as the Integration Joint Board may determine but each Working Group shall have a limited time span as may be determined by the Integration Joint Board.
- 18.2 The Membership, Chairperson, remit, powers and quorum of any Committee, Sub Committee or Working Group will be determined by the Integration Joint Board. The membership shall include an equal number of the voting members appointed by NHS Tayside and by Dundee City Council.
- 18.3 Any decision relating to the carrying out of the functions under the Act or to integration functions taken by a Committee, Sub-Committee or Working Group established under paragraph 17.1 must be agreed by a majority of votes of the voting members who are members of the committee.

18.4 The order of functions to any Committee will be attached to these Standing Orders as an Appendix.

The order of reference for the performance and Audit Committee are attached as Appendix 1.

SECTION 19 - REPORTS TO THE INTEGRATION JOINT BOARD

- 19.1 The Integration Joint Board shall only consider reports by the Chief Officer of the Integration Joint Board or the ~~p~~Proper ~~e~~Officer of the Integration Joint Board appointed under Section 95 of the Local Government (Scotland) Act 1973. For the avoidance of doubt, these officers have the right to submit reports to the Integration Joint Board which must be considered by the Integration Joint Board. Reports by other officers other than the Chief Officer of the Integration Joint Board or the Proper Officer of the Integration Joint Board shall only be considered by the Integration Joint Board at the request of the Chief Officer or the Chief Finance Officer.

- 19.2 Any Member of the Board who wishes brought before the Board any matter which can be competently considered shall submit to the Clerk to the Integration Joint Board a detailed written statement and notice of the matter not less than five clear days before the issue of the Agenda (not including Saturday and Sunday) in order that the Clerk may determine whether confidential or exempt information is likely to be disclosed. A Member whose item is included on an Agenda in terms of this Standing Order shall, when that item is considered, be called upon to speak first.

SECTION 20 – DEPUTATIONS

- 20.1 All applications requesting the Integration Joint Board to receive a deputation shall be in writing, duly signed, addressed and, where possible, delivered to the Chief Officer at least five clear working days prior to the date of the meeting at which the subject may be considered. Any later requests for deputations to be received shall be reported to the meeting and shall be dealt with in accordance with the provisions of the remainder of this Section.
- 20.2 No deputation exceeding ten in number shall be received by the Board or any Committee.
- 20.3 Not more than two speakers on any deputation shall be heard, and the time allowed to the deputation for speaking shall not exceed seven minutes except at the discretion of the Chairperson.
- 20.4 Any member of the Board may put any relevant question to the deputation, but no member shall express an opinion upon, nor shall the Board discuss, the subject on which the deputation has been heard, until the deputation has withdrawn.

**DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD
PERFORMANCE AND AUDIT COMMITTEE
TERMS OF REFERENCE**

1	Introduction
1.1	The Performance and Audit Committee is identified as a Committee of the Integration Joint Board (IJB).
1.2	The Committee will be known as the Performance and Audit Committee of the IJB and will be a Standing Committee of the IJB.
2	Constitution
2.1	The IJB shall appoint the Committee. The Committee will consist of not less than six members of the IJB, excluding Professional Advisors. The Committee will include at least four IJB voting members, two from NHS Tayside and two from Dundee City Council. Only voting members of the IJB will be able to vote on the Committee.
2.2	The Committee may at its discretion set up short term working groups for review work. Membership of the working group will be open to anyone whom the Committee considers will assist in the task assigned. The working groups will not be decision making bodies or formal committees but will make recommendations to the Performance and Audit Committee.
3	Chair
3.1	The Committee will be chaired by a person not being the Chair of the IJB, will be nominated by the IJB and will rotate between a voting member from NHS Tayside and a voting member from Dundee City Council. In the absence of the Chair, the members present at the meeting will appoint a member to Chair the meeting. The Chair will rotate on the same frequency as the Chair of the IJB.
4	Quorum
4.1	Two voting members of the Committee will constitute a quorum.
5	Attendance at meetings
5.1	The Chief Officer, Chief Finance Officer, Chief Internal Auditor and other Professional Advisors or their nominated representatives may attend meetings. Other persons shall attend meetings at the invitation of the Committee.
5.2	The external auditor will be invited to attend at least one meeting per annum.
5.3	The Committee may invite additional advisors as appropriate.

6	Meeting Frequency
6.1	The Committee will meet at least three times each financial year with further meetings, including development events arranged if necessary.
7	Authority
7.1	The Committee is authorised to instruct further investigation on any matters which fall within Paragraph 8.
8	Duties
8.1	The Committee will review the overall Internal Control arrangements of the IJB and make recommendations to the IJB regarding signing of the Governance Statement.
	Specifically it will be responsible for the following duties:
	1. The preparation and implementation of the strategy for Performance Review and monitoring the performance of the Partnership towards achieving its policy objectives and priorities in relation to all functions of the IJB.
	2. Ensuring that the Chief Officer establishes and implements satisfactory arrangements for reviewing and appraising service performance against set objectives, levels and standards of service and to receive regular reports on these and to review progress against the outcomes in the Strategic and Commissioning Plan.
	3. Acting as a focus for Best Value and performance initiatives.
	4. To review and approve the annual Internal Audit plan on behalf of the IJB.
	5. To receive reports, monitor the implementation of agreed actions on audit recommendations and reporting to the IJB as appropriate.
	6. To receive monitoring reports on the activity of Internal Audit and an annual Internal Audit Report.
	7. To consider External Audit Plans and reports (including the annual accounts and audit certificate), matters arising from these and management actions identified in response.
	8. To support the IJB in ensuring that the strategic integrated assurance and performance framework is working effectively, and that escalation of notice and action is consistent with the risk tolerance set by the IJB.
	9. To support the IJB in delivering and expecting co-operation in seeking assurance that hosted services run by partners are working effectively in order to allow Dundee IJB to sign off on its accountabilities for its resident population.
	10. Review risk management arrangements, receive regular reports on risk management and an annual Risk Management report.
	11. Ensure existence of and compliance with an appropriate Risk Management Strategy.
	12. To consider annual financial accounts and related matters before submission to and approval by the IJB.
	13. Ensuring that the Senior Management Team of Dundee Health and Social Care Partnership, including Heads of Service, Professional Leads and Principal

	Managers maintain effective controls within their services which comply with financial procedures and regulations.
	14. To be responsible for setting its own work programme in order to meet its specific duties including any matters which the Chief Officer believes would benefit from investigation.
	15. Promoting the highest standards of conduct by IJB Members; and monitoring and keeping under review the Code of Conduct maintained by the IJB.
	16. Will have oversight of Information Governance arrangements as part of the Performance and Audit process.
	17. To be aware of, and act on, Audit Scotland, national and UK audit findings and inspections/regulatory advice, and to confirm that the IJB has brought itself into compliance timeously.
9	Review
9.1	The Terms of Reference will be reviewed when the Chair passes to ensure their ongoing appropriateness in dealing with the business of the IJB.
9.2	As a matter of good practice, the Committee should allow for periodic review utilising best practice guidelines and external facilitation as required.



REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD –
18 DECEMBER 2018

REPORT ON: DUNDEE MENTAL HEALTH AND WELLBEING STRATEGIC PLAN 2019-2024

REPORT BY: CHIEF OFFICER

REPORT NO: DIJB64 - 2018

1.0 PURPOSE OF REPORT

To brief the Integration Joint Board on the intended strategic direction for mental health and wellbeing developments in Dundee and to seek authority to progress the finalisation of a Strategic Plan in collaboration with key stakeholders.

2.0 RECOMMENDATIONS

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

- 2.1 Endorses the strategic direction outlined within the attached draft Dundee Mental Health and Wellbeing Strategic Plan 2019-2024 (Appendix 1);
- 2.2 Instructs the Mental Health and Wellbeing Strategic and Commissioning Group (MHWSCG) to engage further with key stakeholders and existing networks in order to finalise the Plan and to note the extensive consultation undertaken to date;
- 2.3 Instructs the Chief Officer to present a final Plan to the IJB early in 2019;
- 2.4 Instructs the Chief Officer to present a Commissioning and Financial Framework with the final Strategic Plan in early 2019.
- 2.5 Instructs the MHWSCG to continue to develop a reporting framework to ensure that performance in relation to the priorities outlined in the Strategic Plan is managed effectively.
- 2.6 Remits to the Chief Officer of the Integration Joint Board in consultation with the Mental Health and Wellbeing Strategic and Commissioning Group the authority to make commissioning decisions throughout the life of the Plan, once this is formalised and published.

3.0 FINANCIAL IMPLICATIONS

Dundee Mental Health and Wellbeing Strategic Plan will be implemented within the available financial resources of Dundee Health and Social Care Partnership.

4.0 MAIN TEXT

- 4.1 Mental health and wellbeing is a priority locally, nationally and globally. We know that mental health inequalities are a more significant challenge in Dundee in comparison to most other areas of Scotland.
- 4.2 Dundee Mental Health and Wellbeing Strategic and Commissioning Group (MHWSCG) has produced the Dundee Mental Health and Wellbeing Strategic Plan to support the improvement

of mental health and the reduction of mental health inequalities, predominantly for adults, over the next 5 years in the city.

- 4.3 Poor mental health and wellbeing are linked with a wide range of negative factors such as unhealthy lifestyles, poor physical health, unemployment and deprivation. On the other hand, good mental health and wellbeing have been shown to lead to better health and social outcomes. The impacts of poor mental health, and mental ill health, are significant and have implications for a range of public services such as the NHS, Criminal Justice and local authorities. In recognition of this, mental health and wellbeing is a priority for the Scottish Government and locally for Dundee Partnership and the Health and Social Care Partnership. Tackling poor mental health involves improving mental wellbeing for the whole population as well as preventing and reducing mental illness.
- 4.4 Mental health and wellbeing is identified as a priority in all relevant policies and plans in the city. In Dundee's City Plan it is one of the top three issues in the Health, Care and Wellbeing theme, alongside obesity and substance misuse. The MHWSCG, which involves a wide range of statutory and non-statutory service providers and community/ service user/ advocacy perspectives, has produced this Strategic Plan and a more detailed action plan to address many of the most important challenges facing Dundee's people in obtaining good mental health and wellbeing. These sit alongside a range of other plans and commissioning statements which recognise, and impact on, the mental health and wellbeing of specific population groups in the city, including children and young people, those affected by substance misuse, carers, and people at risk of or affected by suicide. These plans all reflect, and put into action, the strategic priorities implemented by the Scottish Government at a national level in terms of improving health and reducing health inequalities for the population as a whole.
- 4.5 The views and perspectives of those who provide mental health support and services in Dundee are listened to and acted upon when redesigning or restructuring how we do our business. Most importantly, this Strategic Plan and the more detailed action plan incorporate the views, suggestions and ideas of local people and service users about what matters most to them in terms of improving and protecting their mental health and wellbeing, as well as reflecting their experiences of mental ill health, services and recovery. These measures ensure that this Strategic Plan, and current and subsequent actions, are genuinely co-produced by those who have a stake in its development and delivery.
- 4.6 Delivering the vision for mental health and wellbeing in the city requires underpinning principles that direct the approach and all activity of the MHWSCG and its partners. The following 3 overarching principles have been adopted:
- An integrated approach that brings together medical and social models of mental health
 - An upstream approach that is focused on mental health promotion, prevention and early intervention, as well as services focussed on treatment and care
 - A person-centred and strengths based approach which focuses on recovery, assets, quality of life and hope rather than the deficits and problems of individuals and communities.
- 4.7 The MHWSCG has agreed 4 key strategic priorities to underpin and define its work in Dundee moving forward. These are:
- Reducing Health Inequalities
 - Prevention and Early Intervention
 - Getting the Right Support at the Right Time
 - Focus on Recovery
- 4.8 The priorities agreed upon carry equal importance and it is recognised that there is an inter relationship between these. The 4 priorities will be used to track performance and improvement over time as well as to identify areas where activity may need to be accelerated.

- 4.9 As mentioned in 4.5, the priorities and actions within this Plan have been strongly influenced by the voice of people in Dundee who have experience of mental health challenges. The MHWSCG has developed positive, and possibly unique, relationships with vulnerable groups and localities in the context of strategic planning and commissioning processes. In addition to important but more traditional models of linking with service user groups and forums, strategic officers have developed meaningful connections with people and communities most at risk of developing poor mental health.
- 4.10 The work of the Poverty Truth Commission Mental Health Sub Group has been fed into the MHWSCG at every stage and this dialogue and collaboration has ensured that the recommendations from the sub group on what needs to change and/or strengthen and are consistent with the actions in the strategic commissioning plan.
- 4.11 A Health Issues group in the East End of the city performed its drama on suicide and self-harm to the MHWSCG followed by focused discussions on how local people with lived experience can provide support to others in the same situation in their own communities. The group helped design a mental health briefing to share at a local level the work of the strategic commissioning group and continue to work tirelessly to improve the mental health of those in need.
- 4.12 Dundee Service User Network (SUN) continue to seek the views of people with lived experience and are represented on the MHWSCG.
- 4.13 These processes demonstrate that the MHWSCG is genuinely coproducing its strategy and associated actions by working alongside those most affected and using their experience and evidence to agree what a framework of support will look like.
- 4.14 The MHWSCG will continue to listen to people through existing, well established communication networks and will strive to make new connections with, and fully involve, a range of people and interest groups across the city.
- 4.15 The outcomes of processes that provide external scrutiny will continue to be incorporated within strategic planning throughout the life of this Plan, an example of this is the Independent Inquiry into Mental Health Services in Tayside, which is in progress.
- 4.16 The Mental Health and Wellbeing Strategic and Commissioning Group (MHWSCG) will take responsibility for, and provide leadership on, all matters relating to mental health and wellbeing strategic planning and commissioning for adults within the city.
- 4.17 A Commissioning and Financial Framework which includes anticipated timescales against actions will accompany this Plan.
- 4.18 A reporting framework is being produced to track progress against the priority areas outlined within this Plan and against the more detailed set of actions already identified by the MHWSCG.

5.0 POLICY IMPLICATIONS

This report has been screened for any policy implications in respect of Equality Impact Assessment. There are no major issues.

6.0 RISK ASSESSMENT

This is a mandatory field and an explanation must be provided which covers the fields below. Please fill in and copy this table for each individual risk identified.

Risk 1 Description	That the plan is not fully implemented and does not achieve the desired outcomes.
Risk Category	Operational
Inherent Risk Level	Likelihood (3) x Impact (4) = Risk Scoring 12
Mitigating Actions (including timescales and resources)	Actions are already being taken to improve mental health and wellbeing and reduce mental health inequalities within the city. The proposed Plan will ensure a continued and targeted response to the challenges faced by some people in Dundee. A more detailed set of actions and performance management framework will sit behind the Plan and this will mitigate against key priorities not being progressed (at all, or quickly enough).
Residual Risk Level	Likelihood (2) x Impact (3) = Risk Scoring 6
Planned Risk Level	Likelihood (2) x Impact (3) = Risk Scoring 6
Approval recommendation	The risk should be accepted.

7.0 CONSULTATIONS

The Chief Finance Officer and the Clerk were consulted in the preparation of this report.

8.0 DIRECTIONS

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	X
	2. Dundee City Council	
	3. NHS Tayside	
	4. Dundee City Council and NHS Tayside	

9.0 BACKGROUND PAPERS

None.

David W Lynch
Chief Officer

DATE: 5 December 2018

Arlene Mitchell
Locality Manager

Dundee Mental Health and Wellbeing Strategic Plan 2019-2024

Introduction

Our vision is that the people of Dundee will have positive wellbeing and a good quality of life to help prevent mental health problems occurring, and that those with mental ill health will get the respect, support, treatment and care they require to recover without fear of discrimination or stigma.

Mental health and wellbeing is a priority locally, nationally and globally. We know that mental health inequalities are a more significant challenge in Dundee in comparison to most other areas of Scotland.

Dundee Mental Health and Wellbeing Strategic and Commissioning Group (MHWSCG) has produced this Plan to support the improvement of mental health and the reduction of mental health inequalities, predominantly for adults, over the next 5 years in the city.

What is Mental Health and Wellbeing?

Mental health and wellbeing is how we feel, think and behave as well as how fit we are in body and mind. Happiness and satisfaction, ability to cope when things get hard, and feeling optimistic about the future are features of positive mental health and wellbeing. If we have a sense of belonging, meaning and purpose in life, good physical health, and can look after ourselves and control what happens to us, we are more likely to be resilient and experience good mental health and wellbeing.

What affects Mental Health and Wellbeing?

Mental health and wellbeing is complex. Having close friends and family can promote positive wellbeing and protect us when things go wrong; however, someone with good mental wellbeing may find it easier to be sociable and connect with others than a person who has poor mental health. Equally, unemployment, poverty, disability or being a carer can lead to poor mental health, but can also make it difficult for a person to find or hold down a job that could improve their life circumstances and impact positively on their wellbeing.

The connections and differences between mental wellbeing and mental illness are debatable. Health professionals may see mental illness as disease, which requires medical treatment and intervention. Others see mental illness as a natural reaction to life circumstances best treated by dealing with the root causes of the person's distress, for example bereavement, trauma, relationship breakdown, or chronic pain. The issue is further complicated by the fact that being mentally unwell does not always result in clinical diagnosis of mental illness, and that people living with mental illness can and do often experience positive wellbeing.

Why Mental Wellbeing Matters

Poor mental health and wellbeing are linked with a wide range of negative factors such as unhealthy lifestyles, poor physical health, unemployment and deprivation. On the other hand, good mental health and wellbeing have been shown to lead to better health and social outcomes. The impacts of poor mental health, and mental ill health, are significant and have implications for a range of public services such as the NHS, Criminal Justice and local authorities. In recognition of this, mental health and wellbeing is a priority for the Scottish Government and locally for Dundee Partnership and the Health and Social Care Partnership. Tackling poor mental health involves improving mental wellbeing for the whole population as well as preventing and reducing mental illness.

Mental Health Inequalities

In working together to improve mental health and wellbeing, we recognise that mental ill health affects some people more than others. Using a range of data sources, we know that:

- In Dundee, more adults aged 16 – 64 have a mental health condition than the Scottish average. This equates to 6,319 people in the city;
- For adults in Dundee reporting a mental health condition, the highest rate can be found for women aged 35-49 years;
- For every age group, women are more likely to have mental health conditions than men. The gender ratio for Dundee is 57% females and 43% for males, which is similar to the position in the rest of Scotland;
- Populations living in poorer socio-economic circumstances are at increased risk of poorer mental health, depression and lower subjective wellbeing. Those living in the poorest areas are twice as likely to develop mental health problems as those on average incomes;
- The 2011 Census showed that, of the 8 wards within the city, the East End, Lochee and Coldside wards have the highest rate per 1,000 people with a mental health condition. All areas of Dundee, except for the West End and The Ferry, have a higher rate than the national average per 1,000 adults aged 16-64 reporting a mental health condition;
- The 2011 census indicated that people who identified themselves as having mental health conditions were less likely to be in work than Dundee's general population. Only 28% are in employment, 48% are either long term sick or disabled;
- The Quality Outcomes Framework has demonstrated a year on year increase in those on the mental health register. In five years there has been a 6% increase in mental health conditions; however there has been a drop in the number of patients newly diagnosed with depression;
- Mental Disorders are strongly related to suicides. Dundee has a slightly above average suicide rate compared to the rest of Scotland.

What's Happening in Dundee?

Mental health and wellbeing is identified as a priority in all relevant policies and plans in the city. In Dundee's City Plan it is one of the top three issues in the Health, Care and Wellbeing theme, alongside obesity and substance misuse. The MHWSCG, which involves a wide range of statutory and non-statutory service providers and community/ service user/ advocacy perspectives, has produced this Strategic Plan and a more detailed action plan to address many of the most important challenges facing Dundee's people in obtaining good mental health and wellbeing. These sit alongside a range of other plans and commissioning statements which recognise, and impact on, the mental health and wellbeing of specific population groups in the city, including children and young people, those affected by substance misuse, carers, and people at risk of or affected by suicide. These plans all reflect, and put into action, the strategic priorities implemented by the Scottish Government at a national level in terms of improving health and reducing health inequalities for the population as a whole.

The views and perspectives of those who provide mental health support and services in Dundee are listened to and acted upon when redesigning or restructuring how we do our business. Most importantly, this Strategic Plan and the more detailed action plan incorporate the views, suggestions and ideas of local people and service users about what matters most to them in terms of improving and protecting their mental health and wellbeing, as well as reflecting their experiences of mental ill health, services and recovery. These measures ensure that this Strategic Plan, and current and subsequent actions, are genuinely co-produced by those who have a stake in its development and delivery.

Principles to Guide Improvement

Delivering the vision for mental health and wellbeing in the city requires underpinning principles that direct the approach and all activity of the MHWSCG and its partners. The following 3 overarching principles have been adopted:

An integrated approach that brings together medical and social models of mental health.

An upstream approach that is focused on mental health promotion, prevention and early intervention, as well as services focussed on treatment and care.

A person-centred and strengths based approach which focuses on recovery, assets, quality of life and hope rather than the deficits and problems of individuals and communities.

Strategic Priorities

The MHWSCG has agreed 4 key strategic priorities to underpin and define its work in Dundee moving forward. These are:

- Reducing Health Inequalities
- Prevention and Early Intervention
- Getting the Right Support at the Right Time
- Focus on Recovery

The priorities agreed upon carry equal importance and there is an inter relationship between these. The 4 priorities will be used to track performance and improvement over time as well as to identify areas where activity may need to be accelerated.

A Good Practice Example

Sources of Support social prescribing link workers service (SOS)

SOS was piloted on a small scale and scaled up incrementally to the current position of 10 social prescribing link workers across 15 GP practices as part of the Scottish Government national Community Link Worker Programme, and more recently in the context of the Tayside Primary Care Improvement Plan and Action 15 of the national Mental Health Strategy.

Link workers take referrals from GPs and other health professionals for adult patients with poor mental health and wellbeing affected by their social circumstances. The SOS service sits within Dundee's integrated Health Inequalities Service.

An external evaluation demonstrated that the service had positive impacts on clients and GPs. Data showed a fairly even gender split and mixed age range. Over half of those referred were single, 92% had a mental health issue, the majority were unemployed and/or unfit to work, in receipt of welfare benefits, and living in the most deprived areas. 59% of patients required assisted visits to support them to access services; reasons included chronic anxiety, mobility issues, and financial constraints. Over 70% of those referred engaged with the scheme, 65% of goals were met fully and 84% had some positive outcome. Outcomes included increased access to services and activities, decreased social isolation, improved or new housing, benefits issues being addressed, new sense of purpose, and increased confidence. Outcomes for GPs included reduced patient contact, more options for patients, raised awareness of non-clinical services, and increased productivity. The role of the link worker was shown to be sophisticated and complex, using skills such as negotiation, facilitation, research, networking and advocacy.

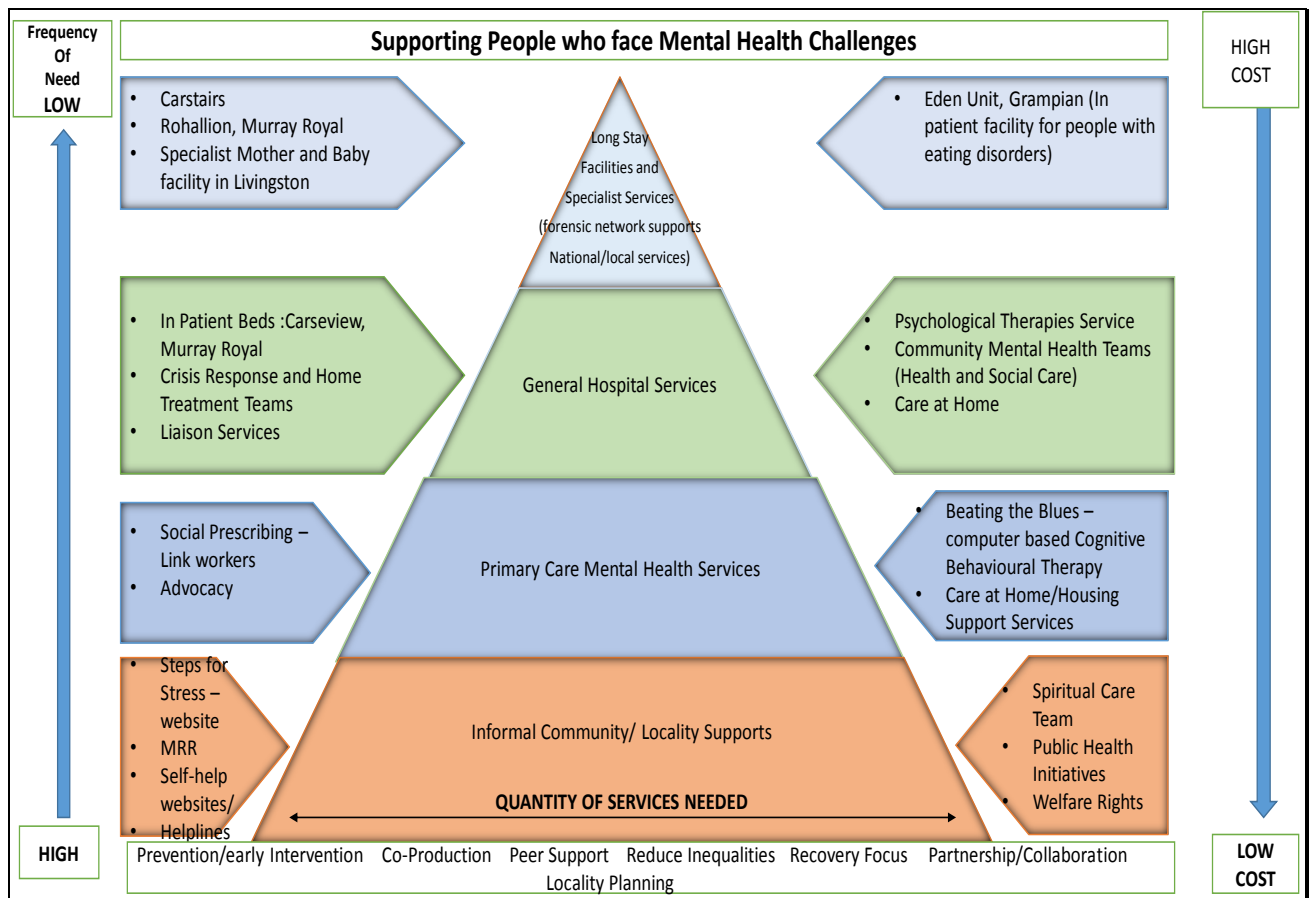
This effective and impactful model provides a synergy between medical and social models of mental health and wellbeing, focusing on social determinants and providing positive links for vulnerable people with a wide range of community based services and activities that can help improve life circumstances and quality of life.

Quotes:

"...when I first began I rarely went out... it kind of gave me a boost to go and do things with the kids and I was always kind of worried about money, so she put me onto places that didn't cost too much or were free".

"Quite often as a GP you do realise effectively what you can do is not very much. Life and circumstances and all sorts of things affect people's mental health and all you can do is give them 10 minutes of your time and probably send them away with a prescription".

Mental Health and Wellbeing Model



The pyramid above has been adapted from a model produced by the World Health Organisation and can be used to help organisations to analyse the balance between varying levels of support within a mental health context.

The model illustrates some examples of mental health and wellbeing support that is currently available in the city and will be used to track progress against strategic priorities throughout the life of the Plan. In order to improve mental wellbeing and reduce mental health inequalities, it is anticipated that the level of informal/ locality based supports will continue to increase. It is anticipated that the reliance on the current level of in patient provision will lessen as more preventative supports are introduced.

A financial framework will also be developed using the model to track disinvestment/investment across the different levels of mental health and wellbeing support. This will enable the MHWSCG to evidence shifts in investment and the effective use of overall available resources.

Good Practice Example

Making Recovery Real (MRR) is a multi-agency cross sector initiative supported by the Scottish Recovery Network.

The aim of the initiative is to shift the balance of power at all levels towards people with lived experience of mental health challenges.

Extensive and ongoing engagement tells us that what best supports recovery is:

- Being heard and understood, particularly by others who have lived experience.
- Sharing recovery stories.
- Being able to support others who have similar experiences.

In the 3 years that Making Recovery Real has been in place in Dundee we have:

- Created films and workshops to help share recovery stories with the public, service providers, and decision-makers.
- Held events to share the learning.
- Delivered Peer 2 Peer training courses.

Some of the impacts that have been evidenced so far:

- Creation of more peer recovery roles, both voluntary and paid positions in a variety of settings.
- Establishment of a Peer Recovery Network for mutual support and ongoing development.
- Of 24 peer graduates, 6 regularly deliver story sharing workshops and participate in events; 5 have progressed into further training or personal development courses, 5 have taken up volunteering opportunities, 3 went on to University courses, and 3 are now in employment.

Strategic Priority 1 - Reducing Health Inequalities

Some people are more likely to have poor mental health than others. For example, someone living on a low income is much more likely to become mentally unwell than someone who is better off. Someone who completes suicide is three times more likely to come from a poorer community than a more affluent one. These are unacceptable facts of life in Dundee. The strategy aims to reduce health inequalities by:

- Developing a framework of assessment, intervention, and support to address health inequalities experienced by people with mental health challenges.
- Targeting outreach work for better outcomes in localities with higher incidences of poor mental health.

- Working with people with mental health challenges to improve their physical health, for example including targeted smoking cessation programmes in conjunction with Public Health colleagues.
- Working with people with chronic physical conditions to improve their mental health and wellbeing.
- Working with people within the Criminal Justice Service to improve their mental health and wellbeing.
- Providing appropriate housing for people with mental health challenges.
- Provide more co-ordinated responses for people facing mental health and substance misuse challenges.

Strategic Priority 2 - Prevention and Early Intervention

The best way of ensuring that people enjoy good mental health and wellbeing is to prevent problems from arising in the first place. When problems do arise, they are best resolved when dealt with as quickly as possible. The strategy will therefore deliver support that is open to all, helping people to look after their own mental health and wellbeing. Other actions are included to keep people who live with ongoing mental health challenges as well as possible and prevent relapse. To these ends we will:

- Increase awareness of mental health issues across communities, schools, and workplaces, reducing stigma and discrimination.
- Make health and wellbeing information easier to find and understand.
- Make non-medical and social prescribing more widely available.
- Increase the number of short breaks to help sustain relationships between people with mental health issues and their unpaid carers.
- Provide evening and weekend access to facilities at Dundonald Centre for local mental health focussed care providers and voluntary organisations.
- Provide more low intensity psychological support at earlier stages in the patient journey.

Strategic Priority 3 - Getting the Right Support at the Right Time

People with mental health challenges, and their carers, have reported that it can be difficult to get the right help at the right time. However, getting the right help usually results in better outcomes. That's why we intend to broaden the range of available supports, and to make supports more accessible. Some of the changes we shall introduce are:

- Expanding the "Do you need to Talk?" Listening Service.

- Delivering Mental Health and wellbeing short courses in community settings.
- Increasing capacity within psychological therapies services.
- Introduction of specialist mental health assessment and liaison service within GP cluster areas to speed up access to appropriate mental health support.
- Strengthening support for people who live with substance misuse as well as mental health issues.
- Improving responses to people experiencing distress.

We will also:

- Collaborate to improve pathways between acute care, primary care, community care and community based mental health and wellbeing supports.
- Ensure the pathway and transition planning is a collaborative process involving all stakeholders supporting children, young people, adults and older people who face mental health challenges.
- Work in partnership to provide 7-day community mental health support.
- Build capacity within the third sector to strengthen services and supports within communities.
- Build capacity within the community pharmacy service to provide expert advice and guidance on mental wellbeing.
- Improve availability of Welfare Rights advice and information within all settings.

Strategic Priority 4 - Focus on Recovery

People can and do successfully recover from mental ill health, but recovery is personal and means different things to different people. We will continue to learn together about recovery and what best supports it, keeping lived experiences of recovery at the forefront of all we do. We will:

- Encourage people to hold recovery conversations in communities, sharing recovery stories, and celebrating successes.
- Develop the workforce, extending and broadening understanding of recovery.
- Create more peer recovery roles, both paid and voluntary, across the system and support a network for people involved in peer recovery.
- Emphasise the social components of recovery alongside reduced clinical symptoms in all care, treatment, and support provided.
- Provide 1:1 support and group activities in topics such as goal setting, personal reflection, mindfulness, and self-management.

- Review the use of anti-psychotic medications and poly pharmacy in acute and primary care settings.
- Continue to work in partnership with a range of others to improve employers' knowledge about mental health and wellbeing and their capacity to support people within, and back to, the workplace.

Co-Production

The priorities and actions within this Plan have been strongly influenced by the voice of people in Dundee who have experience of mental health challenges. The MHWSCG has developed positive, and possibly unique, relationships with vulnerable groups and localities in the context of strategic planning and commissioning processes. In addition to important but more traditional models of linking with service user groups and forums, strategic officers have developed meaningful connections with people and communities most at risk of developing poor mental health.

The work of the Poverty Truth Commission Mental Health Sub Group has been fed into the MHWSCG at every stage and this dialogue and collaboration has ensured that the recommendations from the sub group on what needs to change strengthen and are consistent with the actions in the strategic commissioning plan. The following is a quote from one of the Commissioners:

"Recently the mental health working group had the opportunity to present our research findings and recommendations to the strategic planning group. For me personally it was really empowering to share the voice of some of the most disenfranchised people in our city. I felt like the group listened with open minds and were really receptive to our recommendations. Although some of what we shared made difficult listening everyone engaged with the discussion. I feel more confident that our voices have been heard and will form part of the conversation around the development of mental health services having shared our research and recommendations with the group."

A Health Issues group in the East End of the city performed its drama on suicide and self-harm to the MHWSCG followed by focused discussions on how local people with lived experience can provide support to others in the same situation in their own communities. The group helped design a mental health briefing to share at a local level the work of the strategic commissioning group and continue to work tirelessly to improve the mental health of those in need.

Dundee Service User Network (SUN) continue to seek the views of people with lived experience and are represented on the MHWSCG.

These processes demonstrate that the MHWSCG is genuinely coproducing its strategy and associated actions by working alongside those most affected and using their experience and evidence to agree what a framework of support will look like.

The MHWSCG will continue to listen to people through existing, well established communication networks and will strive to make new connections with, and fully involve, a range of people and interest groups across the city.

The outcomes of processes that provide external scrutiny will continue to be incorporated within strategic planning throughout the life of this Plan.

Governance

The Mental Health and Wellbeing Strategic and Commissioning Group (MHWSCG) will take responsibility for, and provide leadership on, all matters relating to mental health and wellbeing strategic planning and commissioning for adults within the city.

A Commissioning and Financial Framework which includes anticipated timescales against actions will accompany this Plan.

A reporting framework is being produced to track progress against the priority areas outlined within this Plan and against the more detailed set of actions already identified by the MHWSCG.

Links to Related Policy/ Strategy Documents

Improving mental health is a priority for the Scottish Government.

The [SG website includes](#) information about the activity that the Scottish Government is currently undertaking and provides links to further information about Mental Health and Wellbeing.

Mental Health policy in Scotland encompasses a number of discrete strategies including Mental Health Strategy and Suicide Prevention Strategy. It is recognised that the determinants and effects of mental health cross a wide variety of other policy areas such as substance misuse, early years, public health, acute physical illness and the interdependence of mental and physical health.

[‘What Research Matters for Mental Health Policy in Scotland’ \(2015.\)](#) The research priorities outlined in this paper were developed by the Mental Health and Protection of Rights Division of the Scottish Government to support 5 key policy objectives articulated through the [Mental Health Strategy 2012-2015](#) and the [Suicide Prevention Strategy 2013-2016](#).

Although both strategies were coming to an end, the paper included emerging sentiments about the direction of travel for the next strategies.

The [Mental Health Strategy 2017 – 2027](#) was published on 30 March, 2017, and is the centrepiece for the Government’s focus on improving Mental Health. It contains 40 specific actions, each intended to tackle a specific issue. The strategy includes a focus on prevention and early intervention, accessible services, physical wellbeing of people with mental health problems, rights and information.

[‘Every Life Matters’ – Scotland’s Suicide Prevention Action Plan \(2017 - 2022\)](#) lists the actions which leaders nationally and locally must take to transform society’s response and attitudes towards suicide and these actions extend beyond health and social care.

[The City Plan for Dundee 2017 – 2026](#) builds on a series of Dundee Outcomes which reflect and contribute to the national ambitions for Scotland. It has 5 strategic priorities one of which is to improve the mental health and wellbeing of the people of Dundee.

[Dundee Health and Social Care Partnership Strategic and Commissioning Plan 2016 - 2021](#)

[Tayside Primary Care Improvement Plan](#)

[The National Health and Wellbeing outcomes](#) provide a strategic framework for the planning and delivery of health and social care services.

The [Carers \(Scotland\) Act 2016](#) is designed to support carers’ health and wellbeing and to help make caring more sustainable.



REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD –
18 DECEMBER 2018

REPORT ON: CHIEF SOCIAL WORK OFFICER GOVERNANCE FRAMEWORK

REPORT BY: CHIEF SOCIAL WORK OFFICER

REPORT NO: DIJB62-2018

1.0 PURPOSE OF REPORT

This report provides information on a new Chief Social Work Officer (CSWO) Governance Framework, which outlines the statutory duties and functions of the CSWO and the arrangements to provide assurances about the quality of Social Work Services. The Framework was approved by the Policy and Resources Committee of Dundee City Council on 24 September 2018.

2.0 RECOMMENDATIONS

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

- 2.1 Note the statutory duties and functions of the Chief Social Work Officer and requirements to have a Governance Framework to assist them in carrying out their role.
- 2.2 Notes the contents of the Governance Framework (attached as Appendix 1) which outlines the arrangements in place to provide assurances on each requirement relating to the CSWO role.
- 2.3 Notes the arrangements described in section 4.8 will meet recommendations of the Audit Scotland Report on Social Work (as summarised in Appendix 2) which emphasised the importance of having effective governance arrangements in place.
- 2.4 Notes in Section 4.9, the commitment from the CSWO to provide advice and leadership to the IJB, including thematic reports and briefings as required.
- 2.5 Notes the continued requirement for the CSWO to provide Annual reports which are considered by both Dundee City Council and the Integration Joint Board.

3.0 FINANCIAL IMPLICATIONS

- 3.1 There are no immediate financial implications associated with the contents of this report however an Audit Scotland Report on Social Work, published September 2016, noted growing pressures caused by a combination of demographic change and fiscal constraint. The report made 13 recommendations relating to strategy and service planning; governance and scrutiny; the workforce; and service efficiency and effectiveness (summary attached as Appendix 2). The existence of an agreed Governance Framework will be important in driving and overseeing local responses to this report.

4.0 MAIN TEXT

- 4.1. The Chief Social Work Officer is a role required in each local authority by Statute, it cannot be delegated to integration authorities or other agencies. The CSWO must be a qualified social work officer who is registered with the Scottish Social Services Council; designated as a proper officer of the local authority; and of sufficient seniority and experience in both the operational and strategic management of social work services.

- 4.2 The overall objective of the post is to ensure the provision of effective, professional advice to the Local Authority, Elected Members and officers - in the authority's provision of social work services. The post should assist the Council in understanding the complexities and cross cutting nature of social work service delivery in relation to issues such as corporate parenting, child protection, adult protection and the management of high risk offenders. The CSWO also has a role to play in overall performance improvement and the identification and management of corporate risk insofar as they relate to social work services.
- 4.3 In July 2016, the Scottish Government updated earlier guidance on the CSWO role to assist Elected Members to ensure that it is both supported and delivered effectively, including in respect of Social Work functions which have been delegated to Integration Joint Boards (IJBs) under the Public Bodies (Joint Working) (Scotland) Act 2014. It is a requirement of the 2014 Act that the CSWO be appointed as a non-voting member of the IJB. The CSWO also has a defined role in professional and clinical and care leadership and has a key role to play in Clinical and Care Governance systems which support the work of the IJB.
- 4.4 In common with most other areas in Scotland, in Dundee the role is held by a Head of Service who carries management responsibilities for operational services to Children and Families and Community Justice. The CSWO role is however distinct from the post holder's operational management responsibilities and involves overarching advice to the Integration Joint Board on matters of significant, serious or immediate risks arising from statutory responsibilities; ensuring adherence to national standards and guidance; promoting the values of the Social Work profession; continuous improvement including learning from Significant Case Reviews; and workforce planning and development.
- 4.5 The CSWO also has key statutory decision making functions including:
- Acting as guardian to an adult with incapacity where the functions relate to personal welfare and no other suitable individual has consented to be appointed;
 - Making decisions associated with the management of Drug Treatment and Testing Orders (DTTOs) for people with acute and chronic substance misuse problems;
 - Carrying out functions relating to the breach of a Supervised Release Order, or appointing someone to carry out these functions; and,
 - Other decisions, such as in respect of Multi Agency Public Protection Arrangements (MAPPA) and mental health services carried out by Mental Health Officers (MHOs).
- 4.6 It is therefore an extensive leadership and decision-making position, spanning the range of Social Work services, operating across structural boundaries, working within various partnership arrangements and overseeing practice standards which often relate to high levels of risk, need and vulnerability for children, young people and adults.
- 4.7 The CSWO operates in the context of wider national arrangements and requirements for the Social Work profession. This includes, for instance, working in accordance with the Scottish Social Services Council (SSSC) workforce regulatory and development requirements, Care Inspectorate inspection frameworks and a national Practice Governance Framework for Social Work. As a member of Social Work Scotland, which works in partnership with the Scottish Government, COSLA and other stakeholders to inform developments, the CSWO also influences matters relating to leadership, the workforce, practice and resources. Some recent examples of this include 2 local managers attending the CSWO Post-Graduate Diploma and a practice development forum run jointly with Dundee University.

4.8 Within Dundee the CSWO meets regularly with the Chief Officer of the Dundee Integration Joint Board and Independent Chairs of the various Protection Committees. They are a member of the IJB and the Clinical Quality Forum as well as a range of strategic partnerships which directly provide, coordinate, relate to or are mutually dependent upon the range of Social Work services. The CSWO is accountable to Elected Members through local governance frameworks and the proposed local framework (attached as Appendix 1) now explicitly describes the arrangements in place to support and enable the officer to carry out their roles effectively and includes:

- 1 **Professional advice including where services are commissioned** - strategic commissioning and contract monitoring arrangements for Children's Services and Health and Social Care.
- 2 **Assisting partners to understand the complexities of Social Work** - balanced scorecards, case file quality assurance mechanisms and outcomes monitoring.
- 3 **Values and standards of Social Work** - involvement in induction for new Social Workers, identification and exceptions reporting of investigated complaints where expected standards of practice have not been met.
- 4 **Practice governance** – the CSWO is a member of the Tayside Clinical Quality Forum. Arrangements for deputising in their absence have been agreed and a practice governance group has been established.
- 5 **Continuous improvement** – monitoring of a CSWO dataset and notification of all Initial Case Reviews, Significant Case Reviews, Large Scale Inquiries, self-evaluation activities and inspection findings.
- 6 **Supporting evidence informed decision making** – ensuring outcomes for vulnerable people are reflected in strategic plans, including the City Plan, Health and Social Care Strategic and Commissioning Plan and Tayside Plan for Children and Young People.
- 7 **Workforce planning, learning and recruitment** – ensuring appropriate and effective continuing professional learning and post-qualifying learning, links with national directives and emerging priorities for Newly Qualified Social Workers and SSSC registered workforce, Post-Registration training and learning statutory requirements. Responding to national priorities on social work education including effective provision of practice learning opportunities in partnership with universities.
- 8 **Making decisions relating to the curtailment of individual freedom** – developing and monitoring a dataset covering use of guardianship, powers of attorney and mental health provisions.
- 9 **Assessment and management of certain offenders who present a risk of harm** – access to a MAPPA balanced scorecard, case file audits of high risk of harm offenders and consultation on the MAPPA Annual Report.
- 10 **Reporting significant serious or immediate risks** – membership of the IJB, Chief Officer's Group, regular meetings with relevant Convenors and senior officers and access to the Health and Social Care Partnership and Council Management Teams.

4.9 These arrangements will also support actions to meet the recommendations of the Audit Scotland Report on Social Work (summarised in Appendix 2) which emphasised the importance of having effective governance arrangements in place.

IJB Members will continue to have full access to the CSWO and receive Annual Reports outlining strengths, achievements, opportunities and challenges relating to leadership, strategy, partnerships, service delivery, outcomes and finances across Social Work Services. They will also receive thematic reports and briefings as appropriate.

5.0 POLICY IMPLICATIONS

This report has been screened for any policy implications in respect of Equality Impact Assessment. There are no major issues.

6.0 RISK ASSESSMENT

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

7.0 CONSULTATIONS

The Chief Officer, Chief Finance Officer, Head of Service, Health and Community Care, and the Clerk have been consulted in the preparation of this report.

8.0 DIRECTIONS

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.

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

9.0 BACKGROUND PAPERS

None.

Jane Martin
Chief Social Work Officer

DATE: 5 December 2018

Kathryn Sharp
Senior Manager, Strategy and Performance

**Dundee City Council
Chief Social Work Officer
Governance Framework
2018-2026**

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PART 3 – GOVERNANCE FRAMEWORK

INTRODUCTION BY CHIEF SOCIAL WORK OFFICER, DUNDEE CITY COUNCIL

I am pleased to present the Dundee City Council Chief Social Work Officer Governance Framework for the period 2018-2026. The framework explains the senior leadership role which the CSWO has to play in promoting excellent Social Work services across the city and the supports, structures, systems and processes in place to enable them to carry out their roles effectively.

The CSWO has a pivotal leadership role within Social Work services and is required to ensure the Council complies with statutory responsibilities, National Standards, Guidance and Codes of Practice. They provide critical advice to other leaders on Social Work functions and a range of relevant issues. They lead on continuous improvement, workforce development and partnership work with stakeholders.

The CSWO role is particularly important in championing, supporting and encouraging Social Work to have greater visibility and voice, including consultation with the profession at national and local levels. They lead on the Social Work reform programme in the context of many challenges relating to demographic and financial trends. They promote continuous improvement and engagement with localities.

Locally, the importance of the role in contributing towards key priorities is illustrated in our City Plan 2017-2026, which highlights 4 strategic objectives relating to Children and Families; Health and Wellbeing; Community Safety and Justice; and Work and Enterprise. These all require the provision of good Social Work services and the development of a consistent partnership approach, including with service users.

Given the nature and extent of needs of people who require Social Work services, alongside the complex environment within which the CSWO operates, it is a crucially important role. The CSWO makes a major contribution to our vision for the city, especially in relation to creating a healthy, safe, confident, educated and empowered community.

Jane Martin
Chief Social Work Officer
Dundee City Council

PART 1
**THE ROLE OF THE CHIEF SOCIAL
WORK OFFICER**

PURPOSE

This framework has been developed in collaboration with the Social Work workforce, Chief Officers and Elected Members. It sets out the governance arrangements for the design and delivery of safe, effective and high quality Social Work and Social Care services under the leadership and oversight of the Chief Social Work Officer (CSWO) in Dundee City.

CONTEXT

The implementation of the Social Work (Scotland) Act 1968 established Social Work services across Scotland, including the creation of local authority Social Work Committees and the appointment of Chief Social Work Officers. The reach of Social Work services has since been extended through a range of legislation and associated regulations, supported by policy guidance. The broad span of services includes:

Children's Services	Adult Services	Criminal Justice Services
Support for families	Residential care	Diversion from Prosecution
Child protection	Care at home	Reports for the Sheriff and High Courts
Adoption	Day care	Supervision of Community Payback Orders
Kinship care	Hospital discharge	Resettlement support to short-term prisoners
Fostering	Adult support and protection	Supervision of people on license from prison
Looked After Children	Mental health and addiction services	Multi-Agency Public Protection Arrangements
Residential care	Dementia and Alzheimer's services	Coordination and delivery of Unpaid Work
Youth justice	Supporting people with disabilities	
Mental health	Provision of aids and adaptations	
Disabilities	Re-ablement services	
Child refugees	Supporting refugee families	
Trafficked children	Supporting victims of people trafficking	

These services are delivered within a range of changing legislation and over the last 5 years a number of new requirements have been introduced. This includes the Social Care (Self-Directed Support) (Scotland) Act 2013; the Children and Young People (Scotland) Act 2014; the Public Bodies (Joint Working) Scotland Act 2014; the Carers (Scotland) Act 2016; and the Community Justice (Scotland) Act 2016.

In addition, frequent changes to types and levels of need and organisational structures have also altered the context within which Social Work services are delivered. This includes increases in substance misuse and mental health problems across the

population; a marked rise in the number of people of pensionable age; the integration of adult health and social care services; and community justice reforms.

However, throughout these many changes, the role of the CSWO has always remained central to maintaining high quality and responsive Social Work services for the most vulnerable and/or marginalized people within our communities at certain times or throughout their lives. The purpose, values and roles of Social Workers has continued to be:

Purpose	Achieve positive change in people's lives or improve their circumstances Keep people safe from harm or from harming themselves or others Promote the quality of life for people for as long as possible
Values	Believe that change is possible Build on the strengths of each individual and family Be anti-discriminatory and challenge discrimination Understand the impact of the wider family, community and society Find solutions and focus on improving outcomes Provide opportunities for people to engage with services when necessary Promote independence where possible Shift the power for decisions/actions from professionals to individuals Be self-aware and know how to use self when engaging with people Commit to continued professional and personal development
Roles	Assessing strengths, needs, risks and protective factors Managing risks Building relationships to support and sustain change Listening to and really appreciating the uniqueness of every person Having empowering, enabling and challenging conversations Defining agreed purposes and outcomes with people Developing plans informed by assessments to improve lives Delivering interventions to address needs, risks and issues Preparing reports for Courts, Hearings and Tribunals Influencing and using networks of support Working in partnership with other services Coordinating and managing arrangements Working within legislative requirements to increase choice and options Monitoring and reviewing progress Understanding cost constraints whilst focusing on doing the right things

STATUTORY REQUIREMENT FOR A CSWO

The Social Work (Scotland) Act 1968 (amended by S.45 of the Local Government (Scotland) Act 1994) requires Local Authorities to appoint a CSWO for the purposes of listed Social Work functions. The post holder is required to be a qualified Social Worker who can demonstrate extensive experience at a senior level and can provide effective professional advice at all levels. They have a range of key statutory roles:

Roles of the Chief Social Work Officer

Report to Elected Members and the Chief Executive any significant, serious or immediate risks or concerns arising from his or her statutory responsibilities.

Provide appropriate professional advice in the discharge of the Local Authorities functions as outlined in legislation, including where Social Work services are commissioned.

Assist Local Authorities and their partners to understand the complexities and cross-cutting nature of Social Work, including corporate parenting and public protection.

Promote the values and standards of professional Social Work, including all relevant National Standards and Guidance and adherence to Scottish Social Services Council Codes of Practice.

Establish a Practice Governance Group or link with relevant Clinical and Care Governance arrangements designed to support and advise managers in maintaining high standards.

Promote continuous improvement and identify and address areas of weak and poor practice in Social Work services, including learning from critical incidents and significant case reviews.

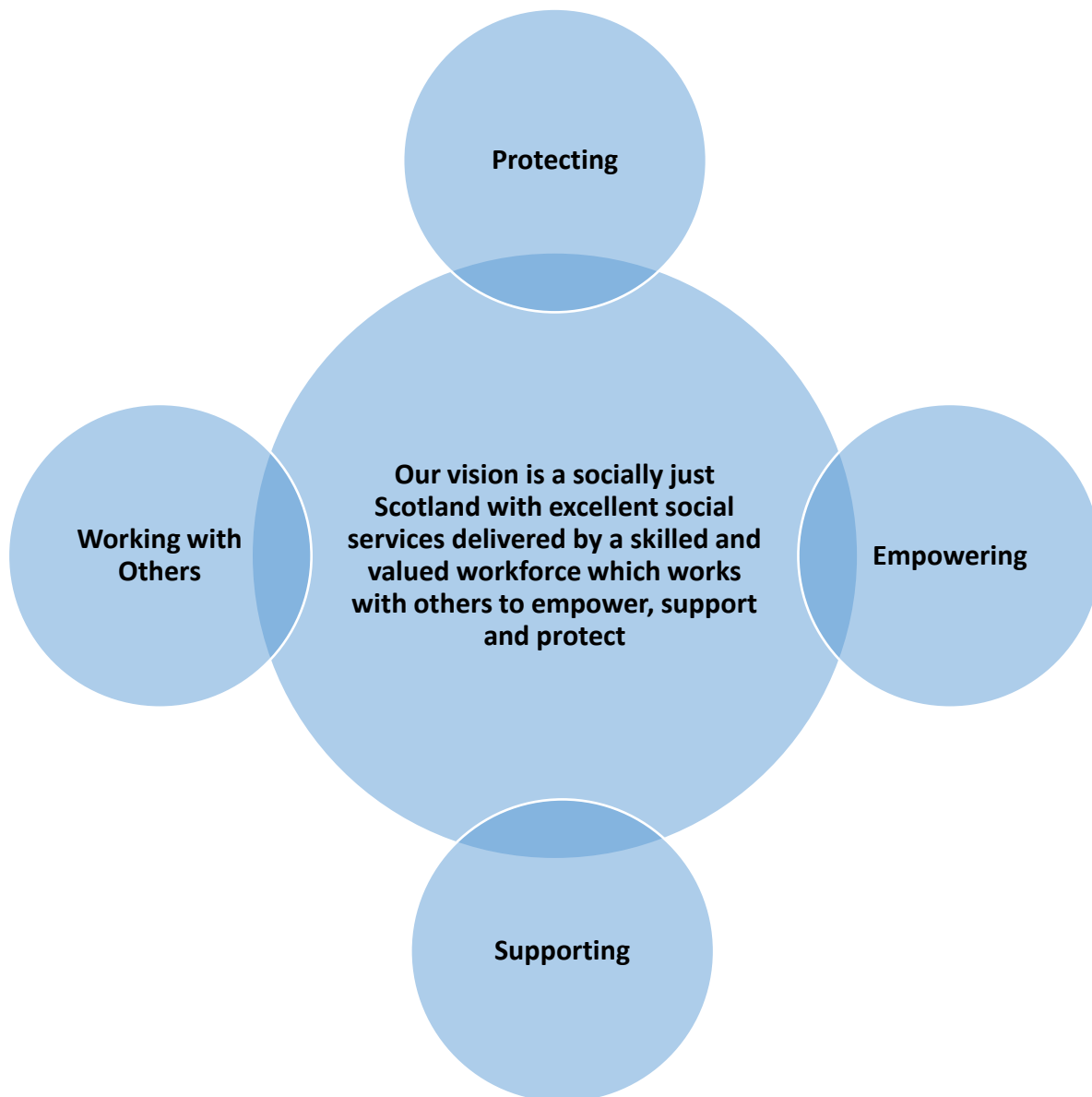
Workforce planning, including the provision of practice learning experiences for students, safe recruitment practice, continuous learning and managing poor performance.

Make decisions relating to the placement of children in secure accommodation and other services relating to the curtailment of individual freedom.

In cooperation with other agencies, ensure on behalf of the Local Authority that joint arrangements are in place for the assessment and risk management of certain offenders.

A SHARED VISION AND STRATEGY 2015-2020

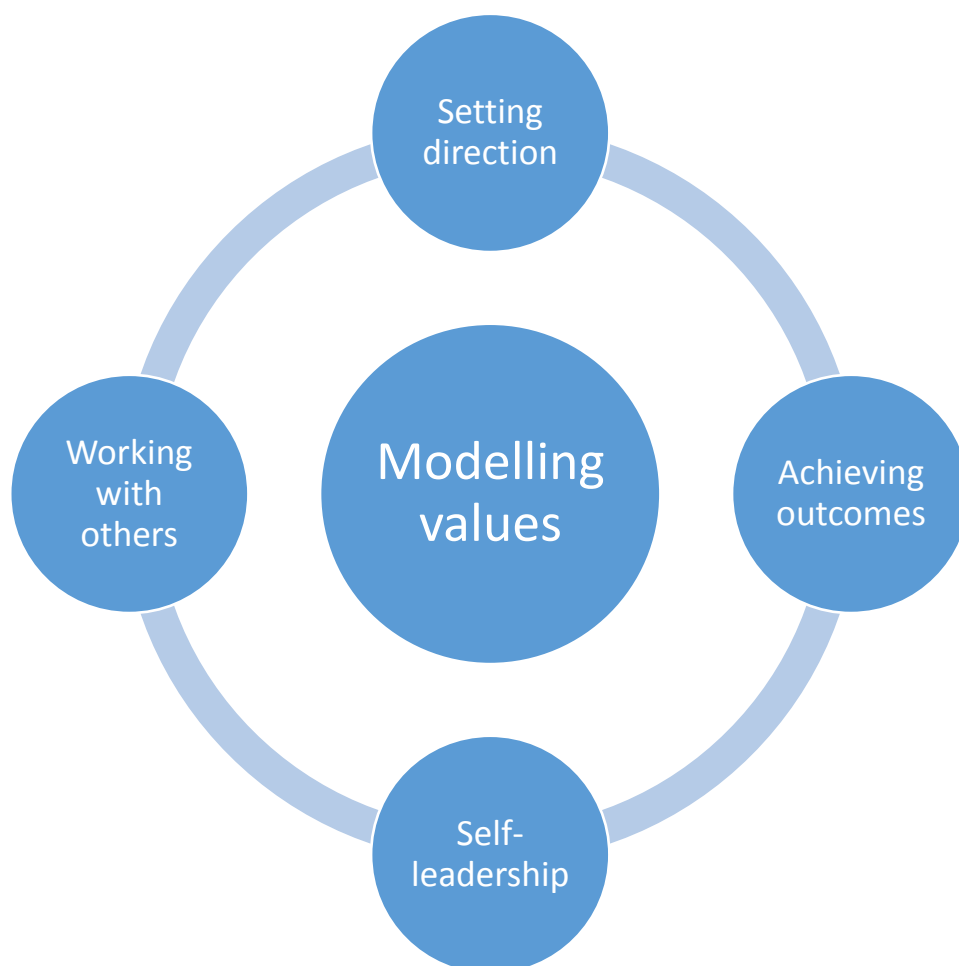
The Social Services in Scotland: a Shared Vision and Strategy 2015-2020 also sets out a clear vision for the future of delivery of Social Work and Social Care services. The strategy highlights that, in order to promote a socially just nation, the provision of excellent social care services requires a focus on the inter-connected areas of protecting, empowering, supporting and working with others:



The role of the CSWO in modelling and leading Social Work values is a central feature of this strategy. Applying the values, however, is not straightforward and often involves dilemmas and difficult decisions relating to such issues as rights, responsibilities, freedom, authority, safety, protection and power. They involve the complex and often ambiguous relationships between justice, care and control.

CSWO STANDARDS

The roles of CSWOs and their contribution towards the national and local implementation of the Social Services Vision and Strategy are underpinned and supported by the Scottish Social Services Council (SSSC) CSWO Standard published in July 2015. Given the complexity of the role, this Standard aims to outline the key competencies in the roles and responsibilities of CSWOs and outlines 5 key elements:



The Standard is promoted through a CSWO Accreditation Programme, which has a focus on self-directed learning. Each element has a number of overlapping competencies which include, for instance, advocating for the most vulnerable; engaging with partners; managing change, resources, people, performance and risk; integrity; and continuous professional development.

THE SSSC: WORKFORCE REGULATION

The SSSC was set up under the Regulation of Care (Scotland) Act 2001 to regulate social work and social care practitioners and to promote their education and training. It aims to ensure that the workforce is trusted, skilled and competent in their practice. This is achieved through the registration of social work and social care workforce; settings standards; and supporting professional development:

Registration	Registration is central in setting high standards for the provision of social services, improving safeguards for people using services and increasing public confidence. All registered practitioners are, for instance, required to meet post registration training requirements.
Codes of Practice	The Codes of Practice for Social Services Workers and Employers sets out the standards which social workers/social care workers and their employers should meet and what the people who use services can expect.
Fitness to Practice	The SSSC has a role in ensuring that the workforce is fit to practice and are of good character, conduct and competence. Where necessary, the Fitness to Practice Team investigates concerns about the conduct of social work and social care practitioners.
Workforce Development	The SSSC also has a role in developing the workforce and makes a range of tools, resources and opportunities available to practitioners. It provides support and advice to education and training providers.

THE CARE INSPECTORATE: NATIONAL REGULATOR FOR CARE SERVICES

The Care Inspectorate is the national regulator of care services in Scotland. It also has responsibility for the inspection of Social Work services and carrying out joint inspections, supported self-evaluation, reviews and improvement activity, with partner organisations, such as Education Scotland or Her Majesty's Inspectorate of Constabulary (HMIC), where necessary. Their main function is to:

- Provide assurance and protection for people using services, their families, carers and for the wider public;
- Play a key part in improving services for adults and children across Scotland;
- Act as a catalyst for change and innovation in Social Work services and promote good practice.

The Care Inspectorate operates within a set of Health and Social Care Standards which came into force in April 2018. The standards seek to provide better outcomes for everyone; to ensure that individuals are treated with respect and dignity; and that the basic human rights that we are entitled to are upheld. The Standards are based on five headline outcomes relating to:

High quality care and support
Being fully involved in all decisions about care and support
Having confidence in the people who provide support and care
Having confidence in the organisation providing my care/support
Experiencing a high quality living environment if provided

Under each headline outcome, the standards include 5 principles on dignity and respect; compassion; inclusion; responsive care and support; and wellbeing. Each principle outlines a range of descriptive statements which place an emphasis on service users experiences of services. There is a focus on relationships and the extent, for instance, to which they feel:

- **Accepted and valued**
- **Supported to participate fully as a citizen**
- **Involved in agreeing and reviewing restrictions**
- **Encouraged to make and keep friendships**
- **Experience stability in care**

The new care standards apply to all health and social care services in Scotland and will be helpful to services, commissioners and scrutiny bodies in planning, designing and delivering services. They have a particular focus on relationships, the experiences of people using Social Work and Social Care services and the impact of those services on their health and wellbeing.

NATIONAL PRACTICE GOVERNANCE FRAMEWORK

The Practice Governance Framework was issued in March 2011 and revised in 2016 to provide an overview of the role of both the CSWO and the Registered Social Worker in statutory interventions, specifically in practice relating to child care, justice, mental health and adults with incapacity. The guidance sets out a Practice Governance Framework outlining responsibilities in respect of:



SOCIAL WORK SCOTLAND

Following a review of the former Association of Directors of Social Work (ADSW), Social Work Scotland was formed in 2014 as the professional leadership organisation for Social Work and Social Care in Scotland. As a leadership organisation it is committed to supporting CSWOs and the implementation of the national vision and strategy, including through regular liaison with the Scottish Government.

AUDIT SCOTLAND REPORT ON SOCIAL WORK

The CSWO role is also central to helping to address the recommendations outlined in the Audit Scotland report on Social Work published in 2016. This report examined pressures facing Social Work and made 13 recommendations to ensure Councils and Health and Social Care Partnerships operate within constraints whilst maintaining or improving the quality of support to people who require Social Work services:

1. **Social Work strategy and service planning** – 3 recommendations relating to instigating debates with communities about the long-term future of Social Work given the funding available and challenges; working with partners to review how to provide services for the future and future funding arrangements; and developing long-term strategies for the services funded by Social Work
2. **Governance and scrutiny** – 2 recommendations relating to ensuring governance and scrutiny are comprehensive across the range of Social Work services and having processes in place to monitor efficiency, effectiveness and outcomes. Three recommendations also related to Council support for CSWOs and the production of annual reports.
3. **Workforce** – 2 recommendations that Councils should work with COSLA, the Scottish Government and private and third sector employers to put in place a coordinated approach to resolve workforce issues and ensure that providers who use zero hours contracts allow staff to accept or turn down work without being penalised
4. **Service efficiency and effectiveness** – 3 recommendations to Councils and IJBs that they should include evaluation criteria when planning an initiative and extend or halt initiatives depending on their success; work with partners to review eligibility frameworks; and benchmarking services with other Councils and providers in the UK and overseas.

Clearly, these are significant challenges and CSWO Governance Frameworks provide opportunities to ensure the recommendations are implemented and monitored across both Children and Families Services and Health and Social Care Partnerships, in collaboration with key partners and whilst engaging with local communities. They allow assurances to be given and key issues highlighted to Elected Members.

PART 2
DUNDEE ARRANGEMENTS

INTRODUCTION

In Dundee, the Council and Health and Social Care Partnership fully embrace the important role of the CSWO and the unique contribution Social Workers make, often in integrated or multi-disciplinary teams. The role is crucial to the realisation of the vision and ambitions described in our strategic plans, each of which outline a range of actions to which Social Work makes major contributions:

- **City Plan 2017-2026** - highlights 4 key priorities relating to Children, Young People and Families; Health, Care and Wellbeing; Community Safety and Justice; and Fair Work and Enterprise.
- **Health and Social Care Strategic and Commissioning Plan 2016-2021** – outlines 8 strategic priorities for the transformation, commissioning and delivery of health and social care services: health inequalities; early intervention and prevention; person-centred care and support; carers, localities and engaging with communities; building capacity; models of support / pathways of care; and, managing resources effectively.
- **Tayside Plan for Children, Young People and Families 2017-2020** – outlines 5 priorities relating to Early Years; Educational Attainment; Physical, Mental and Emotional Health; Inequalities and Disadvantage; and Child Protection.
- **Community Justice Outcome Improvement Plan 2017-2028** – outlines priorities relating to community awareness and involvement; access to services; and the delivery of services to reduce re-offending.

HEALTH AND SOCIAL CARE

The Public Bodies (Joint Working) (Scotland) Act 2014 required NHS Boards and Local Authorities to integrate the planning and delivery of certain adult health and social care services. The Dundee Integration Joint Board (IJB) was established on 1st April 2016 to plan, oversee and deliver adult Health and Social Care services through the Dundee Health and Social Care (HSC) Partnership.

The 2014 Act required Local Authority and Health Boards to jointly prepare an Integration Scheme for the area, setting out the functions which were to be delegated. In response, Dundee City Council delegated all adult social work and social care functions to the IJB. Children and Families Social Work functions, including Community Justice, were retained by the Local Authority.

CHILDREN AND FAMILIES SERVICE

The Children and Families Service consists of Education, Children's and Community Justice Services. In the context of Getting it Right for Every Child (GIRFEC), the service leads on Integrated Children's Services with partners across the city. It also includes a Strategy and Performance Team which consists of Council, NHS Tayside and Third Sector staff and an Out of Hours Service covering Angus and Dundee.

IMPLICATIONS FOR THE CSWO IN DUNDEE CITY

Following the implementation of the HSCP, combining adult health care with adult social care and social work, and the creation of a single Children and Families Service, combining Children's Services Social Work and Community Justice with Education Services, the CSWO oversees Social Work functions across the portfolios of four Chief Officers as follows:

Chief Social Work Officer			
Head of Integrated Children's Services and Community Justice	Head of Health and Community Care, Health and Social Care Partnership	Head of Finance and Strategic Commissioning, Health and Social Care Partnership	Senior Manager, Learning and Organisational Development, DCC

In addition to the services outlined, the Council's Advice Service, including Welfare Rights and Financial Inclusion, sits within Council Corporate Services Division and has important links to Social Work functions in relation to early intervention, prevention, protection and social inclusion. The Council's Community Safety Service also sits with Neighbourhood Services and overlaps with services relating to Community Justice.

CSWO REPRESENTATION AT LEADERSHIP GROUPS

The CSWO has direct access to Elected Members, the Chief Executive, Directors, Heads of Service, managers and front line practitioners both within the Council and with partner agencies in relation to professional Social Work issues. They attend a broad range of DCC leadership and strategic partnership meetings with varying terms of reference as follows:

- Reporting to the Executive Director of Children and Families and regular meetings with the Chief Executive.
- Member of the Integration Joint Board and IJB Performance and Audit Committee.
- Member of the Tayside Clinical Care Professional Governance Forum, alongside CSWOs from Angus and Perth and Kinross.
- Member of 3 Executive Boards which oversee the implementation of community planning priorities.
- Member of the Adult Support and Protection (ASP) Committee, providing advice on Social Work matters relating to vulnerable adults.
- Member of the Alcohol and Drug Partnership (ADP), providing advice on Social Work matters relating to substance misuse problems.
- Member of the Child Protection Committee (CPC), providing advice on Social Work matters relating to children and young people at risk of harm.
- Member of the Chief Officer Group for Protecting People, contributing leadership and oversight on all public protection matters.
- Member of the Tayside Strategic Children and Young People Collaborative Group as the representative of the CSWOs in all 3 local authority areas.

JOINT SOCIAL WORK MANAGEMENT TEAM

The Joint Social Work Management Team brings together the Chief/Senior Officers (or their representatives) with responsibilities for Social Work functions, alongside supporting officers. The group maintains oversight of:

- key national and regional developments with implications for social work practice, including considering local actions required in response and monitoring implementation of these actions;
- local developments, both strategic and operational, with specific implications for the social work workforce and services;
- datasets relating to statutory social work functions;
- the effectiveness of arrangements to support the CSWO in discharging their statutory role; and
- the production and publication of the CSWO annual report.

PART 3
GOVERNANCE FRAMEWORK

Function	Assurance Mechanisms	Lead	Frequency
1. Provide appropriate professional advice in the discharge of the Local Authorities functions as outlined in legislation, including where Social Work services are commissioned.	Consultation on/consideration of reports to committee/IJB on social work functions	Diane McCulloch	As required
	Membership of/access to Council Management Team	Jane Martin	As required
	Membership of IJB	Jane Martin	2 monthly
	Regular meetings with: <ul style="list-style-type: none"> • Relevant Convenors <ul style="list-style-type: none"> • IJB Chair • Chief Executive (DCC) • Chief Officer (HSCP) 	Jane Martin	As required
	Regular meetings with Independent Chairs of Public Protection Committees	Kathryn Sharp	Quarterly
	Regular meetings with Senior Manager responsible for strategic support to Public Protection Committees	Jane Martin/ Kathryn Sharp	Monthly
	Oversight of strategic commissioning and contract monitoring arrangements for HSC and Children's Services	Kathryn Sharp/ Glyn Lloyd	Report to Joint SW MTM
	Oversight of case file quality assurance mechanisms	Glyn Lloyd/ Alexis Chappell	Reports to Joint SW MTM as available

Function	Assurance Mechanisms	Lead	Frequency
2. Assist Local Authorities, Health and Social Care Partnerships and their partners in understanding the complexities and cross-cutting nature of Social Work service delivery, including corporate parenting and public protection.	Production and dissemination of annual report of CSWO	Kathryn Sharp/ Glyn Lloyd	Annually
	Oversight of dataset on Looked After Children in kinship care, fostering, adoption and internal and external residential placements	John Cooper	Quarterly
	Involvement in case file quality assurance for cases identified as high risk of harm to self or others	Martin Dey/ Arlene Mitchell	Quarterly
	Oversight of dataset on the risks and needs presented by vulnerable children and adults	Derek Aitken/ Alexis Chappell	Quarterly
3. Promote the values and standards of professional Social Work, including all relevant National Standards and Guidance and adherence to Scottish Social Services Council Codes of Practice.	Identification and exceptions reporting of complaints where expected standards of professional practice have not been met	Clare Lewis- Robertson	Report to Joint SW MTM
	Regular reporting of disciplinary and grievance cases, outcomes and identified issues	Gillian Milne	Report to Joint SW MTM
	Production of an annual composite report on inspection outcomes for all care homes (internal and external)	Kathryn Sharp	Annually
	Consultation on/consideration of reports to committee/IJB on registered/regulated services	Diane McCulloch	In line with Committee / IJB cycles
	Involvement in induction for all new SW staff by CSWO (in person or through other medium)	Frances Greig	As required

Function	Assurance Mechanisms	Lead	Frequency
	Production and distribution of CSWO newsletter (3 times a year)	Glyn Lloyd/ Kathryn Sharp / George Ireland	4 monthly
	Membership of Clinical, Care and Professional Governance Group	Jane Martin	Quarterly
	Oversight of PVG checks, SSSC registration and SSSC re-registration	Gillian Milne	Report to Joint SW MTM
	Notification and oversight of referrals to the SSSC and Care Inspectorate complaints	Gillian Milne/ Jane Martin/ Diane McCulloch	As required
	Regular visits to and/or meetings with all staff groups	Jane Martin	Quarterly
	Ensure evaluated good practice recognised and shared	Glyn Lloyd	Twice yearly
4. Establish a Practice Governance Group or link with relevant Clinical and Care Governance Arrangements designed to support and advise managers in maintaining high standards.	Establish CSWO governance group with appropriate membership and terms of reference	Jane Martin	Quarterly

Function	Assurance Mechanisms	Lead	Frequency
	Agree appropriate arrangements for deputising for the CSWO in relation to: <ul style="list-style-type: none"> • Attendance at meetings / events • Operational decision making / oversight 	Jane Martin/ Diane McCulloch/ Glyn Lloyd	As required
5. Promote continuous improvement and identify and address areas of weak and poor practice in Social Work services, including learning from critical incidents and significant case reviews.	Monitor and analyse CSWO dataset covering statutory functions	Kathryn Sharp/Glyn Lloyd	Twice yearly
	Notification of ICRs and SCRs to the CSWO where there has been involvement of social work services / professionals	Kathryn Sharp	As required
	Notification of Large Scale Inquiries (LSIs)	Diane McCulloch	As required
	Provision of reports from self-evaluation activities	Kathryn Sharp/ Glyn Lloyd	Report to Joint SW MTM
	Notification of all inspection outcomes for relevant registered services (internal or contracted)	Diane McCulloch/ Jane Martin/ Laura Menzies	As reported
	Informing and consulting the CSWO regarding reviews of services delivering statutory functions.	Heads of Service/ Locality Managers/ Service Managers	As required

Function	Assurance Mechanisms	Lead	Frequency
	Consultation on/consideration of Adult Support and Protection Biennial Report	ASP Independent Convenor/ Andrew Beckett	Annually
	Consultation on / consideration of Child Protection Committee Annual Report	CPC Independent Chair/Andrew Beckett	Annually
	Oversight of arrangements to ensure service users are consulted on in the design and delivery of services	Heads of Service/ Locality Managers/ Service Managers	As required
6. Support and contribute towards evidence informed decision making and accountability, including where Social Work contributes towards achieving national and local outcomes.	Advocating for the prioritisation of resources towards meeting the needs of vulnerable people.	Jane Martin/ Diane McCulloch	As required
	Promoting the inclusion of improved outcomes for vulnerable people within the LOIP and other relevant strategic plans.	Jane Martin	Strategic planning cycles

Function	Assurance Mechanisms	Lead	Frequency
7. Workforce planning, including the provision of practice learning experiences for Social Work students, safe recruitment practice, continuous learning and managing poor performance.	Involvement in induction for all new SW staff by CSWO (in person or through other medium)	Frances Greig	As required
	Establish CSWO dataset covering recruitment	Gillian Milne	Quarterly
	Oversight of training and workforce development plans relating to Social Work staff	Frances Greig	Annually
	Oversight of annual Personal Action Plans and Performance Development Reviews for Social Work Senior Management Team	Jane Martin	Annually
8. Make decisions relating to the placement of children in secure accommodation and other services relating to the curtailment of individual freedom.	Monitor and analyse CSWO dataset covering statutory functions, including long term prisoners, guardianship, powers of attorney and mental health provisions	Kathryn Sharp/Glyn Lloyd	Twice yearly
	Access to child protection, adult protection, MAPPA and violence against women balanced scorecards	Kathryn Sharp	Quarterly
	Access to SCRA quarterly reports	Jane Martin	Quarterly
	Establish mechanism to ensure all placements in secure care are approved by the CSWO and reviewed on a weekly basis	Jane Martin	Weekly

Function	Assurance Mechanisms	Lead	Frequency
<p>9. In cooperation with other agencies, ensure on behalf of the Local Authority and the Health and Social Care Partnership that joint arrangements are in place for the assessment and risk management of certain offenders who present a risk of harm to others.</p>	<p>Consultation on/consideration of MAPPA annual report</p>	<p>MAPPA Independent Chair/Elaine Osborne</p>	<p>Annually</p>
	<p>Access to MAPPA balanced scorecard</p>	<p>Kathryn Sharp</p>	<p>Quarterly</p>
<p>10. Report directly to Elected Members, the Integrated Joint Board and the Chief Executive/Chief Officer any significant, serious or immediate risks or concerns arising from his or her statutory responsibilities.</p>	<p>Membership of IJB</p>	<p>Jane Martin</p>	<p>2 monthly</p>
	<p>Regular meetings with:</p> <ul style="list-style-type: none"> • Relevant Convenors <ul style="list-style-type: none"> • IJB Chair • Chief Executive (DCC) • Chief Officer (HSCP) 	<p>Jane Martin</p>	<p>As required</p>
	<p>Membership of / access to Council Management Team</p>	<p>Jane Martin</p>	<p>As required</p>

Audit Scotland Report, Social Work in Scotland, September 2016

Recommendation Related To	Recommendation	Dundee Actions and Developments
Councils and IJBs	Instigate a frank and wide ranging debate with communities about the long-term future for Social Work to meet statutory responsibilities, given the funding available and future challenges.	<p>IJB – as part of the engagement process associated with the development of the first Health and Social Care Partnership strategic commissioning plan a number of activities were undertaken to involve communities and other stakeholders in conversations regarding the future design and delivery of health and social care services. Co-production with communities is an important principle for the HSCP and has underpinned development work in areas such as mental health and carers. The strategic commissioning plan is currently being reviewed and will again be informed by a range of engagement activities with stakeholders.</p> <p>Children and Families – as part of the Getting it Right for Every Child (GIRFEC) Improvement Programme, the service is working with partners to engage with communities, identify key priorities and build local capacity. Partners are also working collaboratively to help build capacity in Health Visitors for 0-5's; in teacher's capacity to carry out Lead Professional roles; and in the Third Sector to develop Family Support Hubs which will provide assistance to families where initial concerns have been identified. Each of these are intended to enhance the effectiveness of preventative services and reduce requirements for statutory Social Work interventions. Co-production principles are also informing approaches towards Looked After Children and Young Carers.</p>
Councils and IJBs	Work with Government, COSLA, SWS and other stakeholders to review how to provide Social Work services for the future and future funding arrangements.	<p>IJB – the HSCP actively engages with the Scottish Government, Social Work Scotland, COSLA and other national stakeholders to influence and support the development of adult social work and social care policy and practice. This is an important aspect of the partnerships work to shift the balance of care from institutional settings to arrangements which support people to live independently in their own homes and communities for as long as possible.</p> <p>Children and Families – the service engages with the Scottish Government, Social Work Scotland, COSLA and other stakeholders as required. In Children's Services, this includes funding arrangements for new legislative requirements such as Continuing Care, the financial impact of which is being monitored and reported to Elected Members. In Community Justice, funding continues to be ring-fenced and allocated locally on the basis of an agreed national formula relating to workloads and local demography. Going forwards, partners are working with Community Justice Scotland on the development of a national commissioning framework.</p>

<p>Councils and IJBs</p>	<p>Develop long-term strategies for the services funded by SW by:</p> <ul style="list-style-type: none"> a) Carrying out a detailed analysis of demographic change and the contribution preventative approaches can make to reduce demand for services b) Developing long-term financial and workforce plans working with people who use services, carers and services providers to design and provide services around the needs of individuals c) Working more closely with local communities to build capacity so they can better support local people who may be at risk of using services d) Considering examples of innovative approaches from across Scotland and beyond e) Working with the NHS and Scottish Government to review how to better synchronise partners budget setting arrangements to support these strategies 	<p>IJB – the HSCP has produced and maintains a strategic needs assessment, including locality profiles, which set out analysis of demographic change and population health and social care needs. In addition, analytical support provided by NHS Services for Scotland has supported a range of activity to model future demand for services in areas such as home care provision. Building Community Capacity and Early Intervention and Prevention are two of the partnership’s strategic objectives and a wide range of activity has been progressed to support people to manage their health and social care needs within their own home and community. This has included work to reduce falls and to address health inequalities experienced by some of the most vulnerable citizens within the city. Through national networks the HSCP accesses information regarding best practice approaches from across Scotland and has used this to inform developments in areas including mental health and modelling future demand for unscheduled hospital care.</p> <p>Children and Families – the service carried out the Dartington Survey, which identified critical risk factors to inform the targeted delivery of preventative services and led to the development of the 5 priorities outlined in the Tayside Plan. This includes a focus on early years; educational attainment; mental health, substance misuse and parenting; groups more likely to experience inequalities such as Looked After Children, Young Carers, Complex and Additional Support Needs; and Young People Who Offend. Strategies are being developed in accordance with key principles involving an emphasis on prevention, early identification and proportionate support which makes the best use of personal assets and does not encourage continued dependence on services. In implementing the plan, the service is also liaising with the Scottish Government and Chief Social Work Advisor on other models of good practice.</p>
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<p>Councils and IJBs</p>	<p>Ensure that the governance and scrutiny of Social Work services are appropriate and comprehensive across the whole of Social Work services and review these arrangements regularly as partnerships develop and services change</p>	<p>IJB – integrated arrangements are already in place for professional governance linked to the Integration Joint Board and partnership structures, with appropriate links back to the Council and Health Board as required. Partners are presently developing a shared Tayside Clinical and Practice Governance Framework, which will be informed by the Chief Social Work Officer and will be aligned with the CSWO Governance Framework.</p> <p>Children and Families – the CSWO is a member of the Children and Families Executive Board and a range of other partnerships relevant to the delivery of effective services, such as the Child Protection Committee. This will be assisted by the development of a single coherent CSWO dataset, spanning the range of statutory services and providing key information on performance issues. This will continue to be reported via the Annual Report and thematic reports.</p>
<p>Councils and IJBs</p>	<p>Improve accountability by having processes in place to:</p> <ul style="list-style-type: none"> a) Measure the outcomes of services, for example in criminal justice services and their success rates in supporting individuals efforts to desist from offending through their social inclusion b) Monitor the efficiency and effectiveness of services c) Allow Elected Members to assure themselves that the quality of Social Work services is being maintained and that Councils are managing risk effectively d) Measure people’s satisfaction with those services e) Report the findings to Elected Members and the IJB 	<p>IJB – there are a range of mechanisms in place within the HSCP for monitoring and reporting performance in relation to social work and social care services. The IJB’s Performance and Audit Committee, of which the CSWO is a member, scrutinises quarterly performance reports, the partnership’s annual performance report, external scrutiny reports and bespoke analytical reports focusing on specific areas of service provision. Performance is also reported through Clinical, Care and Professional Governance arrangements. The Partnership is currently implementing the new Health and Social Care Standards, which will compliment other activity aimed at capturing the views and experiences of services users and their carers.</p> <p>Children and Families – the Children and Families Board, of which the CSWO is a member, oversees implementation of the Tayside Plan and the City Plan where it relates to children and young people. The Child Protection Committee, of which the CSWO is also a member, similarly scrutinises Social Work practice and inter-dependencies with other services. This also applies to the MAPPAs Strategic Oversight Group in respect of the management of high risk of harm offenders. In addition, the service has access to Balanced Scorecards relating to Protecting People, including Child Protection, Violence Against Women, Multi Agency Public Protection Arrangements (MAPPAs) and Adult Support and Protection. The service also coordinates both single and multi-agency case file audits, which provide a more qualitative overview of practice strengths and areas for improvement. Building on this, it is presently implementing the new Health and Social Care Standard, which emphasises the importance of relationships and the views and experiences of service users.</p>

Councils	Demonstrate clear access for and reporting to the Council by the CSWO, in line with guidance	The role of the CSWO is clearly articulated in the Social Work (Scotland) Act 1968 and Scottish Government Guidance. Elected Members and the IJB receive an Annual Report, which outlines key trends relating to key statutory functions and associated issues. The assurance mechanisms outlined in the new CSWO Governance Framework will strengthen this further.
Councils	Ensure the CSWO has sufficient time and authority to enable them to fulfil the role effectively	The CSWO is line managed by the Executive Director of Children and Families and has regular meetings with the Chief Executive. They also attend the Council Management Team where necessary and have regular contact with Elected Members.
Councils	Ensure that CSWO annual reports provide an annual summary of the performance of the Social Work service, highlighting achievements, weaker areas of service delivery and the Council's response	The CSWO provides an Annual Report to Elected Members and the IJB in accordance with a national template developed by the office of the Chief Social Work Advisor at the Scottish Government.
Councils	Work with representative organisations (COSLA) and the Scottish Government and private and third sector employers to put in place a coordinated approach to resolve workforce issues in social care	The CSWO works with the Council's Learning and Organisational Development and Human Resources services to effectively plan for and meet the range of demands across the workforce in line with national and local priorities. This includes continuing professional learning and post-qualifying learning, professional supervision. It involves links with national directives for the SSSC registered workforce and Newly Qualified Social Workers (NQSWS) and post-registration training. They also respond to national priorities on Social Work education such as the effective provision of practice learning opportunities in partnership with universities.
Councils	As part of their contract monitoring arrangements, ensure that providers who use zero hours contracts allow staff to accept or turn down work without being penalised	All Social Care tendering processes include an assessment of Fair Working Practices to ensure providers take a positive approach towards employees. This includes a range of considerations including the stability of employment, hours of work and the avoidance of exploitative practices, such as inappropriate use of zero hours contracts, before awarding contracts. Contracts negotiated nationally also have a clear statement regarding Fair Working Practice. Work is underway locally to bring existing Social Care contracts in line with the national model.

Councils and IJBs	When planning an initiative, use evaluation criteria and extend or halt initiatives depending on the success of new approaches in improving outcomes and value for money	The Council and IJB use evidence based commissioning cycles to inform the procurement of services and routinely monitor arrangements through contract monitoring processes.
Councils and IJBs	Work with COSLA to review the eligibility framework to ensure that it is still fit for purpose in light of recent policy and legislative changes	The CSWO will engage with this review as required.
Councils	Benchmark services against those provided by other Councils and providers within the UK and overseas to encourage innovation and improve services	The CSWO will engage with the Local Government Benchmarking Network, Core Cities Network and others as required to benchmark services.



REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD –
18 DECEMBER 2018

REPORT ON: CHIEF SOCIAL WORK OFFICER ANNUAL REPORT 2017 - 18

REPORT BY: CHIEF SOCIAL WORK OFFICER

REPORT NO: DIJB61-2018

1.0 PURPOSE OF REPORT

This report provides details of the Chief Social Work Officer's Annual Report for 2017/18, attached as Appendix 1. The report was approved by the Policy and Resources Committee of Dundee City Council on 19th November 2018.

2.0 RECOMMENDATIONS

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

- 2.1 Notes the content of this report and the Chief Social Work Officer's Annual Report for 2017-18 (attached as Appendix 1).

3.0 FINANCIAL IMPLICATIONS

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. The qualifications are set down in regulations which state that he/she should be a qualified social worker and registered with the Scottish Social Services Council.
- 4.2 The CSWO provides strategic and professional leadership role in the delivery of social work 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. 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 IJB.
- 4.3 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.

4.4 The attached report is the eighth CSWO report for Dundee and provides information on how the CSWO discharged her responsibilities in 2017-18. It provides an overview of the social services delivery landscape and the partnership structures. It provides information on the key trends, risks, achievements and challenges and outlines how resources have been deployed. It provides details of the statutory functions carried out by the CSWO during the 12 month period. Information regarding complaints is also included in the report. All the information provided complements other more detailed and service specific reports on social work and social care services which have been reported in a range of other ways, including the IJB's Annual Performance Report 2017 - 18. The report demonstrates that services have continued to deliver quality support which improve lives whilst responding to many challenges. Some specific achievements include:

- Contributions towards the implementation of the Tayside Plan for Children, Young People and Families 2017-2020, particularly in relation to Corporate Parenting for Looked After Children and Care Leavers, Young Carers and Child Protection.
- Implementation of a Community Justice Outcome Improvement Plan involving partnership work with the Health and Social Care Partnership, Crown Office and Procurator Fiscal Service, Police Scotland, NHS Tayside and Third Sector to improve the efficiency and effectiveness of the community justice system.
- Development of Veterans First Point Tayside which focuses on ensuring that veterans are able to access priority care and treatment from mainstream and specialist services, particularly those that have the most enduring health and welfare difficulties.
- Testing of the 'lead professional' approach within Dundee's Homelessness Partnership enabling staff to be clearer about when services and supports have resulted in outcomes being met.
- Work with the MacMillan Improving Cancer Journey Project resulting in changes to the ways in which staff are recruited to ensure there is a focus on empathy and emotional intelligence, rich experience of working with vulnerable people and the ability to deal with people in distress.
- Additional investment in and expansion of Health and Work Support Services with the aim of supporting people to move into and remain in sustainable employment, and reduce health related absenteeism.
- Significant performance improvements across a range of services, including levels of delayed discharges.

4.5 The report is also forward looking and identifies the key challenges and opportunities for the coming year, which include:

- Strengthening our approaches towards protecting the public through the implementation of a Transforming Public Protection Programme supported by the Care Inspectorate to mutually share and improve practice and processes across partnerships and services.
- Aligning statutory service delivery to health and social care localities and taking forward major service re-designs in mental health services and substance misuse.
- Continuing co-productive work with carers with the aim of increasing the proportion of unpaid carers who feel supported to continue in a caring role.
- Further reducing delayed discharge, specifically for those people delayed due to complex reasons regarding accommodation, specialist individualised support and legal reasons.
- In all areas, addressing major financial challenges which will continue to require new ways of working, the active involvement of communities in service redesign including people, with lived experience, joint work with neighbouring authorities and prioritisation of scarce resources.

It is also anticipated that both the Dundee Drug Commission and the NHS Tayside mental health inquiry will make recommendations which may impact on social work.

4.6 The CSWO is of the view that good progress continues to be made and integrated arrangements are becoming increasingly embedded. The CSWO continues to have a role in ensuring the local authority fulfils their statutory responsibilities across the range of partnerships, including the Health and Social Care Partnership.

5.0 POLICY IMPLICATIONS

This report has been screened for any policy implications in respect of Equality Impact Assessment. There are no major issues.

6.0 RISK ASSESSMENT

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

7.0 CONSULTATIONS

The Chief Officer, Chief Finance Officer, Head of Service, Health and Community Care, and the Clerk have been consulted in the preparation of this report.

8.0 DIRECTIONS

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.

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

9.0 BACKGROUND PAPERS

None.

Jane Martin
Chief Social Work Officer

DATE: 5 December 2018

Kathryn Sharp
Senior Manager, Strategy and Performance



Dundee City Council

Chief Social Work Officer Annual Report

2017-18



Preface

I am pleased to present the Chief Social Work Officer's (CSWO) Annual Report for Dundee City Council for the period 2017-18. As in previous years, my report has been written for Social Work staff, Elected Members, colleagues and partners to provide a summary of activity over the last 12 months. It includes information about leadership; partnerships; statutory decisions made on behalf of the Council; finances; the involvement of service users; and on performance across all service areas. The report is not intended to be exhaustive but gives an indication of key trends, achievements, challenges, opportunities and priorities. As always, it was an exceptionally busy year for Social Work staff and a privilege to lead the profession in order to contribute towards improving the lives of vulnerable groups in the city.

The last 12 months saw some key changes in a context of ongoing challenges relating to growing demands on services and increasing financial constraints. In Children and Families, we were closely involved in implementing the first year of the new Tayside Plan for Children, Young People and Families. As part of a new GIRFEC Improvement Programme we progressed community, school, family and whole child based approaches to our work to help identify problems earlier and prevent them from escalating. Each of these are showing some early signs of success however although referrals to the Multi Agency Screening Hub reduced, they increased in complexity and there were more Child Protection Case Conferences. The service also took a lead role in implementing the first year of a new Corporate Parenting Plan for Looked After Children and Care Leavers and responded to new legislative requirements relating to Continuing Care.

In Community Justice, the service similarly worked with a range of partners to implement the first year of the new Community Justice Outcome Improvement Plan (CJOIP). This also involved a range of positive developments, including the increased use of Diversion from Prosecution with the Crown Office Procurator Fiscal Service (COPFS); the introduction of a new approach to Electronic Monitoring as an alternative to imprisonment; reductions in short-term prison sentences following Court Reports; the highest ever levels of both Unpaid Work hours and Community Payback Order successful completion rates; and lower overall re-offending rates. We now have the lowest sustained local number of referrals to the Children's Reporter on offence grounds and the lowest number of young people in prison.

In Health and Social Care we continued to make good progress in reducing the impact of delayed discharge on service users however it is recognised that there are significant challenges in improving performance in areas such as falls and readmissions to hospital within 28 days. We have also continued to make progress in increasing the value of Self-Directed Support Options 1 and 2 as well as investing additional resource in strengthening the local infrastructure for the delivery of Self-Directed Support. The Health and Social Care Partnership has continued to undertake a range of work to redesign services and pathways to better meet the needs of individuals and communities, including significant service redesign in both substance misuse and mental health services. Alongside other community planning partners we also had the opportunity to reflect on areas for improvement following the thematic inspection of adult support and protection. The outcomes of the inspection reflected positively on the relationships between social work staff and service users and the impact of service delivery on positive outcomes for adults at risk, however significant work will be required over 2018-19 and beyond to improve key adult protection processes.

None of these achievements could have been reached without a professional and committed staff group and the close involvement and support of partner agencies. As a profession, we continue to have a strong value base based on social justice, anti-discrimination, empowerment, human dignity, worth and ensuring that risks are dealt with on the basis of defensible decision making. We work in partnership with both service users and partner agencies because we know that this is most likely to achieve the best outcomes. I am proud to be part of the profession and recognise the significant contributions all our staff, whether managing and delivering services or providing technical support, make. and I hope this report helps to explain our services and the positive impact they have on the people of Dundee.

Jane Martin
Chief Social Work Officer

1.0 INTRODUCTION

1.1 This report details the arrangements within Dundee which enable the Chief Social Work Officer (CSWO) to fulfil their responsibilities as outlined in Section 5 (1) of the Social Work (Scotland) Act 1968, as amended by Section 45 of the Local Government (Scotland) Act 1994. The post is a senior one designed to promote leadership, standards and accountability for Social Work services, including commissioned services. Statutory guidance outlines requirements of the CSWO to:

- Report to Elected Members and the Chief Executive any significant, serious or immediate risks or concerns arising from his or her statutory responsibilities.
- Provide appropriate professional advice in the discharge of the Local Authorities functions as outlined in legislation, including where Social Work services are commissioned.
- Assist Local Authorities and their partners to understand the complexities and cross-cutting nature of Social Work, including corporate parenting and public protection.
- Promote the values and standards of professional Social Work, including all relevant National Standards and Guidance and adherence to Scottish Social Services Council Codes of Practice.
- Establish a Practice Governance Group or link with relevant Clinical and Care Governance Arrangements designed to support and advise managers in maintaining high standards.
- Promote continuous improvement and identify and address areas of weak and poor practice in Social Work services, including learning from critical incidents and significant case reviews.
- Workforce planning, including the provision of practice learning experiences for students, safe recruitment practice, continuous learning and managing poor performance.
- Make decisions relating to the placement of children in secure accommodation and other services relating to the curtailment of individual freedom.
- In co-operation with other agencies, ensure on behalf of the Local Authority that joint arrangements are in place for the assessment and risk management of certain offenders who present a risk of harm to others.

1.2 The statutory guidance also states that the CSWO must produce and publish a summary Annual Report for Local Authorities and Integration Joint Boards. This report therefore provides details on how the CSWO functions are being discharged within Dundee, including the systems and processes in place to ensure the safety of children and vulnerable adults and the management of those who present a risk to others, in the period 2017-18. The report ends with an outline of key priorities over the next 12 months.

2.0 Summary

In the last Annual Report covering 2016-17, the CSWO set out the focus for developments in the forthcoming year. The priorities were informed by a variety of factors, including opportunities and challenges afforded by new and anticipated legislative requirements, national or local structural changes, ongoing financial pressures, internal self-evaluation, external inspections and SSSC Codes of Conduct. We committed to:

- Increase collaborative working across a range of partnerships.
- Strengthen responses to issues such as substance misuse, domestic abuse and transitions from childhood to adulthood across social work functions.
- Continuing to contribute to the 'fairness' agenda and tackle the causes and consequences of welfare, poverty and stigma.
- Further embed locality based working across all Social Work services.
- Continuing to develop clinical, care and professional governance arrangements to support scrutiny and quality assurance of statutory functions.
- Involving communities in service prioritisation and decisions about the prioritisation of resources.
- Supporting further development of collaborative working across Tayside in a way which supports good quality, fair and equitable care.
- Implementing our Community Justice Outcome Improvement Plan and Tayside Plan for Children, Young People and Families.

- Addressing levels of hospital readmission within 28 days and further enhancing community based support services.
- Improving supports for Carers in line with the requirements of the Carers Act and enhancing responses to people who face mental health challenges.

This year's Annual Report describes how the CSWO supported the progression of each of these areas of work. It shows how there were a number of key achievements in each of our service areas and how, in particular, all service areas strengthened their approaches to locality working and engaging with local communities. Strategic plans are either setting the foundations for change or they are already driving improvements across a range of performance indicators.

3.0 PARTNERSHIP STRUCTURES/GOVERNANCE ARRANGEMENTS

In Dundee, the role of CSWO lies with the Head of Service for Integrated Children's Services and Community Justice, with the Head of Service for Health and Community Care deputising as required. During the last year a CSWO Governance Framework has been developed to support enhanced understanding of the role of the CSWO and to set out the ways in which they will discharge the requirements of the role and provide assurances to Elected Members throughout the year.

The CSWO has direct access to Elected Members, the Chief Executive, Chief Officer of the Integrated Joint Board, Directors, Heads of Service, managers and front line practitioners both within the Council and Health and Social Care Partnership, and with partner agencies in relation to professional Social Work issues. They attend a broad range of Council leadership and strategic partnership meetings with varying terms of reference as follows:

- Reporting to the Executive Director of Children and Families and regular meetings with the Chief Executive and Chief Officer of the Integration Joint Board.
- Member of the Integration Joint Board and IJB Performance and Audit Committee.
- Member of the Tayside Clinical Care Professional Governance Forum, alongside CSWOs from Angus and Perth and Kinross.
- Member of three Executive Boards which oversee the implementation of local community planning priorities.
- Member of the Adult Support and Protection (ASP) Committee, providing advice on Social Work matters relating to vulnerable adults.
- Member of the Alcohol and Drug Partnership (ADP), providing advice on Social Work matters relating to substance misuse.
- Member of the Child Protection Committee (CPC), providing advice on Social Work matters relating to children and young people at risk of harm.
- Member of the Chief Officer Group for Protecting People, contributing leadership and oversight on all public protection matters.
- Member of the Tayside Strategic Children and Young People Collaborative Group as the representative of the CSWOs in all 3 local authority areas.

The CSWO is also supported by a Joint Social Work Management Team which brings together the Senior Officers (or their representatives) with responsibilities for Social Work functions, alongside supporting officers. The group maintains oversight of:

- Key national and regional developments with implications for social work practice, including considering local actions required in response and monitoring implementation of these actions.
- Local developments, both strategic and operational, with specific implications for the social work workforce and services.
- Datasets relating to statutory social work functions.
- The effectiveness of arrangements to support the CSWO in discharging their statutory role.
- Production and publication of the CSWO annual report.

4.0 PARTNERSHIP WITH SERVICE USERS, CARERS AND THE THIRD SECTOR

As well as having a strong history of engaging with service users, carers and communities, each of which are outlined in Section 11, Social Work remains committed to working closely with Third Sector partners to develop and improve services. The City has a vibrant and diverse Third Sector and a shared focus on improving outcomes has enabled existing partnerships to be maintained or adapted to fit priorities and new partnerships to begin. Examples include:

Children's Services

In respect of the Third Sector, the CSWO continued to oversee a Strategic Commissioning Group which collaboratively carried out a scoring exercise using a Community Planning Partnership tool on the range of services currently commissioned by Social Work. The purpose of this was to establish the extent to which services reflect a range of agreed principles and priorities, which include such things as focusing on the 5 priorities of the Tayside Plan, demonstrating best value and promoting improved outcomes. Individual improvement plans are being progressed with providers and the process will be extended to include services commissioned by the wider partnership.

Collaboration with the Third Sector also extended to creative work to provide support for children and young people coming back from external residential care. As a result of our adherence to the requirements of Continuing Care, more young people have been staying for longer periods in our Children's Houses. This is a positive development because it supports them through transitions into early adulthood and enables them to move into independent living with more support and confidence. However, as a result a number of children have been placed in external residential placements which distance children from their local community and are more costly. In response, the CSWO oversaw a strategy which included close work with the Third Sector to create highly supportive local placements for some young people. This enabled a number of young people to return to the city and made better use of existing resources. In addition we are working closely with the Independent Care Review in their work to identify and deliver lasting change in the care system in order to transform the life chances and wellbeing of children and young people in care.

During the past year the service has been involved in scoping issues around women who have had multiple children removed, with the aim of addressing their needs and the associated risk factors. "Pause" is an organisation that already operates across a number of areas in England and has recently been in discussion with Council officers from Dundee about the possibility of piloting a service in Scotland, with financial support from the Robertson Trust.

The Pause approach is based around supporting these women to delay further pregnancies alongside an intensive, flexible programme of support tailored to their individual needs and a scoping exercise has identified that there would be a demand for this type of service. Our research tells us that a small number of women, often with multiple problems relating to adverse childhood experiences, mental health, substance misuse and domestic abuse, experience numerous pregnancies and have had a number of children removed from their care. The approach aims to provide additional support addressing all these issues in order to end this negative cycle and enable the women to move forward in their lives. Financial arrangements are currently being clarified, with the aspiration for a service to commence during the 2019/20 financial year.

Over the year, a Food and Fun Programme was coordinated to provide lunches to children in deprived areas during the school holidays. The purpose was to promote their health and wellbeing and contribute towards narrowing the attainment gap, with children experiencing 'holiday hunger' less likely to progress academically during the new school term. The programme covers all holiday periods and delivers thousands of lunches and vouchers. In 2017-18, the programme became a fully constituted charity known as Dundee Bairns, widened its scope from lunches to breakfasts and extended to offer low cost holidays. It is being extremely well received and many recipients are also Social Work service users.

Community Justice Service

The Community Justice Outcome Improvement Plan was developed in partnership with the Third Sector. In terms of commissioning, partners are committed to ensuring that all funding is targeted at those areas which have demonstrated a positive impact on reducing re-offending and related outcomes and/or are required on a statutory basis. In this context, the service ended a long-term arrangement with Apex to provide employability support to people subject to Community Payback Orders and other interventions but those people continued to receive the same services from mainstream providers.

The service maintained arrangements with Tayside Council on Alcohol to continue to deliver mentoring services. This service appears to be valued by the Sheriffs and is helping people to more effectively engage with services and improve their personal outcomes. It involves a focus on young people, women and adult males aged 18-26 years. The latter group has continued to experience higher than average levels of imprisonment and support is being further enhanced through a targeted approach towards Electronic Monitoring delivered by SERCO.

Health and Social Care

In Health and Social Care as part of our commitment to the Armed Forces Covenant, we have supported the development of Veterans First Point Tayside (V1P) which focuses on ensuring that veterans – and particularly those with the most enduring health and welfare difficulties - are able to access priority care and treatment from mainstream and specialist services. Although a small service, V1P has delivered care and treatment to over 230 veterans and their family members living across Dundee, Perth and Angus. The service has been independently evaluated and the credibility, accessibility and coordination of care has resulted in high levels of service user satisfaction through a cost effective service structure.

The Making Recovery Real (MRR) partnership continues to work together listening to people with lived experience (PWLE) of mental health challenges. The partnership now has a dedicated worker based at Dundee Voluntary Action whose main role is to support the development of recovery. Twelve story sharing facilitators have been trained and 35 stories have been gathered to date in various formats. MRR has just released its second film, MRR in Dundee 'One City, Many Recoveries'. This short film is now to be used in a training pack being developed for front line staff and for other PWLE. The film shares the unique experience of participants and their journey to recovery. The aim is to promote recovery and support the recovery of others. In addition, a further 6 week Peer2Peer training was aimed at anyone with their own lived experience of mental health difficulties who wish to use their experience to help and support others.

We have also supported the Developing Recovery project which views recovery through the lens of those living it. 40 cameras were given to 40 people to take black and white film images regarding their own or someone else's recovery from substance misuse. The project engaged with families, relatives and carers recovering from the effects of a loved ones' substance misuse. Once the film was developed and printed, the participants were then asked to write a short narrative saying what the image meant to them. Dundee Photographic Society provided professional and technical support to the participants.

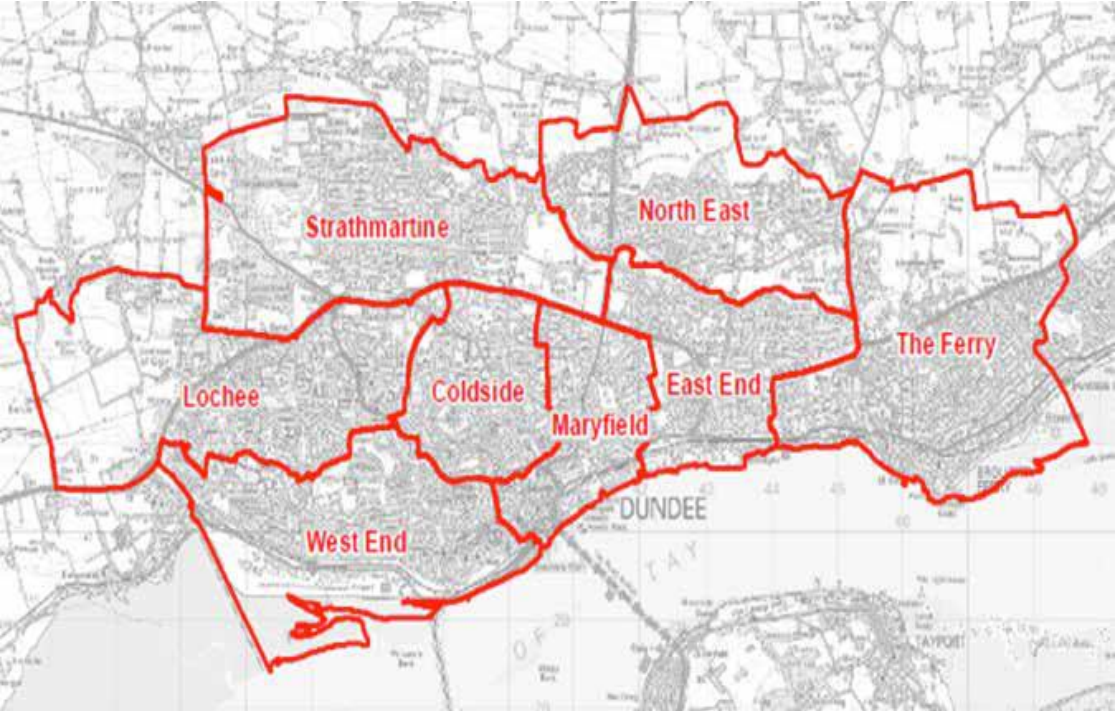


CASTLES

“I made this clay tower in a pottery class while I was in prison. I designed the whole thing myself. I got the inspiration from the Scottish history class I went to. Working on this was very therapeutic. I felt proud of my achievement when I finally completed it. Working on this was probably the first step on my road to recovery.”

Finally, through the MacMillan Improving Cancer Journey Project we have continued to work closely with our Cancer Voices Panel, made up of people who have experience of living with or caring for people with cancer, to develop and improve the service. As a result of their input and feedback, we have made changes to the way in which staff are recruited to ensure there is a focus on empathy and emotional intelligence, rich experience of working with vulnerable people and the ability to deal with people in distress. Changes have also been made to the tone, language and content of project materials, so that they are reassuring, friendly and focussed on the benefits for the individual and give strong messages around wellbeing and our person-centred approach.

5.0 SOCIAL SERVICE LANDSCAPE/MARKET



- 5.1 Dundee is a dynamic, modern city which is undergoing a period of significant change associated with the development of the Waterfront and opening of the V&A Museum. The city has a thriving port, is a hub for creative industries, media and life sciences, is a UNESCO City of Design and has a strong commitment to fairness and social justice. However the population of 148,000 also faces challenges associated with high levels of poverty, deprivation and inequality. This is accompanied by the range of related social, community and personal problems, including high levels of unemployment, substance misuse, drug deaths, mental health, physical health, domestic abuse, re-offending and morbidity. There are also more people with physical or learning disabilities than the Scottish average. Typically, there are over 9,000 users of social care services in the city at any time.
- 5.2 Over the next 25 years, the number of people aged over 75 years is also expected to rise by 45%. There will be similar increases in the number of people aged over 90 years. This is likely to lead to a greater prevalence of problems associated with older age which require health and social care, such as dementia, injuries resulting from falls, osteoarthritis, osteoporosis, immobility and other features of deteriorating mental and physical health.
- 5.3 As a result, in the context of growing financial pressures, there are unusually high and ever increasing demands on health, social care and other relevant local services. It means services must work together in a joint focus on prevention and engage with communities to prioritise and address problems within existing, shared resources. As such, the Dundee Partnership has outlined an aspirational vision for the City which will be realised over the next 10 years. Our shared vision is that:
- We will have a strong and sustainable economy that will provide jobs for the people of Dundee, retain more graduates and make the city a magnet for new talent.
 - We will offer real choice and opportunity in a city that has tackled the root causes of social and economic exclusion.
 - We will be a vibrant and attractive city with an excellent quality of life where people choose to live, learn, work and visit.
- 5.4 To achieve this, the Dundee Partnership is focusing on 5 priorities of Work and Enterprise; Children and Families; Health, Social Care and Wellbeing; Community Safety and Justice; and Building Stronger Communities. This is supported by themes on Cultural Development, Sustainability, Public Protection and Substance Misuse. We will engage with localities, jointly resource, prevent problems occurring or escalating and reduce inequalities. Given its work with vulnerable groups, Social Work will play a major role.
- 5.5 [The Tayside Plan for Children, Young People and Families 2017-2020](#) sets out the joint vision and priorities across the three local authorities, NHS Tayside and other local and national partners. It has been informed by the views and responses from children and families gathered through the Dartington Social Research Unit in 2014 along with evidence on what works to improve outcomes for children, young people and families. It has a clear focus on reducing inequalities and improving outcomes for all of Tayside's children, with partners committed to working collaboratively in five priority areas:



- 5.6 The Plan identifies a range of ways in which Children and Families will work with the Health and Social Care Partnership to improve outcomes for children, young people and adults. These include developing shared strategies on joint priorities such as parenting, substance misuse and mental health, with a focus on prevention, early intervention and tiered responses to need. It mirrors both the City Plan and the Council Plan, each of which include the same shared 5 priorities within and between partner services.
- 5.7 In Community Justice, a Community Justice Outcome Improvement Plan (CJOIP) focuses on the improvement of key processes across the criminal justice system overall and on the delivery of services to people who have offended. In accordance with whole systems models, this includes a range of priorities and actions relating to Early and Effective Intervention, Diversion from Prosecution, Community Payback Orders and Resettlement. There is a particular focus on pathways into and out of prison involving close partnership work with NHS Tayside, Housing and Employability Services.
- 5.8 In 2017-18 the work of the Health and Social Care Partnership continued to be guided by the eight strategic priorities set out in [The Strategic and Commissioning Plan](#). Under each of these priorities there are a range of strategic shifts that have been identified. A locality approach will provide the overarching framework for the development and implementation of the plan, including the allocation of resources to achieve the strategic shifts against the priorities identified. The 8 priorities are:
- 1 Health inequalities
 - 2 Early intervention/prevention
 - 3 Person centred care and support
 - 4 Carers
 - 5 Localities and engaging communities
 - 6 Building capacity
 - 7 Models of support/pathways of care
 - 8 Managing our resources effectively

6.0 FINANCE

- 6.1 In 2017-18, the total Social Work budget of £124,277,000 was allocated across services as follows:

Service Area	2017-18 Budget £000
Children's Services	£34,762
Community Justice Services	£,4,634
Adult Social Care Services*	£84,881
Total	£124,277

* Delegated to Dundee Integration Joint Board

Children's Services experienced significant financial pressures around Looked After Children due to national requirements for parity of payments between kinship carers and foster carers and the demands of new Continuing Care legislation. The Continuing Care entitlements have led to more young people staying for longer in Children's Houses and reduced local capacity to accommodate others. As a result, more children and young people have been accommodated outwith the city.

In response, an action plan has been developed to reduce the overall numbers of Looked After Children and re-model the type and range of local placement options. This includes work with the Third Sector on preventative services; work to increase the number of foster carers; the new build of another Children's House; the development of satellite flats attached to Children's Houses; and additional, targeted support to more vulnerable placements at risk of breaking down.

The Community Justice budget continued to be provided by the Scottish Government on a ring-fenced basis, for spending on matters relating to community justice only. This was the first CJS budget allocation since the dis-establishment of the Tayside Community Justice Authority and was in line with the previous year's budget. With the ending of the CJA, it was necessary for Dundee, Angus and Perth and Kinross to reach an agreement about the joint funding of certain shared services.

The delegated budget to the Integration Joint Board to support the delivery of adult social work and social care services continued to be impacted on by demographic and other cost pressures throughout the year. Within this, additional resources of £1.1m were directed towards the provision of additional home care services to meet significant growth in the need for community based social care. This was despite significant levels of savings required to be delivered as part of the budget setting process. The adult social care element of the integrated budget resulted in an overspend of £403k at the end of the financial year 2017/18 compared with an underspend in operational services of £1,032k at the end of 2016/17, indicating the challenges faced in delivering on the IJB's strategic priorities.

7.0 Service Quality and Performance

- 7.1 Self-Evaluation - in 2017-18 Social Work services led and participated in a number of single and multi-agency self-evaluation activities focused on continuous improvement and improving outcomes for service users, carers and communities. These activities sit within the framework of the Care Inspectorate Performance Improvement Model and include case file audits, case reviews and audits of specific processes/documents. This activity is supported by the Learning and Organisational Development Service to ensure that learning is effectively shared and informs improvements plans at team and service level, as well as contributing to the development of strategic and commissioning plans for Health and Social Care and Children and Families.

Significant progress has been made in reviewing Balanced Scorecards for each of the Committees/Partnerships that are part of the Protecting People grouping to ensure that they are fit for purpose and provide a robust mechanism for scrutiny. The scorecards are to be finalised and transferred onto the Council's electronic performance monitoring system during 2018/19.

Specific service evaluations have been completed for MARAC (multi-agency risk assessment conference for high risk victims of domestic abuse) and the Community Justice Service Domestic Abuse Perpetrator Worker. Findings from these evaluations have been considered by the Violence Against Women Partnership and Chief Officers Group with action plans developed to address areas for improvement.

The Child Protection Committee and Adult Support and Protection Committee have progressed 3 Initial Case Reviews, with one adult protection case progressing to a Significant Case Review which is due to be completed during 2018/19. The remaining 2 ICRS resulted in 'steps to change' plans being developed and considered by the Child Protection Committee. The Dundee Chief Officers Group, on the recommendation of the Tayside MAPPA Strategic Oversight Group, has commissioned a MAPPA Significant Case Review that will also report in 2018/19.

Teams across Children and Families and Health and Social Care have continued to undertake a range of planned self-evaluation activities, including peer auditing, service user satisfaction surveys and stakeholder engagement events. Many of these activities have directly informed changes in service design and practice. For example feedback gathered from residents at Craigie House led to a focus group of residents and carers being established to review food menus which resulted in a wider range of options being made available to residents.

- 7.2 External Scrutiny - in 2017/18, the Dundee Partnership participate in the first Joint Thematic Inspection of Adult Support and Protection. The inspection process assessed Dundee Community Planning partners against three quality indicators for adult support and protection: outcomes for adults at risk of harm, key processes for adult support and protection, and leadership for adult support and protection.

Although the Report was published outwith the timescale of this report its findings confirms that adults at risk in Dundee are safer, have enhanced well-being and an improved quality of life as a result of adult support and protection processes. However, the inspection team found a number of areas of the Dundee Partnership's key processes that require significant improvement. The report highlighted that, following recent self-evaluation activity, partnership leaders had already identified that further improvements were required. Many of the areas for improvement for the Dundee Partnership are also in the overview section of the inspection report as shared challenges across Scotland.

The inspection report also noted that full implementation of the Mosaic ICT system had not yet been achieved to meet the user needs of council officers and other users to record adult protection information clearly and effectively. It highlighted that implementation of the system had significant teething problems and it is acknowledged that Children and Families have also experienced challenges. In order to support full implementation an additional 2 members of staff are being recruited with costs met from existing resources. This will provide additional capacity to ensure full optimisation of the system and its integration with practice during 2018/19.

The areas for improvement highlighted within the inspection report have some similarities to those from the Joint Inspection of Services for Children and Young People (published in 2016) and findings within Significant Case Reviews. Following consultation with community planning partners through the Chief Officers Group a two year Transforming Public Protection Programme has been established. The focus will be on embedding safe systems of practice that are resilient to changing resource pressures and promote consistency of practice and quality across all protection responses. Progress achieved through the transformation programme will be reported in the next CSWO Annual Report.

The Care Inspectorate also continued a programme of inspections of our Children's Houses and an inspection of Fostering and Adoption. In all areas, services were graded as Very Good or Good. The leadership of services and the quality of care provided to children and young people was consistently noted by inspectors.

Appendix 1 sets out the outcomes of external scrutiny of care services provided by the Council and the Health and Social Care Partnership. These grades have remained consistently high in the main and there is a process in place that any issues raised are quickly discussed with the appropriate service and improvement plans put in place. Comments from service users and their relatives/carers during inspections included:

- ✓ 'The care my relative gets is brilliant and I am very happy with it.'
- ✓ 'My relative is happy and well cared for and that is what we wish for them.'
- ✓ 'My family and I are more than happy with the care and support my relative receives.'
- ✓ 'I'm kept up to date with what's going on'
- ✓ 'They support me to do what I can do and assist me with what I cannot do for myself.'
- ✓ 'The staff are friendly and professional: sometimes we have a laugh together.'
- ✓ 'They ask us about what we would like to do during our stay.'

8.0 Commissioned Services

- 8.1 In 2017-18, services continued to be delivered through a mixed economy of local authority, private, independent and third sector provision. In total, there were 166 contractual arrangements put in place with 114 external providers. Of these, 133 were involved the supply of regulated social care services, ranging from residential care, home care, fostering, homelessness, violence against women, substance misuse, mental health, housing support to care at home. The remaining 36 contractual arrangements were for unregulated services, including meals provision, lunch clubs, shopping deliveries, outreach support, befriending, humanitarian protection, mentoring, advocacy services and family support services.
- 8.2 The continued operation of a Social Care Contracts Team supporting commissioning and procurement activity across both Children and Families and the Health and Social Care Partnership has sustained robust contract management and monitoring arrangements.
- 8.3 Partnership work with external providers has continued over the last year with a range of innovative and creative approaches in place to ensure the best use of local resources. Examples of this over 2017/18 include:
- A Family Support Framework has been established via an open tender exercise. Under this arrangement, 8 local providers can be commissioned individually or under a partnership arrangement to provide a holistic family support service tailored to suit individual families. A collaborative forum is in place which provides an opportunity for discussion and learning to take place to ensure the model continues to be fit for purpose.
 - A Dundee Learning Disability Provider's Forum aims to increase the capacity and skills of provider organisations in order to improve the quality of life for people with learning disabilities. It was the first public body in Scotland to sign up to a national charter ensuring that people with additional support needs have a say in the issues that affect them. The charter informs all commissioning relating to people with learning disabilities.
 - A test of change has been implemented and evaluated which involves British Red Cross being commissioned to deliver a multi-agency pilot project to develop and test an Assessment at Home model for people who are in a hospital setting and there is uncertainty as to whether the person can return home. The project allows people to go home with a flexible care service delivered by British Red Cross that is appropriate to their needs including the provision of overnight care where this is required. Over a maximum 21 day period an assessment is undertaken to identify if the individual can safely remain at home as opposed to being admitted to long term care, which had been the identified pathway for the person when they were in hospital. An initial evaluation was undertaken six months into the

project and identified that of the 32 patients who were referred into the service, only nine people were then admitted into a care home. Service users and their families have described how the Assessment at Home Service gives them the feeling of control and involvement around important decisions that have to be made.

- A Mental Health / Learning Disability Provider Collaborative forum has been established to ensure a more joined up approach to providing local resources and to look more closely at better connecting individual services.

The purpose of this group is to:

- Enable a cross sector commissioning approach.
- Look at ways providers and the Health and Social Care Partnership can work together to consider more efficient ways of delivering support, sharing resources and improving the lives of people they support.
- Explore a different way of commissioning new developments and services, taking account of capacity, strengths, local knowledge and added value.
- Work together to ensure social care support is in-line with anticipated completion dates of planned housing developments identified through the Strategic Housing Improvement Plan (SHIP).

9.0 Complaints

- 9.1 From the 1 April 2017 both Dundee City Council Social Work Complaints and Dundee Health and Social Care Partnership Complaints Handling Procedure follow the Scottish Public Service Ombudsman (SPSO) Model Complaint Handling Procedure. Both Complaint Handling Procedures have been assessed by the SPSO as complying with the model complaint handling procedure.

Complaints are categorised by 2 stages:

- Stage 1: Frontline Resolution
- Stage 2: Investigation

If a complainant remains dissatisfied with the outcome of a Stage 1 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 SPSO who will investigate the complaint, including professional decisions made.

- 9.2 In 2017-18, the total number of complaints received was 71, compared with 77 the year before. There were 21 complaints relating to Children's Services, 46 in Dundee Health and Social Care Partnership and 4 in Community Justice.

The outcomes were:

- Upheld – 18%
- Partially upheld – 10%
- Not upheld – 72%

- 9.3 Most of the complaints related to a failure to meet service standards or treatment by or attitude of a member of staff. One complaint progressed to the final stage of the appeal process which is the SPSO. The agreed timescales for finalising investigations was met in 68% of cases, with delays usually caused by the complexity of the complaint and the investigation taking longer than expected.
- 9.4 Given the total number of Social Work service users of 9,000, the number of complaints is small however services do endeavour to use complaints to improve practice and service improvements which are made as a result of complaints are monitored. In 2017-18, a total of 16 planned service improvements were implemented.

- 9.5 In addition to complaints, a range of compliments have also been received from service users and some examples are provided below:

Care Management Team for Older People

"I wanted to let you know that the work and empathy of my mum's Care Manager was second to none. Although he was only involved for a short time prior to her passing, he showed the care and commitment that made those last weeks for her as comfortable and the best they could be by way of ensuring that her care was met by those she knew and trusted. So often we only hear negatives but I wanted you to know that on behalf of her family and friends that her care was superb".

Care Home (internal provision)

"My mother-in-law was a resident for eight months until she died. Staff at the care home welcomed her into the home and respected her and valued her uniqueness. The staff provided excellent care and support for her from day 1, they encouraged us as a family to make it as homely as possible so that she would feel more comfortable. They had shown her and the family compassion – dignity and were always respectfully present without being intrusive during her last days, they made a very difficult situation so much easier not only for my mother-in-law but for all her family."

Community Justice Unpaid Work Team

- ✓ 'The person on placement transformed our outside grounds'.
- ✓ 'The children loved the mud kitchen, it's a good space for families'.
- ✓ 'I can see the garden work helped other folk'.
- ✓ 'I got motivation and into a routine'.
- ✓ 'I learned and stayed out of trouble'.

10.0 Performance

- 10.1 In Dundee, the CSWO reports statutory and local performance indicators through the Council Annual Performance Report and the Integration Joint Board Annual Report. This is supplemented by a range of separate reports to Elected Members, the Integration Joint Board and the various governance bodies relating to Children's Services, Community Justice and Health and Social Care. Further oversight is provided by the Chief Officer Group for Protecting People, including scrutiny of balanced scorecards. In 2017-18, trends included:

10.2 Children's Services

- The length of time children stayed on the child protection register continued to reduce, with 95% de-registered after less than 12 months. This indicates that measures put in place reduced the level of risk and protected children from harm.
- A total of 31 Child Protection Orders were made, which is a significant improvement (from 45 in 2016-17) but continues to be higher than the Scottish average. In partnership with the Children's Reporter, the Service continues to scrutinise applications for CPOs and trends are considered at the Child Protection Committee.
- The number of Looked After Children continues to reduce, with 536 children on 31 March 2017. Around 90% of Looked After Children are cared for in the community, similar to the national average.
- There were a total of 16 Emergency Placements, which involve authorising an emergency move of a child or young person subject to supervision requirements in cases of urgent necessity. This was a minor increase on the previous year (13 moves).
- While attendance and exclusions did not improve over 2017-18, there is an overall trend over a five year period of the attainment gap between looked after and non-looked after pupils narrowing and significant reduction in exclusions for looked after pupils; attendance of looked after pupils has been stable at 90% over the past three years.
- The proportion of looked after children and young people living in Dundee or the outskirts of Dundee and attending Dundee schools is stable at around 70%.

- The proportion of care leavers aged up to 26 years old in education, training or employment continues to be between 40 and 45%. Longer sustained employment, training and education continues to be a key priority, with a range of actions outlined in a Corporate Parenting Plan.
- The Through Care and Aftercare Team ensured all care leavers aged 21-26 years were contacted to make them aware of available supports in their transition into adulthood.
- 130 children with disabilities or complex needs received targeted community based support. Of these: 67 received regular, planned home based community enabling and care at home; 40 received regular planned overnight short breaks; and, 22 received complex packages of care in the community. These targeted services for children with disabilities do not stand alone and in partnership with education and health resources often prevent family breakdown and provide an alternative to external residential placements.
- The service has also significantly enhanced collaborative working with Kingspark School, which provides a range of education and health services to pupils aged 5 to 18 years who have complex additional support needs. A Social Work lead officer now forms part of the school management team and her role includes support to Named Persons in navigating the assessment and resource pathway for children with disabilities.
- The number of children and young people in secure accommodation decreased further to three over the course of the year.
- In respect of permanent alternative care and adoption, 22 new Permanence Orders were made and of these, 8 were with authority to adopt. This is a reduction by 33% from 2016-17 but possibly reflects the fact that most looked after children and young people with long term care plans were already in permanent care plans by the beginning of 2017. In total 149 children and young people were on Permanence Orders on 31st March 2018, 27% of the LAC population, compared to 134 out of 597 (22%) on 31st March 2016.
- There continues to be a shortage of carers and adopters for some groups of children and young people, including adolescents, large sibling groups and children with complex additional support needs.
- Almost half a million pounds was generated in unclaimed benefits entitlements by the Council Advice Service for kinship carers as part of the approach to income maximisation in relation to achieving parity with foster carers.

10.3 Adult Support and Protection

- In 2017-18 937 adult protection referrals were received which is similar to 2016-17. 51 of these referrals resulted in adult protection activity, with 36 Adult Support and Protection Case Conferences taking place over the year. Most referrals (704- 75%) continue to be made by Police Scotland.
- Of the 51 which resulted in adult protection investigations, financial and physical harm featured as the highest single areas of adult harm identified. In the other referral reason categories included neglect by carer and risk associated with vulnerabilities due to age, disabilities or health concerns, domestic abuse, fire safety risk, harassment and welfare harm.
- During 2017-18, 495 referrals have been considered by the Early Screening Group providing opportunities for early intervention and prevention and contributing to the overall decrease in the number of adult support and protection referrals received.

10.4 Mental Health

- There were a total of 87 emergency detentions in hospital. There has been an average of 76 detentions a year in the last 5 years.
- There were a total of 146 short-term detentions in hospital, compared with 152 the year before. There has been an average of 141 short-term detentions a year in the last 5 years.
- There were 42 Compulsory Treatment Orders. With an average of 34 Compulsory Treatment Orders in the past five years.
- In 2017-18 43 Social Circumstance Reports were completed. 23 resulted in short term detention and 15 in Compulsory Treatment Order.
- In 2017-18 there were in total 74 guardianship applications of which 51 were Private Guardianship applications and 23 were Local Authority Guardianship applications. Of them 63 were granted.

- The service continued to promote the Power of Attorney Campaign during 2017-18 as a means through which to reduce the number of Guardianships and subsequent impacts on Social Work services. As the service is in the process of transferring data from one system to another, figures are not yet available for 2017-18.
- The 12 people were subject to Compulsion Orders with Restriction and 3 people to Treatment Orders. This has remained stable in comparison with the year before. There were no Transfer for Treatment Directions (1 in 2016-17), 9 Compulsion Orders (10 orders in 2016-17) and 6 Assessment Orders (5 in 2016-17).

10.5 Criminal Justice

- A total of 584 Community Payback Orders (CPOs) were imposed, compared with 656 the previous year. This is the second year this number has reduced and is correlated with a corresponding reduction in the number of Court Reports.
- There were 90 CPOs imposed on women compared with 126 the year before. A total of 76% of these Orders were completed successfully, compared with 67% the year before. This reduction in the number of Orders is similarly explained by corresponding increases in those Diverted from Prosecution.
- Diversion from Prosecution remained stable with 55 diversions in total during 2017-18 however the number of women diverted from prosecution has doubled over the last 3 years from 14 in 2015-16 to 29 during 2017-18.
- The total number of Unpaid Work hours imposed by Court was 50,027 compared to 40,016 the previous year. This reflects that Unpaid work continues to be a disposal that the Court has confidence.
- Over 81% of all CPOs were completed successfully, compared with 79% the year before. This means the person successfully reached the end of the Order without re-sentence for non-compliance or further offences.
- In respect of Drug Treatment and Testing Orders, the Sheriff Court imposed 5 Orders compared with 12 the year before. These Orders are designed for people with the most chronic substance misuse problems related to offending and require their compliance with stringent conditions.
- There were 148 Registered Sex Offenders subject to statutory supervision under MAPPA. In Tayside, 36% of those managed by MAPPA were jointly managed by Community Justice Social Work and Police Scotland because the RSO was subject to both a CPO or License and Notification Requirements.
- A continuing area of concern is the increase in the number of people convicted after being found in possession of indecent internet images of children. Dundee hosts the Tayside-wide Tay Project which specialises in delivering the court mandated Moving Forward Making Changes Programme.
- There were 153 people serving prison sentences of more than 4 years who will be subject to statutory supervision on release, compared with 144 the year before. The service provides through care whilst they are in prison and on their release to the community.
- There were 8 new Supervised Release Orders (SROs) compared with 20 the year before. In total, 18 were completed successfully, the same number as the year before. These Orders are imposed for prison sentences of less than 4 years where the person is deemed to require supervision on release.
- The number of young people receiving a custodial sentence continued to be very low, with only 1 compared with 3 in the previous year. This success is attributed to the effectiveness of our whole systems approach in relation to Early and Effective Interventions, Diversion and CPOs.

In Community Justice, the service continued to implement Unpaid Work and received consistent positive feedback from both the individuals carrying out the work and the recipients. In response to requests from members of the community, 106 unpaid work projects were carried out at various locations across the city. There was a particular focus on providing practical assistance to vulnerable groups and work included ramps for disabled access, renovating a communal garden for a sheltered housing complex and preparing food parcels. People subject to unpaid work reported that it got them into a better routine and helped them stay out of trouble whilst other members of the community appreciated their professionalism and the quality of the work.

The Unpaid Work Teams have continued to work with community groups to transform neglected areas of land into more productive Community Gardens. There is a therapeutic value to gardening and to making a lasting contribution to a community and some of our work was featured in the BBC Beechgrove garden. As the sequence of pictures below illustrate, the benefit goes beyond therapeutic activity and improved environment, the gardens developed by Unpaid Work teams also bear fruit (or more commonly vegetables) and this good crop of fresh Dundee potatoes was donated to a Charitable Café that specialises in only charging customers what they feel able to pay. Healthy activity, enhanced environment, healthy eating and paying back to the community all in one.



10.6 Health and Social Care

- The National Health and Care Experience Survey for 2017-18 provides feedback to Health and Social Care Partnerships regarding citizen's perceptions of health and social care services and their impact on health and wellbeing. Across eight of the nine key indicators measured by the survey Dundee performed better than the Scottish average, for the remaining indicator Dundee was at the Scottish average. There have been increases in the proportion of adults supported at home who agree that their health and care services seem well co-ordinated (from 75% in 2015-16 to 81% in 2017-18) and in the proportion of adults supported at home who agree they feel safer (from 84% in 2015-16 to 87% in 2017-18).
- There has been further development of community based services that have contributed to a reduction in the length of time people spend in hospital when they have been admitted in an emergency. During 2017-18 the number of hospital bed nights reduced by 10,342 from the previous year.
- Progress has been made in tackling health inequalities experienced across Dundee's communities; there has been a reduction in the variation in performance between the most and least deprived localities across key national performance indicators for emergency bed days, delayed discharges and 28 day hospital readmission. Health inequalities services have been redesigned during 2017-18 to increase the accessibility of a range of health promotion services to the most vulnerable citizens.
- Of the people who died during 2017-18, 89% of time in the last 6 months of life was spent at home. This is a positive result (similar to the Scottish average) and could not be achieved without a strong partnership between acute and community teams, the third and independent sectors and patients and their loved ones. The Tay Palliative and End of Life Care Managed Care Network is further exploring information related to those who spent greater than 10% of their last six months in hospital, to understand the role of hospital care at this time and how best to ensure acute admissions are purposeful, positive and person-centred.
- Over the last 12 months we have reduced by more than one half the number of bed days occupied where the person's discharge from hospital was delayed. In 2017-18, for every 100 people aged 75 and over, 34.7 bed days were lost due to a delayed discharge. This is an improvement since 2016-17, when there were 75.5 bed days lost for every 100 people aged 75 and over. In 2017-18 Dundee was the 8th best performing Partnership in Scotland. The creation a multi-disciplinary discharge hub and assessment at home service, introduction of 7 day working within the Acute Frailty Team and further development of the Enhanced Community Support Team have all contributed to these reductions in delayed discharge.
- The National Health and Care Experience Survey 2017-18 reported that 38% of Dundee respondents who provided unpaid carer felt supported to continue in their caring role; this is similar to the Scottish average of 37%. There has been a wide variety of activity during 2017-18 to support the implementation of the Carers (Scotland) Act, much of which has been undertaken in partnership with carers. A local carers strategy ('Caring Dundee') and a Charter for Carers have been developed and launched, learning and development activity delivered to the workforce and a practitioner network established, factsheets for carers made available, planning for a 'Carers of Dundee' website undertaken and procedures developed to support the implementation of key areas of the Carers Act, such as Carers' Support Plans.

CARERS

"I didn't consider myself as a carer until I was referred to Sources of Support by my G.P. The woman there was really helpful and when I explained my situation and spoke about my wife's mental health difficulties she helped me realise I was a carer and referred me to Penumbra's Carers Support Service.

I find that dealing with my wife's mood swings can be very challenging. My wife can put me down a lot which affects my confidence. This makes me feel angry towards her then I feel guilty for having these thoughts. The support gives me a chance to talk about these feelings in a confidential setting as talking to family can cause more arguments. Due to both of us having mental health difficulties it can be difficult and put a strain on the relationship.

It is nice when my wife appreciates what I do for her and she has been helpful lately as I have been suffering with my physical health. I like the times when we are away from our everyday routine and family dramas. Being supported to access short breaks has been a great help to me as it gives me and my wife something to look forward to and helps both our mental health by relaxing and spending quality time together.

The support has also helped me keep informed of other sources of help such as CONNECT and the welfare rights service to help me with my benefits. I have information about pain management courses I can access and was supported to contact the council and arrange an assessment from occupational therapy. This resulted in several adaptations to my home which has helped my physical health.

I was given crisis numbers and supported to complete a safe plan due to having suicidal thoughts. I have looked back at my safe plan when things are getting tough. My mental health has improved as I feel safer knowing I have support and a plan in place when I am struggling".

- Dundee has a high rate of readmissions to hospital, where the patient had been discharged within the last 28 days. In 2017-18 12.3% of people discharged from hospital following an emergency admission, were readmitted within 28 days. This is an increase compared with 2016-17. Dundee has the highest 28 day readmission rate in Scotland. An in-depth analysis of readmissions has been undertaken and the Unscheduled Care Board are currently considering targeted improvement actions based on the findings of this analysis.
- Dundee had a high rate of hospital admissions as a result of falls, with a rate of 28 admissions for every 1,000 of the 65 and over population. In 2017-18 Dundee was the second poorest performing Partnership in Scotland which had a falls rate of 22 admissions for every 1,000 population aged 65 and over. An in-depth analysis of falls related admissions was undertaken during 2017/18 and will inform the revision of a falls prevention strategy. Community based falls prevention classes and roadshows have continued during 2017-18 and changes have been made to the pathway for older people to ensure they are seen within the right clinic more quickly.
- There has been an increased spend on Self-Directed Support options one and two; with an increase from £1.3 million in 2016-17 to £1.7 million in 2017-18. Since the implementation of the Social Care - Self-directed support (Scotland) Act 2013 the spend on packages of care for people opting for Options 1 and 2 has increased year on year although Dundee remains low in terms of proportions of people receiving Options 1 and 2, compared to other Partnerships. There is more information about our approach to embedding outcome-focussed approaches, including SDS in section 14.
- During 2017-18 a new strategic and commissioning plan for substance misuse was developed. As part of the implementation of this plan, we will develop a four-tier approach to the provision of services and support in Dundee. Services at each tier will be delivered from locality settings and using a multi-disciplinary approach so that citizens experience a coordinated, effective and streamlined service provision. An Independent Commission on Drug Misuse was also appointed to investigate the current situation in Dundee and hear evidence from communities and individuals with lived experience. The commission will take 12 months to investigate and provide a report on its findings.

- We have enhanced our focus on targeting resources, planning and delivering services in service delivery areas. Examples are; the development of a locality approach to carers in Coldside and Strathmartine, the roll out of the 'MacMillan Improving the Cancer Journey' in Coldside and Lochee, the roll out of the leg ulcer clinic to a second locality, a whole system approach to supporting children and families in Lochee and an East End health and wellbeing drop in initiative.
- The council advice services GP Co-location Initiative continues to tackle health inequalities and mitigates the impact of Welfare Reform. Welfare rights officers are co-located in GP practices and have consensual access to individual medical records. As a result of having contact with welfare rights officers and access to advice, clients of the service have experienced improved health and wellbeing, felt less stigmatised due to the familiarity of seeing advisers within the GP environment and report increased feelings of self-worth, self-motivation and confidence, resulting in increased ability to use other services. In 2017-18 the service made 921 appointments and saw 734 patients across 7 GP practices and 2 satellite practices. This has resulted in £1,564,432.65 extra household income for patients through benefits and tax credit claims.

11.0 Statutory Functions

11.1 As outlined in the legislation and guidance, there are a number of duties and decisions that can only be made either by a CSWO, or by a professionally qualified Social Worker to whom responsibility has been delegated by the CSWO and for which the CSWO remains accountable. These relate primarily to the restriction of individual freedom and the protection of service users from themselves and others and the protection of the public from service users. It includes the following:

- Children and young people on the Child Protection Register
- Looked After children and young people
- Fostering and adoption
- Placement in secure accommodation
- Offenders assessed as very high or high risk of harm to others
- Mental health statutory provisions
- Adults with incapacity and welfare guardianship
- Adult support and protection

11.2 The Public Bodies (Joint Working) (Scotland) Act 2014 required NHS Boards and Local Authorities to integrate planning for, and delivery of, certain adult health and social care services. The main purpose of integration is to use the available resources to improve the wellbeing of people who use health and social care services, including adult social work services, in particular those whose needs are complex and who require both health and social care support at the same time.

Following the establishment of the Dundee IJB, they became responsible for the planning and delivery of a wide range of adult social work and social care services. The CSWO's role in relation to these delegated functions continues and the CSWO has continued to play an important role in the leadership and governance of health and social care integration over the last year, ensuring that adherence to social work values, principles and standards is central to developing the partnership.

11.3 Details on each of the statutory functions are provided in section 10 and the trends are generally positive but with some ongoing priorities including maintaining Looked After Children in local placements where appropriate and possible; increasing fostering and adoption places, especially for teenagers, sibling groups and children with disabilities; assessing and managing risks presented by Registered Sex Offenders with internet convictions; better understanding and continuing to monitor recent increases in Emergency Detentions and Compulsory Treatment Orders; reducing readmissions within 28 days and falls related hospital admissions; continuing to increase use of Self-Directed Support Options 1 and 2; and, increasing the proportion of carers who feel supported to continue in their caring role.

11.4 In addition to this the CSWO has had a key role in responding to statutory requests for information from the Scottish Child Abuse Inquiry and supporting subject access requests.

12.0 User and Carer Involvement and Empowerment

12.1 Social Work has a strong tradition of engaging with communities and families to mutually explore and identify key risks, needs and strengths; agree plans which protect people and help them to realise their potential; and jointly implement, review and adapt those plans. Given the range and complexity of communities and individuals, the challenge is to find creative methods which best suit their needs and promote the best possible outcomes for them and others.

12.2 In Children's Services, it is essential that the views of children, young people and their families are represented at all stages of involvement including Team Around the Child Meetings, Child Protection Case Conferences and Looked After Children Reviews. Children can also be linked to independent advocacy services and the service is piloting a Child Protection Buddy Scheme in the West of the city. In 2017-18, specific examples included:

- In Children's Services, the CSWO oversaw the development of new approaches towards Young Carers which involved extensive consultation and led to a new Carers Strategy. The strategy promotes continued engagement with Young Carers and is already starting to increase the numbers identified in order to provide them with relevant support so they can continue in their caring roles whilst having access to the same opportunities of other children and young people.
- The CSWO also started a review of the Champions Board for Looked After Children and Care Leavers in partnership with both them and independent advocates. There is an intention to widen engagement and participation to a broader range of methods and higher numbers of children and young people so they can jointly inform developments. The CSWO is also creatively using a new Health and Social Care Standard to inform consultation with and feedback from Looked After Children and Care Leavers.
- Parents attended 79% of all Child Protection Case Conferences compared with 73% last year. Chairs of Conferences always hold a pre-meeting with parents.
- Following the success of CP buddy arrangements, this approach is now available for all children aged 5 years and over to ensure their views are heard
- The Family Placement Team supported over 100 carers and over 150 Looked After Children on a day-to-day basis whilst recruiting new carers to meet growing demands for local placements. Carers manned a stall at the Food and Flower Festival and we hosted a Civic Reception to recognise long service and outstanding achievements. We also hosted a Foster Care Fortnight which included a Fun Day involving over 100 carers, their families and children. Over the year, 8 new Foster Carers and 8 new Adopters were approved. The photo below shows the Civic Reception.



Through our work with children we often receive comments and/or feedback about their lives or the support they have received. This can, for instance, take the form of life story work or work relating to their hopes and aspirations. The poem below illustrates the views of one child who, with the support of his family and staff, was excited to be moving into new accommodation.

My Traffic Light Life

My life has been a ton of fun
 With loads of chewing gum
 My mum and dad think they have a brilliant son
 When I am driving with my mum
 Waiting for the green light
 It has yet to come
 It has yet to come

But stop there has been a red one
 A red one, a red one that is all it has ever been
 The green one now at Laurel House is flashing
 Brightly to be seen
 It is such a sight
 It is such a sight
 I have been waiting for all my life
 FINALLY, THE GREEN LIGHT!

In Community Justice, in partnership with Third Sector organisations, the service responded to feedback from women involved in a previous independent living skills programme to adapt and refine 2 subsequent 6 week programmes. Based on their feedback, these programmes focused on the preparation and sharing of a healthy meal. At the end of the programmes, all participants successfully gained a REHISS qualification and went on to receive further, individualised support. The service also worked with Positive Prisons to obtain feedback from prisoners with 'lived experience' of the criminal justice system to inform the future design and delivery of services.

In Health and Social Care, a wide range of activities have been undertaken that demonstrate that the Partnership is actively embedding a culture of listening to service users and their families and improving services based on what they say and suggest. Some examples include:

- The responses to a patients and relatives questionnaire at Kingsway Care Centre highlighted concerns about information given to patients. Patient information for those being admitted to the in-patient areas has now been revised, including changing the format and language which we hope to ensure it is more user friendly and less clinical in nature.
- Oakland Day Centre sought feedback from people who use the centre and their carers regarding quality of support given and asked them to suggest improvements. Examples of improvements made include:
 - The outside area was improved by the addition of raised beds in the garden areas to enable all service users to participate in gardening activities. A sensory garden is also in development which includes a variety of colours and smells.
 - The range of activities has been widened to include; yoga stretch, bread making, stamp collecting and outings to the Secret Bunker and Miniature Kelpies.
 - A new white board system was put in place to notify service users of what activities are happening and where – this includes pictures for people with cognitive impairment.
- Dundee Community Living (Learning Disabilities) invited all stakeholders, including supported individuals, their families, professionals and agencies involved with the service to feedback via a questionnaire. Examples of improvements made include:
 - Improvements in the transition process were made to support people making their final move into supported accommodation. This involved multi-disciplinary planning and a person centred and flexible approach to the process of change.

- One of the gardens was re-developed, with new plants and seating in memory of a supported person who passed away early in 2017. This was requested and led by the other tenants in the accommodation.
- Extended senior cover system was introduced to provide staff with support for emergency and non-routine issues, while ensuring that off duty senior staff obtain an uninterrupted break on their days off. This was achieved by co-ordinating rotas of different parts of the service.
- Flexible working arrangements were implemented as part of a proactive approach to staff support and retention. This has proven successful and is due to be reviewed later this year.

13.0 Workforce

13.1 Social Work and Social Care Workforce Development

The Council's commitment to our employees is reflected within Our People Strategy and includes our approach to Workforce and Succession Planning, Talent Management and Developing the Young Workforce. Within Social Work, shared aims for learning and development remain a focus of the Organisational Development Plan and associated strategies for Health and Social Care Partnership and the Tayside Plan. These plans highlight that there will be a collaborative approach to Learning and Workforce Development across all partners.

We have a regional employability programme developed in Dundee and rolled out across Angus and Perth. In addition we have provided 42 Modern Apprenticeships, all aged 16-19 years, across a range of services-Early Years Education; Procurement; Business & Administration; Social Care & Health; Creative Digital Media; Digital Applications Support; and Crafts and Horticulture. We have also developed Graduate Apprenticeship programmes. Co-location of the Discover Work Service with the Throughcare and Aftercare Team has improved access to employability support for care leavers and individuals who have experienced the Community Justice system.

CASE STUDY – CARE EXPERIENCED YOUNG PERSON

Gary is a 17 year old looked after young man who was really keen to secure work in the sports industry.

Due to the co-location of the Through Care and Aftercare Team Gary's Through Care worker was able to quickly introduce him to the Team at the Discover Work Service.

Gary was supported to apply for two positions modern apprenticeship positions within Leisure and Culture Dundee but unfortunately Gary was unsuccessful on both occasions in securing the post. Gary was beginning to get down heartened with the job searching and his confidence was knocked.

After some discussion with Gary he agreed to attend the champion's board meeting and ask the champions for some support to find employment. The champions agreed to support Gary and agreed to do 'whatever it took' to find Gary a job.

Funding was secured to finance a post for Gary and Leisure and Culture Dundee agreed to employ Gary. The champions ensured HR processes and procedures were followed and any barriers were removed.

Leisure and Culture have been supported to develop Gary's role by Discover Works Vocational training co-ordinator and Leisure and Culture have also allocated Gary a Work place mentor.

Gary is in week three of his 18 month apprenticeship.

The services have been able to engage with and contribute to a wide variety of collaborative leadership development programmes with partners from across the services and geographic areas. A series of workshops aimed at the Health & Social Care workforce brought together a range of paid and unpaid participants to discuss the Guiding Principles for an Integrated Workforce and what this means for improving outcomes for people who use mainstream and commissioned services across the city. Thematic Peer Learning Networks have also been established to allow anyone from the Health & Social Care Workforce to come together to explore common challenges across the city.

A new model for induction of new employees in the Health and Social Care Partnership has been introduced aligned with the Clinical and Professional Care governance arrangements that incorporate professional standards from the wide range of professions, including the Social Services Workforce, and that move towards a shared understanding of common professional values and practice in all health and social care settings.

We have invested significantly in our registerable workforce to ensure they are fully equipped with the occupational competences to meet management and leadership standards and our statutory requirements. We have continued to directly deliver a high proportion of the required qualifications across the SSSC registerable workforce groups. We are exploring models for future delivery of what remains a resource challenge for the organisation with the expansion of Early Years provision, associated recruitment and demands across other register parts. We have a proactive role working with national partners through the Social Work Scotland, Learning and Development Practice Network to look at creative ways to collaborate on these challenges.

In 2017-18, specific learning programmes on protection of children and adults has remained a priority as in previous years. We have developed and delivered core programmes of multi-agency training on Child and Adult Protection and provided a range of face to face and high quality e-learning programmes across the protection spectrum. These include Child Sexual Exploitation, Challenging Stigma, Children with Disabilities, Roles and Responsibilities in Adult Support and Protection. Our award winning Protecting People Learning and Development Framework and online portal provides a comprehensive overview of the range of learning opportunities available across all workforce groups. A specific new programme of learning and development for multi-agency partners focussing on risk assessment and chronologies was developed and delivered linking an innovative online learning resource with practice development workshops. Another new initiative under development is our NQSW Child Protection learning and development programme in partnership with Angus Council.

Special programmes of support for courses including the Postgraduate Certificate in Child Welfare and Protection, Adult Support and Protection, the Mental Health Officer Award, Professional Supervision, and Practice Learning Qualification remain in place and are currently prioritised for funding support in relation to our statutory duties and SSSC work streams. We continue to review effective ways to recruit to the MHO award. A council-wide personal and professional development support process also encourages individualised opportunities for study supported by the organisation. This is widely used by frontline employees as part of both career development and continued learning.

The Council and Health and Social Care Partnership retain a strong commitment to Practice Learning which includes opportunities for Social Work and Social Care students throughout the services. Significant contribution is made to the future workforce through the provision of practice learning opportunities. We are currently working in partnership with Dundee University to further enhance provision of placements which offer the opportunity to undertake statutory tasks. We have continued to increase the opportunities for professional placements and work experience opportunities for a number of workforce groups.

We continue to lead the delivery of the PDA Practice Learning (Social Services) Qualification on behalf of 6 local authorities. The leadership and quality of the programme along with the excellence in the partnership arrangements was commended in both our SSSC annual monitoring and SQA External Verification reports. We remain at the fore of the practice learning agenda across Scotland and will continue to contribute to the development of the National Partnership in Social Work Education.

13.2 Promoting Social Work Values and Standards

The CSWO has a duty to ensure Social Work values and standards as outlined in the SSSC Codes of Practice are promoted. For employers, the Codes include such requirements as making sure people understand their roles and responsibilities, having procedures in place relating to practice and conduct and addressing inappropriate behaviour. For employees, protecting the rights and interests of service users, maintaining trust and promoting independence. This includes the following:

- Recruitment and selection, including checking criminal records, relevant registers and references.
- Induction, training, supervision, performance management and a range of procedures on such things as risk assessment, records and confidentiality.
- Responding to internal or external grievances or complaints about the conduct or competence of staff.
- Ensuring line managers appropriately support staff and progress self-evaluation activities to identify strengths and areas for improvement.
- Ensuring health and safety policies are in place, including risk assessments and controls for identified hazards such as lone working and moving service users.
- Ensuring that staff required to register with the SSSC do so and are supported to meet the learning and development requirements associated with this.

Within the Health and Social Care Partnership Workforce and Organisational Development Strategy (published in June 2016) a number of guiding principles to support the workforce to deliver on the ambitions of integrated health and social care were adopted. These locally created principles sit alongside existing legislative and clinical, care and professional governance requirements, as well as the SSSC Codes of Practice. The principles include: inclusivity and equality, visible leadership, collaborative co-production and reflective practice.

Workshops have been delivered to assist with imbedding these principles and Learning Networks for Employees who work in Care at Home, Care Home and Employability Services have been established to provide a forum for Health and Social Care to learn together in an integrated way and to deliver to a joint vision and share good practice. We have created an area on the Health and Social Care Partnership website that is specifically for the workforce and that will host a range of materials and advertise events designed to support the integrated workforce in their roles. Integrated induction has been developed for the Health and Social Care Partnership. 3 sessions have been developed. The CSWO contributes to the induction including a discussion about governance, standards and codes of practice.

At the end of last year the Chief Social Work Officer established a dedicated Twitter account to enhance communication with the workforce and public. This is now being used proactively to share details of local events, campaigns and achievements across Social Work Services.





14.0 Improvement Approaches and Examples/Case Studies

14.1 Planning for Change

Following the publication of the Joint Inspection Report in March 2016, the Children and Families Service embarked with partner agencies to address the 4 areas for improvement relating to collaborative leadership, self-evaluation, parenting and child's plans. A new Children and Families Executive Board was established to oversee developments. The Board is supported by a new Strategy and Performance Team which includes representatives from different Council services, NHS Tayside and the Third Sector. The team provides targeted capacity and expertise for the development of integrated services within and between partner agencies and local communities. There have been a number of related developments:

- A partnership programme with the Centre for Excellence for Looked After Children (CELCIS), the Hunter Foundation, BBC Children in Need and local partners, we are implementing a new GIRFEC Improvement Programme. This involves 4 inter-connected and inter-dependent strands of work with the first relating to building the capacity, confidence and competence of Health Visitors and Teachers when acting as Named Persons; the second on the development of 360 schools and family support hubs; targeted approaches towards children at the edges of care; and the third on joint approaches with Health and Social Care to 3 shared priorities of mental health, substance misuse and healthy weight. The programme is being tested in 6 Primary Schools in Lochee with a view to scaling lessons across the city
- The approach towards self-evaluation has also been strengthened, with a new Protecting People Learning and Continuous Improvement Framework focusing on both quantitative and qualitative processes, measures and outcomes. In respect of Children's Services, an SCR led to the development and implementation of an Improvement Plan which included a key focus on learning and workforce development; a Child Protection Balanced Scorecard is continually helping to identify and address key areas for improvement; and a case file audit on a randomised sample of Social Work cases identified significant improvements in the quality of assessments, chronologies and plans for children and young people whilst confirming further improvements are required. Multi-agency case file audits of Child Protection and Looked After Children will be conducted in 2018-19

Following a Supreme Court Judgement issued on 1 March 2017, which clarified how the Adoption and Children (Scotland) Act 2007 should be interpreted and applied, the service established a working group to explore local practice implications. The judgement affects all applications in Permanence Proceedings and Children's Hearings and an extensive training programme has been delivered to all Social Work teams.

In Health and Social Care there have also been a number of developments that have focussed on planning for change and testing new, more integrated ways of working. These developments have been driven by changes in legislation as well as the implementation of the Health and Social Care Partnership Strategic and Commissioning Plan. They include:

- A test of change that has been implemented and evaluated on the introduction of the lead professional approach by Dundee's Homelessness Partnership. Staff reported that taking a lead professional approach feels very different to what they previously thought represented joint working through multi-disciplinary team meetings. Where there is a lead professional, one person takes responsibility for overseeing; the actions, the supports delivered and reporting the outcomes achieved at review. This approach has meant that staff are much clearer about when actions have been completed and whether or not these have resulted in outcomes being met.
- In preparation for the enactment of the Carers (Scotland) Act in 2018, the Scottish Government allocated funding to Dundee Carers Partnership for a pilot project between May and October 2017. The aim of the project was to explore how the Act could best be implemented to support carers in Dundee. The project was undertaken in a co-productive way through a project group including carers, colleagues from local carers' organisations, Dundee City Council, NHS Tayside and the Health and Social Care Partnership. The group designed the project using a mixed method approach. This used different channels and tools for different purposes, as part of a coherent overall plan. A survey was sent to over 2,500 people and elicited 261 responses. Six community focus groups were arranged for 29 carers and supported people on short break service statements (SBSS) and the duty to provide support to carers. Two focus groups (totalling 15 carers) were held with specific black and minority ethnic carers where the survey questions were discussed and replies and discussions recorded. 11 Partnership assessment and care management practitioners were interviewed and thirty 1:1 questionnaires were completed. 47 people also volunteered to help review anticipatory care and support plan documentation. The project gave an opportunity to further develop a co-productive approach, which gave a different experience by using a "you said-we listened" or "we suggest this-you tell us what you think" approach.
- During 2017-18 Dundee received over £600,000 of additional investment from the Scottish Government for a three year pilot of the Health and Work Support Service. From 2018-19 the service will provide integration and alignment of core health and work services and will provide a single point of contact for people accessing the service. These services include working health services, healthy working lives and new services for those on longer term sickness absence or the short-term unemployed. This will follow a case management led approach with access to interventions for physical and mental health conditions, signposting to appropriate services and guidance regarding return to work. During the last 12 months referral pathways into the service have been agreed with partners such as Jobcentre Plus and Remploy who are the Fair Start Scotland contract providers as well as other affiliated services. A marketing campaign will take place with employers and GP's in the city to advise them of the support available to their employee's and patients. The aims and outcomes of Health and Work Support are:
 - to make it easier for those who need support to get help when they need it.
 - Support people to move into and remain in sustainable employment.
 - Reduce health related absenteeism, job loss and improve levels of productivity.
 - Support people to manage their health condition.

14.2 Personalisation and Outcome Focused Practice

There have been continued efforts within the Health and Social Care Partnership to promote an outcomes focused approach which is asset based, focusing on all assets that people can draw upon in their own lives to be healthier and independent for longer in their own community. This may consist of help they can receive from family and friends, peers with similar issues, technology and professional information and advice. The Partnership will provide support in relation to any needs that cannot be met by community based assets. An asset based approach also involves working in partnership to co-design services with the statutory, third and independent sectors and with individuals, families and communities.

Over the past year, a review has been undertaken by the Personalisation Delivery Group. They wanted to know how far personalised approaches have been embedded into our services. Taking into account the intentions of the Scottish Government in their plan for personalisation and by comparing our performance with other Partnerships, the following recommendations were agreed by the Personalisation Board and will be taken forward during 2018-19:

- Review current eligibility criteria for people accessing services.
- Focus more on what supports exist in localities.
- Change the way we contract services to focus on personal outcomes and review how the Partnership allocates resources so that they are more personalised.
- Develop a quality charter for direct payment employers. This should say what people who self-direct their support, using a direct payment, should expect from their employees as a minimum standard of quality of care and support.
- Develop and deliver further outcome focused learning opportunities.

PERSON CENTRED CARE AND SUPPORT

Mr G is a young man with high functioning autism who felt he needed support to form friendships and improve his confidence in social situations. Accessing a Self-Directed Support budget enabled him to employ personal assistants to support him to participate in opportunities in his local community by helping research what was going on locally and plan his travel and finances to get there and take part.

14.3 Self-Directed Support

Since the introduction of the Social Care Self-directed support (Scotland) Act (2013), there has been some progress in respect of the uptake of Options 1 and 2 but this has been slow, compared to the other 32 local authorities.

In the Health and Social Care Partnership two specialist social workers have been employed with a specific focus on supporting the implementation of the Social Care - Self Directed Support (Scotland) Act 2013 across our services. These social workers will support staff through the application process for options 1 and 2 to ensure that these options are understood and accessible to people using services. We have also commissioned the Dundee Carer's Centre to provide support to people accessing self-directed support direct payments in Dundee.

14.4 Challenges for the year ahead

- During 2018-19 the CSWO will have a significant role in leading the Transforming Public Protection Programme. This will include working closely with the Care Inspectorate to develop social work practice in relation to assessment and planning, as well as a focus on strengthen oversight and scrutiny of strategic planning for public protection. All of this will be informed by feedback from national and local reviews.

- In community justice, we will work with partners to implement the Community Justice Outcome Improvement Plan and work with Scottish Prison Service on developing new approaches to women, employability, prison release, electronic monitoring, males aged 21-26 years and young people.
- In Children's Services, we will work with partners to implement the Tayside Plan for Children, Young People and Families. We will have a particular focus on the GIRFEC Improvement Programme, remodelling of local accommodation options for Looked After Children and strengthening overall approaches to care experienced young people, responding to the requirements of Continuing Care and carrying out and addressing the findings of internal audits
- Across Health and Social Care the priority is continue work to align statutory service delivery to localities and take forward major service redesigns in both mental health and substance misuse. The Partnership will also continue its co-productive work with carers with the aim of increasing the proportion of unpaid carers who feel supported to continue in a caring role. There will also be a focus on further reducing delayed discharge, specifically for those people delayed due to complex reasons regarding accommodation, specialist individualised support and legal reasons.
- We will continue to develop our approaches to those with lived experience and improve our approaches to promoting understanding of social work.

Summary of Care Inspectorate Gradings – All Registered Services

APPENDIX 1

Organisation	Name of Service	Service Type	Category LA/Priv/Vol	Inspection Date	Quality of Care and Support	Quality of Environment	Quality of Staffing	Quality of Management & Leadership
Dundee City Council	White Top Centre	Adult Respite	LA	22/11/17	6	6	5	6
Dundee City Council	Mackinnon Centre	Adult Respite	LA	12/01/18	6	6	6	6
Dundee City Council	Oakland Centre	Support Service	LA	28/09/16	6	5	6	5
Dundee City Council	Weavers Burn	CAH/HS	LA	11/07/17	4	5	3	4
Dundee City Council	Craigie House	Care Home	LA	22/11/17	5	4	5	4
Dundee City Council	Menzieshill House	Care Home	LA	13/10/17	5	5	5	5
Dundee City Council	Turrif House	Care Home	LA	07/03/18	5	5	5	5
Dundee City Council	Janet Brougham House	Care Home	LA	05/10/17	5	6	5	4
Dundee City Council	Gillburn Road	Respite	LA	21/07/17	4	n/a	n/a	4
Dundee City Council	The Junction	Care Home	LA	01/09/17	4	n/a	n/a	4
Dundee City Council	Millview Cottage	Care Home	LA	26/10/17	4	5	4	4
Dundee City Council	Drummond and Forester House	Care Home	LA	27/09/17	4	n/a	5	n/a
Dundee City Council	Fairbairn St YPU	Care Home	LA	27/11/17	4		5	n/a
Dundee City Council	Fostering Services	Fostering	LA	20/11/17	5	n/a	n/a	4
Dundee City Council	Adoption Services	Adoption	LA	20/11/17	5	n/a	n/a	4
Dundee City Council	Through-care & Aftercare Service	Housing Support Service	LA	17/03/16	4	n/a	5	3
Dundee City Council	Homecare Social Care Response Service	Care at Home and Housing Support combined	LA	08/09/17	5	n/a	5	5

Organisation	Name of Service	Service Type	Category LA/Priv/Vol	Inspection Date	Quality of Care and Support	Quality of Environment	Quality of Staffing	Quality of Management & Leadership
Dundee City Council	Care at Home City Wide	Care at Home and Housing Support combined	LA	21/03/18	5	n/a	5	5
Dundee City Council	Home Care Enablement and Support and Community MH Older People Team	Care at Home and Housing Support combined	LA	03/11/17	5	n/a	5	5
Dundee City Council	Supported Living Team	Support Service	LA	12/12/17	6	n/a	6	6
Dundee City Council	Dundee Community Living	Support Service	LA	13/10/17	6	n/a	6	6

- not assessed

n/a – no requirement to be assessed



REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD –
18 DECEMBER 2018

REPORT ON: DUNDEE ADULT SUPPORT AND PROTECTION COMMITTEE,
INDEPENDENT CONVENOR'S BIENNIAL REPORT 2016-2018

REPORT BY: INDEPENDENT CONVENOR, ADULT SUPPORT AND PROTECTION

REPORT NO: DIJB63-2018

1.0 PURPOSE OF REPORT

The purpose of this report is to present the Integration Joint Board (IJB) with the Independent Convenor of the Adult Support and Protection Committee's Biennial Report for the period April 2016 – March 2018, which includes a summary of the work undertaken and priorities identified for 2018 – 2020.

2.0 RECOMMENDATIONS

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

- 2.1 Notes the content of the Independent Convenor's Report (attached as Appendix 1).
- 2.2 Notes the progress achieved in relation to the previous Independent Convenor's recommendations for 2016 – 2018 (section 4.5).
- 2.3 Notes the priorities identified by the current Independent Convenor for 2018 – 2020 (section 4.6).

3.0 FINANCIAL IMPLICATIONS

None.

4.0 MAIN TEXT

- 4.1 In response to serious shortcomings in the protection and safeguarding of adults at risk of harm in Scotland, the Scottish Government introduced the Adult Support and Protection (Scotland) Act 2007. In line with the requirements of the Act, the Dundee Adult Support and Protection Committee was established in July 2008. Ms Elaine Torrance was appointed as Independent Convenor in April 2018. The main aim of the Adult Support and Protection (Scotland) Act 2007 is to keep adults safe and protect them from harm. The Act defines an adult at risk as people aged 16 years or over who:

- are unable to safeguard their own well-being, property, rights or other interests; and
- are at risk of harm; and
- because they are affected by disability, mental disorder, illness or physical or mental infirmity, are more vulnerable to being harmed than adults who are not so affected.

This is commonly known as the 3-point test. For an adult to be at risk in terms of the Adult Support and Protection (Scotland) Act 2007, the adult must meet all three points above.

- 4.2 Section 46 of the Act requires the Independent Convenor to prepare a Biennial Report outlining the activities of the Adult Support and Protection Committee and more widely the progress made in Dundee in protecting adults at-risk of harm. The report is organised around a number of themes agreed by the Adult Support and Protection (Scotland) Act 2007 Code of Practice (Revised April 2014). The last Biennial Report was published in 2016.
- 4.3 The report contains updates on the Dundee Health and Social Care Partnership's commitment to ensure that the protection of people of all ages is a key strategic priority, as well as wider developments to strengthen multi-agency responses to Protecting People concerns. It outlines how the Adult Support and Protection Committee has continued to work closely with all relevant partners, including the Integration Joint Board, the Community Safety Partnership and relevant Strategic Planning Groups, to ensure our strategies and priorities are aligned and coordinated.
- 4.4 Although the period covered by this report relates to the tenure of the previous Independent Convenor, Mr Colin McCashey, it has been prepared by current Independent Convenor, Ms Torrance. Mr McCashey has contributed to and approved the content of the final document.

4.5 Progress on Previous Recommendations in Biennial Report 2016-2018

- 4.5.1 Progress made in relation to recommendations made in the previous Biennial Report is reported in detail in the full report. Of the 7 recommendations, 5 have been fully completed and 2 are partially complete. There has been progress in: ensuring an effective, proportionate and timeous response to adult concerns through the operation of the Police Scotland Risk and Concern Hub and the multi-agency Early Screening Group; increasing the proportion of adult concern referrals from agencies other than Police Scotland, including from members of the public; raising awareness of adult protection responsibilities amongst the General Practice workforce; enhancing operational and strategic responses to adults at risk across NHS Tayside; gathering qualitative information about the experiences that adults at risk have of protection processes and using this information to inform change and improvement in adult protection processes; and, implementation of the Early Indicators of Concern tool within care home settings.
- 4.5.2 One partially complete recommendation relates to how multi-agency partners ensure that improvement actions from self-evaluation activities are progressed and that subsequently desired practice improvements are achieved. Whilst some work has been progressed in this area the Biennial Report recognises that this was a significant area for improvement highlighted in the recent Joint Thematic Inspection of Adult Support and Protection (Article VI of the minute of the IJB held on 28 August 2018, Report DIJB29-2018 refers) and will require to be further addressed through the Transformation Public Protection Programme.
- 4.5.3 The other partially complete recommendation relates to the how partners record, report and take cognisance of the health and disability characteristics of adults at risk. Whilst some progress in relation to data collection, analysis and reporting has been made through the Health and Social Care Partnership Quality Assurance Group this will be further progressed under the transformation programme.

4.6 Conclusions, Recommendations and Future Plans.

- 4.6.1 All Adult Support and Protection activity needs to be considered in the context of the strengths and areas for improvement identified by the recent thematic inspection and the developing Transforming Public Protection Programme.

4.6.2 The Independent Convenor has identified the following as priority areas recommended for development:

1. We will improve the integrity, collation and presentation of data to the Adult Support and Protection Committee and Chief Officers Group to better inform decision making and monitor progress. Work across the partnership to;
 - a) Revise Balanced Scorecard content for Chief Officers Group. (December 2018)
 - b) Revise Dataset to be tabled at each ASP meeting. (Commencing December 2018)
2. We will undertake a review of roles, core functions and membership of the Adult Support and Protection Committee. In partnership with the Improvement Service, Transformation, Performance and Improvement Team we will undertake self-evaluation activity of the core business of the Adult Support and Protection Committee and produce a Committee Improvement Plan. (Commencing October 2017 for completion March 2019)
3. We will implement the Recommendations from the Thematic Joint Inspection of Adult Support and Protection through the Public Protection programme and monitor and evaluate progress with regular reports to the Committee.
4. We will further develop effective ways to ensure that the views of supported people and their carers are collated and heard and contribute to the evaluation and development of core Adult Support and Protection processes.
5. We will undertake a review of multi-agency Learning and Organisational Development activity relating to adult protection to ensure it meets the needs of the workforce and people in need of protection. Initial focus in respect of council officer role, broadening out to wider workforce.
6. We will ensure that learning from Initial and Significant Case Reviews are applied in the context of Adult Support and Protection across Dundee.
7. We will evaluate the impact of the Adult at Risk lead professional model on individuals who do not meet the three point test and ensure that learning from this contributes to the development and delivery of practice across the city.
8. We will evaluate early Screening Activity across the partnership to be assured that the recognition of and response to adults at risk is consistent and proportionate.

4.6.3 Work has already begun to address a number of these recommendations, including through collaboration with the other Adult Support and Protection Committees across Tayside. The full participation of the Dundee Health and Social Care Partnership, as the primary agency with delegated statutory responsibility for the protection of adults at risk, in multi-agency working is critical to the full implementation of the Independent Convenor's recommendations over the forthcoming two-year period. Officers from the Partnership are active participants in multi-agency Adult Support and Protection governance and strategic planning structures and an internal focus on improving responses to adults at risk is maintained through the Public Protection Quality Assurance Group, led by the Locality Manager with an operational portfolio lead for public protection.

5.0 POLICY IMPLICATIONS

This report has been screened for any policy implications in respect of Equality Impact Assessment. There are no major issues.

6.0 RISK ASSESSMENT

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

7.0 CONSULTATIONS

The Chief Officer, Chief Finance Officer, Head of Service, Health and Community Care, Chief Social Work Officer and the Clerk, as well as the Chief Officers Group (Protecting People) and Dundee Adult Support and Protection Committee have been consulted in the preparation of this report.

8.0 DIRECTIONS

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.

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

9.0 BACKGROUND PAPERS

None.

Ms Elaine Torrance
Independent Convenor Dundee, Adult Support and Protection Committee

DATE: 6 December 2018

Kathryn Sharp
Senior Manager, Strategy and Performance

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Adult Support & Protection
Committee Dundee



Independent Convenor's Biennial Report

April 2016 - March 2018

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Convenor's Foreword

I am delighted to have recently taken on the role of Independent Convenor of the Adult Support and Protection Committee and would like to thank Colin McCashey, the previous Convenor, for his leadership and commitment to this agenda during the period covered by this bi-annual report.

This report details the work of the Adult Support and Protection Committee during the period April 2016-April 18 in Dundee City and as can be seen in the report there has been a lot of effective work to raise the profile of Adult Protection in Dundee across all agencies and improve processes. The report also contains data collected on the range of activity during this period as well as commentary on the priorities set for this period – the majority of which have been completed.

During this period the Adult Support and Protection arrangements in Dundee were inspected by the Care Inspectorate and the recently published report highlights some of the good work completed during this period as well as the challenges. Positive comment was made on the really good work to raise understanding of financial harm including the involvement of the banking sector and the work of the Scottish Fire and Rescue to introduce the Safe Places initiative in Dundee was also highlighted. The report also confirmed that despite identifying areas for improvement people in Dundee were safe and protected.

Recommendations for improvement from the report included more effective systems to identify outcomes and improvements in recording key processes including chronologies and risk assessments and the future actions for the coming two years detailed in this report are designed to address these areas as well as other challenges highlighted by the Committee.

I am very pleased that we will be supported through this journey by the work of the Public Protection Transformation programme which has been set up and resourced by the Chief Officers Group.

I can assure you that over the coming years the Committee and I will be working with all key stakeholders in Dundee to progress the actions in the report and ensure that people in Dundee continue to be safe and well supported.

Elaine Torrance
Independent Convenor,
Adult Support and Protection Committee
October 2018

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Introduction and Context 1



What is Adult Protection

The Adult Support and Protection (Scotland) Act 2007 (The Act) seeks to protect and benefit adults at risk of being harmed. The Act requires councils and a range of public bodies to work together to support and protect adults who are unable to safeguard themselves, their property and their rights:

The Adult Support and Protection (Scotland) Act 2007

It provides a range of measures which they can use. The public bodies are required to work together to take steps to decide whether someone is an adult at risk of harm, balancing the need to intervene with an adult's right to live as independently as possible.

Adult Protection Committees

Under section 42 of the Adult Support and Protection (Scotland) Act 2007 each council must establish an Adult Protection Committee (APC). The membership of APCs is multi-agency and includes representatives of the council, the relevant NHS Board, the police and other organisations who have a role to play in adult protection.

APCs are chaired by independent convenors, who cannot be members or officers of the council. APCs have a central role to play in taking an overview of adult protection activity in each council area, and making recommendations to ensure that adult protection activity is effective. APCs have a range of duties, which include:

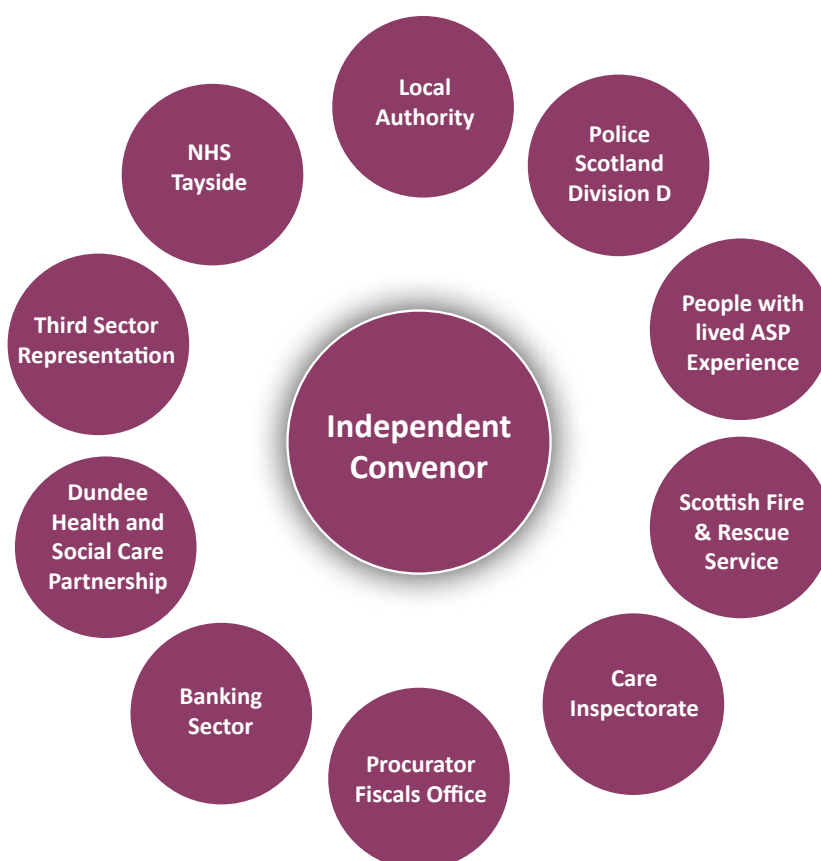
- Reviewing adult protection practices
- Improving co-operation
- Improving skills and knowledge
- Providing information and advice
- Promoting good communication

Adult Protection Committees are required to submit a report to Scottish Ministers every two years. During the period of this report Colin McCashey was the Independent Convenor but from April 2018 Elaine Torrance, a new independent convenor, has taken office.

Dundee Adult Support and Protection Committee

In Dundee these duties are delivered by the Adult Support and Protection Committee. (ASPC)

The ASPC core membership consists of representatives of key stakeholder agencies, namely...



The committee is chaired by an independent convenor contracted to fulfil this role by Dundee City Council on behalf of Dundee Adult Support and Protection Committee.

There may be more than one representative of a partnership agency, for example, The Chief Social Work Officer for Dundee City attends together with a Learning and Organisation Development Officer, Trading Standards, Neighbourhood Services and Legal Representation.

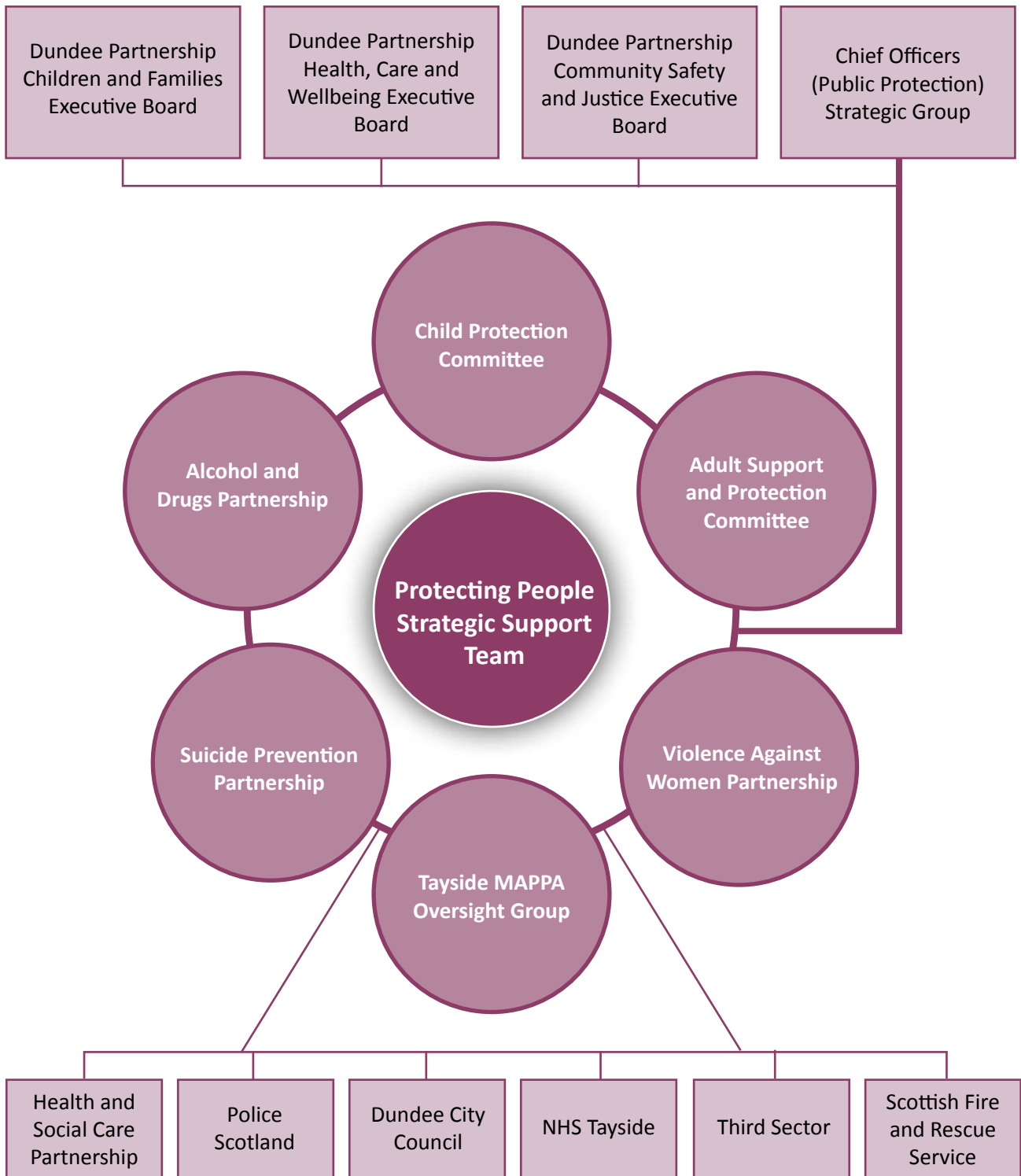
The committee also has a number of minuted members who are not required to attend every meeting. In addition, the Lead officer is neither a core nor minuted member but provides the necessary support for the committee. Full details of the membership of Dundee Adult Support and Protection Committee can be found in **Appendix 1**.

The Adult Support and Protection Committee sits within the work of Protecting People which covers Adult Protection, Child Protection, Violence Against Women, Alcohol and Drugs and Multi Agency Public Protection Arrangements (MAPPA). There are three Protecting People groups which consider Self Evaluation, Communication and Learning and Workforce Development.

The Chief Officers of Dundee City Council, NHS Tayside and Police Scotland Tayside Division, individually and collectively, lead and are accountable for, the development of work in the area in relation to Protecting People Services. This includes ensuring the effectiveness of each of the component committees/partnerships. This places the work in a more holistic framework in which protection is undertaken in an integrated fashion.



The Chief Officer Group (Public Protection) is the strategic forum in Dundee with responsibility for shaping the operational development of the public protection arrangement. As such works through public safety and partnership committees statutory and otherwise to assess risk and to work to reduce it. The image below illustrates the relationship between the various bodies and groups to protect the people of Dundee.



The delivery of Adult Support and Protection processes in Dundee is administered by a team who arrange Adult Support and Protection meetings, manage referrals, minute meetings and collate performance data. This team continues to work efficiently, flexibly and effectively in delivering these key supporting tasks.

The role of Lead Officer to the Adult Support and Protection Committee was set up in July 2013 and focuses on progressing the work of the Committee through its subgroups and the Protecting People meetings. Now entitled “Lead Officer Protecting People” the post provides an effective link between relevant agencies as well as co-ordinating within these agencies and with the Independent Convenor.

The period covered by this report has been one of considerable change in the landscape of the main statutory bodies for Adult Support and Protection: Councils, Health and Police.

This report covers the first full year of operation of the Dundee Health and Social Care Partnership (HSCP). Adult Support and Protection work is one of the areas where local authority functions are delegated to the HSCP and the Integrated Joint Board is ‘host agent’ for the Protecting People Team in Dundee.

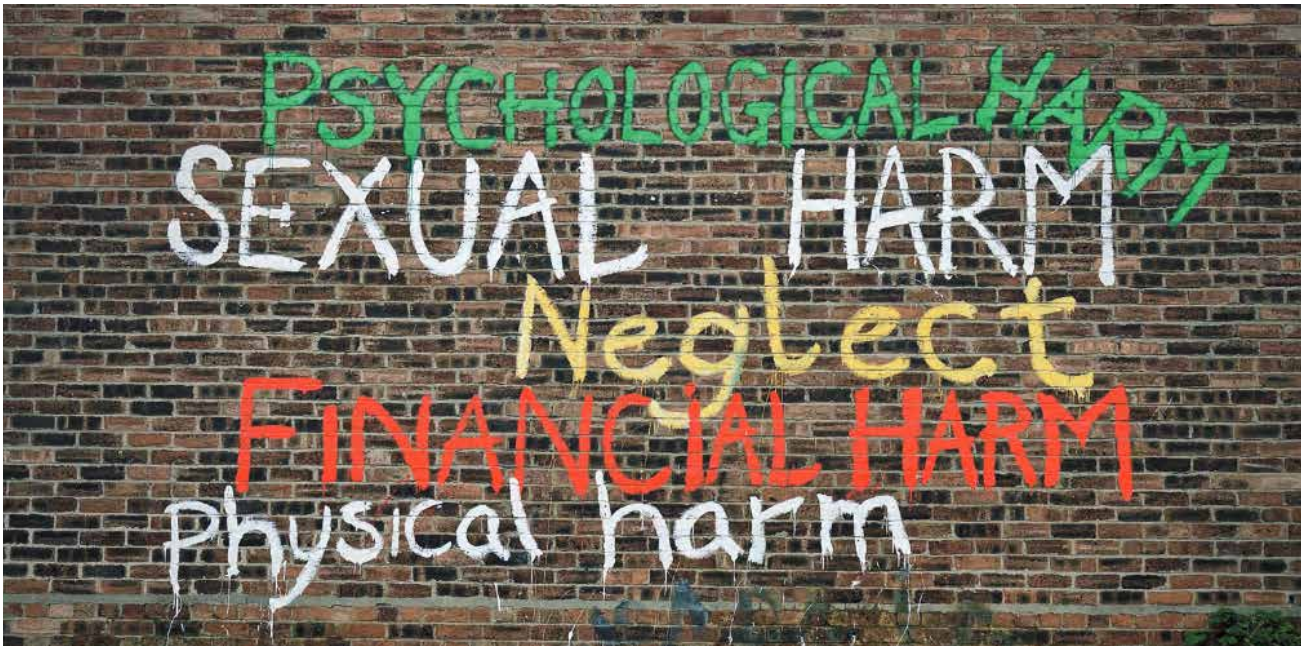
The structure of the new Partnership, the role of the Integrated Joint Board and the role of staff within the joint services has been the focus of much work in respect of Adult Support and Protection with the Chief Officers Group committed to ensuring that the protection of people of all ages continues to be a key Strategic Priority.

The changes to Policing in Scotland in recent years has presented opportunities and challenges as eight forces have been united into one – Police Scotland.

Alongside the national changes there have been local changes with the development of the Risk and Concern Hub and the consolidation of the role of Police, Health and Social Work in the Early Screening Group. This has been managed positively locally, with good continuity of staffing, which has helped sustain this model of working. Adult Concern Reports are ‘triaged’ by a Detective Sergeant, before going forward to the Early Screening Group, and referral pathways, other than health and social work, this has led to a reduction in the number of adults being referred for statutory adult protection procedures such as Initial Referral Discussion but has contributed to others being proportionately supported by the right services at the right time.

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Management Information 2



Referrals

Between 1 April 2016 and 31 March 2018, 1,855 Adult Protection Concerns were reported to Dundee Health and Social Care Partnership. This is a reduction from the 2014-16 reporting period, however is greater than the numbers reported during 2010-12 and 2012-14.

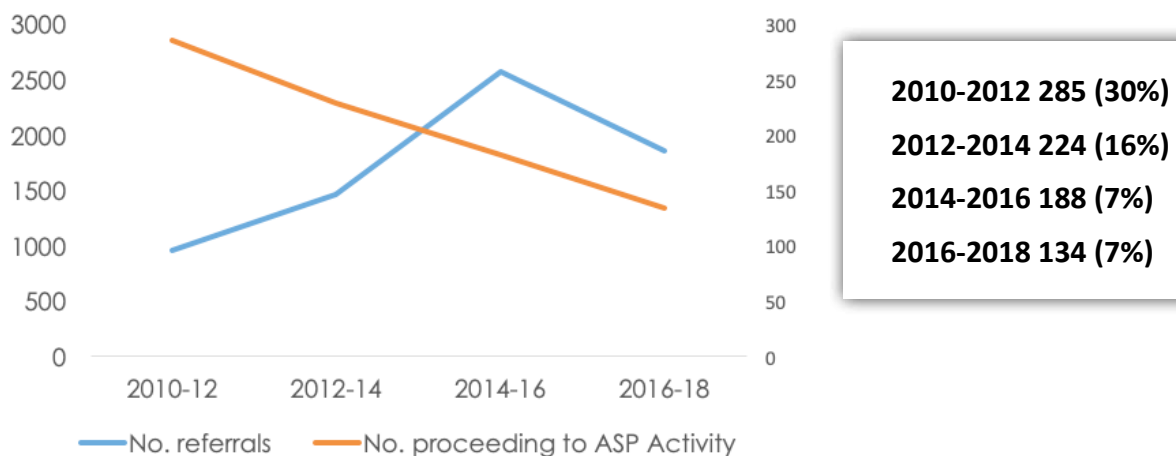
2010 – 2012 = 952 referrals

2012 – 2014 = 1,457 referrals

2014 – 2016 = 2,570 referrals

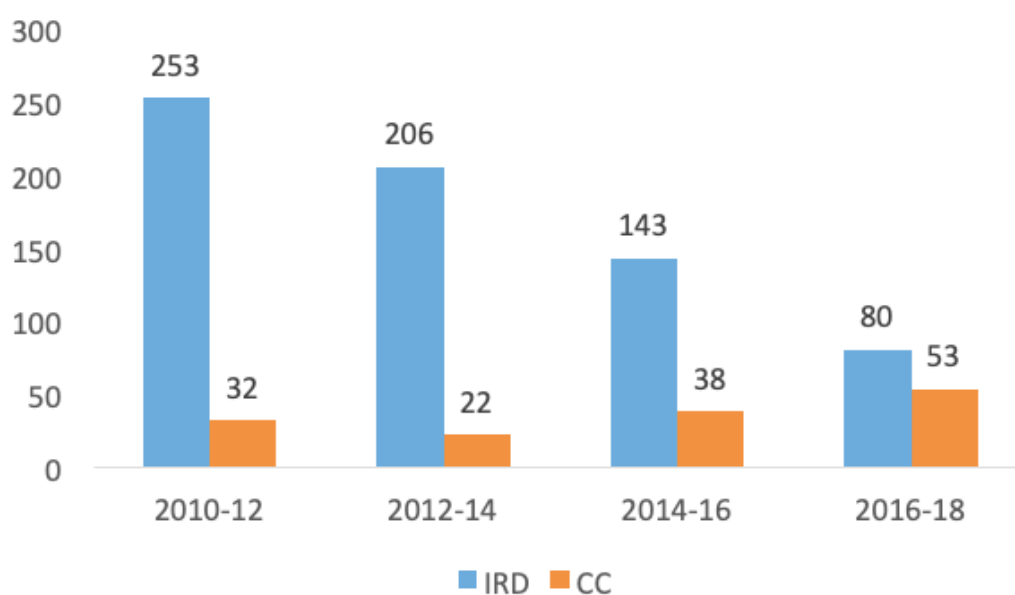
2016 – 2018 = 1,855 referrals

Chart 1: Number of Referrals and Number Proceeding to IRD or CC



Although the total number of referrals has decreased since the 2014-16 reporting period, the percentage of these referrals which met the 'three-point test' and proceeded under the Adult Support and Protection legislation, directly to Initial Referral Discussion (IRD) and Case Conference (CC), has remained the same (7%). The development of both the risk and concern hub and early screening group have contributed to this trend, effectively ensuring a proportionate and timeous response.

Chart 2: Number of referrals which proceeded directly to IRD or Case Conference



Within Adult Support and Protection procedures there is a requirement to convene a Case Conference if three concerns are received about an individual. This was the case in respect of 42 (79%) of the 53 cases that went straight to a Case Conference. This is substantially higher than the 47% and 18 cases which went straight to Case Conference and met the three point test during the 2014-16 reporting period. This can be accounted for by more robust screening, management discussions and decision making and better understanding of the three point test.

Age was a significant factor in referrals and Adult Protection Concerns in relation to older people (aged over 65) are much more likely to progress to a Case Conference. This pattern confirms a body of wider information and research indicating particular concerns regarding the risk of harm to older people.

Source of Referrals

The source of each of the 1,855 referrals received in the period covered by this report is presented in Table 1, which also indicates the percentage of these referrals from different sources that resulted in an Initial Referral Discussion or Case Conference. The table shows that referrals continue to be received from a range of sources.

Table 1: Source of referral by year & % resulting in Adult Support & Protection Activity

Source of Referral	Years 2012-14	% (No.) Resulting in Adult Support and Protection Activity	Years 2014-16	% (No.) Resulting in Adult Support and Protection Activity	Years 2016-18	% (No.) Resulting in Adult Support and Protection Activity
Anonymous	1	100% (1)	0	0% (0)	1	0% (0)
Other Organisation (Financial)	1	100% (1)	0	0% (0)	5	40% (2)
NHS GP	4	75% (3)	0	0% (0)	2	0% (0)
Dundee City Council	93	65% (60)	89	57% (51)	106	49% (52)
NHS	31	55% (17)	19	26% (5)	117	6% (7)
Other Organisation*	59	53% (31)	70	57% (40)	43	30% (13)
Other Local Authority	2	50% (1)	6	67% (4)	3	33% (1)
Member of the Public	34	50% (17)	16	75% (12)	57	14% (8)
Nursing / Care Home	53	42% (22)	13	15% (2)	52	15% (8)
Self Referral	4	25% (1)	4	75% (3)	6	33% (2)
Scotland Fire and Rescue	16	0% (0)	48	4% (2)	25	4% (1)
TOTAL exc. Police Scotland	296	52% (154)	265	45% (119)	414	23% (95)
Police Scotland	1161	6% (70)	2305	3% (69)	1438	3% (40)
GRAND TOTAL	1457	15% (224)	2570	7% (188)	1855	7% (134)

*Other Organisation; Care Inspectorate, Private care Providers, Sheltered Housing/Supported Accommodation, Independent Advocacy, Private Housing Associations, Independent Support Organisations

Pattern of referrals

Police Scotland

There has been a significant increase in the number of referrals which came from sources other than Police Scotland since 2014-2016. As in previous reporting years the majority of referrals came from Police Scotland, however a large proportion of these did not result in Adult Support and Protection activity. Although the proportion of referrals from Police Scotland which proceeded to Adult Support and Protection activity remains the same as the previous reporting period, the number of referrals has reduced. This reflects a large piece of work to improve referral processes and provide training regarding appropriate referrals.

Between 2014-16 and 2016-18:

- the overall number of referrals decreased by 28%, however the % of referrals that proceeded to Adult Support and Protection activity remained at 7% during 2016-18.
- the number of Police Scotland referrals decreased by 38% and the % of referrals that proceeded to Adult Support and Protection activity was 3% in 2014-16 and in 2016-18.
- there has been a 56% increase in the number of referrals from sources other than Police Scotland since 2014-16. This increase is largely from referrals from the NHS, other organisations (including the Care Inspectorate and Scottish Ambulance Service, other local authorities and members of the public.) This is reflective of awareness raising activity undertaken throughout this period.

NHS Tayside and NHS General Practice

It remains a concern that the number of referrals from NHS General Practitioners is extremely low. There were only 2 referrals for NHS Tayside General Practitioners between 2016-18. However the number of referrals from other specialties of the NHS increased considerably from 19 in 2014-16 to 117 in 2016-18. The % which proceeded to Adult Support and Protection activity dropped from 26% in 2014-16 to 6% in 2016-18. This can be accounted for by a combination of greater awareness amongst NHS staff to raise concerns (therefore increase in referrals) and improved understanding of the three point test, triaging and prioritising of referrals (leading to decrease in conversion rate.)

Members of the Public

The number of referrals from members of the public have increased by 100% from 16 in 2014-16 to 32 in 2016-18. This reflects the positive media campaign to inform the community about Adult Support and Protection and the advice provided regarding where to contact should they have any concerns.

Self Referrals

The number of self-referrals have increased by 50% from 4 in 2014-16 to 6 in 2016-18. Self-referrals made directly to the Health and Social Care Partnership are consistently low which reflects that many individuals would not recognise or report that they were potentially at risk. Many self-referrals are first identified by another partnership member, e.g. Police, who will identify concerns as part of their response to a reported incident.

Dundee City Council

Dundee City Council remains one of the largest referrers, with the number of referrals increasing from 89 in 2014-16 to 106 in 2016-18. However, the % of these referrals which proceeded to Adult Support and Protection activity dropped from 57% in 2014-16 to 49% in 2016-18. Analysis of this data indicates that this relates more to variation in recording of data rather than any significant change in operational practice. The development of Dundee Health and Social Care Partnership has impacted upon this with sources of referral being recorded differently to how they had previously been. Again the drop in conversion rate can be partially attributed to better screening and triaging.

Care Homes

Referrals from Care Homes increased considerably from 13 during 2014-2016 to 52 during 2016-2018. This can partly be attributed to multi agency early intervention and prevention training, policies and procedures, introduced during this period, particularly in institutional care settings which has resulted in concerns being identified as adult protection and progressed accordingly.

Fire and Rescue Service

The number of referrals from Scotland Fire and Rescue decreased from 48 during 2014-16 to 25 during 2016-18, however the % which proceeded to Adult Support and Protection activity remained at 4% in 2014-16 and 2016-18. This is reflective of better use of the Early Screening Group process. This can further be evidenced by a significant increase in joint visits with the fire and rescue service and as a consequence fewer referrals being made as Adult Support and Protection.

Other Organisations

The reported increase in referrals from 'other organisations' is broadly attributed to changes in how data is recorded and categorised. This category includes an increasingly growing range of organisations across the regulatory, private and voluntary sectors.

No Further Action

389 referrals required no further action under Adult Protection legislation. Only 17 (4%) of these referrals were from Police Scotland (Tayside), whereas during the 2014-16 reporting period, 84% were from Police Scotland (Tayside). The types of harm which were most likely to result in 'no further action' under the Adult Support and Protection legislation were:

Welfare Concern Issues 215 (55%), Financial Harm 63 (16%), Physical Abuse 31 (8%)
(There were an additional 80 referrals regarding other types of harm)

This is a “catch all” term that reflects a response in respect of Adult Protection legislation but does not necessarily mean that the individual was not signposted or supported by another partnership agency. As with many of the recorded indicators included in this report, further refinement is required in respect of what information is recorded and at what stage in the ASP process to better reflect the outcomes of the people involved.

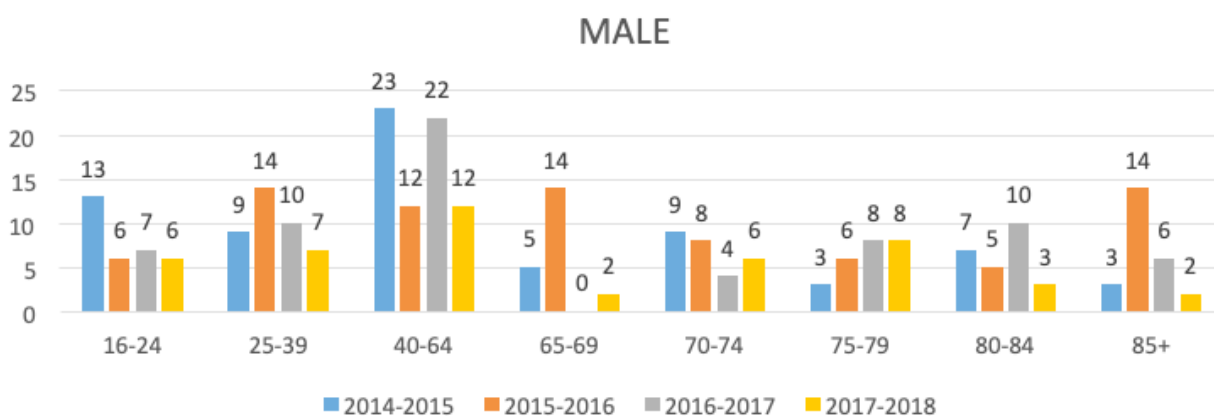
Retained by Community Care

385 (21%) of all referrals were retained within Community Care as people who were in need of care and support or already receiving Social Work Services and support.

Age and Gender

Of the 234 referrals received that proceeded to investigation during the time period covered by this report 113 (48%) related to males and 121 (52%) concerned females.

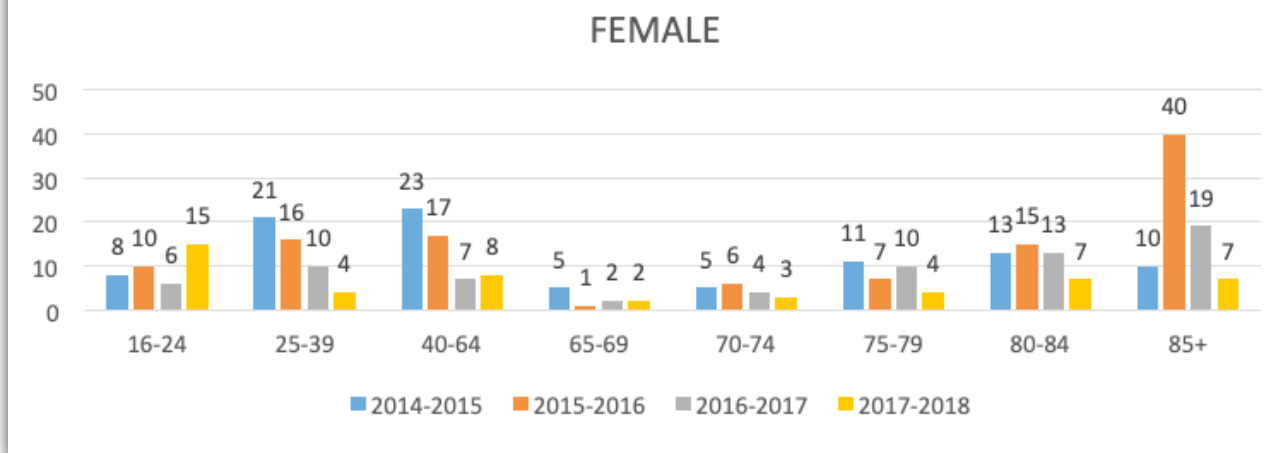
Chart 3(a) Referrals progressing to investigation by age and gender



57% of males referred were under 65 with the remaining 63% aged 65 and above.

The age group of 40-64 has the highest number of referrals that proceed to investigation. 30% of male referrals were in this age group. Welfare and financial harm are identified as the two most prevalent types of harm for males in this age group.

Chart 3(b) Referrals progressing to investigation by age and gender



41% of females referred were under 65 with the remaining 59% aged 65 and above.

Those aged 85 and over represent 21 % of these referrals but there is a significant number of younger women aged 16-24 who make up 17%. Financial harm and welfare concerns are the two most prevalent types of harm identified across both these age groups.

Types of Harm

Table 2 shows the type of harm recorded for each referral and the percentage of each type of harm that proceeded to Initial Referral Discussion or Case Conference during 2016-18.

Table 2 – Types of harm

	ADULTS (aged <65)				OLDER PEOPLE (aged 65+)			
	2016/17		2017/18		2016/17		2017/18	
	No.	%	No.	%	No.	%	No.	%
Emotional	3	8%	2	6%	6	13%	0	0%
Financial	8	21%	10	29%	13	29%	6	40%
Self Neglect	0	0%	0	0%	0	0%	1	7%
Carer Neglect	3	8%	2	6%	8	10%	0	0%
Physical	3	8%	3	9%	4	9%	3	20%
Domestic	1	3%	0	0%	0	0%	0	0%
Fire Safety	1	3%	1	3%	0	0%	0	0%
Threat Self Harm	1	3%	0	0%	0	0%	0	0%
Actual Self Harm	0	0%	0	0%	1	2%	0	0%
Suicide Attempt / Ideation	2	5%	0	0%	0	0%	0	0%
Sexual	1	3%	4	12%	0	0%	1	7%
Discrimination	1	3%	0	0%	0	0%	0	0%
Welfare Concern	15	38%	12	35%	13	29%	5	27%
TOTAL	39	100%	34	100%	45	100%	16	100%

Adults aged under 65

For people who are aged under 65, the most prevalent types of harm which proceeded to IRD or Case Conference during 2016-2018 were regarding financial abuse (24%) and welfare concerns (36%).

Older People aged 65+

For people aged over 65, the most prevalent types of harm which proceeded to IRD or Case Conference during 2016-2018 were regarding financial abuse (34%) and welfare concerns (28%).

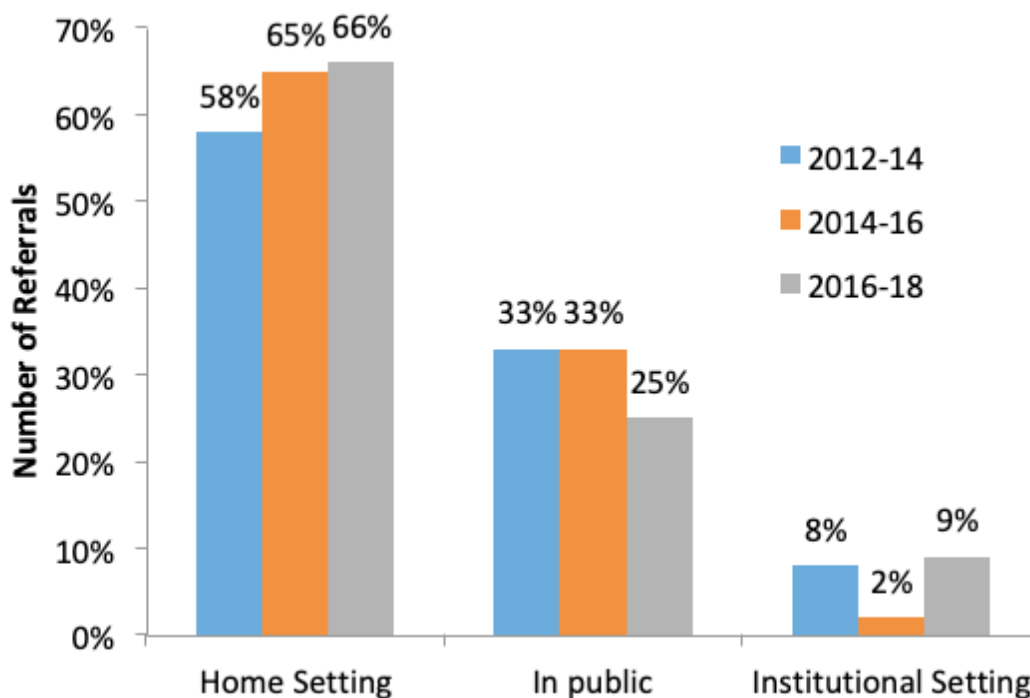
The prevalence of financial harm, particularly of older people, is now well established and the Scottish Government is developing a National Strategy in this area. Information, extrapolated from research studies, suggests that the present Dundee figures are potentially lower than would be expected. The Dundee Adult Support and Protection Committee continues to have an overview of activity undertaken to both prevent financial harm and identify those at risk.

There is work underway to further break down these categories – eg People with a Physical Disability, Learning Disability or dementia to help to target specific work where required.

Location of Harm

Location of harm has been grouped into three categories – home setting, institutional setting (which includes hospitals and care homes) and in public which is any location not covered by the other two (also includes the digital environment).

Chart 4 : Location of Harm



The percentage of harm which took place in a home setting increased between 2012-14 (58%) and 2016-18 (66%). The percentage of harm which took place in institutional settings decreased between 2012-14 (8%) and 2014-16 (2%), however increased to 9% in 2016-18. The percentage of harm that took place in public decreased between 2014-16 (33%) and 2016-18 (25%). Public Places Include refer to anywhere other than the persons home or an institutional setting. Examples of this include; Tay Road Bridge, Out in the street, On Public Transport, In shops/Public Houses/ Supermarkets, Leisure Centres/Public Buildings and Local Parks.

Sources of harm

Table 3 shows the relationship of the person causing harm to the individual at risk. Harm can be caused to the individual by a wide range of individuals as well as by the person him or herself. The information in relation to other alleged sources of harm is broadly consistent with the figures in the previous Biennial Report, and with wider prevalence surveys.

There was a decrease in referrals where the alleged source of harm didn't involve an alleged perpetrator (the person was at risk from their own actions or environment) between 2014-2016 and 2016-18. During 2014-16 there were 1,492 referrals and during 2016-18 there were 842 referrals. The types of harm to self include for example suicide ideation, welfare concerns, drug or alcohol use, and self-neglect.

Table 3: Relationship of alleged source of harm to individual – Adults aged under 65

2016-18		
	No. referrals	% (No.) referrals proceeding to Initial Referral Discussion or Case Conference
Spouse / Partner	35	14%(5)
Parent	6	50%(3)
Other Family Member	42	26%(11)
A Friend / Associate	87	20%(17)
Employed Carer	31	23%(7)
Self	842	3%(22)
Stranger to Service User	38	7%(5)
Other Resident	5	40%(2)
Neighbour	10	10%(1)
Other	1	0%(0)
Total	1097	7%(73)

Most referrals regarding adults aged under 65 related to harm from themselves or their environment. A friend / associate, spouse / partner and other family were the most common alleged perpetrators. Referrals which were most likely to proceed to Adult Support and Protection activity were regarding alleged harm by a parent, followed by other resident then other family member.

If the first five categories are combined, then 201 (18%) referrals relate to individuals at risk of harm from individuals in a position of trust.

Table 4: Relationship of alleged source of harm to individual – Older People (65+)

2016-18		
	No. referrals	% (No.) referrals proceeding to Initial Referral Discussion or Case Conference
Spouse / Partner	16	25%(4)
Parent	0	0%(0)
Other Family Member	97	14%(14)
A Friend / Associate	45	18%(8)
Employed Carer	56	43%(24)
Self	459	2%(9)
Stranger to Service User	26	0%(0)
Other Resident	15	0%(0)
Neighbour	4	0%(0)
Other	0	0%(0)
Not Known	39	3%(1)
Total	757	8%(60)

Most referrals regarding adults aged 65+ relate to harm from themselves or their environment and again cover a wide variety of causes although incidents relating to cognitive impairment such as dementia feature more frequently in the 65+ age group. Other family member, a friend / associate and employed carer are the most common alleged perpetrators. Referrals which are most likely to proceed to Adult Support and Protection activity are regarding alleged harm by an employed carer, followed by other family member then stranger to service user.

If the first five categories are combined, then 214 (28%) referrals relate to individuals at risk of harm from individuals in a position of trust.

Use of Banning Orders

During the period from April 2016 - March 2018 legal services sought and obtained 7 banning orders. These relate to the protection of three individuals. Two of these individuals had learning disabilities and the third had physical disabilities and was considered to be an older person.

If not
you?
...who?

If Not You....Who?

3



Earlier this year Dundee City played host to its 16th Corporate Leadership Conference the theme of which was “Leading Protection in Dundee.”

The programme provided the senior leadership group across the city with a range of information and perspectives to consider how leaders respond to the significant challenges of the complex protection agenda in the city and across the partnerships.

Protecting People Dundee have adopted the tag line “If not you...who?” as a means of both supporting the public to report concerns about children and adults at risk but also to encourage partners to reflect upon what they can do to help keep people safe.

Elaine Zwirlein, Executive Director, Neighbourhood Services presented a brief case study to illustrate this point.

Neighbourhood Services recently reviewed the role of Housing Officers and created Tenancy Sustainment Officers whose remit is to focus on the people aspect of the job.

This is Mr T's story whom I recently met when I was out and about Walking the Job.

Up until 5 years ago he was a health professional. Something catastrophic happened in his life and things began to spiral out of control.

Mr T started misusing alcohol, lost interest in his personal care and his living environment, became estranged from his family and began to demonstrate hoarding behaviour. He rarely went out for fear of bullying and as the physical conditions of his home deteriorated, he became increasingly embarrassed and unwilling to ask for help. For all intents and purposes he had given up on life.

Our Tenancy Sustainment Officer received a call from Scottish Fire and Rescue Service. Working together with the Housing Support Team we helped him turn the corner. He was supported to access the help he needed when he needed it, on his terms.

Now in a new flat, he told me how proud he was of it. He now re-engages with his sisters and, in his words, "feels at peace". He has lost weight, exercises regularly and is thinking about getting involved with the Sheltered Lounge.

This did not require Social Work. It just required someone not to walk on by and to ask what can I do to help?"

Given that only 7% of referrals made in relation to adults at risk in Dundee are progressed through statutory Adult Support and Protection activity it is recognised that it is everyone's responsibility to recognise and respond to people who might need help.

The example above helps demonstrate the difference this can make.

If not you.....who?

Thematic Inspection

4



Between July and December 2017 the Care Inspectorate, working jointly with Her Majesty's Inspectorate of Constabulary Scotland and Healthcare Improvement Scotland, undertook a joint thematic inspection of adult support and protection arrangements in six local community planning partnerships across Scotland, including the Dundee Community Planning Partnership.

This activity was focused on three quality indicators:

- Outcomes for adults at risk of harm and their unpaid carers.
- Key adult support and protection processes.
- Leadership for adult support and protection.

Inspection activity included two distinct phases; a range of pre-inspection self-assessment returns (including analysis of adult protection referrals) and an on-site activity (including case file reading and a series of interviews/focus groups with key stakeholders).

A report of the findings of the thematic inspection was published together with evaluations (using a six-point scale evaluation for each of the three quality indicators) on 3 July 2018. An assessment of each Community Planning Partnership inspected was included, alongside an overview chapter highlighting key themes from across Scotland. The inspection report can be read in full at:

www.careinspectorate.com/images/documents/4453/Review%20of%20adult%20support%20and%20protection%20report%20April%202018%20Interactive.pdf

Assessment of Adult Support and Protection Arrangements in Dundee

The Dundee Partnership was assessed as:

Outcomes for adults at risk of harm and their unpaid carers	ADEQUATE (strengths just outweigh weaknesses)
Key adult support and protection processes	WEAK (important weaknesses)
Leadership for adult support and protection	ADEQUATE (strengths just outweigh weaknesses)

The inspection report recognised that multi-agency partners work well together to deliver positive outcomes for adults at risk of harm and their carers. It acknowledged that as a Community Planning Partnership we respond timeously to adult protection referrals and adults at risk of harm; work hard to support all vulnerable people; carry out effective work on financial harm; and, support involvement and inclusion of adults at risk of harm and unpaid carers.

The involvement of the full range of Community Planning partners, including the third sector, fire and rescue service and banking sector in adult protection activity was recognised as an area of good practice by the inspection team. The inspection team were also supportive of programmes of improvement led by the Health and Social Care Partnership in areas such as the introduction of the 'lead professional' model, development of the Early Screening Group and Inter Agency Referral Discussions/case conference practice.

Whilst the report confirms that adults at risk in Dundee are safer, have enhanced wellbeing and an improved quality of life as a result of adult support and protection processes the inspection team found a number of areas of the Dundee Partnership's key processes that require significant improvement. On this basis the report makes three specific recommendations for improvement:

- The partnership should make sure that full implementation of its Information and Communication Technology (ICT) system is achieved in order to meet the user needs of council officers and other users to record all adult protection information clearly and effectively.
- The partnership should make sure that its key processes for adult support and protection follow a clearly defined path, which council officers and other staff fully understand and implement.
- The partnership should make sure that it prepares valid chronologies, risk assessments and risk management plans for adults at risk of harm who require them.

The report also highlights that whilst partnership leaders were aware of a number of these areas for improvement through recent self-evaluation activity that a sufficiently robust and timely drive for improvement had not been achieved by Community Planning partners.

Progress in Recommendations from Biennial Report 2016-2018



The previous convenor of Dundee Adult Support and Protection Committee made seven recommendations in the 2014-16 biennial report. Progress in respect of these is detailed as follows.

Recommendation 1

Ensure more effective linking and sharing information between the Committee and GPs as, despite more work having been undertaken with GPs over the past two years, this has not translated into increased referrals.

✓ COMPLETED

Whilst we have not seen a direct increase in referrals, the engagement with GPs around Adult Protection has increased and we are continuing to explore a number of routes to build on this engagement.

In early 2017 a number of medical students set for general practice participated in an awareness and training session for Adult Support and Protection. Feedback from this will inform future development opportunities.

GPs are undertaking LAERs where Adult Protection concerns have been raised or participating in LAERs, there is increased engagement between acute services and GPs in relation to Adult Protection concerns (and we have seen an increase in referrals from acute services).

Awareness raising materials have been circulated to GP practices.

GP's participated in the scrutiny sessions as part of the Thematic Inspection process.

NHS Tayside is progressing a Public Protection approach which will support GPs across the wider public protection agenda.

Recommendation 2

Continue to forge and maintain an effective link with NHS Tayside to ensure the ASP work within this area is facilitated, communication is improved and information shared efficiently.

✓ COMPLETED

NHS Medical Director chairs the NHS Trust Adult Protection Strategic Implementation Group and the work plan includes progressing work with GPs and other health professionals, to continue to identify a range of opportunities to improve knowledge around adult protection and their involvement in this.

Improvement work within acute services is having a positive impact with acute staff now routinely including adult protection concerns within discharge letters.

The appointment of a Strategic Lead for Adult Support and Protection supports the ongoing improvement work across all NHS areas/specialities and includes dissemination of information, policies, learning and improvement and developing relationships. GPs are also represented on the main Committees within NHST and receive regular updates on progress within the ASP agenda, as well as contributing to the direction/priorities as discussed.

Recommendation 3

Gather more qualitative data around the experience of service users who go through Adult Support and Protection services with a view to ensuring their voices are influential in improving the experience. (This will be piloted from July 2016 with the support of Dundee Independent Advocacy Support and findings reported to the Committee with recommendations).

✓ COMPLETED

To understand the impact of Adult Support and Protection on Adults at Risk of Harm, Dundee Independent Advocacy Service (DIAS) agreed during 2016 to undertake independent interviews of Adults who had experienced Adult Support and Protection.

The interviews highlighted that Adults felt that the Adult Support and Protection intervention and experience has made a positive difference to their lives in that they feel safer and generally healthier, more settled, less worried, and three are looking to making plans for the future. All service users said they felt included, listened to and involved in decision-making.

Areas for improvement based on learning from the interviews were identified as...

- Organizing a method of gaining Adults and Carers who have experienced Adult Support and Protection interventions views on a systematic and regular basis so that their views and experience inform ongoing improvement activity.
- Ensuring that Adults are aware of the referral and ASP Meetings and have support and information to understand what this means and what supports are available through the process so that any response is personalized to the Adults circumstances.
- Ongoing promotion of independent advocacy as a means of supporting Adults to provide their views and participate in the decision making process in a meaningful way.

Building on this work, Dundee Voluntary Action were commissioned to review Professional Independent Advocacy in Dundee with a specific focus on Adult Support & Protection. A full report, presented to the ASPC in March 2018, made 8 recommendations which will inform the development of work in this area.

Recommendation 4

Ensure the Committee has a clearer cognisance of work being undertaken with Adults (<65) and Older People (65<), in terms of the Health and Disability Characteristics of those who are referred under specific areas of concern:

- 4a Dementia/Alzheimer's: including how local practice links to the National Strategies, and early intervention across Dundee
- 4b Mental Health and;
- 4c Alcohol and Drug misuse: including how supports and services are linked effectively between the Health and Social Care services and the Alcohol and Drug Partnership strategy.

 PARTIALLY COMPLETED

Links have been established with the various Strategic Planning Groups (SPG's) which were formed in response to the integration of Health and Social Care. The ASP convener has been invited to each SPG and, conversely, SPG members are now represented on the ASP committee.

Dundee Alcohol and Drug Partnership is developing a strategy that explicitly sets out how services are linked with the HSCP.

A frailty Strategic planning group has been established with a focus upon how local practice links to the National Strategies, and early intervention across Dundee.

In February 2017 work commenced on a Public Protection Quality Assurance Plan which resulted in the formation of a Health and Social Care Partnership Quality Assurance Group. Membership includes key representatives from a variety of stakeholder groups who will lead on the identified work streams and deliver on the relevant recommendations. Although governed through the Health and Social Care Partnership, the group reports directly to the Adult Support and Protection Committee. This, coupled with the changes planned in relation to the Adult Support and Protection reporting Framework will contribute to delivering on this recommendation.

The recent joint Inspection of Adult Support and Protection found a number of areas of the Dundee Partnership's key processes that require significant improvement and recommended that;

- The partnership should make sure that full implementation of its Information and Communication Technology (ICT) system is achieved in order to meet the user needs of council officers and other users to record all adult protection information clearly and effectively.

Actions relating to this recommendation feature in the Public Protection Transformation Programme and will lead to improvements in the collation and analysis of data.

Recommendation 5

Ensure the recommendations from the thematic report – from past Case Based Self-Evaluations and Minutes Audits - are progressed and practice improves in these areas, with regular updates to the Committee: Advocacy, Risk Assessment and Protection Plans, Training access for wider services and Recording:

- 5a Increase the early uptake of Independent Advocacy across the city, pursue more consistency around how advocacy is explained and offered to service users, and review the information available to service users.
- 5b Review Risk Assessment and Protection Plans, ensure these are of good quality, available in every case and timeously for meetings, especially Case Conferences.
- 5c Ensure training for wider services continues to be available, and is actively encouraged, for all services,
- 5d Review and improve recording of case information.

 PARTIALLY COMPLETED

The initial Adult Support and Protection Reporting Framework was approved by the Adult Support and Protection Committee in August 2015 until September 2017. It has undergone a period of review which is detailed as follows...

The initial framework sought to bring together the range of statistical information requested into one framework and to create a culture of openness and transparency in how data is used to inform improvements.

Since the initial framework was completed, significant learning has taken place about a systematic approach to reporting on:

Local and national required statistical data in a manner that enables identification of strengths and improvement actions.

- Outcomes from case conferences and IRD's
- The involvement of service users, family members, carers, advocacy and legal proxies in ASP Processes and an assurance that procedures are being followed.
- The impact of Adult Support and Protection on Adults at Risk of Harm and their experience of the process.
- Quality of our ASP processes including provision of required documents and adherence to timescales.

Alongside this, significant learning has taken place regarding means of recording and collecting data which both ensures best practice and accuracy of information recorded. This is so that valid and quality data is used to inform reporting and analysis of information.

In addition to this learning, local arrangements have changed with the integration of health and social care, introduction of mosaic (social work recording system), development of Local Outcome Improvement Plans and Dundee Health and Social Care Partnership Clinical, Care and Professional Governance Forum and Group.

The ASP Reporting Framework has been updated to reflect this learning, new arrangements and to include a standard report template, frequency of reporting, reporting on outcome of audits and reporting on impact on service users, carers and communities.

There is further work to do as noted by the recent joint Inspection of Adult Support and Protection found a number of areas of the Dundee Partnership's key processes that require significant improvement and recommended that;

- The partnership should make sure that its key processes for adult support and protection follow a clearly defined path, which council officers and other staff fully understand and implement.
- The partnership should make sure that it prepares valid chronologies, risk assessments and risk management plans for adults at risk of harm who require them.

Actions relating to these recommendations feature in the Public Protection Transformation Programme and will lead to improvements in chronologies, risk assessment plans and Adult Protection pathways.

Recommendation 6

The development work in terms of the Early Indicators of Concern training to be remitted to the Health and Social Care Partnership and taken forward to include residential staff. Consideration to be given to its relevance for staff within community settings: e.g. sheltered housing, community multiple occupancy settings.

✓ COMPLETED

Work has continued to progress in implementing and revamping current information in regards to the Early Indicator of Concern (EIC) tool and, as a Partnership how we can raise awareness of the EIC tool within Dundee Care Homes.

Following workshops convened in March, a scoping exercise was undertaken to explore how to raise awareness of the EIC tool in order for care homes to take a more proactive role in developing training materials which could be used in practice.

Two briefing sessions were arranged in June and July, managers from all care homes within Dundee were invited and a total of 12 care homes attended these sessions.

The main themes identified from the briefing sessions were:

- Larger care home companies had their own ASP training and were happy for EIC information to be emailed to them to incorporate information. There was a reluctance from these homes for co-production in developing updated training.
- These companies also felt information could be sent out as guidance with EIC tool attached and this then would be incorporated into practice within own homes through team meetings, CPD etc.
- Smaller standalone care homes with limited resources were more interest in working with Dundee Health and Social Care Partnership and being part of a co-produced training programme. This information could be delivered using train the trainer's format.

Following this, a number of visits were made to care home managers who were unable to attend the briefing sessions to raise awareness of the EIC tool and to encourage participation in the focus groups.

Focus groups convened in 2017 were not well supported by providers and in March the plan was revised to explore options and engagement of care homes.

Early Indicators of Concern Activity was identified as a strength in the recent thematic inspection of ASPC.

Recommendation 7

Due to the continuing rise in Police Scotland Adult Concern Reports in Dundee, the ASP Committee requests that Dundee Health and Social Care Partnership and Police Scotland explore best practice in screening and managing Police referrals in other areas of Scotland and implement any effective learning.

✓ COMPLETED

Dundee HSCP have provided an update on Benchmarking Activity and Police Scotland are progressing this agenda, It is recognised however that comparison with other areas is not without challenges due to differences in approach and practice. As part of the work of the Public Protection Quality Assurance Group, a strategic support officer will undertake a benchmarking exercise with other Partnerships to explore models of ASP Practice, Service Delivery and Strategic Support and in particular make recommendations for developments in Dundee based on learning elsewhere.

Within Dundee, to ensure an ongoing learning and improvement approach to the Early Screening Group an evaluation was undertaken during 2016 as a partnership with Police Scotland and Fire and Rescue. The purpose of the evaluation was to consider areas for further improvement and development in relation to the ESG and in doing so have a consistent focus on the support and protection of Adults.

The evaluation used feedback gained from case file audit, stakeholder discussion, review of statistical data, self-evaluation using Tayside Clinical, Care and Professional Governance Framework, reference to the ASP Biennial Report and consideration of the wider developments in relation to Public Protection and integration of health and social care.

An ESG improvement plan was implemented based on the evaluation.

It was identified that a key strength of the ESG is its multi-agency approach to screening of Adult Support and Protection referrals. Through this multi-agency approach it has enabled the development of positive working relationships between services involved.

This approach has supported a focus on responding to other forms of harm such as fire safety and scams and enabled development of and building links with substance misuse, mental health and neighbourhood services.

A multi-agency group consisting of representatives from Police Scotland, Fire and Rescue and Dundee Health and Social Care Partnership considered the current protocol and improvement areas to ensure that that Adults referred to the ESG are supported and protected.

The Early Screening Group procedures were subsequently revised so that:

- Adults are made aware of Adult Support and Protection concerns received by Dundee Health and Social Care Partnership and outcome of ESG discussions.
- All referrals received for Adult Support and Protection where the Adult is not active to any Health and Social Care Partnership Team will be referred to the Early Screening Group.
- Risk management arrangements or Adult Support and Protection procedures as appropriate will be implemented where a person is referred more than three occasions to the Early Screening Group and/or where there are concerns identified in order to proactively prevent harm and respond to risk.
- Appropriate recording and information sharing arrangements are in place so that decisions made at ESG are accurately recorded.
- There is systematic recording of Adults outcomes so that better understanding is gained about the impact of the ESG on Adults.

It is anticipated that by implementing this change of model that a shift towards preventative approaches, which reduce risk of harm and improve outcomes for individuals will be realised.

The inspection team who undertook the recent joint Inspection of Adult Support and Protection were supportive of programmes of improvement led by the Health and Social Care Partnership in areas such as the introduction of the 'lead professional' model, development of the Early Screening Group and Inter Agency Referral Discussions/case conference practice.

If not
you?
...who?

Adult Support and Protection Activity



Communication and Engagement has always featured as a priority for the different Protecting People work streams. In recognition that risk does not happen in isolation a group was formed in 2013 to develop a communications and engagement strategy and coordinate activity relating to this.

The communications strategy aims to address these issues as well as achieving the aims set by the Scottish Government. It therefore seeks to:

- emphasise the importance of reporting concerns;
- clarify and simplify, as far as possible, the channels for reporting concerns; and
- reassure the public about confidentiality, anonymity and that concerns are always treated seriously.

To this end, the Communication group have concentrated on raising public awareness through attendance at public events, such as the Dundee Farmer's Market in June, and the Dundee Flower and Food Festival in September.

Partners from the Celebrate Age Network and Dundee Pensioner's Forum work with the Committee on the Elder Abuse Awareness event each June. 2016 also saw the involvement of Police Scotland Youth Volunteers at events.



The Protecting People Team and Celebrate Age Network at this year’s Farmers Market.

To mark ten years of the Adult Support and Protection (Scotland) Act the first national Adult Protection day took place in February 2018. As well as a national event in Edinburgh Dundee ASPC held it’s own pop-up event at Ninewells Hospital.



Representatives of Protecting People, NHS Tayside and Older People at Ninewells Hospital.

The Communication group has also joined with Dundee Community Safety Partnership to set up a Facebook page since June 2015 and initiatives and information are posted there.

Protecting People of All Ages in Dundee is a booklet which provides information for people who have concerns about harm and ensures they are directed to the right public protection agency. It was revised and published as an easy read version during the Summer of 2016. The booklet was put together with the involvement of community representatives of the 8 Local Community Planning Partnerships (LCPP's) in Dundee. It is supported by 4 key protecting people forums: Dundee Child Protection Committee (CPC), Dundee Adult Support & Protection Committee, Dundee Violence Against Women Partnership and Tayside Multi-Agency Public Protection Arrangements (MAPPA).

6.3 Chief Officers Engagement

Since 2014 the Chief Officers' (Public Protection) Group (COG) has held events focusing on different Protecting People (PP) issues. In recent years, the aim of these events has been to upskill those working in Dundee about different PP issues and to provide an opportunity to explore, discuss and consider solutions for such issues. In addition, the events provided the opportunity for a 'two-way' communications between the Chief Officers and the wider multi-agency workforce.

In May 2016 a Protecting People Conference was convened focussing on issues including sexual abuse, terrorism and extremism and vulnerable young women.

In November 2016, the subject of the engagement event was Tackling Stigma.
May 2017 hosted an event focussing on Neglect.

The event scheduled for November 2017 was carried forward into January 2018 when the subject under consideration was Transitions.

Throughout 2017 consultation was undertaken with a variety of stakeholders which resulted in proposals to test a different approach to COG events during 2018. The first of these took the form of breakfast sessions throughout February and March.



In February - March 2018 Chief Officers hosted a number of Breakfast sessions where a variety of Protecting People issues were discussed.



COG Transitions Conference January 2018



David Lynch, Chief Officer, Dundee Health and Social Care Partnership, Ann Hamilton, Independent Chair, Dundee Violence Against Women Partnership, David Martin, Chief Executive, Dundee City Council, Jane Martin, Chief Social Work Officer / Head of Integrated Children's Services and Community Justice. Made up the Dundee Protecting People Question Time panel.

Learning & Workforce Development Framework

6.4 Learning and Organisational Development

The Learning and Workforce Development Framework is hosted on the Dundee Protects website available and accessible to all managers and staff. They can use this interactive tool to identify which of the contact groups they belong to and what core competencies, knowledge and skills they require to meet their responsibilities to Protect People. The three levels as detailed in the Framework are; General contact workforce; Specific contact workforce; Intensive contact workforce.

Through the Framework staff can access information about Learning and Development Opportunities (e.g. training, workshops, e learning, post graduate courses, self-directed reading), the expected outcomes and how they can book/access these opportunities.

Last year 10 Protecting People Awareness Workshops were held across Dundee with 127 people participating.

Between 2017 and 2018 79 people were trained in ASP roles and Responsibilities.

13 completed ASP Investigative Interviewing.

In 2017 the Protecting People Virtual College E Learning modules were developed in partnership with Dundee City Council. The Dundee Chief Officer Group and partner agencies have given their commitment to continuous learning and development of all staff and volunteers working with the people of Dundee. Five E Learning courses are now available to those working with Children, Young people and adults. All courses are free and easy to access after a simple registration process.

Since launching the E-Learning modules in 2017 305 people have completed the Protection Awareness Module and 111 have completed the ASP Awareness Learning.

6.5 Financial Harm

Financial harm activity was identified as an area of strength across Dundee from the recent Thematic Inspection.

Throughout 2016-17 a group consisting of representatives from Police Scotland, Trading Standards, Community Safety Team, Social Work, Communication Division, the Lead Officer for the Adult Support and Protection Committee, Environmental Protection and the Citizen's Advice developed and implemented a financial harm action plan.

Leaflets relating to financial harm and scams have been developed and distributed at events such as Police Doorstep Crime/Rogue Traders/National Consumer Week, scams packs given out in a local shopping centre, Citizen's Advice Bureau Scams awareness month in May 2016, Elder Abuse Day in June 2016 / 17 at the Farmer's Market.

Work has continued with local banks with some bank branches and post offices involved in the Police Doorstep crime information stalls.

The group has also been active in identifying vulnerable people who may be helped by the installation of a 'call blocker'.

The remit and membership of the group has recently been reviewed in order to identify those most at risk and target information and resources more effectively. This will feature in development plans for the future.

6.6 Stakeholders Group

Recommendation 1 of the 2012 Biennial Report stated that "an adult support and protection stakeholder group should be formed, properly prepared and with a clear remit as to its role and relationship to the ASP Committee".

The Stakeholder's Group was set up in October 2013 and is made up of representatives from services for adults across the city including: BME groups, Older People, Advocacy, Mental Health, Sensory, Learning Disability and Autism, Physical Disability, Carers, Hate Crime, Violence Against Women.

The original chair was from Dundee Carer's Centre and after the first year this was changed to Advocating Together. Meetings have taken place regularly across 2016/18.

The initial focus of the work of the group consisted of three priority areas: Self Directed Support, Hate Crime and Financial Harm. This now broadened to an increased focus upon advocacy and greater representation from and involvement of people with lived experience of risk and support.

Members have been active in helping with the events arranged by the Protecting People Communication and Awareness raising group including the Self Directed Support Carer's event and Elder Abuse Farmer's Market stall.

In 2016 the group undertook a survey on Dundee's progress in terms of the 2011 'Hidden in Plain Sight' report on the harassment of disabled people and produced a report for the ASP Committee.

Three people with lived experience of Adult Support and Protection are now members of the ASP committee.

Conclusions, Recommendations and Future Plans



Progress in relation to recommendations made in the previous biennial report is detailed in Chapter 4. However, all Adult Support and Protection Activity needs to be considered in the context of the outcome of the recent thematic inspection.

Dundee Adult Support and Protection Committee has identified the following as priority areas recommended for development.

Recommendation 1

We will improve the integrity, collation and presentation of data to the Adult Support and Protection Committee and Chief Officers Group to better inform decision making and monitor progress.

Work across the partnership to;

- a) Revise Balanced Scorecard content for Chief Officers Group. (December 2018)
- b) Revise Dataset to be tabled at each ASP meeting. (Commencing December 2018)

Recommendation 2

We will undertake a review of roles, core functions and membership of the Adult Support and Protection Committee.

In partnership with the Improvement Service, Transformation, Performance and Improvement Team we will undertake self-evaluation activity of the core business of the Adult Support and Protection Committee and produce a Committee Improvement Plan. (Commencing October 2017 for completion March 2019)

Recommendation 3

We will implement the Recommendations from The Thematic Joint Inspection of Adult Support and Protection through the Public Protection programme and monitor and evaluate progress with regular reports to the Committee.

Specifically:

The partnership should make sure that full implementation of its Information and Communication Technology (ICT) system is achieved in order to meet the user needs of council officers and other users to record all adult protection information clearly and effectively.

The partnership should make sure that its key processes for adult support and protection follow a clearly defined path, which council officers and other staff fully understand and implement.

The partnership should make sure that it prepares valid chronologies, risk assessments and risk management plans for adults at risk of harm who require them.

Recommendation 4

We will further develop effective ways to ensure that the views of supported people and their carers are collated and heard and contribute to the evaluation and development of core Adult Support and Protection processes.

Recommendation 5

We will undertake a review of multi-agency Learning and Organisational Development activity relating to adult protection to ensure it meets the needs of the workforce and people in need of protection.

Initial focus in respect of council officer role, broadening out to wider workforce.

Recommendation 6

We will ensure that learning from Initial and Significant Case Reviews are applied in the context of Adult Support and Protection across Dundee.

Recommendation 7

We will evaluate the impact of the Adult at Risk lead professional model on individuals who do not meet the three point test and ensure that learning from this contributes to the development and delivery of practice across the city.

Recommendation 8

We will evaluate early Screening Activity across the partnership to be assured that the recognition of and response to adults at risk is consistent and proportionate.

Appendix 1

Agencies Represented on the Dundee Adult Support and Protection Committee.

Dundee Adult Support and Protection Committee (Independent Convenor)

Dundee Health and Social Care Partnership (Lead Officer, Adult Support and Protection)

Dundee Health and Social Care Partnership

Dundee City Council, Children and Families Service (Chief Social Work Officer)

NHS Tayside

Dundee City Council, Neighbourhood Services (Housing)

Dundee City Council, Corporate Services (Legal)

Dundee City Council, Neighbourhood Services (Trading Standards)

Care Inspectorate

Dundee Violence Against Women Partnership

Procurator Fiscal's Office

Police Scotland (Tayside Division)

Advocating Together (Dundee) SCIO

Scottish Fire and Rescue

Dundee Voluntary Action (Mental Health Services)

Royal Bank of Scotland

Celebrate Age Network



Adult Support and Protection Committee Dundee

c/o Andrew Beckett, Lead Officer

Protecting People Team

Dundee House

North Lindsay Street

Dundee, DD1 1NF

t: 01382 433343

www.dundeeprotects.co.uk



**Adult Support
& Protection
Committee Dundee**



REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD –
18 DECEMBER 2018

REPORT ON: FINANCIAL MONITORING POSITION AS AT OCTOBER 2018

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: DIJB65-2018

1.0 PURPOSE OF REPORT

The purpose of this report is to provide the Integration Joint Board with an update of the projected financial monitoring position for delegated health and social care services for 2018/19.

2.0 RECOMMENDATIONS

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

- 2.1 Notes the content of this report including the overall projected financial position for delegated services to the 2018/19 financial year end as at 31 October 2018 as set out in the attached appendices.
- 2.2 Instruct the Chief Finance Officer to report back to the next IJB with the outcome of the responses from Perth & Kinross/Angus Chief Finance Officers in relation to recovery plans for hosted services as noted in section 4.3.7.

3.0 FINANCIAL IMPLICATIONS

- 3.1 The financial monitoring position for Dundee Health and Social Care Partnership based on expenditure to 31 October 2018 shows a net projected overspend position of £1,681k after effecting the planned draw down of reserves to support the 2018/19 financial position as agreed by the IJB as part of the budget setting process. This position is a deterioration from the previously reported overspend of £1,441k. The projected financial position is primarily as a result of overspends in GP prescribing of £914k and the net impact of hosted services of £662k.

4.0 MAIN TEXT

4.1 Background

- 4.1.1 As part of the IJB's financial governance arrangements, the Integration Scheme outlines that "The Chief Finance Officer will ensure routine financial reports are available to the Chief Officer and the Integration Joint Board on a timely basis and include, as a minimum, annual budget, full year outturn projection and commentary on material variances."
- 4.1.2 The IJB set out its final budget for delegated services at its meeting of 28 August 2018 following receipt of confirmation of NHS Tayside's budget (Article XIII of the minute, report DIJB30-2018 refers). Within this report, the risks around the prescribing budget were reiterated after being formally noted in the initial budget report presented to a special meeting of the IJB held on 30 March 2018 (DIJB17-2018) in addition to Report DIJB41-2018 (Dundee Prescribing Management Position) considered by the IJB at its meeting held on 27 June 2018 (Article X of the minute refers).

4.1.3 The financial information presented has been provided by the finance functions of NHS Tayside and Dundee City Council as set out within the Integration Scheme.

4.1.4 The IJB is in year 3 of formally taking over responsibility for the strategic planning and operational management of delegated services, therefore the risk sharing arrangements as outlined in the Integration Scheme change with any residual overspends incurred by the end of the financial year to be met proportionately by the Council and NHS Tayside following a number of actions to be taken by the IJB. Discussions continue with both parties in relation to the projected overspend position as set out in this and previous reports with a request made to present a recovery plan to mitigate some or all of the overspend projected. Details of recovery actions will be presented to the February IJB. Officers within the partnership continue to explore areas to control expenditure and to mitigate overspends.

4.2 Projected Outturn Position – Key Areas

4.2.1 The following sets out the main areas of note from the financial information contained within Appendices 1 (Summary Position) and 2 (More Detailed Position) and provides commentary on the reasons for significant variances, actions being taken to manage these and outlines the key elements of risk which may remain.

4.3 Services Delegated from NHS Tayside

4.3.1 The financial projection for services delegated from NHS Tayside to the IJB indicates a projected overspend of around £1,681k by the end of the financial year. Of the overspend £662k relates to the net effect of hosted services risk sharing arrangements with a further £98k in relation to General Medical /Family Health services. Overall prescribing is £881k overspent while community based health services managed directly by Dundee Health and Social Care Partnership is projected to be overspent by approximately £40k.

4.3.2 Service underspends are reported within Allied Health Professionals (£335k), Community Mental Health (£175k), Keep Well (£150k) and hosted services such as Psychology (£401k) and Dietetics (£243k) mainly as a result of staff vacancies.

4.3.3 Staff cost pressures continue to exist in a number of other services such as the Medicine for the Elderly (+£655k), Palliative Care (+£205k) and Nursing Services (+£120k). Additional staffing pressures have contributed to the adverse position within these services through a combination of ensuring appropriate staff cover and nursing directorate minimum staffing requirements.

4.3.4 The Family Health Services prescribing budget currently projects a shortfall totalling £914k based on the expenditure trends to date and the impact of a range of interventions as part of the Tayside wide Prescribing Management Group's action plan as noted in the Dundee Prescribing Management Position report presented to the June 2018 IJB meeting (Report DIJB41-2018). This position will continue to be monitored closely throughout the financial year.

4.3.5 Members of the IJB will also be aware that Angus and Perth & Kinross IJBs host delegated services on behalf of Dundee IJB and a number of services are hosted by Dundee on behalf of Angus and Perth and Kinross. These are subject to a risk sharing agreement whereby any over or underspends are reallocated across the three Tayside IJBs at the end of the financial year. The financial monitoring position of these services in their totality are reflected in each of the IJB's financial monitoring reports and for information purposes the projected net impact of these services on each IJB's budgeted bottom line figure is noted. More detail of the recharges from Angus and Perth & Kinross IJBs to Dundee IJB are noted in Appendix 3. This shows net overspends to the value of £797k being recharged with the net impact of hosted services to Dundee being an overspend of £662k.

- 4.3.6 As with 2017/18, the financial position of Dundee City IJB continues to be impacted upon by the significant overspend in the Mental Health Inpatient service which is hosted by Perth & Kinross IJB. Perth & Kinross IJB has continued to utilise cost pressure funding and apply other interventions to reduce the overspend position in respect of this service provision. However the latest projection from Perth and Kinross shows Dundee's share of this overspend increased slightly from the £540k previously reported to £576k. This position is driven by undelivered savings carried forward from previous years, medical locum costs and nursing costs in General Adult Psychiatry. Plans to reduce and offset costs are not yet impacting on the financial position as anticipated. This includes savings anticipated from Mental Health, Learning Difficulties, Inpatient, Transformation Programme against which slippage is now anticipated. Furthermore, the Out of Hours service hosted by Angus IJB continues to present a financial risk with a projected overspend of £128k.
- 4.3.7 The Chief Finance Officer formally wrote to the Chief Finance Officers of Angus and Perth and Kinross IJB's on behalf of Dundee Integration Joint Board in November to request information on the reasons for the scale of the overspends and details of the recovery plan they are working to in order to deliver a reduction or removal of the overspend position. As at this time, no formal response has been received and the Chief Finance Officer will report back to the next IJB meeting with the outcome of their responses.

4.4 Services Delegated from Dundee City Council

- 4.4.1 The financial projection for services delegated from Dundee City Council to the IJB shows a balanced budget position at this stage of the financial year after application of £1,983k of reserve balances as agreed by the IJB as part of the 2018/19 budget setting process. This net position however consists of a range of overspending and underspending areas noted below.
- 4.4.2 A significant financial challenge facing the IJB's delegated budget continues to be the provision of home based social care with a projected overspend of £438k anticipated, mainly as a result of increased demand due to demographic factors with the underlying cost of service provision also increasing. In addition, expenditure on respite care is higher than budget by around £187k again mainly due to high levels of demand. In line with the IJB's strategic vision, the range of service developments around multi-disciplinary models of care primarily through the Enhanced Community Support Acute Model have started to impact positively through a reduction in care home placements with an underspend of around £500k anticipated in the current financial year for older people care home placements. The resultant underspend however will be required to support the Enhanced Community Support Acute Model on a permanent basis as set out within the Proposed Model of Care for Older People Report agreed by the IJB at its meeting of 31 October 2017 (Article VII of the minute of the meeting, report DIJB37-2017 refers).
- 4.4.3 A range of underspends within Physical Disabilities, Learning Disability and Management and Support functions mainly arising from staff turnover as well as slippage in the development of new services are currently projected to balance these budget pressure areas.

5.0 POLICY IMPLICATIONS

This report has been screened for any policy implications in respect of Equality Impact Assessment. There are no major issues.

6.0 RISK ASSESSMENT

Risk 1 Description	There is a significant risk that the IJB is unable to deliver a balanced budget over the financial year.
Risk Category	Financial
Inherent Risk Level	Likelihood 4 x Impact 5 = Risk Scoring 20 (which is Extreme Risk Level)
Mitigating Actions (including timescales and resources)	The IJB has agreed a range of efficiency savings and other interventions including the use of reserves to balance expenditure. A range of service redesign options through the Transformation Programme will offer opportunities to further control expenditure. Regular financial monitoring reports to the IJB will highlight issues raised.
Residual Risk Level	Likelihood 3 x Impact 4 = Risk Scoring 12 (which is a High Risk Level)
Planned Risk Level	Likelihood 3 x Impact 4 = Risk Scoring 12 (which is a High Risk Level)
Approval recommendation	While the inherent risk levels are extreme, the impact of the planned actions reduce the risk and therefor the risk should be accepted.

7.0 CONSULTATIONS

The Chief Officer, Executive Director of Corporate Services (Dundee City Council), Director of Finance of NHS Tayside and the Clerk were consulted in the preparation of this report.

8.0 DIRECTIONS

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

None.

Dave Berry
Chief Finance Officer

DATE: 5 December 2018

Appendix 1						
DUNDEE INTEGRATED JOINT BOARD - HEALTH & SOCIAL CARE PARTNERSHIP - FINANCE REPORT 2018/19 AS AT October 2018						
	Dundee City Council Delegated Services		NHST Dundee Delegated Services		Partnership Total	
	Net Budget	Projected Overspend / (Underspend)	Net Budget	Projected Overspend / (Underspend)	Net Budget	Projected Overspend / (Underspend)
	£,000	£,000	£,000	£,000	£,000	£,000
Older Peoples Services	38,112	-25	15,982	183	54,095	157
Mental Health	4,354	-13	3,345	-160	7,699	-173
Learning Disability	22,598	-157	1,279	-35	23,876	-192
Physical Disabilities	6,659	-254	0	0	6,659	-254
Substance Misuse	847	-152	2,670	20	3,517	-132
Community Nurse Services / AHP / Other Adult	251	642	11,296	-260	11,547	382
Hosted Services	0	0	18,851	-375	18,851	-375
Other Dundee Services / Support / Mgmt	873	-41	26,382	-285	27,255	-326
Centrally Managed Budgets	0	1,983	1,933	953	1,933	2,936
Total Health and Community Care Services	73,694	1,983	81,739	40	155,433	2,023
Prescribing (FHS)	0	0	33,258	914	33,258	914
Other FHS Prescribing	0	0	900	-33	900	-33
General Medical Services	0	0	25,036	132	25,036	132
FHS - Cash Limited & Non Cash Limited	0	0	17,937	-34	17,937	-34
Grand Total	73,694	1,983	158,870	1,019	232,564	3,002
Net Effect of Hosted Services*			5,491	662	5,491	662
Grand Total	73,694	1,983	164,361	1,681	238,055	3,664
Less: Planned Draw Down From Reserve Balances		-1,983				-1,983
Grand Total	73,694	0	164,361	1,681	238,055	1,681
*Hosted Services - Net Impact of Risk Sharing Adjustment						

Dundee City Integration Joint Board – Health & Social Care Partnership – Finance Report October 2018

	Dundee City Council Delegated Services		NHST Dundee Delegated Services		Partnership Total	
	Annual Budget	Projected Over / (Under)	Annual Budget	Projected Over / (Under)	Annual Budget	Projected Over / (Under)
	£,000	£,000	£,000	£,000	£,000	£,000
Psychiatry Of Old Age (POA) (In Patient)			4,594	25	4,594	25
Older People Serv. – Ecs			0	(500)	0	(500)
Older Peoples Services -Community			239	0	239	0
Continuing Care			1,338	0	1,338	0
Medicine for the Elderly			4,871	655	4,871	655
Medical (POA)			641	(10)	641	(10)
Psychiatry Of Old Age (POA) - Community			1,930	(118)	1,930	(118)
Intermediate Care			865	98	865	98
Dundee- Supp People At Home			0	0	0	0
Medical (MFE)			1,504	33	1,504	33
Older People Services	38,112	(25)			38,112	(25)
Older Peoples Services	38,112	(25)	15,982	183	54,095	157
General Adult Psychiatry			3,345	(160)	3,345	(160)
Mental Health Services	4,354	(13)			4,354	(13)
Mental Health	4,354	(13)	3,345	(160)	7,499	(173)
Learning Disability (Dundee)	22,598	(157)	1,279	(35)	23,876	(192)
Learning Disability	22,598	(157)	1,279	(35)	23,876	(192)

		Dundee City Council Delegated Services		NHST Dundee Delegated Services		Partnership Total	
		Annual Budget	Projected Over / (Under)	Annual Budget	Projected Over / (Under)	Annual Budget	Projected Over / (Under)
		£,000	£,000	£,000	£,000	£,000	£,000
Physical Disabilities		6,659	(254)			6,659	(254)
	Physical Disabilities	6,659	(254)	0	0	6,659	(254)
Drug Problems Services				2,670	20	2,670	20
Substance Misuse		847	(152)			847	(152)
	Substance Misuse	847	(152)	2,670	20	3,517	(132)
A.H.P. Admin				374	(8)	374	(8)
Physiotherapy				3,478	(225)	3,478	(255)
Occupational Therapy				1,309	(103)	1,309	(103)
Nursing Services (Adult)				5,606	120	5,606	120
Community Supplies - Adult				155	(25)	155	(25)
Anticoagulation				374	(20)	374	(20)
Joint Community Loan Store				0	0	0	0
Intake/Other Adult Services		251	642			251	642
	Community Nurse Services / AHP / Intake / Other Adult Services	251	642	11,296	(260)	11,547	382

	Dundee City Council Delegated Services		NHST Dundee Delegated Services		Partnership Total	
	Annual Budget	Projected Over / (Under)	Annual Budget	Projected Over / (Under)	Annual Budget	Projected Over / (Under)
	£,000	£,000	£,000	£,000	£,000	£,000
Palliative Care – Dundee			2,577	78	2,577	78
Palliative Care – Medical			1,106	(2)	1,106	(2)
Palliative Care – Angus			324	17	324	17
Palliative Care – Perth			1,609	112	1,609	112
Brain Injury			1,596	105	1,596	105
Dietetics (Tayside)			2,766	(243)	2,766	(243)
Sexual & Reproductive Health			2,065	(25)	2,065	(25)
Medical Advisory Service			154	(48)	154	(48)
Homeopathy			27	3	27	3
Tayside Health Arts Trust			58	0	58	0
Psychology			4,906	(481)	4,906	(481)
Eating Disorders			0	0	0	0
Psychotherapy (Tayside)			894	158	894	158
Learning Disability (Tayside AHP)			769	(50)	769	(50)
Hosted Services	0	0	18,851	(375)	18,851	(375)
Working Health Services			0	0	0	0
The Corner			407	60	407	60
Resource Transfer			0	0	0	0
Grants Voluntary Bodies Dundee			46	0	46	0
IJB Management			804	(55)	804	(55)
Partnership Funding			23,572	0	23,572	0
Carers Strategy			0	0	0	0
Public Health			450	(80)	450	(80)
Keep Well			590	(150)	590	(150)
Primary Care			514	(60)	514	(60)
Support Services/Management Costs	873	(41)			873	(41)
Other Dundee Services / Support / Mgmt	873	(41)	26,382	(285)	27,255	(326)

Centrally Managed Budgets

	0	1,983	1,933	953	1,933	2,936
	Dundee City Council Delegated Services		NHST Dundee Delegated Services		Partnership Total	
	Annual Budget	Projected Over / (Under)	Annual Budget	Projected Over / (Under)	Annual Budget	Projected Over / (Under)
	£,000	£,000	£,000	£,000	£,000	£,000
Total Health and Community Care Services	73,694	1,983	81,739	40	155,433	2,023
Other Contractors						
Prescribing (FHS)			33,258	914	33,258	914
Other FHS Prescribing			900	(33)	900	(33)
General Medical Services			25,036	132	25,036	132
FHS - Cash Limited & Non Cash Limited			17,937	(34)	17,937	(34)
Grand Total H&SCP	73,694	1,983	158,870	1,019	232,564	3,002
Hosted Recharges Out			(11,062)	(136)	(11,062)	(136)
Hosted Recharges In			16,553	798	16,553	798
Hosted Services - Net Impact of Risk Sharing Adjustment			5,491	662	5,491	662
TOTAL	73,694	0	164,361	1,681	238,055	3,664
Less: Planned Draw Down from Reserves		-1,983				-1,983
NET POSITION	73,694	0	164,361	1,681	238,055	1,681
Large Hospital Set Aside			tbc	tbc	tbc	tbc

**NHS Tayside - Services Hosted by Integrated Joint Boards - Charge to Dundee IJB
Risk Sharing Agreement - October 2018**

Services Hosted in Angus	Annual Budget	Forecast Over (Underspend)	Dundee Allocation
Forensic Service	913,533	(27,500)	(10,835)
Out of Hours	7,406,275	325,000	128,050
Tayside Continence Service	1,430,626	(89,000)	(35,066)
Ang-loc Pharmacy	1,200,000	0	0
Speech Therapy (Tayside)	982,650	(2,000)	(788)
Hosted Services	11,933,084	206,500	81,361
Balance of Savings Target	(122,365)	122,365	48,212
Grand Total Hosted Services	11,810,719	328,865	129,573

Services Hosted in Perth	Annual Budget	Forecast Over (Underspend)	Dundee Allocation
Angus Gap Inpatients	2,204,370	325,000	128,050
Dundee Gap Inpatients	5,486,001	425,000	167,450
Dundee Gap Snr Medical	1,950,746	412,500	162,525
P+K Gap Inpatients	5,417,211	275,000	108,350
Learning Disability (Tayside)	6,008,166	25,000	9,850
T.A.P.S.	653,265	(45,000)	(17,730)
Tayside Drug Problem Services	823,652	(127,500)	(50,235)
Prison Health Services	3,237,317	10,000	3,940
Public Dental Service	2,026,894	12,500	4,925
Podiatry (Tayside)	2,833,180	(45,000)	(17,730)
Hosted Services	30,640,802	1,267,500	499,395
Balance of Savings Target	(99,507)	89,507	35,266
Balance of Savings Target - IPMH	(337,546)	337,546	132,993
Grand Total Hosted Services	30,203,749	1,694,553	667,654
Total Hosted Services	42,014,468	2,023,418	797,227



REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD –
18 DECEMBER 2018

REPORT ON: DELEGATED BUDGET 2019/20 – INITIAL OUTLOOK

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: DIJB72-2018

1.0 PURPOSE OF REPORT

The purpose of this paper is to provide the Integration Joint Board (IJB) with an initial overview of the delegated budget 2019/20 following publication of Dundee City Council's Financial Outlook 2019/2022 and the Scottish Government's Medium Term Health and Social Care Financial Framework. This paper forms phase one of a set of three budget development reports to be presented to each IJB meeting leading up to the meeting of the 29th March 2019 when the delegated budget will be laid before the IJB for approval.

2.0 RECOMMENDATIONS

It is recommended that the IJB:

- 2.1 Notes the content of this report including the potential implications to the delegated budget of the impact of the Scottish Government's Budget on Dundee City Council and NHS Tayside's financial settlements as set out in sections 4.2 and 4.3 of this report;
- 2.2 Notes the potential implications of these and the range of increased costs and cost pressures to Dundee Integration Joint Board's delegated budget and subsequent indicative level of budget requisition to Dundee City Council and NHS Tayside as set out in section 4.4 and Appendix 1 of this report to enable the IJB to deliver the priorities as set out within its Strategic and Commissioning Plan;
- 2.3 Remits to the Chief Finance Officer to bring an updated report as phase two of the development of the budget to the IJB meeting of the 26th February 2019 to further inform the budget setting process;
- 2.4 Remits to the Chief Finance Officer to bring forward a proposed budget for 2019/20 in relation to delegated services as phase three of the development of the budget for consideration by the IJB at its meeting on the 29th March 2019.

3.0 FINANCIAL IMPLICATIONS

The financial planning projections highlighted in Appendix 1 are provisional at this stage of the budget process and will continue to be refined following subsequent negotiations with Dundee City Council and NHS Tayside. An updated position will be presented to the February IJB meeting once further clarity is available as to the various factors impacting on the budget with the final budget proposal to be considered by the IJB at its' meeting in March 2019.

The potential cost pressures within the delegated budget for 2019/20 could be around £14.2m prior to the outcome of the Scottish Government's Budget Settlement and subsequent impact on local authorities, NHS Boards and Integration Authorities. Therefore this is not the projected shortfall in resources as it is anticipated that funding provision will be made to support inflationary pressures and the cost of implementing legislation and national policies.

4.0 MAIN TEXT

4.1 Discussions are underway between officers of the Health and Social Care Partnership and Dundee City Council in relation to the shape of the delegated budget for 2019/20 with early dialogue with NHS Tayside around the likely financial framework within which the NHS Tayside financial proposition will be based. Recent publications setting out the likely parameters around the respective financial settlements impacting on both the council and the NHS and their respective challenges and responses around these have assisted the early development of the delegated budget and the scale of potential financial pressures facing the IJB both for 2019/20 and beyond. These financial frameworks however remain provisional until the detail of the Scottish Government's proposed Budget for 2019/20 is made clear by mid to late December 2018. The relevant publications are set out in the following sections. This report, as phase one of a set of three papers to be laid before the IJB over the coming months, sets out the potential cost pressures, with papers two and three focussing on the funding associated with the level of delegated budget available, including additional funding for inflationary uplifts and legislative and national policies, with any efficiency and transformation savings which may be required.

4.2 Dundee City Council Financial Outlook 2019-2022

4.2.1 Dundee City Council Policy and Resources Committee noted the detail of the above report (Report Number 339-2018) at its meeting of 19 November 2018 and subsequently agreed the Council's Medium Term Financial Strategy as adapted to reflect the current financial circumstances and projections.

4.2.2 The Council's overall Revenue Budget for 2018/19 is currently £351.1m. The current total Revenue Budget requirements over the following 3 years are as follows:

	Total (£m)	Annual Increase (£m)	Cumulative Increase (£m)
2018/19 Final	351.1	-	-
2019/20 Provisional	362.9	11.8	11.8
2020/21 Provisional	371.9	9.0	20.8
2021/22 Provisional	381.4	9.5	30.3

These figures represent the estimated cost of continuing to provide the current level of services and the impact of the following:

- i) the full year effect of savings and cost pressures that were already reflected in the 2018/19 Final Revenue Budget;
- ii) a 3% annual allowance for pay awards for all categories of staff – this is a particular risk area given that every additional 1% adds around £2.1m to the Council's pay-bill;
- ii) allowances for price inflation on specific budget heads;
- iv) a 2% annual increase in chargeable income arising from the annual review of charges exercise;
- v) the on-going effect of unavoidable cost pressures and savings reflected in the current year revenue monitoring;
- vi) new costs pressures and savings that will arise over 2019-2022, including an increase in the employer's contribution rate for teachers pensions which will add £3.2m per annum to the pay-bill from 1 April 2019. Discussions are on-going at a national level with the Scottish Government around possible additional funding to help offset this particular cost pressure;
- vii) provision for capital financing costs to support the new borrowing included in the 2019-2024 Capital Plan.

The report notes the risks and uncertainties associated with all of these items which will be refined as the budget process develops.

- 4.2.3 Following consideration of the potential scenarios which may impact on local authority finance settlements from the Scottish Government, the council has projected what this may mean for its own finance settlement. Based on the council's current projections of budgetary requirements and available grant funding, the range of projected savings and efficiencies which may be required to be achieved by the Council in its overall budget over the next three financial years in order to achieve a balanced budget are noted as follows:

	<u>Cumulative Savings Required – Flat Cash Settlement (£m)</u>	<u>Cumulative Savings Required – 1% Grant Reduction (£m)</u>	<u>Cumulative Savings Required – 2% Grant Reduction (£m)</u>	<u>Cumulative Savings Required – 3% Grant Reduction (£m)</u>
2019/20	11.8	14.7	17.6	20.4
2020/21	27.7	33.4	39.1	44.7
2021/22	<u>37.2</u>	<u>45.7</u>	<u>54.0</u>	<u>62.1</u>

- 4.2.4 Within the Council's Medium Term Financial Strategy there are a number of statements which will have a direct impact on the level of resources delegated to the IJB. The potential impact of these are described in section 4.4:

- services will be expected to operate within the limits of their overall revenue budget allocation. Cost pressures which emerge in-year should, where possible, be accommodated within the relevant service revenue budgets.
- allocation of resources will be informed by a thematic approach designed to reflect the strategic priorities of the Council.
- budget provision will be made for estimated pay awards and, in limited circumstances, for areas of specific price inflation. The costs of incremental progression for staff will be funded from service revenue budgets.
- demographic growth will not be funded given the scale of the financial challenge. All services are expected to redesign services and work in partnership with other bodies to meet the cost of additional pressures.
- the reduction of grant that the Council receives after providing for new responsibilities will be shared by all directly provided and commissioned services, including Health and Social Care, Leisure & Culture Dundee and the Third Sector.
- the initial costs associated with VERs / VRs will be met from service revenue budgets. On-going staff costs savings from VERs / VRs will be reflected in service revenue budgets.

4.3 Scottish Government Medium Term Health and Social Care Financial Framework

- 4.3.1 The Scottish Government published the above report in October 2018 (<https://www.gov.scot/publications/scottish-government-medium-term-health-social-care-financial-framework/>) and it sets out for the first time, the potential scale of the challenges facing the health and social care system within a financial planning context and at the same time looks at the Scottish Government's approach to addressing these pressures through a combination of investment and reform. The report sets out an estimate of the future resource requirements across health and social care in line with the Health and Social Care Delivery Plan and the anticipated demographic and other pressures which will shape these requirements and set within a context of funding growth for health and social care services, including the consequential of the Barnett formula as a result of increased investment by the UK Government in health services.

4.3.2 The assumptions within the framework for growth and reform are as follows:

- Price effects will move in line with UK Government GDP deflator projections and will reflect the impact of the NHS pay deal (combined impact of 2.2-2.4% each year over the next five years);
- Demographic factors will on average increase the demand for healthcare by 1% year on year;
- Non-Demographic growth will contribute 2-2.5% growth year on year within the healthcare sector;
- Benefits realised from savings and reform will amount to 1.3% each year and will be retained locally.

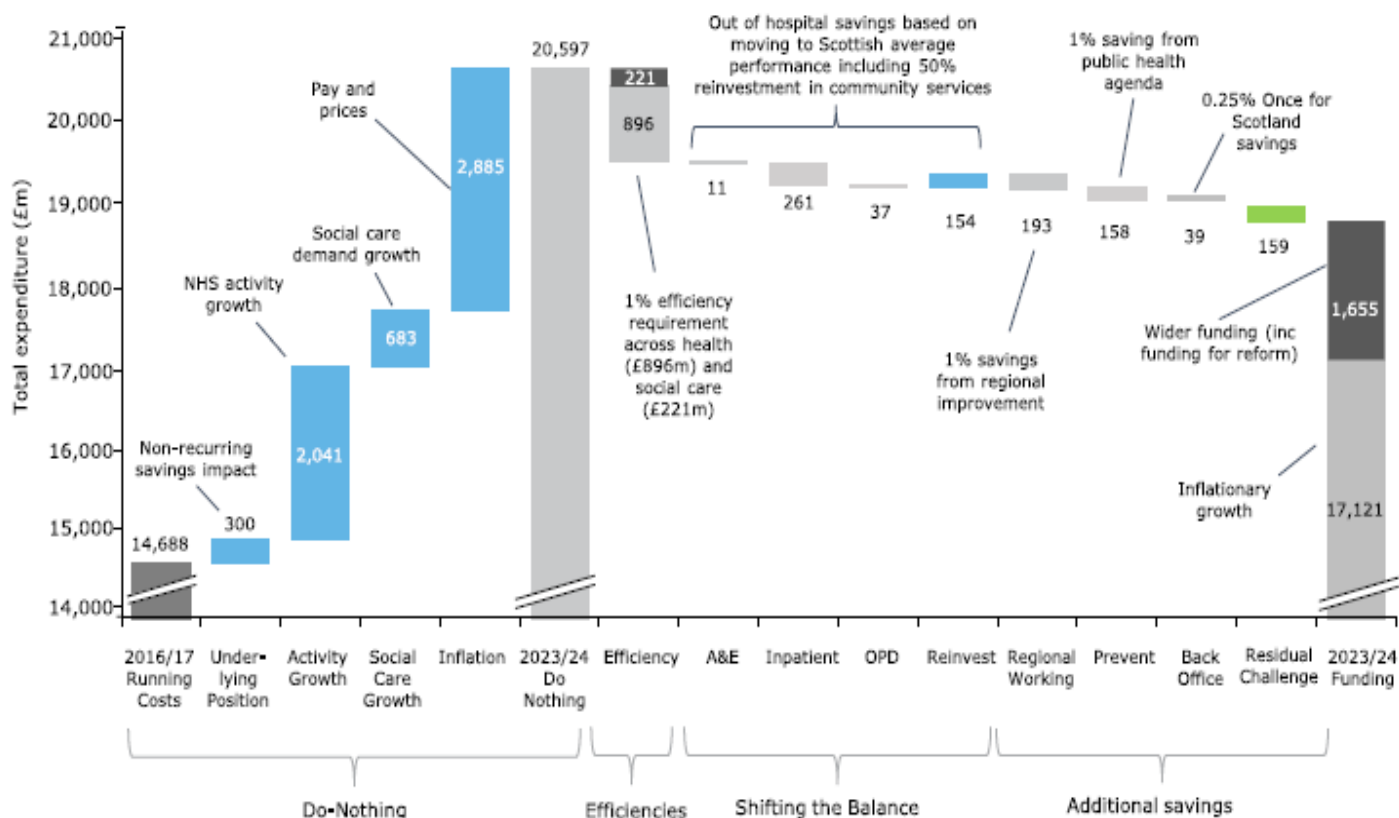
The net impact of the above with the variable and fixed costs within the overall health system results in an anticipated annual growth rate of 3.5%. Taking into consideration the various estimates of social care growth, pressures on the social care sector are likely to be slightly higher than in healthcare, with demographic pressures around the frail elderly in particular, an annual growth rate of 4% has been applied to the framework.

4.3.3 The actions required to address these challenges are set out in the Health and Social Care Delivery Plan and are described as five distinct areas:

- Shifting the balance of care – from hospital based to community based care;
- Regional working – better collaboration and regional approaches to the planning and delivery of services (assumption of 1% saving);
- Public Health and Prevention – through tackling a range of lifestyle behaviours (assumption of 1% reduction in demand);
- Once for Scotland – to improve, integrate and coordinate the way services are delivered (assumption of 0.25% reduction in cost of services);
- Annual Savings Plans – through the delivery of productivity and efficiency savings (assumption of 1% savings).

4.3.4 The financial framework pulls all of the above together and estimates that by 2023/24, a residual shortfall between available resources and the cost of providing health and social care services nationally of £159m will require to be found. This is illustrated below:

Bridging the Gap Analysis (£m)



While these assumptions are at a national level, it is reasonable to assume a similar impact for services locally.

4.4 Dundee IJB Financial Planning Assumptions 2019/20

4.4.1 The estimated financial impact of the range of factors likely to affect the level of delegated budget, including current year’s pressures and moving from non-recurring savings for 2018/19 to recurring savings (given the high usage of reserves in 2018/19) is set out in Appendix 1.

These figures are provisional and will continue to evolve over the budget process however this sets out for the IJB the potential cost pressures which will require to be funded through a combination of the levels of funding received by Dundee City Council, NHS Tayside and the Scottish Government, efficiency savings and significant service redesign.

4.4.2 Before considering the impact of growth and new pressures impacting on the delegated budget for 2019/20, there are a number of current financial pressures which will need to be addressed within the budget process. The IJB agreed a balanced 2018/19 budget by implementing a range of non-recurring savings, including applying a substantial sum of its reserves to fund the projected deficit for the year. In addition, risks were highlighted around the delivery of a balanced budget for prescribing and in relation to hosted services recharges, particularly around In Patient Mental Health Services. The 2018/19 financial monitoring position highlights these risks as being realised with a further range of actions being explored to reduce or balance the scale of the overspend, again on a non-recurring basis. The 2018/19 legacy issues account for around £4.4m for which sustainable funding options will need to be identified within the budget process.

- 4.4.3 New cost pressures driven by inflation (pay awards, purchased services cost increases etc) will also have a significant impact on the delegated budget. With pay awards estimated to be within the region of 2-3%, an additional £2m of funding may be required to support pay costs. Other inflationary issues include the impact on the cost of externally purchased care services such as the National Care Home Contract and supporting care providers with similar inflation based cost increases in their cost base. The cost of prescribing is also likely to be subject to price increases and demand growth. The Council has reflected pay inflationary uplifts and third party inflation for the Health and Social Care Partnership as part of its additional budget pressures provision however the outcome of this won't be confirmed until the Council agrees its budget in February 2019. Inflationary pressures are anticipated to result in additional cost pressures of around £4.6m.
- 4.4.4 The impact of new legislation and national policies will also result in a further increase in the cost of delegated services. The introduction of free personal care for under 65s and the second year of the implementation of the Carers Act are anticipated to result in increased demand for services and in relation to the introduction of free personal care, result in a reduction in income for chargeable services. While the cost of implementing this nationally is being assessed, this could cost in the region of £800-£900k in Dundee. In addition, with a further increase in the living wage announced from £8.75 per hour to £9 per hour, sustaining the Scottish Government's commitment to ensure all adult social care workers receive at least this level of remuneration will further increase the cost base. The cost of national policy implementation could potentially be around £2m in 2019/20. It is assumed that these additional funding pressures will be funded in full by the Scottish Government.
- 4.4.5 Increases in demand for services as a result of an increasingly frail elderly population and high prevalence rates of disabilities, mental health and substance misuse problems within Dundee are predicted to continue to present funding challenges for the foreseeable future. This includes ensuring sufficient community based supports are available to service users and patients to reduce the number of people admitted to hospital settings on an unplanned basis and reducing delayed discharges for those who are ready to be discharged from hospital, including those with complex care needs. The IJB invested an additional £1.1m in social care provision in 2017/18 to meet additional demand with a further £900k estimated to be required in 2019/20. A further £1.5m is anticipated to be required in 2019/20 for people with complex care needs, many of whom are delayed in hospital. Applying the Scottish Government's assumptions around growth in healthcare demand, a further £820k of demand pressures is assumed for 2019/20.
- 4.4.6 This report sets out the potential scale of the financial pressures which may impact on the delegated budget for 2019/20. Given the detail of the Scottish Government's proposed budget is still being assessed, including what it means in relation to both the Local Authority Finance Settlement and NHS Budget and the scale and route of funding for new legislation and national policy initiatives, the level of funding to be provided to meet these pressures is as yet unknown. However, as reflected in Dundee City Council's medium term finance strategy, demographic growth or service pressures will not be funded and reductions in grant the council receives will be shared by all directly provided and commissioned services (including the Health and Social Care Partnership). Therefore there is a high risk of unfunded budget pressures reflected in the delegated budget from the council. It can also be assumed that given the financial challenges facing NHS Tayside that while inflationary funding uplifts are likely to be provided for, budget pressures may not.
- 4.4.7 The IJB received an update on progress with regards to the Health and Social Care Partnership's Transformation Programme (Report DIJB58/2018) at its meeting of the 30th October 2018. This report set out the full range of areas of service redesign and service change being developed to improve outcomes for individuals and to ensure the best use is made of resources. This Transformation Programme and a programme of efficiency savings continue to be developed for consideration by the IJB at its meetings in February and March 2019 with a view to contributing to delivering a balanced budget for 2019/20. The scale of this required however will be dependent on the funding received from the partner bodies and will have an impact on the scale and pace of the IJB's ambitions which will be reflected in the Review of the Strategic and Commissioning Plan which will be presented to the IJB at its March 2019 meeting.

5.0 POLICY IMPLICATIONS

This report has been screened for any policy implications in respect of Equality Impact Assessment. There are no major issues.

6.0 RISK ASSESSMENT

Risk 1 Description	There is a risk that the IJB will not be able to balance its resources and achieve its strategic objectives should the combination of the level of funding provided through the delegated budget and the impact of the IJB's Transformation Efficiency Programme be insufficient.
Risk Category	Financial
Inherent Risk Level	Likelihood 4 x Impact 4 = 16 (Extreme)
Mitigating Actions (including timescales and resources)	Developing a robust and deliverable Transformation Programme Negotiations with Dundee City Council and NHS Tayside to agree the most advantageous funding package as part of the development of the IJB's delegated budget.
Residual Risk Level	Likelihood 3 x Impact 4 = 12 (High)
Planned Risk Level	Likelihood 3 x Impact 4 = 12 (High)
Approval recommendation	Despite the high level of risk, it is recommended that this should be accepted at this stage of the budget process with a reviewed position set out as the proposed budget is set out to the IJB in March 2019.

7.0 CONSULTATION

The Chief Officer, the Director of Finance - NHS Tayside, Executive Director - Corporate Services, Dundee City Council and the Clerk have been consulted on the content of this paper.

8.0 BACKGROUND PAPERS

None.

Dave Berry
Chief Finance Officer

DATE: 5 December 2018

				Appendix 1
DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP				
REVENUE BUDGET 2019/20				
		2019/20 Value - Social Care	2019/20 Value - NHS	Total Delegated Budget Cost Pressures
Anticipated Cost Pressures:				
		£000	£000	£000
<i>Current Year Non-Recurring Savings / Budget Pressures</i>				
2018/19 Legacy Savings Gap		1,983	854	2,837
Current Year Budget Pressures			1,600	1,600
Total Current Years Funding Requirements		1,983	2,454	4,437
<i>New Pressures 2019/20 - Inflationary Pressures</i>				
Staff Pay Increases		988	1,034	2,022
Increased Costs of Externally Provided Services		1,615		1,615
Prescribing Growth			977	977
Total Inflationary Pressures		2,603	2,011	4,614
<i>National Policy / Legislative Costs:</i>				
Carers Act Implementation - Year 2		290		290
Free Personal Care for Under 65s		870		870
Living Wage Increases (incl Sleepover)		750		750
Free Personal & Nursing Care Rate Increases		56		56
Total National Policy / Legislative Costs		1,966	0	1,966
<i>Demographic Pressures:</i>				
Anticipated Care at Home/Complex Care/Delays/Accommodation with Support Packages (Learning/Physical Disabilities/Mental Health/Substance Misuse Problems)		2,400		2,400
Healthcare Demographic Demand (excl prescribing - see above)			820	820
Total Anticipated Cost Pressures 2019/20		8,952	5,285	14,237



REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD -
18 DECEMBER 2018

REPORT ON: SUBSTANCE MISUSE REDESIGN UPDATE

REPORT BY: CHIEF OFFICER

REPORT NO: DIJB66-2018

1.0 PURPOSE OF REPORT

1.1 To provide information about the redesign of substance misuse services and seek approval to release Dundee Alcohol and Drug Partnership resources carried forward from previous financial years held by Dundee Integration Joint Board to progress the proposed Dundee Alcohol and Drug Partnership (ADP) Investment Plan.

2.0 RECOMMENDATIONS

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

2.1 Notes the content of the report and approves the Substance Misuse Redesign Programme Implementation Plan (attached as Appendix 1).

2.2 Notes that the intentions within the Substance Misuse Redesign Programme and the proposed ADP Investment Plan support the delivery of the Dundee Health and Social Care Strategic and Commissioning Plan 2016 – 2021 as described in 4.1.6 and the Substance Misuse Strategic Commissioning Plan 2018 - 2021.

2.3 Approves the release of ADP resources carried forward from previous years and held by Dundee Integration Joint Board in order to implement the proposed ADP Investment Plan agreed by the Dundee ADP on 22 November 2018 (attached as Appendix 2).

2.3 Requests a report on progress with the Redesign Programme in 12 Months.

3.0 FINANCIAL IMPLICATIONS

3.1 The redesign is funded through a reconfiguration of resources available to the Health and Social Care Partnership and Alcohol and Drug Partnership as part of Dundee Integration Joint Boards delegated budget. An Investment Plan for use of Scottish Government funding was approved at Dundee Integration Joint Board on 30 October 2018.

3.2 During 2018/19, NHS Tayside transferred carry forward funding from historical underspends associated with the ADP to Dundee Integration Joint Board to the value of £378,000. The Dundee ADP Investment Plan as set out in Appendix 2 proposes to use £174,612 of this funding with an additional sum of approximately £100,000 already set aside to cover costs associated with the Dundee Drugs Commission and Drug Deaths Research. This leaves a balance of approximately £103,000 to support the Integration Joint Board's overall financial position for 2018/19.

4.0 MAIN TEXT

4.1 Background to Substance Misuse Redesign

- 4.1.1 It is our ambition that citizens of Dundee will have access to the information and support that they need to live a fulfilled life and recover. In addition, that we intervene early to prevent a negative impact of substance use on citizens of Dundee, children, families, carers and communities. We know that, in Dundee that we have a range of actions to take to deliver upon this ambition.
- 4.1.2 Upon transfer of responsibilities for Substance Misuse Services to the Health and Social Care Partnership in 2017, an evaluation of the performance, risks and operating model took place using learning from a range of activity which included user and stakeholder feedback, Local Adverse Event Reviews, Clinical Care and Professional Governance, National Standards and Guidance, current performance and a range of local and national drivers for change.
- 4.1.3 A summary of risks and improvement themes were subsequently reported to the Dundee Health and Social Care Partnership Clinical, Care and Professional Governance Group and the Performance and Audit Committee throughout 2017 and 2018.
- 4.1.4 The evaluation informed a redesign programme which was subsequently presented to and discussed at a number of forums during the period 2017 to 2018 which includes the ADP, Substance Misuse, Homelessness, Suicide Prevention and Carers Strategic Planning Groups, and the Dundee Drugs Commission.
- 4.1.5 There is an expectation that ADP and IJB will work closely together to deliver services for those affected by substance use. This includes the directing of ADP funding through NHS Boards to Integrated Authorities for distribution to ADP's. While ADP's continue to provide strategic leadership, IJB's will hold a governance role in relation to the use of available resources.
- 4.1.6 The redesign work reflected within both the Substance Misuse Redesign Programme Implementation Plan and the ADP Underspend Investment Plan, are in keeping with the strategic intentions described within Dundee Health and Social Care Strategic and Commissioning Plan 2016 – 2021. (Priority 1 - Health Inequalities: prioritise resources towards the implementation of the Dundee Partnership Alcohol and Drug Strategy). It will also progress the strategic actions aligned to the Substance Misuse Strategic Commissioning Plan 2018 – 2021.

5.0 SUBSTANCE MISUSE REDESIGN

5.1 Aim and Principles of the Substance Misuse Redesign

- 5.1.1 In support of our ambition that citizens of Dundee will have access to the information and support that they need to live a fulfilled life and recover, we aim to:
- Enable citizens of Dundee to improve their wellbeing, quality of life, independence and recover.
 - Contribute to a reduction in admission and readmission to hospital.
 - Promote early intervention, prevention, independent living and reduction in health inequalities.
 - Identify and support Unpaid Carers and family members.
 - Protect children and adults from harm by ensuring effective arrangements in place to identify, escalate and respond to concerns.
 - Build capacity to achieve our aims.

5.1.2 The redesign is supported through use of six principles to inform the development of a new model of working. These are that a new operating model for Substance Misuse Services should be:

- Based in localities across Dundee and available over 7 days and at evenings to improve accessibility, reduce inequalities and support people in employment.
- Holistic, person centred and focused on enabling people to recover, achieve their personal outcomes and be protected from harm. This includes proactively engaging with individuals to support their recovery.
- Underpinned by excellent governance arrangements so that an assurance is provided regarding the quality, safety and effectiveness of the advice, support, treatment and information provided.
- Implemented collaboratively so that people experience well-coordinated support which is integrated from their perspective.
- Organised from a single referral point in localities using integrated documentation so that we make effective use of resources available to support recovery and protect people from harm.
- Responsive to Carers and family members, so that Carers and family members receive the support they need to continue in the caring role.

5.2 Redesign Programme

5.2.1 The substance misuse redesign programme interlinks with a number of change programmes across the Health and Social Care Partnership, NHS Tayside, Dundee City Council and the City. To support effective delivery and development of partnership arrangements the redesign is implemented through four key projects:

- | | |
|-----------|---|
| Project 1 | Recovery, Health and Wellbeing (Developing a Recovery Orientated System of Care which enables Citizens to improve their wellbeing, quality of life, independence and recover) |
| Project 2 | Discharge Management and Unscheduled Care (Reducing Admission and Readmission to Hospital) |
| Project 3 | Integrated Governance and Infrastructure (Developing a Shared Learning Culture and Infrastructure which enables Sustainable Change) |
| Project 4 | Positive Communications (Promoting Recovery and Reducing Stigma Associated With Substance Misuse) |

5.2.2 A redesign plan articulates the actions identified for each project. The plan is a dynamic plan and will be updated based on ongoing self-evaluation, learning and feedback. It is aimed that this approach will support and foster collaboration and an ongoing learning and improvement culture to the delivery of substance misuse services. The Plan is attached at Appendix 1.

5.3 Progress with the Redesign

5.3.1 Over the past year, the focus has been on establishing the organisational and cultural conditions that will support and enable implementation of the redesign programme. This has included:

- Strengthening leadership capacity through development of integrated leadership roles and reconfiguring previously separate health and social care teams into four integrated locality teams. These will be fully implemented over next 6 months.
- Developing an integrated health, social care and third sector locality operating model which supports multi-disciplinary working and enables delivery of a recovery orientated service across all localities of Dundee. Over the next year this will be further developed through use of a public sector partnership with third sector to enable the model to be coproduced.

- A review of options to achieve Scottish Government Waiting Times Targets. This led to the initiation of weekly huddles and implementation of the Direct Access Service.
- Integrated workforce planning in order to build our multi-disciplinary workforce capacity to meet demand and to be able to deliver a recovery orientated service.
- Transfer of Tayside Substance Misuse Liaison Service to the Dundee Integrated Discharge Hub. This aims to improve pathways and support for people with complex needs who are in acute hospital environments.
- Development of multi-disciplinary risk management approaches with colleagues across third, independent and statutory services. This will be consolidated through monthly meetings and development of a multi-agency working with risk guidance over the next year.

5.3.2 The priorities over the next year are to establish integrated health, social care and third sector locality teams and develop pathways and models which facilitate access to right support at right time. Monitoring of progress of the redesign will continue to be undertaken through a Finance, Performance and Commissioning Group with regular updates provided to the ADP and IJB.

5.4 Costs Associated with the Redesign

5.4.1 The redesign is funded through a reconfiguration of resources available to the Health and Social Care Partnership and ADP.

5.4.2 It has been supported through the Scottish Government Investment Plan approved at Dundee IJB on 30 October 2018. This investment plan builds capacity across health, social care and third sector services to develop a recovery orientated system of care.

5.4.3 In addition to this a proposed Dundee ADP Underspend Investment Plan was agreed at the ADP on the 22 November 2018. This further Investment Plan builds capacity through a number of community based organisations to develop a recovery orientated system of care. The Investment Plan is attached at Appendix 2. The IJB is asked to agree the release of ADP underspend monies in order to implement the plan.

5.5 Summary and Conclusion

5.5.1 A redesign of substance misuse services has been implemented to support our ambition that people using substance misuse services will have access to the information and support that they need to live a fulfilled life and recover.

5.5.2 Over the past year, the focus has been on establishing the organisational and cultural conditions that will support the redesign. This has included strengthening leadership and development of multi-disciplinary working. The focus for 2019 – 2020 will be to further implement the redesign programme and investment plans to collaboratively develop a recovery orientated system of care.

6.0 POLICY IMPLICATIONS

6.1 This report has been screened for any policy implications in respect of Equality Impact Assessment and Risk Management. There are no major issues.

7.0 RISK ASSESSMENT

Risk 1 Description	There is a risk that current funding will be insufficient to undertake the redesign
Risk Category	Financial
Inherent Risk Level	Likelihood 3 x Impact 4 = Risk Scoring 12 (which is High Risk Level)
Mitigating Actions (including timescales and resources)	Securing multi-agency agreement on the actions required in line with the Dundee Substance Misuse Strategic Plan.
Residual Risk Level	Likelihood 3 x Impact 3 = Risk Scoring 9 (which is a High Risk Level)
Planned Risk Level	Likelihood 2 x Impact 3 = Risk Scoring 6 (which is a Moderate Risk Level)
Approval recommendation	Given the risk mitigation actions in place the risk is deemed to be manageable and should be accepted.

8.0 CONSULTATIONS

The Chief Finance Officer and the Clerk were consulted in the preparation of this report.

9.0 DIRECTIONS

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	x
	2. Dundee City Council	
	3. NHS Tayside	
	4. Dundee City Council and NHS Tayside	

David W Lynch
Chief Officer

DATE: 5 December 2018

Alexis Chappell
Locality Manager

**DUNDEE SUBSTANCE MISUSE PARTNERSHIP
REDESIGN ACTION PLAN**

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Introduction

Welcome to the Dundee Substance Misuse Redesign Action Plan.

The purpose of this Redesign Action Plan is to set out how Citizens of Dundee are enabled to have the information, advice and support they need to recover and live a healthy and fulfilled life. This plan is a dynamic plan and will be updated based on ongoing self-evaluation, learning and feedback. It is aimed that this approach will support and foster collaboration and an ongoing learning and improvement culture to the delivery of substance misuse services.

The redesign of substance misuse services is a response to a number of drivers for change which highlighted that our current approach needs to change. These drivers include:

- Feedback from citizens of Dundee, workforce and stakeholders.
- Integration of health and social care
- The priorities identified within Dundee IJB Strategic Commissioning Plan, Substance Misuse Strategic Commissioning Plan,
- ADP Review Programme, GIRFEC Improvement Programme, Local Outcome Improvement Plan, Dundee Fairness Commission, Community Justice and Community Safety Programme, Mental Health Redesign and Homelessness Transformation programme, Discharge Management and Unscheduled Care Transformation Programme, Primary Care Transformation Programme.
- Carers (Scotland) Act 2016 and Carers Strategic Plan
- Learning from review of Local Adverse Event Reviews and significant incidents

Due to this, the redesign is a complex project which interlinks with a number of change programmes across the Health and Social Care Partnership, NHS Tayside, Dundee City Council and the City. To support effective delivery of the redesign programme and development of partnership arrangements the redesign is implemented through four key projects.

- Recovery, Health and Wellbeing
- Discharge Management and Unscheduled Care
- Integrated Governance and Infrastructure
- Positive Communications

Our Vision

Citizens of Dundee are enabled to have the information, advice and support they need to live a healthy and fulfilled life.

Our Aims

In support of this ambition, we aim to:

- Enable citizens of Dundee to improve their wellbeing, quality of life, independence and recover.
- Contribute to a reduction in admission and readmission to hospital.
- Promote early intervention, prevention, independent living and reduction in health inequalities.
- Identify and support Unpaid Carers and family members.
- Protect children and adults from harm by ensuring effective arrangements in place to identify, escalate and respond to concerns.
- Building capacity to achieve our aims.

Our Approach

To support our approach to improving outcomes for citizens of Dundee we have adopted a set of guiding principles to support enables shared decision making and actions.



Project 1 - Recovery, Health and Wellbeing (Developing a Recovery Orientated System of Care which enables Citizens to improve their wellbeing, quality of life, independence and recover)

Project Outcomes – Citizens of Dundee are able to improve their wellbeing, quality of life, independence and recover; Protect children and adults from harm by ensuring effective arrangements in place to identify, escalate and respond to concerns; Carers are Supported; promote early intervention, prevention, independent living and reduction in health inequalities

1.1	Implement Interim Risk Management to mitigate risks identified in relation to capacity and demand, leadership capacity and ability of the service to mitigate risks.	Locality Manager & Integrated Managers Substance Misuse	Ongoing until redesign completed	Additional Nursing and Social Work Resource funded temporarily within budget.	<ul style="list-style-type: none"> National Health & Wellbeing Outcome 2,3,4,5,6,7,8 and 9. ADP SPG Recovery Priority - Recovery 	
1.2	Development and implementation of Tier 3 and 4 integrated locality health and social care organisational structure and teams which can be accessed in localities across Dundee. This includes implementation of: <ul style="list-style-type: none"> Integrated accommodation and infrastructure. Integrated workforce and organisational development plan. Integrated approaches to service governance. 	Locality Manager & Integrated Managers Substance Misuse Clinical Leads Pharmacy Leads Psychology Leads Staffside and DCC Unions Nursing and Social Work Professional Leads DVA Learning and Development	By June 2020	Project Management Support Within reconfiguration of current resources.	<ul style="list-style-type: none"> DHSCP Priorities – Building Capacity, Health Inequalities, Localities, Models of Support DHSCP – Integrated Workforce Strategy, Accommodation Strategy. NHS Tayside and DCC Organisational Change Policies. LAERS Thematic Review 	
1.3	Development and implementation of a Tier 2 Third Sector Substance Misuse Service who can work in localities across Dundee alongside the Tier 3 Service and an associated workforce development programme.	Locality Manager DVA Chief Executive Third Sector Leads ADP Lead Officer Contracts and commissioning	By October 2019	Project Management Within reconfiguration of current resources.	<ul style="list-style-type: none"> National Health & Wellbeing Outcome 2,3,4,5,6,7,8 and 9. ADP SPG Recovery Priority - Recovery 	

1.4	Development and implementation of a Tier 3 Third Sector service linked to the development of housing first model, lead professional's model, rapid rehousing and substance misuse redesign.	Housing Options and Homelessness Partnership/ Locality Manager Delivery Sub Group	By March 2020	Project Management Within reconfiguration of current resources.	<ul style="list-style-type: none"> DHSCP Priorities – Building Capacity, Health Inequalities, Localities, Models of Support Homelessness Strategic Plan 	
1.5	Development and implementation of effective joint working arrangements between community & inpatient mental health and substance misuse services.	Locality Managers and Integrated Managers Substance Misuse and Mental Health Clinical Leads Clinicians	By March 2021	Project Management Resource funded via Mental Health Section 15 monies	<ul style="list-style-type: none"> DHSCP – Integrated Workforce Strategy, Accommodation Strategy. NHS Tayside and DCC Organisational Change Policies. LAERS/ SCEA/ DATIX Thematic Review 	
1.6	Implement a range of treatment choices which enable people to recover.	Clinical Leads, Integrated Manager (Nursing)	By March 2020	Clinical Resource	<ul style="list-style-type: none"> National Health & Wellbeing Outcome 2,3,4,5,6,7,8 and 9. 	
1.7	Implement a range of psychological interventions which can promote recovery in line with Scottish Government Guidance across health, social care and third sector.	Psychology Leads ADP Lead Officer	By March 2021	Within current resource.	<ul style="list-style-type: none"> UK and Tayside Clinical Guidelines ADP SPG Recovery Priority - Recovery 	
1.8	Implement Pharmacy programme which supports move to locality working.	Lead Pharmacist Substance Misuse	By March 2020	Within Current Resources	<ul style="list-style-type: none"> DHSCP Priorities – Building Capacity, Health Inequalities, Localities, Models of Support Homelessness , Suicide Prevention Strategic Plan 	

					<ul style="list-style-type: none"> • DHSCP – Integrated Workforce Strategy, Accommodation Strategy. • NHS Tayside and DCC Organisational Change Policies. • LAERS/ SCEA/ DATIX Thematic Review 	
1.9	<p>Development and implementation of well-coordinated and effective support in localities across Dundee with integrated pathways through services that promote safety, health, wellbeing and enable people to achieve their personal goals. This includes implementation of:</p> <ul style="list-style-type: none"> • Effective pathways with C & F, Prisons, Community Justice, Police, Primary Care, Homelessness, Sexual Health, Third Sector. • Health, social care and third sector MDT's in localities across Dundee. • Effective multi-agency arrangements for supporting and protecting adults, children and women at risk of harm. • Effective MDT overdose prevention pathways. • Approaches to reducing harm caused by alcohol and drugs across all localities of Dundee 	<p>Integrated Managers Substance Misuse Third Sector Representatives Working with Risk Steering Group</p>	<p>By March 2020</p>	<p>Project Management Resource Within reconfiguration of current resources</p>	<ul style="list-style-type: none"> • National Health & Wellbeing Outcome 2,3,4,5,6,7,8 and 9. • UK and Tayside Clinical Guidelines • Adult Protection Guidance • Personalisation Guidance • ADP SPG Recovery Priority - Recovery • DHSCP Priorities – Building Capacity, Health Inequalities, Localities, Models of Support • Homelessness , Suicide Prevention, Community Justice Strategic Plans • DHSCP – Integrated Workforce Strategy, Accommodation Strategy. 	

					<ul style="list-style-type: none"> • NHS Tayside and DCC Organisational Change Policies. • LAERS/ SCEA/ DATIX Thematic Review 	
1.10	Implement personalisation and increase support options available via self-directed support in order to increase recovery options available to service users.	<p>Locality Manager Integrated Managers</p> <p>Snr Officer Strategy</p>	By March 2020	Project Management Resource Within current resources	<ul style="list-style-type: none"> • National Health & Wellbeing Outcome 2,3,4,5,6,7,8 and 9. • UK and Tayside Clinical Guidelines • Personalisation Guidance • Lead Professional Guidance 	
1.11	Implement multi-agency approaches and guidance to working with risk where statutory test does not apply. This includes implementation of lead professionals model and effective multi-agency arrangements for supporting and protecting adults, children and women at risk of harm	<p>Partnership between Suicide Prevention/ Housing Options and Homelessness SPG/ Finance Performance and Commissioning Group/ Locality Managers</p> <p>Snr Officer Strategy</p>	By March 2019	Snr Officer Support	<ul style="list-style-type: none"> • ADP SPG Recovery Priority - Recovery • DHSCP Priorities – Building Capacity, Health Inequalities, Localities, Models of Support • Homelessness , Suicide Prevention Strategic Plan • DHSCP – Integrated Workforce Strategy, Accommodation Strategy. • NHS Tayside and DCC Organisational Change Policies. • LAERS/ SCEA/ DATIX Thematic Review 	

1.12	<p>Further develop our supports to Carers and family members affected by drugs and alcohol. This includes:</p> <ul style="list-style-type: none"> • Development of locality based informal support • Implementation of Carers (S) Act 2016 • Personalised support which enabled Young and Adult Carers to achieve their outcomes. 	Dundee Carers Partnership	By 2020	<p>Within Current Resources</p> <p>Investment Plan agreed via Dundee Carers Partnership</p>	<ul style="list-style-type: none"> • National Health & Wellbeing Outcome 2,3,4,5,6,7,8 and 9. • Dundee Carers Partnership Strategic Plan • Carers (S) Act 2016 	
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Project 2 – Discharge Management and Unscheduled Care (Reducing Admission and Readmission to Hospital)

Project Outcome – Reduction in admission and readmission to hospital; Protect children and adults from harm by ensuring effective arrangements in place to identify, escalate and respond to concerns; Carers are Supported; Promote early intervention, prevention, independent living and reduction in health inequalities

2.1	Development and implementation of effective discharge management and liaison arrangements, pathways and model of working to enable people who use substances and/ or who have a multiple health and support needs to return home from hospital when they are well and reduce risk of readmission.	Integrated Manager Discharge Management Multi-agency group	By December 2020	Within current resources	National Health & Wellbeing Outcome 2,3,4,5,6,7,8 and 9. ADP SPG Recovery Priority - Recovery Unscheduled Care Board/ Unscheduled Care Transformation	
2.2	Integration of Tayside Alcohol and Drug Liaison, Tayside POA and the Integrated Discharge Hub.	Integrated Manager Discharge Management	By December 2019	Within current resources	Home & Hospital Transition Group DHSCP Commissioning Plan - Moving Assessment into the community	
2.3	Further develop resources such as step up/ step down to support prevention of admission and readmission to hospital.	Integrated Manager Discharge Management	By December 2019	Within current resources		

Project 3 – Integrated Governance and Infrastructure (Developing a Shared Learning Culture and Infrastructure which enables Sustainable Change)						
Outcomes – Citizens of Dundee are able to improve their wellbeing, quality of life, independence and recover; Protect children and adults from harm by ensuring effective arrangements in place to identify, escalate and respond to concerns; Carers are Supported.						
3.1	Development and implementation of and Integrated Balanced Scorecard to enable a focus on continuous improvement across substance misuse services.	Tayside ADP Officer, Tayside ADP Information Analyst	By December 2018	Within Current Resources	<ul style="list-style-type: none"> • Health and Social Care Standards • NICE Guidelines • Duty of Candour • GDPR • ADP Governance 	
3.2	Development and implementation of a financial governance framework which includes: <ul style="list-style-type: none"> • Integrated Budget Statement • Ongoing Review and Monitoring Of That Statement. • Decision Making Governance 	Finance, Performance and Commissioning Group HSCP Accountant Tayside ADP Officer	By December 2018	Within current resources		
3.3	Development and implementation of an integrated operational risk management model which includes: <ul style="list-style-type: none"> • Integrated risk register. • Review of the register • Development of risk management and risk mitigation actions via locality multi-disciplinary meetings and reporting. 	Integrated Managers Substance Misuse and Homelessness Third Sector Leads HSCP Commissioning and Contracts	By December 2018	Project Management Resource Within current resources		
3.4	Development and implementation of a single self-evaluation document which brings learning from range of reports into one document and makes recommendation for improvement.	Tayside ADP Officer	By December 2018	Within current resources		

3.5	<p>Development and implementation of a shared approach to continuous improvement and learning through:</p> <ul style="list-style-type: none"> • Review of data from balanced scorecard, self-evaluation and waiting times. • Review of benchmarking and learning from other areas. • Review of new guidance and policy direction. • Review of progress in implementing health and social care standards • Development of shared responses to learning and improvement activity identified through review of data. 	<p>Integrated Managers Substance Misuse and Homelessness Third Sector Leads HSCP Commissioning and Contracts</p> <p>Supported by Tayside ADP Officer</p>	By March 2019	Within current resources		
3.6	<p>Ensure effective implementation of health and social care standards and protection of children and adults across health, social care and third sector services</p>	<p>Integrated Managers Substance Misuse and Homelessness Third Sector Leads HSCP Commissioning and Contracts</p> <p>Supported by Tayside ADP Officer</p>	By June 2019	Within current resources		
3.7	<p>Confirm accountability for substance misuse services.</p>	<p>ADP/ HSCP/ Locality Manager</p>	By April 2019	Within Current resources		

3.8	Develop and Implement a learning and workforce development programme which provides information and learning in relation to Clinical Guidelines, Health And Social Care Standards & Personalisation as applied to substance misuse across health, social care and third sector.	PP Team/ Lead Pharmacist/ DVA Learning and Development	By June 2019	Within current resources		
3.9	Undertake national, local and international benchmarking and review on a regular basis and bring recommendations for learning to the Financing, Performance and Commissioning Group to inform continuous improvement of service delivery in Dundee.	Tayside ADP Lead Officer, Tayside Intelligence Analyst	By January 2019	Within current resources		
3.10	Develop and implement information sharing protocols which enable effective information sharing across substance misuse services and key partners.	Tayside ADP Lead Officer, HSCP Snr Manager Data Protection	By June 2019	Within current resources		

Project 4 – Positive Communications (Promoting Recovery and Reducing Stigma Associated With Substance Misuse)						
4.1	Development and implementation of communications plan and programmes in order to provide positive information about substance misuse services and to reduce stigma.	DVA/ Protecting People Communications/ DHSCP Communications	By October 2019	Within current resources	<ul style="list-style-type: none"> National Health & Wellbeing Outcome 2,3,4,5,6,7,8 and 9. ADP SPG Recovery Priority - Recovery 	
4.2	Development and implementation of a website which provides information about substance misuse, suicide prevention and homelessness.	Partnership between Suicide Prevention and Homelessness SPG/ TEC Lead/ FPCG	By October 2019	Within Current Resources Project Management	<ul style="list-style-type: none"> DHSCP Priorities – Building Capacity, Health Inequalities, Localities, Models of Support Homelessness , Suicide Prevention Strategic Plan 	
4.3	Development and implementation of digital Recovery stories as a means of promoting recovery across Dundee.	Partnership between Suicide Prevention and Homelessness SPG/ TEC Lead/ FPCG	By October 2019	Project Management		

DUNDEE ADP & IJB, November 2018

ADDITIONAL INVESTMENT IN SERVICES TO REDUCE PROBLEM DRUG AND ALCOHOL USE: Underspend funding allocated to Dundee ADP

2018-19 INVESTMENT PLAN AND REPORTING TEMPLATE

Investment area	Key Challenges	Proposal & Intended Outcomes	Anticipated Investment	Anticipated Investment Measure Progress
Recovery Hill Walking Group	<ul style="list-style-type: none"> Supporting individuals to progress with their recovery Ensure individuals with lived experience contribute to shaping the ROSC in Dundee Ensure enough support is available for individuals at every stage of their recovery 	Develop infrastructure for joint working Develop and maintain multi-agency working Individuals better supported to progress with their recovery Individuals better supported to progress with their recovery	£18,000 over 2 years. One off allocation in year one	<ul style="list-style-type: none"> Involvement of individuals with lived experience in the design, delivery and monitoring of the ROSC in Dundee. Improvement engagement and retention with the ROSC. Individuals in Dundee recover from substance misuse and are able to lead ordinary lives. Local and National Partnership arrangements developed which enables effective implementation of and sustainability of the project. Sustainable provision of recovery support across all localities of Dundee.
Revive Dundee Community Coaching	<ul style="list-style-type: none"> Supporting individuals to progress with their recovery Ensure individuals with lived experience contribute to shaping the ROSC in Dundee Ensure enough support is available for individuals at every stage of their recovery 	Develop infrastructure for charitable status Develop infrastructure for joint working Develop and maintain multi-agency working Individuals better supported to progress with their recovery	Agreement in Principle to £6,112 (additional £500 to help develop governance) over 1 year subject to confirmation of Governance Arrangements (including a PVG for working with vulnerable adults).	<ul style="list-style-type: none"> Involvement of individuals with lived experience in the design, delivery and monitoring of the ROSC in Dundee. Individuals in Dundee recover from substance misuse and are able to lead ordinary lives. Governance arrangements developed in line with DVA Good Governance Award and Charitable status. Local and National Partnership arrangements developed which enables effective implementation of and sustainability of the project. Sustainable provision of recovery support across all localities of Dundee.

Investment area	Key Challenges	Proposal & Intended Outcomes	Anticipated Investment	Anticipated Investment Measure Progress
			One off allocation in year one	
Recovery Friendly Dundee	<ul style="list-style-type: none"> • Supporting individuals to progress with their recovery • Ensure individuals with lived experience and communities across contribute to shaping the ROSC in Dundee and redesign of substance misuse services. • Ensure enough support is available for individuals at every stage of their recovery 	<p>Develop infrastructure for joint working Develop and maintain multi-agency working Individuals better supported to progress with their recovery</p>	£25,000 over 1 year. One off allocation in year one	<ul style="list-style-type: none"> • Involvement of individuals and communities with lived experience in the design, delivery and monitoring of the ROSC and redesign of substance misuse services in Dundee. • Individuals in Dundee recover from substance misuse and are able to lead ordinary lives. • Coproduction of website and recovery information as a partnership with key partners across HSCP and third sector. • Coproduction of a Dundee recovery charter and brand which promotes recovery and reduces stigmatisation. • Local and National Partnership arrangements developed which enables effective implementation of and sustainability of the project. • Sustainable provision of recovery support across all localities of Dundee. • Completion of learning and development on recovery and clinical decision making to inform project development.

Investment area	Key Challenges	Proposal & Intended Outcomes	Anticipated Investment	Anticipated Investment Measure Progress
WRASAC - Improving Responses to vulnerable women	<ul style="list-style-type: none"> Vulnerable women are at increased risk of drug deaths Women affected by domestic abuse and substance misuse struggle to access and engage with services 	Develop and maintain multi-agency working so that Women are better supported to progress with their recovery and are safer.	£50,000 over 18 months. One off allocation in year one	<ul style="list-style-type: none"> Individuals are supported to progress with their recovery from drug and alcohol misuse in a ROSC Vulnerable Women in Dundee will be better supported. The principles of Safe & Together will be embedded with in practice. Improvement engagement and retention with the ROSC Effective response to non-Fatal overdoses. Local and National Partnership arrangements developed which enables effective implementation of and sustainability of the project. Completion of learning and development on recovery and clinical decision making to inform project development.
Fintry Family Support Service	<ul style="list-style-type: none"> Families affected by substance misuse struggle to function Supporting the whole family together (rather than separate support to children and adults) Children living within families affected by substance misuse need to have the best support to achieve their full potential. 	Develop infrastructure for joint working Develop and maintain multi-agency working Individuals better supported to progress with their recovery Children and young people are Safer	£45,000 over 3 years. One off allocation in year one with review after 1 st year.	<ul style="list-style-type: none"> Increased support to individuals and families Vulnerable families in Dundee will be better supported through a whole-family approach to supporting children and parents affected by substance misuse. Children and young people will be safer. Effective response to non-Fatal overdoses. Improved engagement and retention with the ROSC Local Partnership arrangements developed which enables effective implementation of and sustainability of the project across all localities of Dundee. Sustainable provision of support across all localities of Dundee.

Investment area	Key Challenges	Proposal & Intended Outcomes	Anticipated Investment	Anticipated Investment Measure Progress
Recover Tay	<ul style="list-style-type: none"> Supporting individuals to progress with their recovery Ensure individuals with lived experience and communities across contribute to shaping the ROSC in Dundee and redesign of substance misuse services. Ensure enough support is available for individuals at every stage of their recovery 	Develop infrastructure for charitable status Develop infrastructure for joint working Develop and maintain multi-agency working Individuals better supported to progress with their recovery	£10,500 over 1 year. (Additional £500 to help develop governance) over 1 year subject to confirmation of Governance Arrangements (including a PVG for working with vulnerable adults). One off allocation in year one	<ul style="list-style-type: none"> Involvement of individuals with lived experience in the design, delivery and monitoring of the ROSC in Dundee. Individuals in Dundee recover from substance misuse and are able to lead ordinary lives. Governance arrangements developed in line with DVA Good Governance Award and Charitable status. Local and National Partnership arrangements developed which enables effective implementation of and sustainability of the project. Sustainable provision of recovery support across all localities of Dundee.
Dundee Hubs Evaluation	<ul style="list-style-type: none"> Development of an understanding of impact of the Dundee Hubs. Development of shared approaches across services in Dundee towards locality working, particularly for people who do not engage with services. 	Undertake mini competition Develop infrastructure for joint working Develop and maintain multi-agency working Individuals better supported to progress with their recovery TOTAL	£20,000 £174,612	<ul style="list-style-type: none"> Local and National Partnership arrangements developed which enables effective implementation of and sustainability of the project. Steering Group implemented which consists of third sector, statutory and support services and oversees the evaluation. Recommendations made to the Finance & Commissioning group (as the group leading on the redesign) to support implementation of the redesign of services. Recommendations made which considers how the hubs links to and develop informal community based support in localities across Dundee which includes joint working with local GP's, pharmacies, schools, libraries and community centres.

Investment area	Key Challenges	Proposal & Intended Outcomes	Anticipated Investment	Anticipated Investment Measure Progress
<p data-bbox="51 323 349 347">Additional points agreed:</p> <ul data-bbox="51 387 2179 667" style="list-style-type: none"> <li data-bbox="51 387 1384 411">• All individuals delivering training and / or support require to undergo a PVG for working with vulnerable adults <li data-bbox="51 419 1599 443">• Service Level Agreements will be developed with respect to each allocation (including statutory and Third sector organisations). <li data-bbox="51 451 2179 507">• All the organisations awarded funding will be expected to embed key standards and principles, governing the practice and culture of their work, which includes health and social care standards and policies and practices which protect children and adults, including vulnerable women. <li data-bbox="51 515 2152 571">• All organisations will be expected to introduce a gender-perspective to ensure specific and appropriate support is available to vulnerable women which promotes recovery and safeguards their welfare. <li data-bbox="51 579 2179 635">• All organisations will be expected to identify and offer support, which includes signposting to relevant organisations, to carers and family members affected by substance misuse so that Carers and family members are supported. <li data-bbox="51 643 1469 667">• All organisations will be expected to support and contribute to the redesign of substance misuse services in Dundee. 				



REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD -
18 DECEMBER 2018

REPORT ON: CARERS (SCOTLAND) ACT 2016 IMPLEMENTATION UPDATE

REPORT BY: CHIEF OFFICER

REPORT NO: DIJB67-2018

1.0 PURPOSE OF REPORT

1.1 This report provides information about progress with implementation of the Carers (Scotland) Act 2016 and seeks approval for the Carers (Scotland) Act Investment Plan.

2.0 RECOMMENDATIONS

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

- 2.1 Notes progress made in implementing the Carer's (Scotland) Act 2016 outlined at section 5 of the report.
- 2.2 Remits the Chief Officer to issue the directions set out in section 9.0 of the report.
- 2.3 Approves Carers (Scotland) Act funding investment plan (attached at Appendix 1).
- 2.4 Notes that a Dundee Carers Partnership Bi Annual Report will be published by May 2019 and will include self-evaluation against first full year of Carers (Scotland) Act 2016 implementation.

3.0 FINANCIAL IMPLICATIONS

- 3.1 Funding for the implementation of the Carers Act has been provided nationally as part of the additional £66m investment in social care by the Scottish Government included in the 2018/19 local government finance settlement. The funding to support implementation of the Act for Dundee Health and Social Care Partnership is £350k in 2018/19 which has been planned for as part of the IJB's 2018/19 budget. The Scottish Government has set out funding estimates for each year post implementation of the Act.
- 3.2 The Carers (Scotland) Act Investment Plan as set out in Appendix 1 amounts to £311,049 for period 2018/2019 with £139,656 continued in to 2019/20 to build capacity to deliver the implications of the Carers (Scotland) Act.

4.1 Overview of Carers (Scotland) Act 2016 (The Act)

- 4.1.1 The Act aims for Adult and Young Carers to be better supported on a more consistent basis so that they can continue to care, if they so wish, in good health and to have a life alongside caring. For Young Carers, the intention is similar to that for Adult Carers but that Young Carers should have a childhood similar to their non-carer peers. The Act commenced in April 2018.

- 4.1.2 The Act defines a Carer as an individual who provides or intends to provide care for another individual (the “cared-for person”). The Act removes the substantial and regular test used in previous legislation to define the caring role and the requirement that the cared-for person must access community care services in their own right. In doing so, the Act expands who can be defined as a Carer and supports a greater focus on the impact caring has on the Carer as well as the Carers Personal Outcomes related to the caring role.
- 4.1.3 The approach taken to supporting the health and wellbeing of Carers and implementing the Carers (Scotland) Act 2016 in Dundee is outlined in A Caring Dundee: A Strategic Plan for Supporting Carers in Dundee 2017-2020 which was ratified by the Dundee Integration Joint Board on 31 October 2017 (Article X of the minute of the meeting, report DIJB47-2018 refers). The stated vision in this plan is that we will achieve ‘A Caring Dundee in which all Carers feel listened to, valued and supported so that they feel well and are able to live a life alongside caring.
- 4.1.4 The Act confers a number of duties upon Local Authorities and Health Boards, as described in reports to the Dundee Integration Joint Board on 29 August 2017 and 28 June 2016. In summary, the Act describes the requirement to deliver:
- Information and advice
 - Young Carers Statements which set out the Young Carers identified personal outcomes, needs and the support to be provided to the Young Carer
 - Adult Carers Support Plans which set out the Carer’s identified personal outcomes, identified needs and the support to be provided to the Carers.
 - A local eligibility criteria which provides information about access to support.
 - Involvement of Carers in discharge planning for the cared-for person.
 - Support to Carers, based on the Carer’s identified needs which meet the local eligibility criteria. This includes waive any charges for any support provided to Carers and to publish a Short Breaks Services Statement which provides information about the short breaks services available for Carers and persons they care for.
 - Involvement of Carers in the Carer Services that they provide.
 - A Carers Strategy which has been developed with Carers and Carers Organisations.

5.0 CARERS (SCOTLAND) ACT PROGRESS

5.1 Progress in Implementing the Act

- 5.1.1 Significant progress has been made in implementing the Carers (Scotland) Act 2016 during the period 2018 – 2019 as follows:

Duty under the Act	Progress at December 2018
Information and Advice	Information and advice is provided through Dundee Carers Centre, the ‘Carers of Dundee’ website which was launched in May 2018 and Carers of Dundee Factsheets which are available on Dundee Health and Social Care Partnership website.
Local Eligibility Criteria	Local Eligibility Criteria was coproduced and ratified at Dundee Integration Joint Board on 24 April 2018.
Carers Strategic Plan	A Carers Strategic Plan was coproduced and ratified at the Dundee Integration Joint Board on 31 October 2017.
Carers Involvement	A Carers Voice Group and Young Carers Voice has been established to promote Carers involvement in strategic planning and Carers developments. Carers are represented on Dundee Carers Partnership, Integration Joint Board Strategic Planning Group.

Duty under the Act	Progress at December 2018
Adult Carers Support Plan	The Adult Carers Support Plan has been developed in line with statutory requirements and implemented. A range of support is commissioned through Third Sector to enable Carers to achieve their outcomes.
Young Carers Statement	The Young Carers Statement has been developed in line with statutory requirements and implemented. A report was agreed at the Children and Families Committee on 10 th September 2018 and notes progress in relation to support to Young Carers.
Waiving of Carers Charges	All support commissioned through third sector and provided by way of an Adult Carers Support Plan or Young Carers Statement to enable a Carer to achieve their outcomes is waived of charge.
Involvement in Discharge Planning	Dundee Carers Centre and Integrated Discharge Hub are working on a coproduced evaluation of service user and carer involvement and experience of discharge planning. This will support design of a tool embedded within the current discharge planning process which enables ongoing audit of involvement.

- 5.1.2 The focus of the first year of implementation has been to build capacity to implement each duty within the Act and further develop personalised and locality based support to Carers. This has focused on realigning current contractual arrangements to enable a focus on supporting Young and Adult Carers to achieve their outcomes and investing in services which will build capacity as described in section 5.2.
- 5.1.3 In addition, the Dundee Carers Partnership recognised that workforce development, communications, integrated budgets and quality assurance arrangements are key infrastructure requirements to support implementation of the Act. To support this the following has been developed with a view of implementation during 2019 - 2020:
- A workforce development programme which will ensure that key workforce across health and social care partnership and its partners are supported to understand developments about the Act. A multi-agency workforce survey has been circulated during 2018 to inform the programme.
 - A quality assurance programme which will focus on evidencing Carers outcomes and quality of support provided to Carers.
 - Multi-agency guidance which will provide an overview of local implementation arrangements and support consistency of implementation across Dundee.
 - Procedures for Health and Social Care and Children and Families workforce.
 - A communications strategy to raise ongoing awareness about Carers including identification of Carers.
- 5.1.4 To ensure ongoing monitoring of progress in implementing the Act and the Carers Strategic Plan a Dundee Carers Partnership Bi Annual Report is currently in production. It is planned that the report will be published by May 2019.

5.2 Carers (Scotland) Act Investment Plan

- 5.2.1 The budget for implementation of the Act for Dundee Health and Social Care Partnership is £350k per annum which has been planned for as part of the IJB's 2018/19 budget. The Carers Information Strategy monies are included as part of this allocation and therefore any projects already funded through Carers Information Strategy for 2018 – 2019 are considered as part of the funding allocation.

- 5.2.2 To ensure transparency in the use of the Carers (Scotland) Act Funding, bids were invited from partners associated with the Dundee Carers Partnership and Health and Social Care Partnership. Communications were circulated through a range of networks to ensure maximum reach.
- 5.2.3 A multi-agency group, involving members of the Carers Partnership met to review bids received and develop the Carers Local Investment Plan for Dundee. Priorities identified through the Dundee Carers Strategic Commissioning Plan and duties conferred by the Carers (Scotland) Act 2016 were used to support development of the Carers (Scotland) Act Local Investment Plan. The Carers Local Investment Plan for Dundee is attached at Appendix 1 of this report.
- 5.2.4 In order to ensure effective governance in relation to the monitoring of progress against investment outcome measures, a Service Level Agreements will be developed with respect to each allocation (including statutory and Third sector organisations). As part of the Service Level Agreement each organisation will be expected to: -
- Embed key standards and principles, governing the practice and culture of their work, which includes health and social care standards.
 - Build capacity to support Unpaid Carers.
 - Reduce health inequalities and promote early intervention and prevention approaches which promote Carers outcomes.
- 5.2.5 The Carers (Scotland) Act Investment Plan for Dundee focuses on building capacity to provide support to Carers and increase workforce and stakeholders understanding of Carers. The following investment is proposed in line with priorities identified in the Act.
- Locality based and personalised support to Carers through Dundee Carers Centre and Penumbra.
 - Building capacity through peer support and volunteering opportunities.
 - Learning and workforce development programme
 - Carers of Dundee campaign and communications strategy.
 - Building capacity to undertake Adult Carers Support Plans
- 5.2.6 The Carers (Scotland) Act Investment Plan amounts to £311,049 for period 2018 – 2019 with £139, 656 continued to Carers (Scotland) Act Investment Plan for period 2019 – 2020 to build capacity to deliver upon the Act. The Investment Plan is attached at Appendix 1.
- 5.2.7 The Investment Plan includes £132,896 funding already allocated to Dundee Carers Centre by way of Carers Information Strategy funding. Prior to 2018, the Carers Information Strategy funding was allocated through Health Boards to enable Health Boards to provide information and advice to Carers. As this duty has now transferred to Local Authorities, the Carers Information Strategy funding is now incorporated into the investment in social care by the Scottish Government.

6.0 POLICY IMPLICATIONS

- 6.1 This report has been screened for any policy implications in respect of Equality Impact Assessment and Risk Management. There are no major issues.

7.0 RISK ASSESSMENT

Risk 1 Description	There is a risk that current funding will be insufficient to support provision implementation of the Act.
Risk Category	Financial
Inherent Risk Level	Likelihood 3 x Impact 4 = Risk Scoring 12 (which is High Risk Level)
Mitigating Actions (including timescales and resources)	Securing multi-agency agreement on the actions required in line with the Dundee Carers Strategic Plan.
Residual Risk Level	Likelihood 3 x Impact 3 = Risk Scoring 9 (which is a High Risk Level)
Planned Risk Level	Likelihood 2 x Impact 3 = Risk Scoring 6 (which is a Moderate Risk Level)
Approval recommendation	Given the risk mitigation actions in place the risk is deemed to be manageable and should be accepted.

8.0 CONSULTATIONS

The Chief Finance Officer and the Clerk were consulted in the preparation of this report.

9.0 DIRECTIONS

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	x

David W Lynch
Chief Officer

DATE: 5 December 2018

Alexis Chappell
Locality Manager

DIRECTION FROM THE DUNDEE CITY INTEGRATION JOINT BOARD

1	Reference	DIJB67-2018
2	Date Direction issued by Integration Joint Board	18 December 2018
3	Date from which direction takes effect	18 December 2018
4	Direction to:	Dundee City Council and NHS Tayside
5	Does this direction supersede, amend or cancel a previous direction – if yes, include the reference number(s)	No
6	Functions covered by direction	Services for carers in terms of the Carers (Scotland) Act 2016 Investment Plan.
7	Full text of direction	<p>Dundee City Council is directed to enter in to contractual arrangements with all relevant service providers and make provision for services to be provided directly by the council as identified in the Carers (Scotland) Act Investment Plan for the delivery of those services required for the implementation of the Act.</p> <p>NHS Tayside is directed to make provision for services to be provided directly as identified in the Carers (Scotland) Act Investment Plan.</p>
8	Budget allocated by Integration Joint Board to carry out direction	Dundee City Council – 2018/19 - £304,049: 2019/20 - £122,256 NHS Tayside – 2018/19 - £7,000 : 2019/20 - £17,400

9	Performance monitoring arrangements	Through the financial monitoring and workforce planning review arrangements to Dundee Integration Joint Board.
10	Date direction will be reviewed	March 2019

DUNDEE IJB, NOVEMBER 2018

ADDITIONAL INVESTMENT IN SERVICES TO SUPPORT CARERS: CARERS (SCOTLAND) ACT FUNDING

2018-19 INVESTMENT PLAN AND REPORTING TEMPLATE

Investment area	Key Challenges	Proposal and Intended Outcomes	Anticipated Investment	Anticipated Investment Measure Progress
Dundee Carers Centre (applying on behalf of the Dundee Carers Partnership Communications and Involvement Workstream)	<ul style="list-style-type: none"> • Raising awareness of Carers • Raising awareness of Carers (Scotland) Act 2016 • Identification of Carers • Early intervention and prevention approaches which support improved outcomes for Carers 	Carers Personal Outcomes are Achieved Strategic Plan Outcomes are Achieved	Year 1 £12,000 One off allocation	<ul style="list-style-type: none"> • Increased identification and awareness of Carers. • Increased engagement with Carers and key stakeholders. • Provision of information and advice to Carers • Local and National Partnership arrangements developed which enables effective implementation of and sustainability of the project. • Actions identified in Carers Strategic Plan relating to this project completed and evidence of achievement of Carers Outcomes. • Duty relating to provision of information is met.

Investment area	Key Challenges	Proposal and Intended Outcomes	Anticipated Investment	Anticipated Investment Measure Progress
Dundee Carers Centre (applying on behalf of the Dundee Carers Partnership Learning and Development Workstream)	<ul style="list-style-type: none"> Building capacity to identify and support carers within existing health, social care and third sector workforce. Raising awareness and improving understanding of carers and carers (Scotland) act to health, social care and third sector workforce. Early intervention and prevention approaches which support improved outcomes for Carers 	<p>Carers Personal Outcomes are Achieved Strategic Plan Outcomes are Achieved</p>	<p>Year 1 £57,000</p> <p>One Off allocation</p>	<ul style="list-style-type: none"> Increased identification and awareness of Carers. Local and National Partnership arrangements developed which enables effective implementation of and sustainability of the project. Actions identified in Carers Strategic Plan relating to this project completed and evidence of achievement of Carers Outcomes. Workforce are supported to deliver best possible support to Carers. Duty relating to provision of information, advice and support is met.
Dundee Carers Centre Developing Peer Support	<ul style="list-style-type: none"> Building capacity to provide support to Carers Early intervention and prevention approaches which support improved outcomes for Carers Identification and involvement of Carers 	<p>Year 1 Increase Volunteer Coordinator Hours</p> <p>Year 2 Carers Personal Outcomes are Achieved Strategic Plan Outcomes are Achieved</p>	<p>Year 1 £18,000</p> <p>One Off allocation</p>	<ul style="list-style-type: none"> Increased identification and awareness of Carers. Increased engagement and involvement of Carers. Local and National Partnership arrangements developed which enables effective implementation of and sustainability of the project. Actions identified in Carers Strategic Plan relating to this project completed. Duty relating to provision of information, advice and support is met.

Investment area	Key Challenges	Proposal and Intended Outcomes	Anticipated Investment	Anticipated Investment Measure Progress
Dundee Carers Centre Caring Places Localities Roll Out	Building capacity to provide support to Carers Early intervention and prevention approaches which support improved outcomes for Carers Identification and involvement of Carers Delivery of support in localities across Dundee.	Year 1 Recruit to Posts Year 2 Carers Personal Outcomes are Achieved Strategic Plan Outcomes are Achieved	Year 1 £36, 128 Year 2 £72,256	<ul style="list-style-type: none"> • Increased identification and awareness of Carers. • Increased engagement and involvement of Carers. • Local and National Partnership arrangements developed which enables effective implementation of and sustainability of the project. • Actions identified in Carers Strategic Plan relating to this project completed. • Positive outcomes for Carers are achieved • Duty relating to provision of information, advice and support is met.
Penumbra	Building capacity to provide support to Carers Early intervention and prevention approaches which support improved outcomes for Carers Identification and involvement of Carers Improving Carers health and wellbeing	Year 1 Increase Hours Year 2 Carers Personal Outcomes are Achieved Strategic Plan Outcomes are Achieved	Year 1 £40,000 One off allocation.	<ul style="list-style-type: none"> • Increased identification and awareness of Carers. • Increased engagement and involvement of Carers. • Local and National Partnership arrangements developed which enables effective implementation of and sustainability of the project. • Actions identified in Carers Strategic Plan relating to this project completed. • Positive outcomes for Carers are achieved • Duty relating to provision of information, advice and support is met.

Investment area	Key Challenges	Proposal and Intended Outcomes	Anticipated Investment	Anticipated Investment Measure Progress
Dundee Health and Social Care Partnership Community Nursing	Building capacity to provide support to Carers through community nursing. Building capacity to undertake Adult Carers Support Plans	Year 1 Recruit to posts Year 2 Carers Personal Outcomes are Achieved Strategic Plan Outcomes are Achieved	Year 1 £7000 Year 2 £17, 400	<ul style="list-style-type: none"> • Increased identification and awareness of Carers. • Increased engagement and involvement of Carers. • Local and National Partnership arrangements developed which enables effective implementation of and sustainability of the project. • Actions identified in Carers Strategic Plan relating to this project completed. • Positive outcomes for Carers are achieved • Duty relating to Adult Carers Support Plan and provision of support is met.
TCA Kith and Kin Service	Building capacity to provide support to Carers. Increasing identification and engagement with Carers.	Year 1 Carers Personal Outcomes are Achieved Strategic Plan Outcomes are Achieved	£2,275 One off allocation	<ul style="list-style-type: none"> • Increased identification and awareness of Carers. • Increased engagement and involvement of Carers. • Local and National Partnership arrangements developed which enables effective implementation of and sustainability of the project. • Actions identified in Carers Strategic Plan relating to this project completed. • Positive outcomes for Carers are achieved. • Duty relating to provision of support to Carers is met.

Investment area	Key Challenges	Proposal and Intended Outcomes	Anticipated Investment	Anticipated Investment Measure Progress
<p>Dundee Health and Social Care Partnership Adult Carer Support Plan and Carers Development Lead</p>	<p>Building capacity to deliver Adult Carers Support Plans and implement Carers (Scotland) Act within integrated teams. Building capacity to provide support to Carers through integrated teams. Continuous improvement and practice development. Providing assurance as to Act implementation.</p>	<p>Year 1 Recruit to Posts</p> <p>Year 2 Carers Personal Outcomes are Achieved Strategic Plan Outcomes are Achieved</p>	<p>Year 1 £5000.</p> <p>Year 2 £50,000.</p>	<ul style="list-style-type: none"> • Increased identification and awareness of Carers. • Increased engagement and involvement of Carers. • Local and National Partnership arrangements developed which enables effective implementation of and sustainability of the project. • Actions identified in Carers Strategic Plan relating to this project completed. • Positive outcomes for Carers are achieved • Duty relating to Adult Carers Support Plan and provision of options relating to self-directed support is met.
<p>Dundee Carers Centre (Carers Information Strategy Allocation)</p>	<p>Provision of information, advice and signposting Provision of support to Carers</p>	<p>Carers Personal Outcomes are Achieved Strategic Plan Outcomes are Achieved</p>	<p>Year 1 £132, 896</p>	<ul style="list-style-type: none"> • Increased identification and awareness of Carers. • Increased engagement and involvement of Carers. • Local and National Partnership arrangements developed which enables effective implementation of and sustainability of the project. • Duty relating to information and advice, support to Carers is met. • Actions identified in Carers Strategic Plan relating to this project completed. • Positive outcomes for Carers are achieved.

Investment area	Key Challenges	Proposal and Intended Outcomes	Anticipated Investment	Anticipated Investment Measure Progress
The Corner Young Carers Project	Provision of information, advice and signposting	Carers Personal Outcomes are Achieved Strategic Plan Outcomes are Achieved	Year 1 £750	<ul style="list-style-type: none"> • Increased identification and awareness of Carers. • Increased engagement and involvement of Carers. • Local and National Partnership arrangements developed which enables effective implementation of and sustainability of the project. • Duty relating to support to Carers is met.
<p>Total Year 1 - £311,049</p> <p>Total Year 2 - £139,656</p>				
<p>Additional points agreed:</p> <ul style="list-style-type: none"> • Service Level Agreements will be developed with respect to each allocation (including statutory and Third sector organisations). • All the organisations awarded funding will be expected to embed key standards and principles, governing the practice and culture of their work, which includes health and social care standards and policies and practices which protect children and adults, including vulnerable women. • All the organisations awarded funding will be expected to build capacity to support Unpaid Carers. • All the organisations awarded funding will be expected to reduce health inequalities and promote early intervention and prevention approaches which enable Carers to be identified and access timely support. • All the organisations awarded funding will be expected to enable Carers to have positive experiences and achieve their personal outcomes. 				



REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD –
18 DECEMBER 2018

REPORT ON: CARERS (SCOTLAND) ACT 2016 – SHORT BREAKS STATEMENT

REPORT BY: CHIEF OFFICER

REPORT NO: DIJB69-2018

1.0 PURPOSE OF REPORT

1.1 The purpose of this report is to seek approval of the Dundee Short Breaks Statement.

2.0 RECOMMENDATIONS

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

- 2.1 Notes the duties and powers placed on Local Authorities through the Carers (Scotland) Act 2016 regarding the duty to prepare a Short Break Statement outlined in this report;
- 2.2 Approves the Dundee Short Break Service Statement (attached as Appendix 1);
- 2.3 Instructs the Chief Officer to publish the Short Break Statement on Dundee Health and Social Care Partnership, Carers of Dundee and the Dundee Mylife Webpages

3.0 FINANCIAL IMPLICATIONS

3.1 Funding for the implementation of the Carers Act has been provided nationally as part of the additional £66m investment in social care by the Scottish Government included in the 2018/19 local government finance settlement. The estimated cost of implementation of the Act for Dundee Health and Social Care Partnership is £350k per annum which has been planned for as part of the IJB's 2018/19 budget. The cost of delivering Short Breaks as set out in the Dundee Short Breaks Statement will be provided for within this funding.

4.0 MAIN TEXT

4.1 Overview of Carers (Scotland) Act 2016 (The Act)

- 4.1.1 The Act aims for Adult and Young Carers to be better supported on a more consistent basis so that they can continue to care, if they so wish, in good health and to have a life alongside caring. For young Carers, the intention is similar to that for adult Carers but that young Carers should have a childhood similar to their non-carer peers. The Act commenced in April 2018.
- 4.1.2 The Act defines a Carer as an individual who provides or intends to provide care for another individual (the "cared-for person"). The Act removes the substantial and regular test used in previous legislation to define the caring role and the requirement that the cared-for person must access community care services in their own right. In doing so, the Act expands who can be defined as a Carer and supports a greater focus on the impact caring has on the Carer as well as the Carers Personal Outcomes related to the caring role.

- 4.1.3 The approach taken to supporting the health and wellbeing of Carers and implementing the Carers (Scotland) Act 2016 in Dundee is outlined in A Caring Dundee: A Strategic Plan for Supporting Carers in Dundee 2017-2020 which was ratified by the Dundee Integration Joint Board on 31 October 2017 (Article X of the minute of the meeting, report DIJB47-2018 refers). The stated vision in this plan is that we will achieve 'A Caring Dundee in which all Carers feel listened to, valued and supported so that they feel well and are able to live a life alongside caring.

4.2 Short Breaks

- 4.2.1 A Short Break is anything which allows any individual of any age to have some time and space from their day to day routines and their responsibilities. Anyone can have a Short Break, but Carers and the people they support sometimes need a bit more help to have a Short Break and to make the arrangements for this.
- 4.2.2 For Carers, a Short Break from caring can provide support which includes reducing stress in their caring role, enabling Carers to continue to care in good health and increasing Carers confidence.
- 4.2.3 In Dundee, significant investment has already been made to provide Short Breaks for Carers by way of a commissioning arrangement with Dundee Carers Centre. Dundee Carers Centre provide a range of personalised support and short breaks for Carers. The Short Breaks Service has been proactively developed and supported by way of investment in research, tests of change and a range of partnership working initiatives. This has enabled development of a unique Short Breaks Service which is focused on improving outcomes for Carers and offering early intervention support.

4.3 Short Breaks Service Statement

- 4.3.1 The Act introduces a duty to prepare and publish a Short Breaks Service Statement which provides information about the short breaks services available in Scotland for carers and cared-for persons. Information contained in the short breaks services statement should be both accessible and proportionate to the needs of persons to whom it is provided.
- 4.3.2 The Short Break Service Statement must be published by December 2018 and provide contact details of the department or organisation responsible for the statement when published.
- 4.3.3 In line with the requirements of the Act, Regulations and our local approach, the Short Breaks Service Statement was developed through collaboration with Carers, people with care and support needs, practitioners and representatives from agencies in the development of Short Breaks and this Short Breaks Service Statement.
- 4.3.4 The Short Breaks Service Statement, appended to this report, provides a series of information about Short Breaks which includes:
- What is a Short Break
 - Who Can have a Short Break
 - What Can a Short Break Look Like
 - Why Take a Short Break
 - How Can I Get a Short Break
 - A Supplementary Section - Help to arrange and pay for a Short Break.
- 4.3.5 The Statement will be published on Dundee Health and Social Care Partnership, Carers of Dundee and the Dundee Mylife Webpages to maximise accessibility of the statement to Carers. A Communications Strategy will be put in place to support ways of informing the target audience of the Statement.

5.0 POLICY IMPLICATIONS

- 5.1 This report has been screened for any policy implications in respect of Equality Impact Assessment and Risk Management. There are no major issues.

6.0 RISK ASSESSMENT

Risk 1 Description	There is a risk that current funding will be insufficient to support provision of short breaks.
Risk Category	Financial
Inherent Risk Level	Likelihood 3 x Impact 4 = Risk Scoring 12 (which is High Risk Level)
Mitigating Actions (including timescales and resources)	Securing multi-agency agreement on the actions required in line with the Dundee Carers Strategic Plan. Ongoing monitoring of performance in relation to numbers of Carers who would benefit from short breaks.
Residual Risk Level	Likelihood 3 x Impact 3 = Risk Scoring 9 (which is a High Risk Level)
Planned Risk Level	Likelihood 2 x Impact 3 = Risk Scoring 6 (which is a Moderate Risk Level)
Approval recommendation	Given the risk mitigation actions in place the risk is deemed to be manageable and should be accepted.

7.0 CONSULTATIONS

The Chief Finance Officer and the Clerk were consulted in the preparation of this report.

8.0 DIRECTIONS

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	x
	2. Dundee City Council	
	3. NHS Tayside	
	4. Dundee City Council and NHS Tayside	

David W Lynch
Chief Officer

DATE: 5 December 2018

Alexis Chappell
Locality Manager



Dundee Health and Social Care Partnership

Short Breaks Services Statement

December 2018

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1. Introduction and Background

In Dundee, we are committed to ensuring that Carers, Young Carers and Supported People have access to quality Short Breaks. We have been working with people to continue to develop the availability and range of Short Break provision to ensure that breaks are flexible and meet people's outcomes. Following research and continuing consultation and involvement we have developed a clear understanding of people's needs and wants and are committed to continue to co-produce Short Breaks in the City.

A duty of the Carers (Scotland) Act 2016 requires local authorities to prepare and publish Short Breaks Services Statements by 31 December 2018:

<http://www.legislation.gov.uk/asp/2016/9/section/35>

Dundee Carers Partnership have developed this Statement along with Dundee Health and Social Care Partnership who are the Local Authority in Dundee with responsibility for this statement. The Carers Partnership gained views from local Carers, people with care and support needs, practitioners and representatives from agencies in the development of Short Breaks and this Short Breaks Services Statement. Further information can be found here:

Dundee Carers Strategy, 'A Caring Dundee':

https://www.dundeehscp.com/sites/default/files/publications/caring_dundee_oct31.pdf

What's Best for Dundee Carers:

https://www.dundeehscp.com/sites/default/files/publications/whats_best_for_dundee_carers_report_18_dec.pdf

Further consultation was undertaken on the development of the Short Breaks Services Statement during August and September 2018 with 127 people, which enabled us to have a greater understanding about what people want from a Short Break and a Short Breaks Services Statement.

The purpose of this Statement is to provide information on Short Breaks to Carers, Young Carers, Supported People and workers. This includes what a Short Break is and how to access one. We also want people to consider whether a planned Short Break would make a difference to their life and to give a better understanding of what a Short Break might look like and how it could make a difference.

People have also told us that there can be barriers for them in accessing and taking a break, including knowing what is available to them, how to access it and what the cost will be. People also identified that not seeing yourself as a Carer is a barrier to accessing any support that is available to you. We therefore want this Statement to give people that information and are developing a communications plan to make sure that people continue to have access to the support and information that they need.

'Since I came back, I've been making myself more active, there's so much out there and I want to get a wee try at it. I'm overwhelmed. It's made me see a bigger picture...it's like nothing's the same now, when I came back everything was different.'

Carer/Supported person ('It's All About the Break', Evaluation, 2017)

2. Short Breaks

Through consultation in Dundee we have developed the following statement to define and describe Short Breaks. This Short Breaks Services Statement will give further information to you under the following headings to ensure that you have access to the information and advice you need to plan and arrange a Short Break that works for you.

What is a Short Break?

A Short Break is anything which allows any individual of any age to have some time and space from their day to day routines and their responsibilities.

Who can have a Short Break?

Anyone can have a Short Break, but Carers and the people they support sometimes need a bit more help to have a Short Break and to make the arrangements for this.

What can a Short Break look like?

A Short Break is whatever you think would give you time and space for yourself. As a Carer you can make choices about how you might have a Short Break. You might choose to have a Short Break by yourself or with family and friends or with the person you support.

Why take a Short Break?

For Carers, a Short Break from caring can support you in many ways including reducing stress in your caring role and enabling you to continue to care in good health as well as increasing your confidence and giving you more balance in your life.

There are several reasons that people who have care and support needs (Supported People) may want to consider a Short Break. These include giving their Carer a Short Break as well as reducing isolation, relief from the stresses, anxiety of day to day life, and recharging their batteries.

Some Supported Persons may not want a Short Break and when this is the case they may choose to seek (alternative) care arrangements that allow their Carer to have a Short Break with minimal disruption to their daily routines.

How can I get a Short Break?

Your break should make a difference and where you feel that you have had a break. It might be helpful for you to discuss this with someone or to hear about what other Carers have done. There may also be help to pay for your break or there might be a cost to your break but there are people to support you to plan your break and discuss this with you.

What is a Short Break?

A Short Break is anything which allows any individual of any age to have some time and space from their day to day routines and their responsibilities.

In Dundee we are committed to ensuring that Carers, Young Carers and Supported People have access to meaningful, personalised Short Breaks. The Break should make a difference to your life and this is sometimes described as personal outcomes. We have been making a collective effort to understand what is important to people and what it is that truly makes people **feel** that they have had a Short Break. This approach has made us think differently beyond what people may have experienced with traditional Short Breaks.

It is inevitable that Short Breaks for Carers must include consideration of how the care needs of person or persons (child or adult) that the Carer supports will be met. Some Carers may have a caring role that is reciprocal and may need to plan Short Breaks for themselves and their mutual Carer.

Health and Social Care services have for many years provided services and supports that have given valuable relief to carers by providing short term care to the person they care for. Often this care is provided in a group living setting or at a day care service, sometimes as a specialised unit or as part of a Care Home. Some of these services are known as 'Respite Care' and it is recognised that this is a valuable way of providing essential support for carers. A reliable care service can relieve the Carer of care responsibilities for short periods to give them some time to themselves from the day to day stresses of caring.

Many people benefit from this type of traditional respite/short break arrangement and it is anticipated that this type of support will continue to meet the needs of some carers and supported persons. In some circumstances this will be the only help that some Carers are looking for. Even when Care Services are delivered in the most personalised way some Carers find that the traditional type of Care Service does not always suit them or the person they care for. Some Carers may find that they need something different or something in addition to the provision of alternative Care and Support Services.

Because each Carer and the person they support is unique Carers and Supported people have worked with services and supports to develop increasingly personalised, flexible and responsive ways to meet their outcomes and design a break that works for them.

When we spoke to Carers about what a Short Break meant to them a consistent theme was 'quality time' or 'time away' as well as the aspiration to have a new experience or re-establish a hobby or interest which had become too difficult to continue due to the caring role. In general, people felt that a break is what the individual feels will make a difference and that it should benefit both Carer and the person they are caring for. People saw it as a time to look after themselves and look at their own individual needs. It also enabled them to have peace of mind.

'Decide for yourself what time, where you go, who with, how long'

'Going somewhere else with my friends and having fun'

'Getting a break from each another, it means we will get on better, saves our relationship, short holiday (Family bonding time)'

'It can go from a few days to a week to a few weeks, it can be a small break or be something more regular.'

(Short Breaks Statement Consultation, 2018)

Who can have a Short Break?

Anyone can, but Carers and the people they support sometimes need a bit more help to have a Short Break and to make the arrangements for this.

This Statement is for Carers, Young Carers and Supported People. The definitions below will help you identify if this applies to you or someone that you know.

Carers

The Carers (Scotland) Act 2016 describes a Carer as an individual who provides, or intends to provide, care for another individual (the “cared-for person”). This is not the same as someone who provides care professionally, or through a voluntary organisation. The circumstances of each Carer are unique. Carers can be any age and Carers are part of every community and culture. Carers may be parents, spouses, grandparents, daughters, brothers, same sex partners, friends or neighbours. Some Carers may be disabled or have care needs themselves. Sometimes two people with care needs are Carers for each other. Some Carers can provide care and support for more than one person.

Young Carers

A Young Carer is a child or young person under the age of 18, or someone who has reached the age of 18 years and is still a pupil at a school. They may have practical caring responsibilities or be emotionally affected by a family member’s care needs. Young Carers can sometimes put the needs of the person for whom they care before their own. This means that they can sometimes miss out on things that other young people get to do. This can mean that Young Carers experience stress, anxiety, and worry. Because of this, they may sometimes need help or support from other people. For all practitioners working with families where there are Young Carers it is important to recognise the important differences between Young Carers and Adult Carers and the importance of Young Carers being seen as children first and foremost. This will help to consider what further supports are required to enable them to access the same opportunities as their peers and achieve their full potential. Further information on who is a Carer can be found here:

[https://www.dundeehscp.com/sites/default/files/publications/Carers fact sheet 1.pdf](https://www.dundeehscp.com/sites/default/files/publications/Carers%20fact%20sheet%201.pdf)

Supported People

In this context “Supported Person” is used to describe any adult or child who relies on care and support in their day to day lives. For children and young people this would be the care and support they need which is additional to that which is needed for other children of a similar age.

The term “Supported Person” is used here to describe anyone who receives (or requires) this support. It covers people who get this support from Carers as well as those who get support from Health and Social Care Services, or both services and a Carer. Carers legislation refers to people who get support from Carers as a ‘Cared- for Person’, in local consultation carers told us they preferred the use of the wider term ‘Supported Person’, if possible, with clarification after it when needed to indicate if a Carer was involved in looking after the person.

People who are supported by a Carer have a right to request an assessment of their own needs. Adults can request an assessment of their community care needs from Health and Social Care Services this may result in an Outcome Focussed Care Plan and a package of Care Services, which may include Short Breaks. Children and families can request a Child in Need Assessment when supporting a child with disability or Additional Support Needs.

Some Supported People or Carers may be assessed as not needing services or formal support. This does not mean that the Supported Person or the Carer does not need a Short Break, it just means they may not be entitled to help or funding from Statutory Services.

What can a Short Break look like?

A Short Break is whatever you think would give you time and space for yourself. As a Carer you can make choices about how you might have a Short Break. You might choose to have a Short Break by yourself or with family and friends or with the person you support.

In Dundee, people have told us that a Short Break could be anything and we have received a wide variety of responses from people to demonstrate this.

“I think that Short Breaks could be one day to several days. They are for Carers to pursue activities that they would have normally pursued prior to adopting their caring role, which may now restrict their lives in some way, whether it is going out for a coffee with friends, shopping, a Short Break (perhaps a bus trip or a couple days away with friends or other family) a break that allows them to relax knowing their loved one is safe and they can enjoy themselves for a time without the physical and mental stresses of being a Carer.”

‘Anything which gives the Carer a break.’

‘To help Carers get a bit of ‘me’ time; recharge their batteries. Even an hour to yourself is a Short Break - it doesn’t have to be a holiday which may be impossible for some.’

‘I think Short Breaks are for doing the things that you were unable to do when you are caring, i.e. recreation.’

‘Being given the opportunity for both the Carer and the person being cared for to have part payment vouchers available for (e.g.) short city breaks, hotel spa, train journey and anxiety coaching.’

(What’s Best for Dundee Carers? Oct 2017)

‘Taking my puppy out is my Short Break. I enjoy walking her and sharing our trips on Facebook. Exploring local sights along the coast’

‘My Short Break is spending time on social media catching up with my granddaughter’

‘My son’s Short Break is going to a gym three times a week’

‘I did not realise it was something we could do together as a family. I now know a break can be from caring and to do something fun together’

(Short Breaks Statement Consultation, 2018)

Below are some examples of the types of breaks that people have had in Dundee after speaking to a worker in the Short Breaks Service at Dundee Carers Centre.

A Carer and the person they care for designed a break to go on a hotel stay. This included arranging care services for the Supported Person in the hotel. This enabled them to go away together and have family time and give the Carer the opportunity to relax and recharge batteries. They both had a fantastic time.

A group of Carers who were all caring for someone clubbed together their Short Break funding and went on a break together. They were all tired and stressed and looking for a break from their usual routines and they wanted to take a break with the person they care for. They had a short 2 day stay away. The Carers have since reported that they had a great time and were able to enjoy a relaxing stress-free environment and a good break from their usual routines, they especially enjoyed the peer support that they provided to each other.

A group of Young Carers supported by the Young Carers Project were able to go away to Copenhagen. They all enjoyed the break and exploring a new City.

For more examples of the types of Short Breaks visit

<https://www.sharedcarescotland.org.uk/learning-exchange/short-break-short-stories/>

Emergency Breaks

It's always best to take the opportunity to plan Short Breaks however there are times when people need access to emergency support including alternative care for the Supported Person. Emergency arrangements are not the same as Short Breaks but can sometimes achieve some Short Break outcomes.

Where possible an Emergency Plan should be discussed by you and the Supported Person and plans prepared in advance of any crisis. You might take the opportunity to raise this when the person you are supporting is undergoing an assessment and care planning. Another time that you could discuss this is when offered or undertaking an Adult Carers Support Plan or Young Carers Statement. Supported People who do not have an assessment can make an emergency plan; if you do not have or want external support you can record your own plan (remember it is best to do this with the Supported Person whenever possible). Further advice and a possible template is available at:

<https://www.enable.org.uk/get-support-information/families-carers/future-planning/emergency-planning/>

Why take a Short Break?

For Carers, a Short Break from caring can support you in many ways including reducing stress in your caring role and enabling you to continue to care in good health as well as increasing your confidence and giving you more balance in your life.

There are several reasons that people who have care and support needs (Supported people) may want to consider a Short Break. These include giving their Carer a Short Break as well as reducing isolation, relief from the stresses, anxiety of day to day life, and recharging their batteries.

Some Supported Persons may not want a Short Break and when this is the case they may choose to seek (alternative) care arrangements that allow their Carer to have a Short Break with minimal disruption to their daily routines.

Whether you are a Carer or Supported Person your break should be what you think will make a difference and what you think will make you feel that you have had a break. You might find it helpful to discuss this with someone or to hear about what other people have done.

Carers might find out information and inspiration by speaking to other Carers, or to workers or by visiting Carers websites.

People who need care and support might want to find ways of learning about Services that offer Short Breaks. This can sometimes be achieved by visiting the Service or asking a member of the Staff Team to visit them at home as well as some internet research.

In Dundee, Carers, Young Carers and Supported People have told us about the benefits of having a Short Break which have helped us to understand more about the difference breaks can make to people. There was consistent recognition and feedback that accessing a Short Break reduced stress and maintained or improved health. For Carers, it gave them time to be themselves. This often allowed Carers to reconnect with the sometimes buried relationship with the person they supported and others, they could be a partner, a friend, a mum or a son again as well as having a caring relationship. People felt that a Short Break was vital to protect relationships and continuing a balanced caring role. Other benefits included supporting recovery and re-charging batteries.

People in Dundee told us that:

'Getting what is playing on your mind out of your mind for a few days makes all the difference'

'Having time away or doing something different cheers you up and takes you out of yourself. You forget about your worries for a while'

'A Short Break from caring can support you in many ways including reducing stress in your caring role and enabling you to continuing to care in good health as well as increasing your confidence and giving you more balance in your life'

'I was getting depressed. A Short Break combined with counselling and therapies helped me regain balance and get back on my feet again'

'I was very stressed. I did not realise how much until I had my Short Break and got time to think things over'

(Short Breaks Statement Consultation, 2018)

How can I get a Short Break?

Your break should make a difference and where you feel that you have had a break. It might be helpful for you to discuss this with someone or to hear about what other Carers have done. There may also be help to pay for your break or there might be a cost to your break but there are people to support you to plan your break and discuss this with you.

Help to arrange

There are lots of people that you can speak to in the first instance to find out about what Short Breaks might be available to you. This could be a worker in an organisation that you already know including a Teacher, Social Worker, Nurse or a Support Worker in services including Dundee Carers Centre or Penumbra.

'I was awfy apprehensive because I'd never been away, and sometimes you feel that you don't deserve nothing...but I'm so glad I did. She [the worker] helped with the forms and the finances and [accommodation booking] and we just had to turn up and didn't need to worry about it.'

Carer ('It's All About the Break', Evaluation, 2017)

Short Breaks for Carers

Each Carer is different, and their choice of Short Break will depend on their circumstances and what matters to them. Some Carers may be able to consider a Short Break by discussing this with friends or family or the person they care for. Other Carers may need some outside help to do this. Help is available to all Dundee Carers to consider what type of Short Break might meet their outcomes from the Dundee Carers Centre Short Breaks Service. Here is a link to information about the service (Telephone 01382 200422) <http://dundeecarerscentre.org.uk>

Short Breaks for a Supported adult living in Dundee

Some of the people who are supported by Carers can get help with their own Short Break. Adults who need care and support can request an outcome focussed assessment from Dundee Health and Social Care Partnership. **Social Work (Scotland) Act 1968** places a duty on Local Authorities to assess a person's community care needs and decide whether to arrange any services. Any assistance will be based on an assessment of the person's care needs, eligibility criteria and should take account of their preferences. The services provided to meet the persons outcomes will be set out in their care and support plan based on this assessment which is expected to include a record of the Carer's views.

Short Breaks for a child with a Disability/Additional Support Needs living in Dundee

Scottish Local Authorities have a general duty under the Children (Scotland) Act 1995, to safeguard and promote the interests of children in need. The law recognises disabled children as being in need. This gives a right to have your child's and family's needs assessed by Children and Families Service. The support offered to the child and their family may include Short Breaks.

Other resources that can help you

The Dundee My Life portal

<https://dundee.mylifeportal.co.uk/home>

The Dundee My Life webpages can help you to find information about extra support to help with your care needs. It can help you, or the person you care for to see more clearly what services are available in the local area, and how to access them. It brings together support and services from the Dundee Health and Social Care Partnership, and wider support within the community, from birth up to old age.

Carers of Dundee

<http://Carersofdundee.org/>

Carers of Dundee is a website to provide Carers with information that might be helpful to them in their caring role as well as specific information to people who work with Carers and their families.

Shared Care Scotland

<https://www.sharedcarescotland.org.uk>

Shared Care Scotland aim to improve the quality and provision of Short Breaks in Scotland. To do this they offer services including events, publications and research reports and an online directory of Short Breaks services.

ALISS

<http://www.aliss.org/>

ALISS is a local information system for Scotland for people living with long term conditions, disabled people and unpaid Carers to access the information they need to help them live well.

Euan's guide

<http://www.euansguide.com>

Euan's guide is the disabled access review website which shares experiences of restaurants, hotels and anywhere else visited.

The Care Inspectorate

www.careinspectorate.com

The Care Inspectorate look at the quality of care in Scotland and ensure it meets standards so that everyone experiences safe, high-quality care that meets their needs, rights and choices. They have a list of Registered Care Services and provide information about what care is available and what to expect from care providers. Their Website contains reports about individual Care Services and advises you what to do if you have a concern or a complaint.

Other Assistance

Trip Advisor

<https://www.tripadvisor.co.uk/>

You can do your own research on identifying the right break for you using websites including Trip Advisor.

Money Advice

<https://dundee.mylifeportal.co.uk/media/22527/benefit-money-debt-booklet-oct-2017.pdf>

Some carers and the people they support may experience a low income or financial difficulties. As well as getting assistance with a Short Break people may need help with money advice.

Paying for my Short Break?

There are a number of ways that a Short Break can be resourced and funded. Sometimes there is no cost and sometimes people will pay for their own break and may have the support of friends and family but sometimes you will need help. People have told us that being able to pay for their break can be their most difficult challenge.

When a Supported Person has completed an assessment with the Health and Social Care Partnership they might be eligible to get assistance with the cost of the Short Break. Provision of supports and services is determined under National Eligibility criteria which can be found here:

<https://dundee.mylifeportal.co.uk/media/22674/social-work-eligibility-criteria-and-standard-delivery-timescales.pdf>

The Supported Person may be asked for a financial contribution towards services including Short Breaks. Further information can be found here:

<https://dundee.mylifeportal.co.uk/dundee-home-page/pages/charging-for-care-and-support-services/>

As a Carer there are many ways that you can be supported to fund your break and there are several agencies who can discuss this and talk this through with you including the Dundee Short Breaks Service. In 2017/18, the Dundee Short Breaks Service supported 329 carers to have a break.

A Carers Short Break can also be planned as part of completing an Adult Carers Support Plan or Young Carers Statement. This process will identify more information about your caring role and how you can better meet your outcomes. Further information on Adult Carer Support Plans and Young Carers Statements can be found here:

https://www.dundeehscp.com/sites/default/files/publications/carers_fact_sheet_6.pdf

https://www.dundeehscp.com/sites/default/files/publications/carers_fact_sheet_9_0.pdf

<https://www.dundee.gov.uk/reports/reports/286-2018.pdf>

Your outcomes may be met through services already available in your community however where this is not possible or appropriate Self-directed Support (SDS) funding may be offered to provide you with a Short Break. When services and supports are identified as primarily meeting the Carers needs charges should be waived under:

<http://www.legislation.gov.uk/ssi/2018/31/contents/made>

If it is agreed that you are eligible to have a funded Adult Carer Support Plan or Young Carers Statement and the break you want is not already available e.g. through existing Short Break Funding sources, you can choose from four options which allow you to decide how much control and responsibility you want to take over your funding. These options are:

- A Direct Payment (a cash payment) where you choose how the budget is used and you manage the money.
- You direct how the budget is used, but the money is managed by someone else (sometimes called an Individual Service Fund).
- You ask the council to choose and arrange services for you.
- You can choose a mix of these options for different types of support.

If the adult you are caring for requires alternative care to enable you to have a break a decision on whether this is chargeable to them will be made by the Health and Social Care Partnership. If it is agreed that the adult is to receive social care and support, they can also be given a choice of the four options of Self-directed Support.

3. Feedback and Review

We welcome all feedback on this Short Breaks Services Statement to continue to provide accessible information to people.

The Dundee Health and Social Care Partnership are responsible for this Statement. You can contact the dundeehscp@dundeecity.gov.uk with specific feedback or comments about the Statement. Please let us know your suggestions for ensuring this Statement is communicated to everyone that needs it.

The Short Breaks Statement will be reviewed annually by the Dundee Health and Social Care Partnership.

4. Useful Contacts

Carers

Dundee Carers Centre provide an information and advice service for Carers of all ages on behalf of Dundee Health and Social Care Partnership. If you are a Carer who lives in Dundee or a Carer who supports a Dundee resident you can get in touch for advice about who can support you at the Carers Centre at centre@dundeecarerscentre.org.uk or by telephoning 01382 200422.

As well as giving information about Short Breaks and delivering a Short Breaks Service the staff at the Centre can advise you about their support services and other supports that may help you.

Supported Persons

If you are looking for more care and support for the adult or child you look after to allow you to have a Short Break you can get in touch with any of the Health and Social Care, Social Work and Education professionals who are currently working with them.

The First Contact Team, Dundee Health and Social Care Partnership on 01382 434019, Monday to Friday between 9am and 5pm provides a first point of contact for anyone living in the community, aged 16 and over, who does not have anyone (e.g. District Nurse, Social Work, Social Care Organiser) involved in their care. You should discuss this with the person needing support and gain their consent (if appropriate).

If you are a Carer under 16 or you are caring for someone under 16, and are unable to contact the relevant Social Care, Social Work and Education professionals you can contact Children and Families Service, Dundee City Council on 01382 434000 if you or the child/ young person need to discuss more care and support.

If you or the Supported Person have an urgent matter the First Contact and Children's Services offices are closed, you can contact the Out of Hours Service on 01382 307964.

Supplementary Information

Help to arrange and pay for a Short Break.

Short Breaks for Carers

The Strategic Plan for Supporting Carers in Dundee - "A Caring Dundee"- sets out an approach to supporting both Carers who live in Dundee and Carers who look after people who live in Dundee.

https://www.dundeehscp.com/sites/default/files/publications/caring_dundee_oct31.pdf

Appendix 4 of "A Caring Dundee" sets out the Triangle of Support 2016/2017. Which provides an example of what these supports can mean in practice.

Carers in Dundee designed local Carers' Outcome headings of Managing The Caring Role; Health; a Good Lifestyle and Finances; these are used as the local Eligibility Criteria. The information about this is set out in a Fact Sheet which can be found at https://www.dundeehscp.com/sites/default/files/publications/carers_fact_sheet_9_0.pdf.

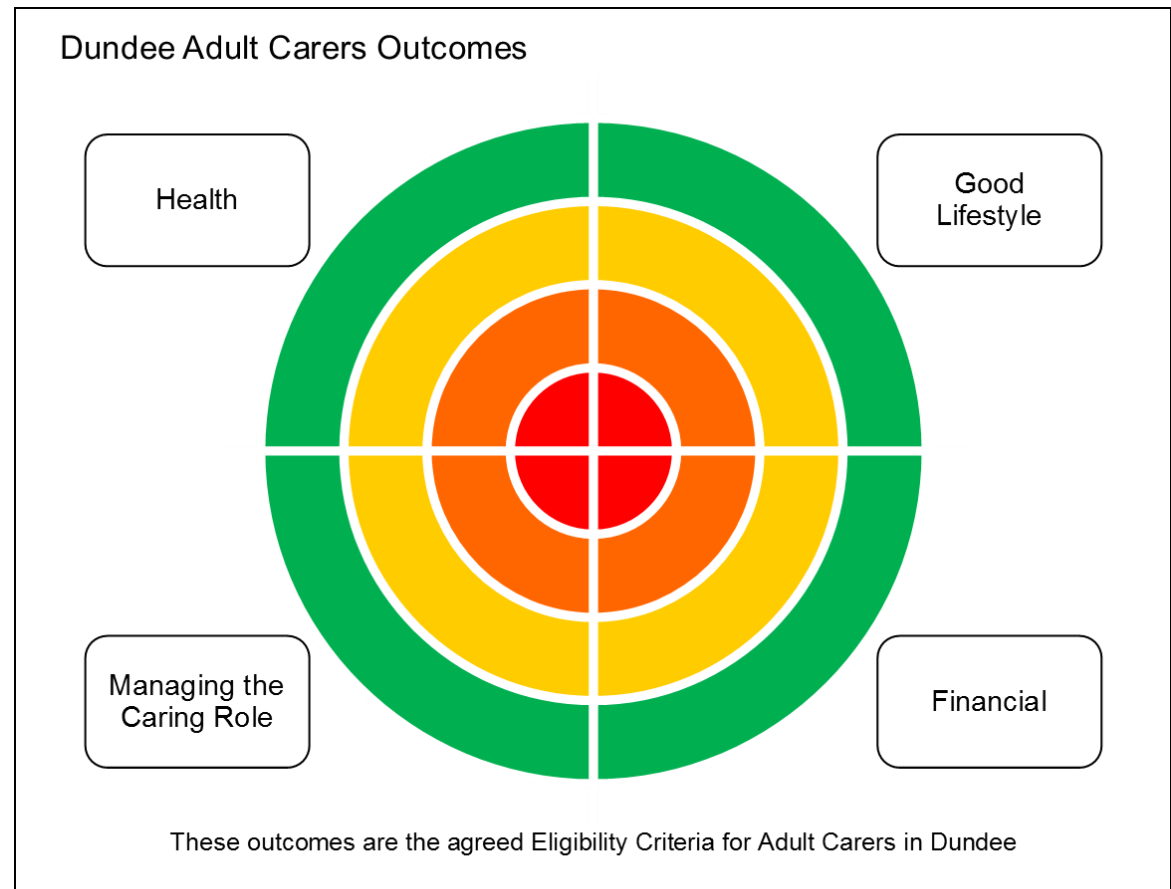


Diagram 1

See Diagram 1 which shows the Adult Carers Outcomes. Carers in Dundee will have a range of supports and services to help them achieve these Outcomes related to their caring role. Some Carers will be able to achieve their Outcomes independently with the support of family and friends. Some Carers will need more support to achieve their Outcomes.

Short Breaks for Carers are one of the ways that Carers Outcomes can be met. Whatever the level of support a Carer needs to achieve their Outcomes there are ways that Carers can access a Short Break for themselves.

Carers who are at greater risk of not achieving positive Outcomes will be able to access more support including, for some Carers, a “Funded” Adult Carer Support Plan.

Diagram 2 shows how the Carer having a Short Break might contribute to their own Carers Outcomes and reduce the risk level that they have of not having a positive outcome.

A short break can contribute positively to one or all of the outcomes of Health, a good Lifestyle, Managing the Caring Role and Financial (although financial is likely to be more limited to receiving financial help for a break

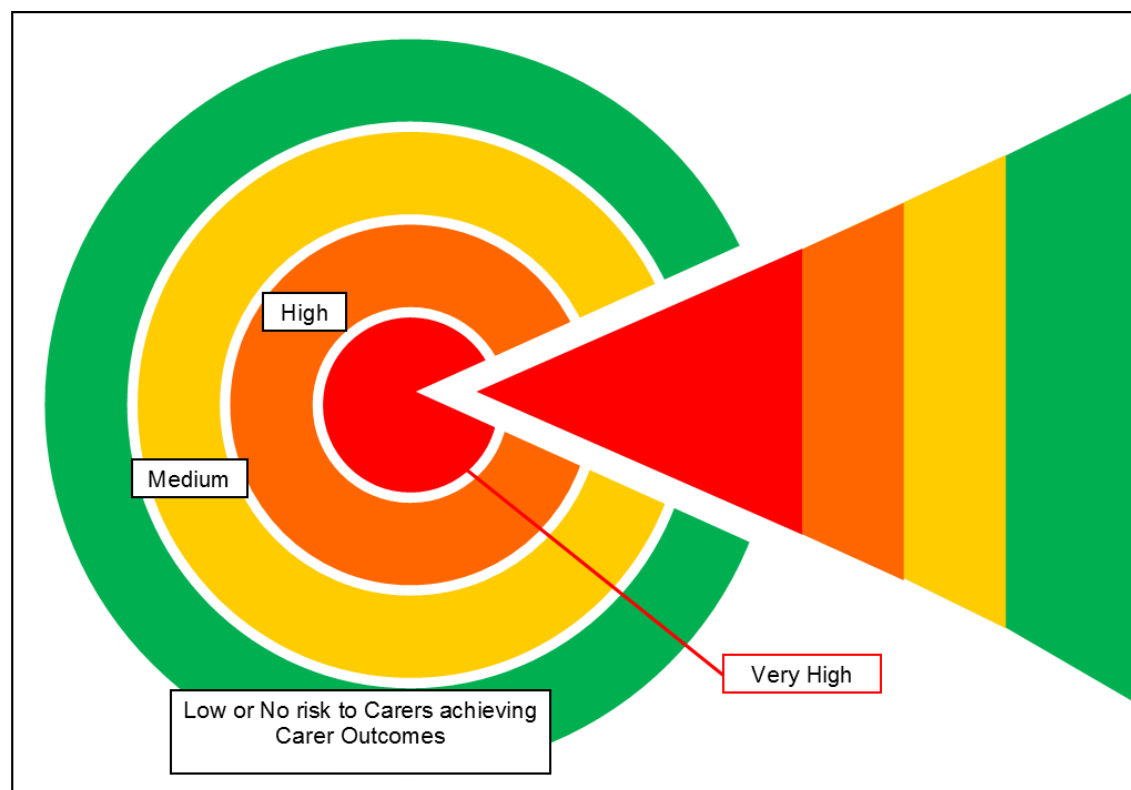







Diagram 2





A Short Break can make a contribution to improving Carers Outcomes (for Carers at each level of risk) and reduce the risk that a Carer will not have positive outcomes.

Each Carer is different, and their choice of Short Break will depend on their circumstances and what matters to them. Some Carers may be able to consider a Short Break by discussing this with friends or family or the person they care for. Other Carers may need some outside help to do this. Help is available to all Dundee Carers to consider what type of Short Break might meet their Outcomes as a Carer from the Dundee Carers Centre Short Breaks Service. Here is a link to information about the service (Telephone 01382 200422)

<http://dundeecarerscentre.org.uk>

Diagram 3 gives some examples of how Carers at different levels of risk to achieving Outcomes might experience a Short Break.

Carer	Supported Person	Short Break
 <p>Mrs S has been married for 25 years. She feels like she has always been a Carer. (For her mum, her sister and now her husband). She feels as if she needs a break away from home and wants to spend quality time with her husband. Mrs S has a Support Plan* and has a High Risk of not achieving her Outcome of Managing Caring.</p>	 <p>Mr S has Parkinsons Disease. He also has some PTSD as a result events while serving in the British Army. His Outcome Focussed Assessment indicates that he has Care Needs and that for Respite Care he would need a Respite unit with Nursing Care and he has opted for a Direct Payment for this.</p>	<p>Mr and Mrs S have chosen to go for a Short Break to a “Veterans” Respite Unit. Mrs S is able to use her Funded Support Plan Direct payment to access “hotel” facilities alongside her husband whose Nursing Care placement (subsidised by the Armed Forces Charity) is combined with a Direct Payment for Mr S from his Care Needs Assessment.</p>
 <p>Mr D cares for his father and his son. Mr D has a Support Plan and has identified that he feels he needs regular time to himself to relax and think. He is at a high risk of not meeting Carers outcomes (Health).</p>	 <p>Mr D (Senior) understands his son needs a break. They live together. His sight is deteriorating and he has had some falls at home. He has agreed to accept a Pendant Alarm with Social Care Response Service.</p>  <p>Young Mr D is currently misusing drugs. Sometimes he tries to control his drug use but does not always manage this. He does not wish to address this and his family frequently have to support him in a crisis.</p>	<p>Mr D accessed the Short Breaks Service at Dundee Carers Centre who arranged fishing equipment and some preliminary lessons for him. He is enjoying fishing on a weekly basis as well as making his own flies and this has given him time to relax. He is sometimes able to bring young Mr D along with him to fish which he sees as a good way of supporting him.</p>

Carer	Supported Person	Short Break
 <p>Ms P is Carer for her sister who lives nearby. They have a limited budget and would like to do more together. Ms P feels a bit isolated since she was made redundant and the time spent with her sister means she has had little time to spend with friends. She thinks she needs some changes to help her reach her Outcomes in terms a Good Lifestyle, Health and Finances.</p>	 <p>Miss P has a mild learning disability and as her health has deteriorated she increasingly uses a wheelchair outside. She is prone to anxiety. Miss P has support to live at home but really enjoys spending time with her sister who gives her a lot of reassurance and emotional support as well as helping with money management.</p>	<p>The sisters started to enjoy the Carers Centre Cinema Group in a local accessible Community Centre. They have both made some new friends there.</p> <p>Ms P has joined a Carers Walking Group (something she used to enjoy doing with her sister).</p> <p>Ms P and one of her new friends decide that they wanted to visit Skye and they both applied for Short Break funding towards a coach tour together.</p>
 <p>Mrs T is main Carer for both her parents. She has recently retired and although her pensions and savings leave her comfortably off she feels guilty spending on herself. She is proud of her caring role but does not always feel that others in the family understand that she needs a break too. She is feeling a bit low after retiring and her self esteem has suffered. She has a chance to go on holiday with friends but worries about her parents.</p>	 <p>Mrs Ts parents both have declining health but try not to worry anyone. This means they do not always act when a new symptom appears and as a result their condition deteriorates. They have both had unplanned hospital admissions this year. They have 2 daughters but MrsT is the one they confide in, as well as asking her to help them with practical tasks, appointments etc.</p>	<p>Mrs Ts confidence and self-esteem was boosted through some vouchers for Beauty Therapy and a Haircut through the Respite Scheme at Dundee Carers Centre. She really felt valued as a Carer.</p> <p>After speaking with the Short Breaks Broker MrsT realised that she should take up her sisters offer to support Mum and Dad while she was away on holiday.</p> <p>She had a discussion with her sister who happily helped while she was on holiday and her parents have now developed more confidence that her sister can share the caring responsibilities on a regular basis.</p>
<p>*In Dundee the threshold for a funded Adult Carer Support Plan, which may include a funded break is currently set at “very high”. A duty on Local Authorities to consider option of breaks from caring when undertaking support planning (Section 25 duty on Local Authorities to provide support (Section 24) to Carers that meet Local Eligibility Criteria.</p>		

Short Breaks for Supported Adults living in Dundee

Adults who need care and support can request an Outcome Focussed Assessment from Dundee Health and Social Care Partnership. **Social Work (Scotland) Act 1968** places a duty on Local Authorities to assess a person's community care needs and decide whether to arrange any services. Any assistance will be based on an assessment of the person's care needs, eligibility criteria and should take account of their preferences. The services provided to meet the person's outcomes will be set out in their care and support plan based on this assessment which is expected to include a record of the Carer's views. Provision of supports and services is determined under National Eligibility criteria which can be found at <https://dundee.mylifeportal.co.uk/media/22674/social-work-eligibility-criteria-and-standard-delivery-timescales.pdf> .

Short Breaks for Children and Families living in Dundee

Families with a child with Additional Support Needs or with a Young Carer should request information about Short Breaks from the Named Person identified for the child concerned.

REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD -
18 DECEMBER 2018

REPORT ON: AWARD OF CONTRACT FOR THE SUPPLY OF COMMUNITY EQUIPMENT
FOR THE DUNDEE AND ANGUS EQUIPMENT LOAN SERVICE

REPORT BY: CHIEF OFFICER

REPORT NO: DIJB68-2018

1.0 PURPOSE OF REPORT

1.1 The purpose of this report is to provide information regarding a Framework Agreement for the supply of equipment to the Dundee and Angus Equipment Loan Service. The Service is hosted by the Dundee Health and Social Care Partnership and is required to tender for the provision of equipment to ensure best value for money.

2.0 RECOMMENDATIONS

It is recommended that the Integration Joint Board:

- 2.1 Approves the tendering of equipment by the Dundee and Angus Equipment Loan Service.
- 2.2 Notes that approval will be sought from Dundee City Council Policy and Resources Committee on 7 January 2019 regarding the Equipment Framework Agreement.

3.0 FINANCIAL IMPLICATIONS

3.1 Funding for the contract is within current resources allocated to the Health and Social Care Partnership for provision of equipment. The revised framework agreement in its entirety is anticipated to deliver an annual saving of £25,000 against current expenditure.

4.0 BACKGROUND TO THE JOINT COMMUNITY EQUIPMENT LOAN SERVICE

4.1 Dundee Community Equipment Loan Service and Independent Living Centre

- 4.1.1 The Dundee and Angus Community Equipment Loan Service and Independent Living Centre is a partnership between Dundee and Angus Health and Social Care Partnerships. The Service is hosted by Dundee Health and Social Care Partnership.
- 4.1.2 The Loan Service provides, delivers, installs and maintains a range of equipment to people of all ages living in Dundee and Angus to help them to manage day to day living to minimise intervention and maximise independence. Equipment provided by the Joint Community Equipment Loan Service will have been prescribed by Occupational Therapists, Nurses, Physiotherapists or Occupational Therapy Support Workers using established Criteria and Guidance.

4.1.4 The Loan Service is required to comply with a range of health and safety and good practice guidance in providing equipment to citizens of Dundee and Angus. In this context noted above and in line with the National Health and Wellbeing Outcomes, and Dundee and Angus Local Outcome Improvement Plans, the Joint Service aims to achieve the following:

- People are supported to live independently in their own home or a homely setting.
- People have a positive experience of the service provided.
- Equipment is provided efficiently, effectively and safe for use.
- Our workforces are confident and competent in providing equipment.

4.2 Framework Agreement

4.2.1 As part of the development of the Dundee and Angus Equipment Loan Service, it was established that a Framework Agreement was required to ensure best value in the procurement of equipment provided by the Loan Service.

4.2.2 A multi-disciplinary team was formed to prepare the invitation to tender, specification of requirements and to undertake the evaluation. This group represented the services within Dundee and Angus Health and Social Care Partnerships who use the Loan Service.

4.2.3 The Invitation to Tender was advertised via the Public Contracts Scotland portal. To achieve maximum competition within the tender and to ensure the possibility for Small to Medium Enterprises (SME's) to be competitive the tender was split into 8 lots as follows:

- Lot 1 – Beds
- Lot 2 – Chairs
- Lot 3 – Household Items
- Lot 4 – Moving and Handling Equipment
- Lot 5 – Personal Care Items
- Lot 6 – Pressure Relief Items
- Lot 7 – Toileting Equipment
- Lot 8 – Walking Aids

4.2.4 The evaluation exercise focused on the most economically advantageous tenders which would also ensure provision of quality and safe equipment. In addition consideration was given to the use of the NHS Scotland Framework Agreement for Walking Aids. Supplier tender responses were assessed with product demonstrations held as part of the evaluation. Following the evaluation, preferred suppliers were identified.

4.2.5 Approval to progress to a contractual agreement with the preferred suppliers will be sought from Dundee City Council's Policy and Resource Committee on the 7th January 2019.

4.3 Framework Agreement Cost

4.3.1 Funding for the contract is within current resources allocated to the Dundee and Angus Health and Social Care Partnerships for provision of equipment. The revised framework agreement in its entirety is anticipated to deliver an annual saving of £25,000 against current expenditure.

4.3.2

4.3.3 The preferred suppliers have committed to providing a number of community benefits through this contract, including awareness raising sessions.

5.0 POLICY IMPLICATIONS

5.1 This report has been screened for any policy implications in respect of Equality Impact Assessment and Risk Management. There are no major issues.

6.0 RISK ASSESSMENT

Risk 1 Description	There is a risk that current funding will be insufficient to support provision of equipment.
Risk Category	Financial
Inherent Risk Level	Likelihood 3 x Impact 4 = Risk Scoring 12 (which is High Risk Level)
Mitigating Actions (including timescales and resources)	Securing multi-agency agreement on the actions required in line with the Dundee and Angus Loan Service Steering Group.
Residual Risk Level	Likelihood 3 x Impact 3 = Risk Scoring 9 (which is a High Risk Level)
Planned Risk Level	Likelihood 2 x Impact 3 = Risk Scoring 6 (which is a Moderate Risk Level)
Approval recommendation	Given the risk mitigation actions in place the risk is deemed to be manageable and should be accepted.

The Chief Finance Officer and the Clerk were consulted in the preparation of this report.

7.0 CONSULTATIONS

The Chief Finance Officer and the Clerk were consulted in the preparation of this report.

8.0 DIRECTIONS

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	x
	3. NHS Tayside	
	4. Dundee City Council and NHS Tayside	

David W Lynch
Chief Officer

DATE: 5 December 2018

Alexis Chappell
Locality Manager



REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD –
18 DECEMBER 2018

REPORT ON: DEVELOPMENT OF TAYSIDE PUBLIC HEALTH STRATEGY

REPORT BY: CHIEF OFFICER

REPORT NO: DIJB71-2018

1.0 PURPOSE OF REPORT

1.1 The NHS Tayside Directorate of Public Health is in the process of developing a Tayside Public Health Strategy. This strategy will set out the vision and key priority areas for action to protect and improve health across Tayside.

1.2 The strategy will be centred on values of equity, empowerment and inclusivity and based on the principle of partnership and co-production.

2.0 RECOMMENDATIONS

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

2.1 Notes the content of the report and welcomes the contribution of our partner organisations and associated networks in the development of this Tayside Public Health Strategy.

2.2 Notes the invitation to the ongoing involvement of partner organisations with this strategy, including commenting on the final draft, participation in development and implementation of an action plan and assistance in evaluation of impact of the strategy.

3.0 FINANCIAL IMPLICATIONS

None.

4.0 MAIN TEXT

Background

4.1 This work will build on national and local strategies, such as the NHS Tayside *Health Equity Strategy 2010*, and will be aligned with the emerging NHS Tayside *Integrated Clinical Strategy*.

4.2 The themes for the Tayside Public Health Strategy have been developed from the six *Public Health Priorities for Scotland* (Scottish Government and COSLA, 2018). These themes are not intended to be fully inclusive of all our work to improve public health but act as a framework to guide our vision and priorities.

Progress

The themes for the strategy and examples within these are:

- Place and Community - Tayside is a vibrant, healthy and safe place to live and work
 - Examples would include health protection, screening and greenspace
- Early Years - In Tayside, we flourish in our early years
 - Examples would include addressing adverse childhood experiences and ensuring that policies promote the health of children

- Mental Health and Wellbeing - In Tayside, we have good mental wellbeing
 - Examples would include suicide prevention and reducing inequalities and stigma experienced by those with mental health disorders
- Harmful Substances - In Tayside, we reduce the use of, and harm from, tobacco, alcohol and other drugs
 - Examples would include eliminating Hepatitis C infection, reducing drug deaths, reducing alcohol-related harm and reducing smoking in pregnancy and in our most deprived populations
- Poverty and Inequality - In Tayside, we have a sustainable, inclusive economy with equity of outcomes for all
 - Examples would include mitigating the negative impacts of welfare reform, tackling child poverty and promoting health literacy
- Diet and Physical Activity - In Tayside, we eat well, are physically active and have a healthy weight
 - Examples would include supporting the establishment of good nutrition from an early age, supporting more people to be more active more often, improving oral health and the prevention and treatment of obesity

Leaders in these public health areas within the Directorate of Public Health are contributing their vision and the key priority areas for action within each theme. Engagement with stakeholders, namely Directorate of Public Health staff, NHS Tayside, Integrated Joint Boards and Community Planning Partnerships, is underway and crucial to the success of this strategy for Tayside.

5.0 POLICY IMPLICATIONS

This report has been screened for any policy implications in respect of Equality Impact Assessment and Risk Management. There are no major issues.

6.0 CONSULTATIONS

The Chief Finance Officer and the Clerk were consulted in the preparation of this report.

7.0 BACKGROUND PAPERS

7.1 Reference

Scottish Government and COSLA, 2018. *Public Health Priorities for Scotland*. [pdf] Edinburgh: The Scottish Government. Available at: <https://www.gov.scot/Resource/0053/00536757.pdf> [Accessed 6 September 2018].

David W Lynch
Chief Officer

DATE: 6 December 2018

Dr Emma Baird (Specialty Registrar in Public Health Medicine), NHS Tayside

Mrs Lucy Denvir (Consultant in Public Health), NHS Tayside

Dr Drew Walker (Director of Public Health), NHS Tayside

DIJB76-2018

DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD - ATTENDANCES - JANUARY 2018 TO DECEMBER 2018

Organisation	Member	Meeting Dates January 2018 to December 2018							
		24/1	27/2	30/3	24/4	27/6	28/8	30/10	18/12
NHS Tayside (Non Executive Member)	Doug Cross	✓	✓	✓	✓	✓	✓		
Dundee City Council (Elected Member)	Cllr Ken Lynn	✓	✓	✓	✓	✓	✓	✓	
Dundee City Council (Elected Member)	Roisin Smith	✓	A	✓	A	✓	✓	✓	
Dundee City Council (Elected Member)	Helen Wright	✓	A	✓	✓	✓	✓	✓	
NHS Tayside (Non Executive Member)	Judith Golden	✓	✓	✓	A				
NHS Tayside (Non Executive Member)	Munwar Hussain	✓	✓	✓	A	A	✓		
NHS Tayside (Non Executive Member)	Jenny Alexander							✓	
NHS Tayside (Non Executive Member)	Trudy McLeay							A	
NHS Tayside (Non Executive Member)	Norman Pratt							✓	
Chief Officer	David W Lynch	✓	✓	✓	✓	✓	✓	✓	
Chief Finance Officer	Dave Berry	✓	✓	✓	✓	✓	✓	✓	
NHS Tayside (Registered Medical Practitioner (whose name is included in the list of primary medical performers))	Frank Weber	A	✓	A	✓	✓	A	A	
NHS Tayside (Registered Medical Practitioner (not providing primary medical services))	Cesar Rodriguez	A	✓	A	✓	✓	A	A	
NHS Tayside (Registered Nurse)	Sarah Dickie	✓	✓	✓	A	A	✓	A	
Dundee City Council (Chief Social Work Officer)	Jane Martin	✓	✓	✓	✓	A	A	✓	
Voluntary Sector Representative	Christine Lowden	✓	A	✓	✓	✓	✓	✓	
NHS Tayside (Staff Partnership Representative)	Raymond Marshall	✓	A	A	✓	A	A	✓	
Trade Union Representative	Jim McFarlane	✓	✓	✓	✓	✓	✓	✓	
NHS Tayside (Director of Public Health)	Drew Walker	✓	A/S	A	✓	✓	✓	✓	
Carer Representative	Martyn Sloan	✓	✓	A	✓	✓	A	✓	
Service User Representative	Andrew Jack	A	✓	✓	✓	✓			

- ✓ 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