



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

City Chambers
DUNDEE
DD1 3BY

14th February, 2024

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

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 Joint Board which is to be held remotely on Wednesday, 21st February, 2024 at 10.00 am.

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

Members of the Press or Public wishing to join the meeting should contact Committee Services on telephone (01382) 4344818 or by email at committee.services@dundeecity.gov.uk by 12 noon on Monday, 19th February, 2024.

Yours faithfully

VICKY IRONS
Chief Officer

AGENDA

1 APOLOGIES

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 JOINT INSPECTION OF ADULT SUPPORT AND PROTECTION IN THE DUNDEE PARTNERSHIP – FINDINGS AND IMPROVEMENT PLANS - Page 1

(Report No DIJB2-2024 by the Independent Covenor, Dundee Adult Support and Protection Committee, copy attached).

4 MINUTES OF PREVIOUS MEETINGS - Pages 63 and 69

(a) The minute of previous meetings of the Integration Joint Board held on 13th December, 2023 and 31st January, 2024 are attached for approval.

(b) ACTION TRACKER - Page 71

The Action Tracker (DIJB8-2024) for meetings of the Integration Joint Board is attached for noting and updating accordingly.

5 PERFORMANCE AND AUDIT COMMITTEE

(a) MINUTE OF PREVIOUS MEETING OF 31ST JANUARY, 2024 - Page 75

(Copy attached for information and record purposes).

(b) CHAIR'S ASSURANCE REPORT - Page 81

(Report No DIJB9-2024 attached for information and record purposes).

6 MEMBERSHIP OF DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – CHIEF SOCIAL WORK OFFICER

It is reported that as Diane McCulloch will be retiring from the position of Chief Social Work Officer, Glyn Lloyd, Head of Children and Families Social Work and Community Justice will cover all Chief Social Work Officer functions effective from 1st March, 2024 and replace Diane as a member of the Integration Joint Board from that date.

The Integration Joint Board is asked to note the position.

7 FALLS SERVICE - Page 83

(Report No DIJB3-2024 by the Chief Finance Officer, copy attached).

8 DUNDEE IJB 2024/25 BUDGET DEVELOPMENT UPDATE - Page 103

(Report No DIJB7-2024 by the Chief Finance Officer, copy attached).

9 FINANCIAL MONITORING POSITION AS AT DECEMBER 2023 - Page 107

(Report No DIJB5-2024 by the Chief Finance Officer, copy attached).

10 MEETING OF THE INTEGRATION JOINT BOARD 2023 ATTENDANCES – DIJB4-2024 - Page 121

A copy of the attendance return for meetings of the Integration Joint Board held to date over 2023 is attached for information.

11 DATE OF NEXT MEETING

The next meeting of the Dundee Integration Joint Board will be held remotely on Wednesday, 27th March, 2024 at 10.00am.

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DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD
DISTRIBUTION LIST
(REVISED DECEMBER 2023)

(a) DISTRIBUTION - INTEGRATION JOINT BOARD MEMBERS

<u>Role</u>	<u>Recipient</u>
VOTING MEMBERS	
Non Executive Member (Chair)	Beth Hamilton
Elected Member (Vice Chair)	Councillor Ken Lynn
Elected Member	Councillor Siobhan Tolland
Elected Member	Councillor Dorothy McHugh
Non Executive Member	Donald McPherson
Non Executive Member	Sam Riddell
NON VOTING MEMBERS	
Chief Social Work Officer	Diane McCulloch
Chief Officer	Vicky Irons
Chief Finance Officer (Proper Officer)	Dave Berry
Registered medical practitioner (whose name is included in the list of primary medical services performers)	Dr David Wilson
Registered Nurse	Suzie Flower
Registered medical practitioner (not providing primary medical services)	Dr James Cotton
Staff Partnership Representative	Raymond Marshall
Trade Union Representative	Jim McFarlane
Third Sector Representative	Christina Cooper
Service User residing in the area of the local authority	Liz Goss
Person providing unpaid care in the area of the local authority	Martyn Sloan
Director of Public Health	Dr Emma Fletcher
Clinical Director	Dr David Shaw
PROXY MEMBERS	
Proxy Member (NHS Appointment for Voting Member)	Jenny Alexander
Proxy Member (DCC Appointment for Voting Members)	Councillor Lynne Short
Proxy Member (DCC Appointment for Voting Members)	Councillor Roisin Smith
Proxy Member (DCC Appointment for Voting Member)	Bailie Helen Wright

(b) CONTACTS – FOR INFORMATION ONLY

<u>Organisation</u>	<u>Recipient</u>
NHS Tayside (Chief Executive)	Grant Archibald
NHS Tayside (Director of Finance)	Stuart Lyaal
Dundee City Council (Chief Executive)	Greg Colgan
Dundee City Council (Executive Director of Corporate Services)	Robert Emmott
Dundee City Council (Head of Democratic and Legal Services)	Roger Mennie
Dundee City Council (Legal Manager)	Maureen Moran
Dundee City Council (Members' Support)	Dawn Clarke
Dundee City Council (Members' Support)	Elaine Holmes
Dundee City Council (Members' Support)	Sharron Wright

Dundee Health and Social Care Partnership (Secretary to Chief Officer and Chief Finance Officer)	Jordan Grant
Dundee Health and Social Care Partnership	Christine Jones
Dundee Health and Social Care Partnership	Kathryn Sharp
Dundee City Council (Communications rep)	Steven Bell
NHS Tayside (Communications rep)	Jane Duncan
NHS Tayside (PA to Director of Public Health)	Gillian Robertson
NHS Fife (Internal Audit) (Principal Auditor)	Judith Triebs
Audit Scotland (Audit Manager)	Richard Smith
Regional Audit Manager – NHS	Barry Hudson



REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD –
21 FEBRUARY 2024

REPORT ON: JOINT INSPECTION OF ADULT SUPPORT AND PROTECTION IN THE
DUNDEE PARTNERSHIP – FINDINGS AND IMPROVEMENT PLANS

REPORT BY: INDEPENDENT CONVENOR, DUNDEE ADULT SUPPORT AND
PROTECTION COMMITTEE

REPORT NO: DIJB2-2024

1.0 PURPOSE OF REPORT

- 1.1 To inform the Integration Joint Board of the findings of the Joint Inspection of Adult Support and Protection in the Dundee Partnership, published by the Care Inspectorate on 19 December 2023, and to outline improvement plans arising from these findings.

2.0 RECOMMENDATIONS

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

- 2.1 Note the content of the inspection report published by the Care Inspectorate (attached as appendix 1).
- 2.2 Note the summary of inspection findings, including areas of strength and areas for improvement (section 4.5).
- 2.3 Note the multi-agency approach to improvement planning that has been progressed since receipt of inspection findings and the improvement plan approved by the Dundee Chief Officers Group and submitted to the Care Inspectorate on 7 February 2024 (section 4.6 and appendix 3).
- 2.4 Instruct the Chief Officer to make arrangements for a further update on implementation and impact of improvement plans to be provided to the IJB in line with the schedule of reporting between the Adult Support and Protection Committee and Chief Officers Group (section 4.6.4).

3.0 FINANCIAL IMPLICATIONS

- 3.1 None.

4.0 MAIN TEXT

- 4.1 In late August 2023 the Dundee Partnership was notified by the Care Inspectorate of their intention to undertake a joint inspection of adult support and protection in the Dundee Partnership area under Section 115 of Part 8 of the Public Services Reform (Scotland) Act 2010. This is the first joint inspection to take place as part of Phase 2 of the national five-year programme of scrutiny and assurance for adult support and protection. Phase one of the programme, covering 26 partnerships across Scotland, concluded in July 2023. Phase 2 is focusing on the six partnerships that were part of the pilot for the joint inspection methodology carried out in 2017/2018. The joint inspection has been carried out by the Care Inspectorate

alongside Healthcare Improvement Scotland and His Majesty's Inspectorate of Constabulary Scotland.

4.2 The joint inspection has focused on 2 quality indicators:

- Key adult support and protection processes.
- Leadership for adult support and protection.

The inspection process commenced at the end of August 2023, with evidence gathering / field work phases finishing in late October 2023. The inspection report for the Dundee Partnership was published on 19 December 2023 (contained within appendix 1).

4.3 For both quality indicators the Dundee Partnership was evaluated as Effective (on a 3-point progress statement scale: 'important areas of weakness', 'effective' and 'very effective'). This grading means that the Dundee Partnership is *'effective with areas for improvement. There are clear strengths supporting positive experiences and outcomes for adults at risk of harm, which collectively outweigh areas for improvement.'* In addition to these overall gradings, the joint inspection team identified six areas of strength (please see section 4.5.2 for further detail). Overall the inspection report reflects positively on: assessment of concerns against the threshold for adult protection intervention; information sharing; the quality of initial inquiries and case conferences; the quality and impact of services and support to adults at risk; arrangements for carrying out Large-Scale Investigations (LSI); collaborative working, including with the third sector; learning and development activity for Council Officers; clear strategic vision and comprehensive improvement plans, including for learning and development; value placed on lived experience by strategic leaders; and, the partnership's approach to early intervention, prevention and trauma informed practice.

4.4 Inspection Process

4.4.1 As part of the inspection process the Chief Officers Group and Adult Support and Protection Committee led the production and submission of a position statement. This is a short document setting out the partnership's self-assessed strengths and priorities for improvement. A summary of the key achievements and improvement priorities identified in the position statement is provided below (full version contained within appendix 2):

Key Achievements	Improvement Priorities
Key adult support and protection processes	
Early intervention and use of the 'least restrictive' approach.	Lived experience contribution to adult support and protection processes.
Council Officer capacity and expertise.	Practice improvement priorities, including chronologies, risk assessments and plans.
Large Scale Investigations.	Development and implementation of a tiered adult at risk multi-agency pathway.
Quality and availability of independent advocacy.	Capturing, analysing and reporting experiential and outcome data.
Leadership for adult support and protection	
Strategic partnership working.	Implementation of lived experience strategic involvement.
Culture and values, including trauma-informed, person-centred and gender-sensitive approaches.	Policies and procedures.
Quality assurance framework.	Workforce and public communication.
Learning and organisational development.	Implementation of revised governance structure.

4.4.2 The position statement is one of a range of processes through which the joint inspection team gathered and evaluated evidence against the quality indicators. Other methods utilised during the inspection process were:

- A workforce survey responded to by 249 staff working across the statutory, third and independent sector;
- Case file reading of 40 records held by Dundee Health and Social Care Partnership (DHSCP) social work services where activity did not proceed beyond the Duty to Inquire stage, and 50 records held by DHSCP social work and health services, NHS Tayside and Police Scotland where adult protection activity did progress beyond the Duty to Inquire stage; and,
- Focus groups with frontline practitioners, frontline managers and strategic leaders.

The majority of inspection activity took place in-person, on-site in Dundee.

4.4.3 Throughout the inspection process there was close engagement between the joint inspection team, senior leaders and officers. This included a presentation to the inspection team made by senior leaders and a 'professional discussion' where the joint inspection team provided an overview of findings and there was an opportunity for discussion. The partnership also had some opportunity to comment on the factual accuracy of the draft inspection report.

4.5 Inspection Findings

4.5.1 The areas of strength and for improvement contained within the inspection report are very closely aligned to the Partnership's own position statement. The production of the position statement was informed by a range of performance management, quality assurance and self-evaluation activity that had taken place within single agencies and through the Adult Support and Protection Committee and other multi-agency partnerships over the last two years. The statement reflected the significant improvements that have been taken forward across services and supports for adults at risk and the hard-work, dedication and expertise of the frontline adult protection workforce despite the very challenging circumstances associated with the post-pandemic period, including increased demand for health and social care supports and resource and workforce pressures. Close alignment between the position statement and inspection report suggests that local quality assurance and self-evaluation processes are robust and also means that almost all of the areas for improvement are already being progressed via the Adult Support and Protection Committee delivery plan or other strategic improvement plans.

4.5.2 The joint inspection team identified six key strengths within the Dundee Partnership:

- Initial inquiries were progressed within timescales to meet the needs of adults at risk. Investigatory powers were almost always undertaken or overseen by a Council Officer indicating a strong alignment with the refreshed adult support and protection code of practice.

"Adult support and protection inquiries was an area of concern at our last inspection, but there has been considerable improvement. They are competently undertaken, consistently reach the right decisions and include council officers where necessary almost all the time."

"There was good evidence of positive multi-agency input, and management oversight was evident in almost all cases. This meant that adult support and protection inquiries advanced to the correct stage in almost all cases."

- Multi-agency adult support and protection case conference were well attended meetings where partner agencies worked collectively to support and protect adults at risk of harm.

“Previously, we found that there were not enough case conferences where there should have been. This has been completely turned around, and these forums are critical components in analysing and mitigating risks.”

“The partnership had clear strengths in collaborative working including interagency referral discussions (IRDs) and case conferences. Police and health attended almost all IRDs carried out at the investigation stage, and most case conferences. It was clear from case conference minutes that agencies collaborated to support and protect adults at risk.”

- Review case conferences were held for almost all adults at risk who required them. The partnership effectively used core groups to review risk and update protection plans.

“The protection plan template was consistently applied at this stage. This assisted the partnership to effectively determine actions to keep the adult at risk of harm safe and supported.”

“Adults at risk of harm who had protection plans experienced improvements in their safety and wellbeing. For almost all adults the partnership had made efforts to support the involvement of the adult in the adult support and protection process. Most staff survey respondents considered the partnership to have made a positive difference to adults at risk of harm through adult support and protection interventions.”

“Almost all adults at risk of harm who needed additional support from provider services got it. For most adults this support was comprehensive, effective, and met the adult’s personal outcomes.”

- The dedicated NHS Tayside Adult Support and Protection Team was a valued resource for staff across partner agencies.

“Health contributed strongly to the strategic leadership and delivery of adult support and protection. This was reflected in the positive contribution health professionals made to improved safety and protection outcomes for adults at risk of harm. The intervention from the appropriate health team to keep adults at risk of harm safe and protected was mostly good or better.”

- Strategic leaders were committed to including the voice and experience of adults in strategic planning and development. The voice of lived experience was evident on the Adult Protection Committee. A collaboration of local and national partners was strengthening this commitment more widely across strategic groups.

“Commendably, an adult with lived experience of adult support and protection processes was a core member of the adult protection committee. The adult was a valued member and was supported to meaningfully contribute to the committee...”

- Strategic leaders had a shared and collaborative vision. This included innovative and ambitious strategic plans to meet the complex needs and vulnerability of adults at risk of harm in Dundee. A protecting people approach had been adopted.

“The adult protection committee and chief officers’ group had appropriate representation from key partners and met regularly. Appropriate priority was given to adult support and protection on the agenda of the chief officers’ group.”

“The partnership was moving towards a public protection framework. They were capitalising on some strong cross sector joint working initiatives...The partnership’s approach to early intervention, prevention and trauma informed practice was developing well within the public protection environment.”

4.5.3 The joint inspection also identified six key areas for improvement:

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

4.5.4 In addition to these twelve key areas, the report narrative also identifies a range of other strengths and areas for improvement across key processes and leadership at both single and multi-agency levels. All the findings from the inspection report are subject to detailed review by the Adult Support and Protection Committee and other strategic groups within Dundee's protecting people arrangements and will inform future improvement plans and activity (see section 4.6).

4.5.5 Whilst the joint inspection team found that more work is required to ensure that improvements made since the 2017 inspection are consistently embedded into practice, they did recognise that important progress had been made in improving key processes. The current report outlines that improvement work on chronologies, risk assessments and protection plans has supported the development of "*competent templates*" that are embedded into IT systems and supported by comprehensive guidance for staff. In 2017 the inspection found that there were not enough case conferences taking place and the basics for assessing, analysing and managing risk were not in place; the current report states this has "*completely turned around*". Finally, the 2017 inspection highlighted that ASP inquiries were protracted and Initial Referral Discussions were not used appropriately; the position is now that ASP inquiries are competently undertaken and consistently reach the right decisions. Given that the period between 2017 and 2023 was significantly disrupted by the pandemic, with a particular impact on capacity for improvement and development work during 2020, 2021 and beyond, these areas of progress are important achievements. During that period there has also been significant programmes of work prioritised in relation to improving drug services and mental health services; the inspection report recognises these have had positive impacts for many adults at risk of harm. The Chief Officers Group and Adult Support and Protection Committee accept that the current report calls for fuller and more consistent implementation of improvements, at a greater pace as partners move into the next period of improvement activity.

4.6 Improvement Plans

- 4.6.1 The Dundee Partnership is required to submit an improvement plan addressing the six areas for improvement identified within the inspection report to the Care Inspectorate. This plan has been developed by the Adult Support and Protection Committee in consultation with other strategic groups and has been approved on behalf of the Dundee Partnership by the Chief Officers Group. The improvement plan is contained within appendix 3. The close alignment between the inspection findings and internal self-evaluation activity has meant that the vast majority of areas for improvement were already reflected in the Adult Support and Protection Committee Delivery Plan and subject to ongoing activity. For example, a range of actions focused on further embedding chronologies and risk assessments both on a single and multi-agency basis are already ongoing, including the imminent launch of additional learning and development activities. The Dundee Health and Social Care Partnership has been leading the review of adult protection procedures, including consultation with the workforce and lived experience stakeholders, with this process nearing its conclusion. Plans were already in place to embed routine auditing within Health and Social Care Partnership services and to implement a range of activities set-out in the Adult Support and Protection Committee's Quality Assurance and Self-Evaluation Framework. The Chief Officers Group is currently overseeing the transition to a new Protecting People governance structure that will support an enhanced focus on quality assurance, performance management and strategic oversight. Post inspection the content of the improvement plan submitted to the Care Inspectorate has been fully incorporated into the Adult Support and Protection Committee Delivery Plan. Wider feedback and findings within the inspection report have also been considered and amendments made where needed.
- 4.6.2 Dundee Health and Social Care Partnership has a critical role to play in adult support and protection arrangements, with social work services being the statutory lead partner for operational adult protection processes. The Health and Social Care Partnership has a Protecting People Oversight Group with a distinct workplan which addresses single agency improvement priorities. This has also been revised following the inspection in response to both the six key areas for improvement and wider findings.
- 4.6.3 The Chief Officers Group and Adult Support and Protection Committee recognise that three of the six key areas for improvement relate to strategic leadership and oversight of improvement, with a particular focus on enhancing the pace and agility of improvement activity. As well as taking forward actions targeted to further enhance their oversight of adult protection improvement work at both single and multi-agency levels, steps are being taken to ensure that sufficient resource is in place to actively support the implementation of the improvement plan and wider Adult Support and Protection Delivery Plan.
- 4.6.4 Progress in relation to addressing improvement areas arising from the inspection will be monitored through the Chief Officers Group and will subsequently be shared with single agency governance groups such as Dundee City Council Committee, NHS Tayside Public Protection Executive Group and the Integration Joint Board. It is anticipated that the first substantial update report on progress against the inspection improvement plan will be available to these single agency governance groups in October 2024.

5.0 POLICY IMPLICATIONS

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

6.0 RISK ASSESSMENT

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

7.0 CONSULTATIONS

- 7.1 The Chief Officer, Chief Finance Officer, Heads of Service – Health and Community Care, Chief Social Work Officer, members of the Dundee Adult Support and Protection Committee, members of the Chief Officers Group and the Clerk were consulted in the preparation of this report.

8.0 DIRECTIONS

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

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

9.0 BACKGROUND PAPERS

- 9.1 None.

Elaine Torrance
Independent Convenor, Dundee Adult Support and Protection Committee

DATE: 11 January 2024

Melanie Hyatt
Interim Lead Officer, Protecting People

Kathryn Sharp
Service Manager, Strategy and Performance

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JOINT INSPECTION OF **ADULT SUPPORT AND PROTECTION**

Dundee Partnership December 2023

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Joint inspection of adult support and protection in the Dundee partnership

Joint inspection partners

Scottish Ministers requested that the Care Inspectorate lead a second phase of joint inspection and development of adult support and protection in collaboration with Healthcare Improvement Scotland and His Majesty's Inspectorate of Constabulary in Scotland.

Phase two

This programme follows our phase one inspections. We published an [overview report](#) which summarised the findings and key themes identified. Phase two is closely linked to the Scottish Government's improvement plan for adult support and protection, and the national implementation groups which support it.

The joint inspection focus

Phase two joint inspections aim to provide national assurance about individual local partnership¹ areas' effective operations of adult support and protection key processes, and leadership for adult support and protection. We also offer a summary of the partnerships' progress since their inspection in 2017.

Updated [codes of practice](#) were published in July 2022. In recognition that adult protection partnerships were at different stages of embedding these, we issued a single question survey to all partnerships in Scotland. This asked respondents to describe their approach to inquiry and investigation work and outline the role of council officers. Twenty-two partnerships responded, and findings showed that practice and adoption across Scotland is variable, with most areas having work to do in this respect. The Dundee partnership indicated it had not yet fully adopted the codes of practice.

The focus of this inspection was on whether adults at risk of harm in the Dundee partnership area were safe, protected and supported.

The joint inspection of the Dundee partnership took place between August 2023 and November 2023. We scrutinised the records of adults at risk of harm for the preceding two-year period, from August 2021 to August 2023.

¹

https://www.careinspectorate.com/images/Adult_Support_and_Protection/1._Definition_of_adult_protection_partnership.pdf

Quality indicators

Our quality indicators² for these joint inspections are on the Care Inspectorate's website.

Progress statements

To provide Scottish Ministers with timely high-level information, this joint inspection report includes a statement about the partnership's progress in relation to our two key questions.

- How good were the partnership's key processes for adult support and protection?
- How good was the partnership's strategic leadership for adult support and protection?

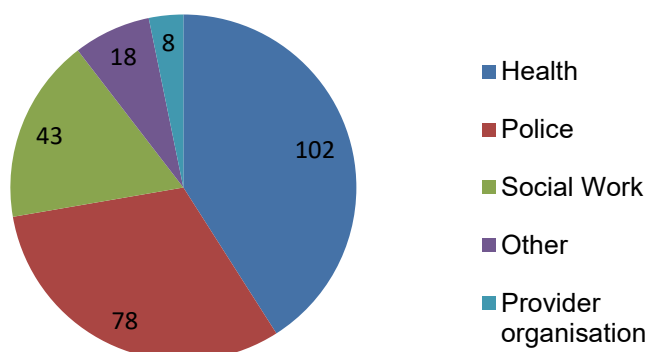
Joint inspection methodology

In line with the targeted nature of our inspection programme, the methodology for this inspection included five proportionate scrutiny activities.

The analysis of supporting documentary evidence and a position statement submitted by the partnership.

Staff survey. Two hundred and forty-nine staff from across the partnership responded to our adult support and protection staff survey. This was issued to a range of health, police, social work and third sector provider organisations. It sought staff views on adult support and protection outcomes for adults at risk of harm, key processes, staff support and training and strategic leadership. The survey was structured to take account of the fact that some staff have more regular and intensive involvement in adult support and protection work than others.

Respondents by Employer type



²

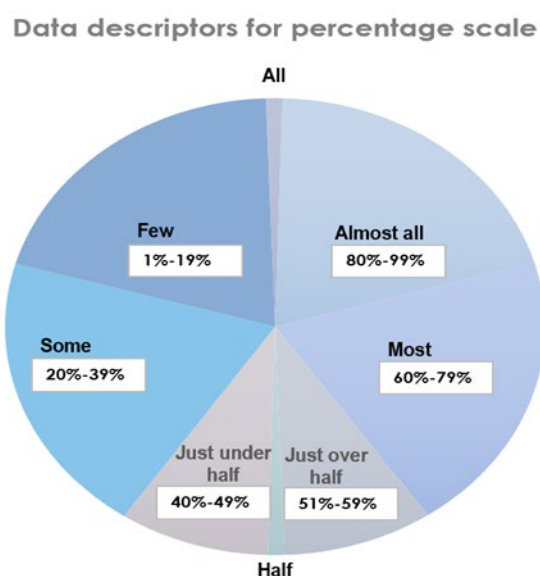
<https://www.careinspectorate.com/images/documents/5548/Adult%20support%20and%20protection%20quality%20indicator%20framework.pdf>

The scrutiny of social work records of adults at risk of harm. This involved the records of 39 adults at risk of harm who did not require any further adult support and protection intervention beyond the initial inquiry stage.

The scrutiny of the health, police, and social work records of adults of risk of harm. This involved the records of 50 adults at risk of harm for whom inquiries have used investigative powers under sections seven to ten of the 2007 Act. This included cases where adult support and protection activity proceeded beyond the inquiry with investigative powers stage.

Staff focus groups. We carried out three focus groups and met with 35 members of staff from across the partnership to discuss adult support and protection practice and adults at risk of harm.

Standard terms for percentage ranges



Summary – strengths and priority areas for improvement

Strengths

- Initial inquiries were progressed within timescales to meet the needs of adults at risk. Investigatory powers were almost always undertaken or overseen by a council officer indicating a strong alignment with the refreshed adult support and protection code of practice.
- Multi-agency adult support and protection case conferences were well attended meetings where partner agencies worked collectively to support and protect adults at risk of harm.
- Review case conferences were held for almost all adults at risk who required them. The partnership effectively used core groups to review risk and update protection plans.
- The dedicated NHS Tayside adult support and protection team was a valued resource for staff across partner agencies.
- Strategic leaders were committed to including the voice and experience of adults in strategic planning and development. The voice of lived experience was evident on the adult protection committee. A collaboration of local and national partners was strengthening this commitment more widely across strategic groups.
- Strategic leaders had a shared and collaborative vision. This included innovative and ambitious strategic plans to meet the complex needs and vulnerability of adults at risk of harm in Dundee. A protecting people approach had been adopted.

Priority areas for improvement

- The partnership needed to improve the consistent application and quality of investigation, chronology and risk assessment templates.
- Adult support and protection guidance and procedures should be updated as a matter of priority.

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

How good were the partnership's key processes to keep adults at risk of harm safe, protected and supported?

Key messages

- Initial inquiries, including those with investigatory powers, were of a good quality and took place within a timescale which met the needs of adults at risk.
- Council officers were deployed almost every time there was an inquiry using investigative powers.
- The quality of multi-agency adult support and protection case conferences was high. They were well attended and timely. There was evidence of effective multi-agency decision-making and protection planning that supported and protected adults at risk of harm.
- Adult support and protection review case conferences effectively oversaw protection plans.
- The dedicated NHS adult support and protection team had strengthened health's frontline contribution to adult support and protection work.
- When an interagency referral discussion involving key partners took place, there was effective decision making. However, they were not undertaken in accordance with local procedures.
- Competent adult support and protection chronology, risk assessment and investigation templates were in place, but the quality of work completed was mixed. The partnership relied on routinely held case conferences to consolidate this work. The council officer's rationale to proceed to case conference and the voice of lived experience was difficult to determine.
- Screening, triage, and early planning arrangements were not joined up. This meant opportunities to strengthen a shared understanding of adult support and protection thresholds was missed.

We concluded the partnership's key processes for adult support and protection were effective with areas for improvement. There were clear strengths supporting positive experiences and outcomes for adults at risk of harm, which collectively outweighed the areas for improvement.

Screening and triaging of adult protection concerns.

The Dundee partnership's adult support and protection referrals were initially recorded on the social work IT system, before being screened by a duty manager. Where the case was already open it was passed to the relevant team. Where the adult was unknown to social work the referral was passed to the first contact team for further screening. The number of referrals had increased significantly over the last few years with the proportion of referrals from Police Scotland being well above the national average. This reflected, in part, the case complexity and levels of vulnerability the partnership faced.

Overall, almost all adult support and protection referrals, did not proceed beyond the screening stage into adult support and protection processes. These referrals were routed into other supports such as care management. Just over half of adults at risk of harm already received support through services by which the partnership viewed risk was being managed.

The partnership acknowledged there was not a shared understanding of thresholds for adult support and protection progressing beyond screening to initial inquiries. The multi-agency screening hub (MASH) had been piloted briefly, then paused due to lack of staff resources and a high volume of referrals. The impact and value of this approach was therefore unclear.

The partnership's approach and deployment of these well-intentioned access arrangements needed strengthened. Timescales for screening took too long. Planned consultation was designed to review these issues. This included a referral pathway redesign.

Initial inquiries into concerns about adults at risk of harm

Almost all adult support and protection initial inquiries were completed in line with the principles of the legislation and were competently carried out. The partnership did not have timescales for completion of initial inquiries in their current guidance, but we were assured they were embedded in the revised version out for consultation. Most were completed in line with the needs of adults at risk. In the few cases where there were delays, a small number were lengthy.

There was a template on the social work recording system for recording initial inquiry activity which included a section on application of the three-point criteria. This supported staff to clearly record consideration of the three-point criteria which they did, almost all the time. Importantly, the criteria was consistently applied.

There was good evidence of positive multi-agency input, and management oversight was evident in almost all cases. This meant that adult support and protection inquiries advanced to the correct stage in almost all cases.

Most initial inquiries included investigative powers such as visiting the adult at risk of harm, conducting interviews in person or over the phone and examining records. Almost all initial inquiries including those with investigatory powers, were conducted or overseen by a council officer.

Interagency referral discussions

The partnership's guidance showed interagency referral discussions (IRDs) were an integral part of the Dundee partnership's local adult support and protection procedures. Despite this, they were not routinely carried out. More positively, the few IRDs convened were mostly in person and made pertinent decisions about the adult. Most were face to face with the wide range of staff attending reflected in the minutes that often resembled case conferences.

The procedures clearly stated that the purpose of an IRD was firstly to determine if formal adult support and protection procedures were required and secondly to agree how an investigation would be conducted. While interagency referral discussions were appropriately held at the initial inquiry stage, disappointingly their primary focus was on whether adults at risk met the three-point criteria. They were not routinely utilised by statutory partners to agree if investigations were required.

Adults at risk of harm would benefit from a clear, well deployed IRD process focussed on early shared risk identification and mitigation, decision making in relation to the need and plans for investigations. The partnership had the opportunity to better embed IRD and investigation practice through the refreshed local procedures they planned to issue, aligned to the learning and development training plan.

Inquiries including the use of investigatory powers

Chronologies

Chronologies are an important tool for assessing and managing risk. The partnership did not have a specific adult support and protection chronology template. This was similar to the findings of the joint 2017 inspection although the partnership had made some progress. Comprehensive guidance had been issued to partnership staff in April 2022. A generic health and social care chronology template was introduced in June 2022. Whilst this offered the opportunity for staff to record adult support and protection related events, it was not possible to filter it for these. Just under half of adults at risk of harm had a chronology in their record. The quality of these was weak or unsatisfactory in just under half of these records. The chronologies lacked sufficient detail and analysis. Staff lacked confidence in determining significant events and said completing chronologies was time-consuming, which the partnership already recognised.

Risk assessments

The partnership had a well-designed risk assessment template for use at both the initial inquiry and investigation stages. Completion of the template was mostly timely and nearly all reflected multi-agency views. However, their use was typically restricted to the initial inquiry stage. Use of the risk assessment template was less frequent as adults at risk of harm progressed through the protection process. This was a missed opportunity to build and strengthen the impact of protection measures. While almost all adults at risk of harm had a risk assessment in their record, the quality in just under half was weak or unsatisfactory. They were sparse and lacked clear analysis. The social work IT system did not allow workers to progress to case conference without completion of the risk assessment template. This was a sound measure but because full use of risk assessments tailed off as work progressed, case conferences were routinely presented with minimal documentation.

Investigations

The partnership had a distinct adult support and protection template to record investigations. This was a mandatory electronic form that needed completed before moving to case conference. Where investigations were conducted, relevant parties participated in almost all cases, and consistently determined whether the adult was at risk of harm. Almost all were completed in a timeframe that met the needs of the adult at risk. Clear timescales were set out in the partnership's refreshed guidance being consulted on.

The quality of investigations was mixed, with just under half good or better and a few weak or unsatisfactory. When completed the template was often sparse or had information which had been lifted from the initial inquiry template or interagency referral discussions. This undermined the quality of the investigation work and made it difficult to see how decisions were made about progressing to case conference. Consequently, we found that some cases progressing to case conference did not include a competent adult support and protection investigation.

The interface and practice around adult support and protection including initial inquiries, investigations, interagency referral discussions and case conferences was unclear. These processes converged and were regularly used to identify risk and communicate with key partners, instead of investigations. Some cases moved directly from initial inquiry to case conference without a thorough investigation. There was minimal evidence of recordings of investigative interviews. Crucially, the role of council officer in this important area of work was not as transparent as it should have been.

Adult protection initial case conferences

Nearly every case progressing to investigation and beyond went to initial adult support and protection case conference. Almost all were convened without delay and undertaken to a high quality. All relevant agencies were invited to case conferences and mostly attended. Protection orders were required in a small number of cases and were effective. Case conference minutes were of a high standard. They evidenced well-structured meetings and clearly identified risks. Minutes were shared and evident in police, social work, and health records thus consolidating good practice in this area of work.

This process of frequently convened initial case conferences and a robust level of chairing was essential and compensated for the lack of coherent inquiry and investigation processes. Chairs analysed all the required information effectively but there was an over reliance on this. Despite the lack of investigation information, including comprehensive risk assessments and chronologies, they commendably determined what needed to be done. This ensured adults at risk of harm were safe, protected, and supported.

Most adults at risk of harm were not invited to their own case conference and the reasons for this were consistently not recorded in case conference minutes. Of those adults invited to attend, just over half did so, and all those adults were supported to participate. Where there was an unpaid carer, just over half were invited and almost all attended. Invitation to, and attendance at, case conferences was an area of improvement identified in the recently approved adult protection delivery plan.

Adult protection plans / risk management plans

The partnership had an electronic protection plan template, but it was not widely used. Protection planning was routinely captured in the comprehensive minutes of meetings and clearly identified the contributions of multi-agency partners.

The quality of other forms of risk management plans used in the inquiry or investigation stages was mixed, with half being good or better and weak or unsatisfactory in a significant few. For the small number with no risk management plan in place who did not progress to initial adult support and protection case conference, it was difficult to determine how the risks were managed. This meant that potentially, a few adults remained at risk of harm. Protection plans were not present in police and health records indicating more could be done to share critical information.

Adult protection review case conferences

Adult protection review case conferences were convened for almost all adults at risk of harm who required one. The protection plan template was consistently applied at this stage. This assisted the partnership to effectively determine actions to keep the adult at risk of harm safe and supported.

Implementation / effectiveness of adult protection plans

The partnership utilised core groups to review and update protection plans. Adults at risk of harm who had protection plans experienced improvements in their safety and wellbeing. For almost all adults the partnership had made efforts to support the involvement of the adult in the adult support and protection process. Most staff survey respondents considered the partnership to have made a positive difference to adults at risk of harm through adult support and protection interventions. This impact was most positively seen at case conference and where core groups regularly reviewed protection plans.

Large-scale investigations

The partnership had conducted eleven large-scale investigations since 2021; two were on-going. The investigations mainly related to support and protection of adults at risk living in care homes. Large-scale investigations were carried out effectively in accordance with 'Dundee City interagency procedures for large-scale investigations of adults at risk in managed care settings'. These procedures required to be updated to reflect the revised code of practice. Large-scale investigations were carried out within appropriate timescales, with good multi-agency participation and with positive impact for adults at risk of harm.

Collaborative working to keep adults at risk of harm safe, protected and supported.

Overall effectiveness of collaborative working

The partnership had adopted the Tayside Multi-agency Adult Support and Protection Protocol 2019, which included reference to the national care standards. This protocol complemented the local adult support and protection procedures which had been updated in 2020 to include guidance in relation to the Covid -19 pandemic. The local procedures were in the process of being refreshed at the time of the inspection. The partnership planned to embed the revised Scottish Government adult support and protection code of practice in the updated local procedures.

Despite sound procedures, collaborative working in the partnership was variable. Staff commented on the absence of engagement of general practitioners (GPs) in adult support and protection processes. This was also evident through record reading. Lack of engagement of GPs was an important gap in supporting and protecting adults at risk. National adult support and protection guidance for GPs (July 2022) noted that a collaborative approach was vital. More needed done to encourage a closer working relationship.

The partnership had clear strengths in collaborative working including interagency referral discussions (IRDs) and case conferences. Police and health attended almost all IRDs carried out at the investigation stage, and most case conferences. It was clear from case conference minutes that agencies collaborated to support and protect adults at risk.

Health involvement in adult support and protection

NHS Tayside had invested in dedicated health roles to support an integrated approach to adult support and protection. They provided a single point of contact for advice and guidance to social work and police colleagues. For health colleagues, they delivered relevant training and provided advice on all aspects of adult support and protection. Most health staff said they received the right level of mandatory adult support and protection training. Care home liaison, general and mental health nurses, alongside social work colleagues, had a key role in identifying care home residents who were at risk of harm and provided staff with additional support to safeguard adults at risk of harm within care homes.

Health staff consistently contributed to the support and protection of adults in Dundee. Almost all health staff fully understood their role and what to do when they had concerns about an adult at risk of harm. They were confident about appropriately escalating matters relating to adult support and protection. Most health staff were confident about applying the three-point criteria. Almost all health staff were supported to work collaboratively and achieve positive outcomes for adults at risk of harm.

Collaborative working was evident in attendance at interagency referral discussions and case conferences. The NHS Tayside adult support and protection team were working to embed arrangements to make sure the most appropriate health professional attended meetings by requesting that all meeting invitations be routed via their team. This would support improvements in multi-agency risk assessment and protection planning, as well as improve consistency and oversight.

Adult support and protection referrals from health were low. When health professionals made referrals to social work, there was mostly no evidence of feedback to them about the outcome of the referral. Health staff said this led to some staff being unsure about thresholds for an adult support and protection referral.

Health contributed strongly to the strategic leadership and delivery of adult support and protection. This was reflected in the positive contribution health professionals made to improved safety and protection outcomes for adults at risk of harm. The intervention from the appropriate health team to keep adults at risk of harm safe and protected was mostly good or better.

Capacity and assessment of capacity

Just under half of adults at risk of harm records read required a capacity assessment by a health professional. These were almost always requested by social work staff. Those requested were timely, reflecting positive practice. In most cases when a request was made a suitable health professional conducted the required assessment timeously, but some were not. Timely completion of capacity assessments underpinned by an understanding of their importance for decision-making in adult support and protection work required improvement. Non-completion and delays risked impacting the ability of professionals to support and protect adults at risk of harm.

Police involvement in adult support and protection

Contacts made to the police about adults at risk were almost always effectively assessed by control room staff for threat, harm, risk, investigative potential, vulnerabilities, and engagement required (THRIVE). Just over half the cases had an accurate STORM Disposal Code (record of incident type). Opportunities remained for improved consistency in the closure accuracy of STORM disposal codes.

In almost all cases initial attending officers' actions were evaluated as good or better, with meaningful interventions delivered in support of adults at risk of harm. There was evidence of effective practice and relevant contribution to multi-agency responding. Officer assessment of risk of harm, vulnerability and wellbeing was accurate and informed in almost all cases. The wishes and feelings of the adult were almost always appropriately considered and properly recorded.

Where adult concerns were referred, officers did so promptly on almost all occasions, using the interim vulnerable persons database (iVPD). Frontline supervisory input was evident in almost all cases, although not always meaningful and relevant.

The divisional concern hub shared initial protection concerns with social work in a timely and efficient manner, with the actions/records of the hub staff good or better in most cases. Almost all cases showed a resilience matrix and most had a relevant narrative of police concerns, although the quality was at times variable. Effective use was made of iVPD chronologies, with evidence of the inclusion of appropriate additional information aiding case management. We viewed this as a good practice.

The point at which the escalation protocol was initiated (following repeat police involvement) was consistent and in line with national practice. What was less apparent was consideration of subsequent alternative interventions in responding to the needs of the adult, and where appropriate minimising continuing police involvement for instance, recorded single or multi-agency response plan to inform THRIVE assessment and policing response. Greater evidence of strategic input from local area police command may have been expected, particularly in more complex and repeat adult support and protection events.

We also noted a recurring theme where local response officers were routinely deployed to conduct welfare checks and other supportive interventions for adults who were subject to adult support and protection arrangements. This included adults who had failed to attend appointments with partner agencies and requests for transportation. In these circumstances it was not always clear that the police were the appropriate agency to discharge these functions, particularly during daytime hours.

Interagency referral discussions (IRD) were a feature in just under half the cases where there was police involvement. Officer contribution was good or better on almost all occasions; however, police were not invited to all IRDs where their involvement may have been expected. Opportunities remained for the core participants to consider the remit, structure, and outcomes of these discussions to ensure that this shared commitment consistently enhanced the response to adult support and protection.

Police were invited to, and attended almost all, case conferences. Officer contribution to case conference was almost always good or better.

Third sector and independent sector provider involvement

Almost all adults at risk of harm who needed additional support from provider services got it. For most adults this support was comprehensive, effective, and met the adult's personal outcomes.

The third and independent sector were considered as key partners in protection work. There was evidence of attendance and participation in shared decision making at case conferences. Providers were clear about their role in adult support and protection, including how to escalate matters of concern, and where to get advice.

They were less positive about their participation in regular, local multi-agency training and development opportunities around adults at risk of harm.

Key adult support and protection practices

Information sharing

Almost all adults at risk of harm benefitted from partners sharing information. Council officers, police, and health all shared information effectively and appropriately to support and protect adults at risk of harm. Information sharing was particularly effective at interagency referral discussions, case conference and review case conference. Less so at the initial referral stage. Just over half of staff survey respondents said there was timely feedback from social work on action taken after referral.

Management oversight and governance

Recording was in keeping with the needs of adults at risk most of the time. Most records evidenced that line managers had periodically read the records, but some social work records did not. Overall, this lack of governance allowed for some important gaps in relation to investigations, risk assessments and protection plans to go unaddressed. While the partnership had established templates for these, operational managers needed to ensure that social work staff completed them more consistently and competently.

There was evidence of governance in almost all police records. Evidence of exercise of governance was less apparent in health records. This was not necessarily a deficit due to the type of health records scrutinised.

Involvement and support for adults at risk of harm

Almost all adults at risk of harm received support across their adult support and protection journey. The quality of most support was good or better with most staff agreeing that adults at risk of harm were supported to participate meaningfully in decisions affecting their lives.

That said, adults at risk did not routinely receive invitations to attend their own case conferences, and, when relevant, neither did their unpaid carers. This is crucial in terms of getting their lived experience perspective. Just over half of unpaid carers were invited to attend case conferences. Sometimes adults at risk experienced case conferences as overwhelming. The partnership was already sighted on this issue and were aiming to strengthen practice in this area through collaboration work with national and local partners on the authentic voice project. This was embedded in the partnership's adult support and protection committee delivery plan.

Independent advocacy

The partnership offered independent advocacy to just over half of adults at risk of harm who would have benefitted from it. In some cases, it should have been offered but was not. This finding was also an area for improvement following the 2017 joint adult support and protection inspection with results less positive on this occasion. Where advocacy was offered it was mostly accepted. Advocacy was provided for adults at risk within appropriate timescales almost all the time. This effectively supported almost all adults at risk of harm to articulate their experiences or participate in formal meetings.

Independent advocacy services had a representative on the adult protection committee.

Financial harm and alleged perpetrators of all types of harm

Some adults at risk of harm whose records we read experienced financial harm. The partnership acted effectively to stop the harm for most of them. This was achieved through multi-agency partnership working including with banks and other financial bodies.

The alleged perpetrator was known to the partnership in almost all situations. In just over half of these situations, work was required to be undertaken with the perpetrator. The partnership carried out work with the alleged harmer most of the time. The quality of this work was mostly good or better.

Safety outcomes for adults at risk of harm

Almost all adults at risk of harm experienced improved outcomes further to the adult support and protection intervention. For most adults the adult support and protection process delivered improved wellbeing. For almost all adults this was as a result of multi-agency working.

Adult support and protection training

The partnership had recently developed a learning and development plan that consolidated ongoing activity, alongside planned future enhancements. The plan was ambitious and comprehensive. The plan was embedded in the partnership's 'Protecting People framework' and was underpinned by trauma informed learning and development activity. Positively, the development of the plan had been informed by a protecting people training needs analysis undertaken by the health and social care partnership in early 2023.

To the partnership's credit, a second worker training course had been developed and 149 workers had completed this since November 2022. Almost all survey respondents agreed that council officer training had underpinned their understanding of adult support and protection legislation, duties, and role. The council officer training course had been highly commended in June 2022 when it won the Dundee City Council Chief Executive's outstanding service and contribution award. The partnership had more work to do in relation to multi-agency training with just under half of staff agreeing there was regular, local multi-agency training and development opportunities. It was anticipated by the partnership that their recently updated plan would address this.

How good was the partnership's strategic leadership for adult support and protection?

Key messages

- The partnership had a clear and coherent shared vision for protecting people in Dundee. There were strong pathways between public protection partners and their strategy underpinned this joint approach.
- Strategic leaders recognised the experiences of adults at risk of harm in strategic planning, development, and improvement activity. There was a representative with lived experience on the adult protection committee. They were collaborating to further strengthen co-production ambitions.
- Strategic leaders were committed to the delivery of competent, effective, and collaborative adult support and protection practice. External improvement was sought with resources, capacity, and support all in place. Tools and guidance were subsequently implemented to address areas for improvement, but disappointingly they have had limited impact on practice.
- The partnership promoted a good learning culture. It had a multi-agency quality assurance framework in place and were actively applying it. They undertook large scale investigations and learning reviews to a high standard and promoted learning for staff. Despite these sound initiatives strategic oversight and direction of improvement was lacking.
- Strategic leaders had not acted quickly enough to respond to their own evidence from quality assurance activity that improvement work was having limited impact on practice and outcomes, including amending their improvement plans and approaches. The lack of refinement hindered change and improvement.

We concluded the partnership's strategic leadership for adult support and protection was effective with areas for improvement. There were clear strengths supporting positive experiences and outcomes for adults at risk of harm, which collectively outweighed the areas for improvement.

Vision and strategy

The Dundee partnership had adopted an integrated public protection approach. This approach aimed to support people with multiple and complex needs from across the various protection perspectives. The partnership had a clear and person-centred vision underpinning their work across public protection. Leaders held a collaborative event at the beginning of 2023 to directly engage with frontline staff about the public protection vision and strategy. This event was well attended. Despite this good example of engagement just under half of staff agreed that leaders provided a clear vision for their adult support and protection work. More work needs to be done to close this gap. The imminent launch of a dedicated adult protection committee website had potential to strengthen a shared understanding.

The adult protection committee delivery plan included the adult support and protection vision and strategies. It was approved by the chief officers' group during the period of inspection. This comprehensive plan had been developed to supersede the plethora of other plans in place. The partnership recognised that multiple plans made accountability, collective ownership, and the prioritisation of areas of practice challenging. It was too early to assess the implementation and impact of the very recently approved delivery plan.

Effectiveness of strategic leadership and governance for adult support and protection across partnership

The chief officers' group was responsible for overseeing all aspects of public protection including adult support and protection. The adult protection committee was accountable to the chief officers' group. The adult protection committee and chief officers' group had appropriate representation from key partners and met regularly. Appropriate priority was given to adult support and protection on the agenda of the chief officers' group. The chief officers' group required the adult protection committee to identify risk for inclusion on the corporate strategic risk register governed by the chief officers' group. An example was the partnership's need to strengthen its response to workforce capacity challenges. This risk was being mitigated by stepping down non-essential activity and prioritising operational adult support and protection work. A view that staff in Dundee fully supported.

The adult protection committee was supported by public protection lead officers, within which was a dedicated lead officer with a specific focus on adult support and protection. There was a part-time interim arrangement in place with a commitment to recruit longer term. This was pending a review by the health and social care partnership. This post was well supported by dedicated staff in the protecting people team and more senior managers across the partnership. Until this post is appointed to the partnership should consider how they balance their focus on public protection with the much-needed adult support and protection improvement activity.

Both Police Scotland and NHS Tayside had well established single points of contact for adult support and protection. The dedicated NHS Tayside adult support and protection team made a positive impact in terms of support and advice to frontline workers.

The adult support and protection committee had adopted the recently refreshed Scottish Government national minimum dataset reporting framework. The committee planned to review and update the adult support and protection dataset further to include additional measures. This will support routine reporting of national and local performance measures.

Effectiveness of leaders' engagement with adults at risk of harm and their unpaid carers

Commendably, an adult with lived experience of adult support and protection processes was a core member of the adult protection committee. The adult was a valued member and was supported to meaningfully contribute to the committee and met regularly with the independent chair. They had also been involved with a recruitment process.

Leaders were committed to embedding the experiences of adults at risk of harm in strategic planning, development, and improvement activity. A positive example of this was the work which had taken place with the authentic voices project to consider approaches to genuine collaboration with, and learning from, adults at risk of harm. The partnership recognised the implementation of lived experience strategic involvement as a priority for improvement and were developing plans and resources to advance further work in this area.

Delivery of competent, effective and collaborative adult support and protection practice

At a strategic level, leaders collaborated effectively to identify what was needed to improve multi-agency adult support and protection practice. Following the last inspection, the chief officers' group had commissioned external improvement services and prioritised resources, people, and money, to make the necessary improvements identified. A transformational change programme was put in place focussed on addressing chronology, risk assessment and protection plan weaknesses. Staff were at the centre of this approach, and they took the lead in the workstream activity, overseen by senior managers and the chief officers group. This work has successfully delivered competent templates linked to the IT system. While the Covid-19 pandemic impacted on the extent to which this work was embedded, strategic leaders needed to do more. The partnership had produced helpful guidance and templates in relation to these areas of practice, but staff were still not confidently or consistently applying it. Plans to implement wider updated guidance alongside their training plan offered the partnership an improvement opportunity.

NHS Tayside had invested in a dedicated adult support and protection team. This was viewed by health staff as an effective resource. It was evident that involvement of adult support and protection advisors at case conference and interagency referral discussions added value to discussions and decision-making. Adult support and protection advisors presented as champions with competence and confidence. There were positive examples of professional challenge from adult support and protection advisors. This team was an exemplar of good practice to the benefit of adults at risk of harm and had significantly strengthened health's role at a strategic level.

The partnership was moving towards a public protection framework. They were capitalising on some strong cross sector joint working initiatives. This included the community wellbeing centre, and a collaborative between the health and social care partnership and Scottish Ambulance Service which established a paramedic mental health response vehicle. The partnership's approach to early intervention, prevention and trauma informed practice was developing well within the public protection environment.

The partnership had also sought to address the demand in adult support and protection referral and screening activity by committing to a multi-agency screening hub (MASH). Despite well intentioned plans, the deployment of the recently tested approach proved unsustainable. The partnership had reflected on learning from the tested approach and had developed a proposed adults at risk multi-agency pathway. There was confusion about the role and purpose of interagency referral discussions at operational and strategic level. The process remained convoluted and required simplification. The undoubted benefits of interagency referral discussions were not, therefore, fully realised.

Quality assurance, self-evaluation and improvement activity

The partnership had a quality assurance framework. This set out a high-level plan for audit activity including an annual multi-agency audit and on-going audits of interagency referral meetings. Consequently, there was a multi-agency audit in November 2022 and a single agency social work audit in July 2023. Positively, some staff had been directly involved in evaluating the impact of adult support and protection work and felt it had positively influenced improvement. The adult protection committee had undertaken two initial case reviews since 2021. Briefings were delivered to staff to support them to understand review processes. The committee planned to repeat these briefings to support implementation of their updated learning review guidance.

The partnership had set out an intention to fully embed case file auditing of social work adult support and protection records on a regular basis. This was much needed. A competent tool had been developed but staff were unclear about the progress of implementation of it. Frontline managers said they had insufficient time to take part in planned audit activity. They did not consider self-evaluation activity to be well embedded. Middle managers indicated they were quality assuring work as it came to them on the electronic system. The evidence in relation to the quality of some work strongly indicates a clear disconnect between frontline social work practice and oversight at all levels.

The self-evaluation and continuous improvement sub-group of the adult protection committee had oversight of both single and multi-agency audit activity. This group also carried out vital work on behalf of the committee in relation to analysis of performance data, targeted audit work and dissemination of findings from learning reviews and similar. The self-evaluation and continuous improvement sub-group was the only sub-group of the adult protection committee with a specific focus on adult support and protection. The other sub-groups had developed a wider public protection focus. The partnership planned to move to an integrated adults at risk governance and strategy structure. This included an adult at risk committee replacing the adult protection committee. It was proposed that the pivotal self-evaluation and continuous improvement sub-group's functions would no longer feature in the structure, and instead would be delivered by distinct protecting people sub-groups. While this strategy risked diluting the focus and drive for improvement in adult support and protection work, there was an opportunity for the partnership to review how it reports on performance and governs progress more effectively.

Learning reviews

The partnership guidance on learning reviews had a public protection focus and reflected the latest Scottish Government guidance. The partnership had completed two initial case reviews in the past two years. Neither of these had progressed to significant case review (SCR). Both related to deaths caused by substance misuse. A significant case review was due for publication imminently.

The adult protection committee's self-evaluation and continuous improvement sub-group had a lead responsibility for the dissemination of learning and tracking improvement as a result of partnership reviews as well as national SCRs and learning reviews.

The partnership had concluded a thematic review of fire deaths at the end of 2021. This was a comprehensive multi-agency review. It had shone a spotlight on fire safety and raised awareness across health and social work staff. A short life working group reported progress against actions to the chief officers group and adult protection committee.

Summary

Key processes

The 2017 joint inspection of the Dundee adult protection partnership highlighted some critical areas for improvement across key processes including chronologies, risk assessments and protection plans. The partnership prioritised this improvement work and commendably created significant capacity and resources to ensure improvement. This led to a suite of competent templates for staff to use. However, while these were implemented into their IT system, they were not embedded into working practice in accordance with their guidance. This led to inconsistent practice that continued to be missed by frontline and middle managers who were not undertaking regular audit work. Lack of sufficient governance was also highlighted by the previous inspection.

Previously, we found that there were not enough case conferences where there should have been. This has been completely turned around, and these forums are critical components in analysing and mitigating risks. Multi-agency protection planning is comprehensively laid out in the minutes of meetings. While the adult support and protection key processes lack cohesion, the basics of assessing, analysing and mitigating risks are in place where they were not previously.

The joint screening and triage arrangements differ from 2017. The early screening group is no longer in place. Multi-agency screening arrangements have been tested but proved to be unsustainable as the partnership recognised that more comprehensive redesign was required. The first contact team and initial referral discussions do not provide an impactful solution. This lack of sustainability in early multi-agency decision making undermined a shared understanding of adult support and protection thresholds.

Adult support and protection inquiries was an area of concern at our last inspection, but there has been considerable improvement. They are competently undertaken, consistently reach the right decisions and include council officers where necessary almost all the time.

Strategic leadership

In 2017 the strategic leadership team shared a good working relationship. The inspection at that time recognised the innovation and collaboration across the leadership team and noted promising initiatives set out in a strong vision. However, the 2017 inspection also recognised the partnership's strategic leadership struggled to capitalise on this and make the necessary timely transformation required to progress and sustain service improvement across key areas of adult support and protection practice. This remains a fundamental issue for the partnership, although there are slight but significant differences.

On this occasion many improvement objectives and deliverables have been met by robust improvement methodologies, supported by commissioned improvement agencies. There has been a good measure of success, built on strong engagement strategies inclusive of staff and people with lived experience. For example, new screening and contact arrangements were deployed and refreshed guidance drafted. Tools and templates are developed and embedded in new IT systems. But while this is positive there remains challenges for the partnership governing progress. Use of self-evaluation and audit frameworks continue to provide the leadership team with strengths and weaknesses across key areas of practice, but assessment and refinement of these tools was consistently lacking. This is a significant barrier to sustainable change and improvement.

Health has now effectively augmented the adult protection partnership and strengthened its operational and strategic role well. The partnership benefits from this. There is scope for the partnership to take advantage of this and seek to address the lack of general practitioner input to adult support and protection work. This was an area of work the partnership were focussed on at our last inspection.

Overall, the partnership has made progress since the last inspection and closed some of the gaps in practice by delivering the necessary tools and templates required to operate effectively. The quality of inquiries and case conferences have improved but key processes rely on these too much. Risk assessment and investigation work remain areas for improvement. Innovation is strong but governance and oversight is lacking at all levels and continues to impede the coherent progress needed. The partnership should address this to ensure sustainable progress is maintained.

Next steps

We asked the Dundee partnership to prepare an improvement plan to address the priority areas for improvement we identify. The Care Inspectorate, through its link inspector, Healthcare Improvement Scotland and His Majesty's Inspectorate of Constabulary in Scotland will monitor progress implementing this plan.

Appendix 1 – core data set

Scrutiny of recordings results and staff survey results about initial inquiries – key process 1

Initial inquiries into concerns about adults at risk of harm scrutiny recordings of initial inquiries

- 100% of initial inquiries were in line with the principles of the ASP Act
- 100% of adult at risk of harm episodes were passed from the concern hub to the HSCP in good time
- 82% of episodes where the application of the three-point criteria was clearly recorded by the HSCP
- 95% of episodes where the three-point criteria was applied correctly by the HSCP
- 85% of episodes were progressed timeously by the HSCP
- Of those that were delayed, 50% two weeks to one month, 33% one to three months, 17% more than 3 months
- 97% of episodes evidenced management oversight of decision making
- 82% of episodes were rated good or better.
- 100% of interagency referral discussions (done at initial inquiry stage) were rated good or better.
- 76% of initial inquiries used investigative powers, 91% of initial inquiries done by a council officer

Staff survey results on initial inquiries

- 88% concur they are aware of the three-point criteria and how it applies to adults at risk of harm, 8% did not concur, 4% didn't know
- 65% concur that interventions for adults at risk of harm uphold the Act's principles of providing benefit and being the least restrictive option, 9% did not concur, 27% didn't know
- 59% concur they are confident that the partnership deals with initial adult at risk of harm concerns effectively, 20% did not concur, 21% didn't know

Information sharing among partners for initial inquiries

- 85% of episodes evidenced communication among partners

File reading results 2: for 50 adults at risk of harm, staff survey results (purple)

Chronologies

- 48% of adults at risk of harm had a chronology
- 26% of chronologies were rated good or better, 73% adequate or worse

Risk assessment and adult protection plans

- 88% of adults at risk of harm had a risk assessment
- 27% of risk assessments were rated good or better
- 62% of adults at risk of harm had a risk management / protection plan (when appropriate)
- 50% of protection plans were rated good or better, 50% were rated adequate or worse

Full investigations

- 97% of investigations effectively determined if an adult was at risk of harm
- 84% of investigations were carried out timeously
- 48% of investigations were rated good or better

Adult protection case conferences

- 96% were convened when required
- 86% were convened timeously
- 56% were attended by the adult at risk of harm (when invited)
- Police attended 91%, health 79% (when invited)
- 81% of case conferences were rated good or better for quality
- 91% effectively determined actions to keep the adult safe

Adult protection review case conferences

- 94% of review case conferences were convened when required
- 90% of review case conferences determined the required actions to keep the adult safe

Police involvement in adult support and protection

- 95% of adult protection concerns were sent to the HSCP in a timely manner
- 87% of inquiry officers' actions were rated good or better
- 79% of concern hub officers' actions were rated good or better

Health involvement in adult support and protection

- 79% good or better rating for the contribution of health professionals to improved safety and protection outcomes for adults at risk of harm
- 67% good or better rating for the quality of ASP recording in health records
- 78% rated good or better for quality information sharing and collaboration recorded in health records

File reading results 3: 50 adults at risk of harm and staff survey results (purple)

Information sharing

- 94% of cases evidenced partners sharing information
- 96% of those cases local authority staff shared information appropriately and effectively
- 94% of those cases police shared information appropriately and effectively
- 91% of those cases health staff shared information effectively

Management oversight and governance

- 62% of adults at risk of harm records were read by a line manager
- Evidence of governance shown in records - social work 90%, police 88%, health 33%

Involvement and support for adults at risk of harm

- 81% of adults at risk of harm had support throughout their adult protection journey
- 76% were rated good or better for overall quality of support to adult at risk of harm
- 69% concur adults at risk of harm are supported to participate meaningfully in ASP decisions that affect their lives, 8% did not concur, 22% didn't know

Independent advocacy

- 58% of adults at risk of harm were offered independent advocacy
- 72% of those offered, accepted and received advocacy
- 95% of adults at risk of harm who received advocacy got it timeously.

Capacity and assessments of capacity

- 91% of adults where there were concerns about capacity had a request to health for an assessment of capacity
- 67% of these adults had their capacity assessed by health
- 86% of capacity assessments done by health were done timeously

Financial harm and all perpetrators of harm

- 30% of adults at risk of harm were subject to financial harm
- 60% of partners' actions to stop financial harm were rated good or better
- 78% of partners' actions against known harm perpetrators were rated good or better

Safety and additional support outcomes

- 82% of adults at risk of harm had some improvement for safety and protection
- 92% of adults at risk of harm who needed additional support received it
- 59% concur adults subject to ASP, experience safer quality of life from the support they receive, 14% did not concur, 27% didn't know

Staff survey results about strategic leadership

Vision and strategy

- 46% concur local leaders provide staff with clear vision for their adult support and protection work. 24% did not concur, 29% didn't know

Effectiveness of leadership and governance for adult support and protection across partnership

- 47% concur local leadership of ASP across partnership is effective, 18% did not concur, 35% didn't know
- 49% concur I feel confident there is effective leadership from adult protection committee, 18% did not concur, 33% didn't know
- 36% concur local leaders work effectively to raise public awareness of ASP, 27% did not concur, 37% didn't know

Quality assurance, self-evaluation, and improvement activity

- 39% concur leaders evaluate the impact of what we do, and this informs improvement of ASP work across adult services, 19% did not concur, 42% didn't know
- 35% concur ASP changes and developments are integrated and well managed across partnership, 22% did not concur, 43% didn't know

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Appendix 2

Position Statement – Strengths and Priorities for Improvement (full text)

1. Key processes for adult support and protection (ASP)

Strengths

Early intervention and use of least restrictive approach – In line with legislation and with our commitment to a person-centered and trauma-informed approach we adhere to the least restrictive principle where this is appropriate.²⁰ We have a range of risk management processes and early intervention and support services that effectively identify and actively manage risk at the earliest opportunity, including through appropriate information sharing. Adult protection is progressed where risks cannot be adequately managed or where it is clear that ASP process can provide additional options that are required to keep the person safe. Our most recent audit activity has found that the three-point test is being applied correctly at the screening and Duty to Inquire stage. There is evidence that people who progress through ASP processes are kept safe and have improved wider wellbeing outcomes, and emerging evidence that risk management processes outwith ASP are reducing harm and enhancing safety and wellbeing.

Council Officer capacity and expertise – Dundee has invested in learning and development approaches that have resulted in a high level of Council Officer capacity, confidence and competence. Our Council Officer programme has been recognised as sector leading and includes a focus on professional values and ethics, alongside policy, procedure and practice. Council Officers are well supported by their line managers and are increasingly supporting colleagues who are acting as Second Workers. Action has also been taken to ensure good availability of MHO capacity to ASP processes and to maintain a responsive system where a Capacity Assessment is requested.

Large-scale Investigations (LSI) – Our comprehensive arrangements for oversight and support of the independent sector, delivered through a partnership approach, support a high-quality and improvement focused approach to completing LSIs. Concerns that might require an LSI are proactively identified at the earliest possible stage. Our LSI process is inclusive of all partners, completed to a high standard and there is evidence that it supports improved outcomes for adults at risk, as well as enhancing the overall quality of service available via independent sector providers.

Quality and availability of independent advocacy – Dundee has invested in a range of independent advocacy provision commissioned from third sector services, with the appropriate knowledge and experience to provide a high-quality service. As well as providing advocacy services within ASP processes, they are increasingly providing independent advocacy at a much earlier stage within risk management processes. The capacity within commissioned services meets demand and providers always prioritise ASP related advocacy.

Priorities for Improvement

Lived experience contribution to ASP processes – We recognise the need to focus on achieving a more consistent approach to supporting adults at risk and their unpaid carers / family members to be appropriately involved at all stages of ASP processes (not just case conferences). This includes achieving a consistent approach to recording within case records to enable all partners to understand and address current barriers. Within this there will be a focus on further encouraging uptake of our high-quality, commissioned advocacy services and on providing enhanced supports where adults at risk and their unpaid carers / family members do not wish to engage with advocacy services.

Practice improvement priorities – Our quality assurance findings clearly indicate that whilst some progress has been made in relation to chronologies, risk assessments and plans, in common with many other partnerships across Scotland, this remains an area for continued improvement activity. This will require a continued focus on supporting practice improvement through; learning and organisational development, further amendments to policies, practice tools and recording systems and enhanced focus within ongoing quality assurance. We will also continue to work regionally and nationally to share learning and identify best practice approaches. In addition, we have identified the need to use our data and quality assurance processes to gain a better understanding of the role that IRD meetings have as

part of wider approach to information gathering, analysis and decision-making within DTI and investigations, and where there are opportunities to move towards a consistent understanding and approach across all multi-agency partners.

Adult at Risk Multi-agency Pathway – The ASPC has identified this as a critical priority within their new Delivery Plan. All partners have endorsed the move to a tiered multi-agency pathway that supports adults at risk of harm from the earliest point of identification through to ASP processes, where these are required. The pathway will support us to develop a shared understanding of thresholds and shared responsibility for risk assessment and management at all tiers. We recognise that there is a significant programme of work required to finalise the pathway and develop the detailed arrangements that will underpin its implementation. However, we believe that through the COG and the ASPC there is a vision and momentum for change. The feedback we receive from inspection will also inform our next steps.

Experiential and outcome data – Building on the approach already in place within drug and alcohol services, the ASPC plans to implement a process for capturing experiential feedback from adults and carers who have been subject to/supported individuals through ASP processes. In addition, the ASP Committee recognises that further work is required to enable outcome information to be more consistently captured within and reported from case records. This will continue to be a focus in learning and development activities, as well as in the ongoing review of Dundee ASP Procedures. The Self-Evaluation and Continuous Improvement (SECI) Group of the Committee will take a lead on enhancing the focus on outcomes information through the further development of the Committee dataset and future multi-agency audit activity.

2. Leadership of adult support and protection

Strengths

Strategic partnership working - Dundee has a strong history of partnership working across all aspects of community planning, including public protection. We have an inclusive Chief Officer Group and ASP Committee, with membership that extends beyond services who might traditionally be seen as the core partners. There is a strong commitment to an integrated protecting people approach and partners provide representation at a senior level. Public sector partners have prioritised resource to ensure adequate strategic support functions, as well as underpinning single agency systems of governance and oversight.

Culture and values - As a partnership we have committed to delivering our vision in a way that is trauma-informed, person-centered and gender sensitive. This is not just in relation to people who need our services and support, but also in terms of our response to workforce wellbeing. Through our Authentic Voice project and wider lived experience work we have demonstrated the value we place on lived experience contribution as part of a wider trauma-informed approach.

Quality assurance – Over the last year significant progress has been made in developing and implementing a more robust approach to quality assurance, including developing a process for moving from Significant Case Reviews to Learning Reviews and having more effective oversight of implementation of learning from reviews. Led by the ASP Committee SECI Sub-group there is increasing multi-agency quality assurance activity, and individual partner organisations are also now implementing single agency audit tools. Although we acknowledge that this work needs to be fully embedded over the next year, we believe that we now have an overall framework in place to enable this and that, importantly, there is evidence that quality assurance activity is directly informing improvement work.

Learning and organisational development – Partners work collaboratively together, both in Dundee and across Tayside, to develop and deliver a high-quality and varied learning and development programme to operational staff and strategic leaders. This activity is directed to support improvement priorities and has also enable more practitioners from across the workforce to gain the confidence to participate in a range of working groups and improvement activities.

Priorities for Improvement

Implementation of lived experience strategic involvement – Partners are continuing to work together to progress the recommendations from the Authentic Voice Project designed to enhance meaningful, lived experience contribution to our protecting people strategic fora. Over the next two years we anticipate that this will lead to increased voice and influence of adults at risk from a variety of backgrounds into the ASPC and related strategic groups.

Policies and procedures – Work has already begun both in Dundee and Tayside to revise our multi-agency ASP policies and procedures. The completion of this work will also enable us to progress to full implementation of the revised national Code of Practice, supported by comprehensive multi-agency dissemination and related learning opportunities. Whilst our policies are available to the workforce, we will also publish them on our refreshed ASP website by the end of 2023/24.

Workforce and public communications – Although there is a range of public and workforce communication and engagement activity in place across the protecting people landscape, we know that this is an area where a consistent and sustained approach is key. Communications will be a vital aspect of a number of ongoing and planned improvements and will be vital to our work to establish an Adults at Risk Multi-agency Pathway.

Implementation of revised governance structure – A significant programme of work will support our transition to a new multi-agency governance structure, including business processes, organisational development, and communication. Partners also recognise the need for reflective evaluation and ongoing mitigation of any emerging unexpected consequences.

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Appendix 3

Improvement Plan as submitted to the Care Inspectorate

Inspection Improvement recommendation	Ref.	Actions	Indicators of Success	Leads	Timescales	Progress Comments (Green, Amber, Red Tracking – Blue Completed)
1. Improve the consistent application and quality of investigation, chronology, and risk assessment templates. <i>(note: this is also underpinned by actions in the following section on policies and procedures)</i>	1.1	Review Investigation processes and ensure any changes and findings are reflected in the revised Dundee ASP procedures and case recording systems. To include; DTI/Investigations and use of IRDs. (Linked to 1.5, 2.1 and 2.3)	ASP Procedures reflect updates/changes. Changes reflected in MOSAIC workflow. Updated relevant templates	HSCP PPOG Chair	June 2024	
	1.2	Revise risk assessment recording at case conferences and IRDs to enable easy capture and transfer of information to HSCP risk assessment template. <ul style="list-style-type: none"> Develop standard process for sharing of risk assessments to and from partners when required. 	New templates developed and MOASIC updated. Better/more routine information sharing Improved information sharing reflected in audits.	HSCP MOSAIC Working Group Chair	August 2024	

	1.3	<p>As part of the adults at risk pathway redesign, develop clear proposal for a multi-agency Chronology and Risk Assessments. To include/link with:</p> <ul style="list-style-type: none"> • Lead Professional Model • Agree communication pathways for sharing key events. • Explore single templates for Tayside <p>(Linked to 4.4)</p>	<p>Multi-agency chronology developed and utilised.</p> <p>Single and multiagency Audit activity shows clear improvement in chronologies and risk assessments and in turn better outcomes.</p>	Pathway Redesign SLWG Chair	<p>June 2024</p> <p>*part of wider work on pathway development* See Adults at Risk Pathway timelines</p>	
	1.4	<p>Single agencies continue to develop approach to chronologies and risk assessment and provide assurance to the committee that practice is in place and improving (linked with MASH, ASP pathway and Team Around the Adult work)</p>	<p>Added as a standing item in update reports to the ASP committee.</p> <p>Audits show improvements in number and quality of chronologies and risk assessments.</p>	<p>NHST Public Protection Lead</p> <p>HSCP PPOG Chair</p> <p>Tayside Police Public Protection Lead</p>	<p>Ongoing</p> <p>Regular update item in ASPC meetings</p>	

	1.5	<p>Prioritize and continue targeted work to complete required changes to MOASIC workflows and system upgrades in relation to investigations, chronologies, and risk assessments.</p> <p><i>(Linked to 2.5)</i></p>	<p>ASP forum feedback</p> <p>Audits</p> <p>Staff report better use of system/ staff survey.</p>	HSPC MOASIC Working Group Chair	July 2024	
	1.6	<p>Review and develop further targeted learning and development activity to support ASP practice improvement priorities for the single and multi-agency workforce, including third sector. Targeted activity to include:</p> <ul style="list-style-type: none"> • Review Council Officer Training to ensure any changed processes and updated ASP procedures are reflected. • Second Officer Training • Codes of practice • Large Scale Investigations • Implementation of ASPC competency tool (HSCP as first priority) • Investigations, chronologies, and risk assessments 	<p>E-learning, Training, etc. updated and or developed for single and multi-agency purposes.</p> <p># of staff completed e-learning and workshops</p> <p>Training feedback forms /learning outcomes</p> <p>Audit activity shows clear improvement in key process practice.</p>	<p>Team Leader, L&OD, DCC</p> <p>NHST L&OD Co-ordinator</p>	<p>Ongoing</p> <p>Quarterly updates</p>	

		<i>(linked to recommendation 2 and actions 2.7 and 3.3)</i>				
	1.7	Agree Dundee memberships on National Implementation Plan Subgroups to ensure best value from involvement. <ul style="list-style-type: none"> Feedback provided to committee to strengthen practice improvement efforts. <i>(Linked to 3.6)</i>	Members on subgroups Meeting minutes	Lead Officer	April 2024	
2. Adult support and protection guidance and procedures should be updated as a matter of priority.	2.1	Finalise update of Dundee HSCP ASP procedures to incorporate the new code of practice and learning from the inspection. <i>(Linked to Recommendation 1)</i>	ASP Forum Feedback Manager Feedback	HSCP PPOG Chair	May 2024	
	2.2	Review and update NHS single agency procedures/guidance to align with updated Dundee Local Area guidance (and other local areas as relevant).	New NHS Single agency procedure completed and disseminated	NHST Public Protection Lead	May 2024	
	2.3	Adapt Dundee HSCP ASP procedures into Dundee Multi-Agency ASP Procedures to align to the new ASP redesigned Pathway and Multi-agency Screening Hub once developed.	Multi agency procedures in place. ASPC minutes - approval	Pathway Redesign SLWG Chair	April 2025 *part of wider work on pathway development* See Adults at Risk Pathway timelines	

		(Linked to 4.4)	Focus group feedback			
	2.4	Finalise update of Large Scale Investigations procedure: <ul style="list-style-type: none"> • Completion of self-assessment • Engagement and consultation • Finalise and disseminate 	Staff feedback Reduction in LSIs Learning sessions provided and # of staff attended	HSCP PPOG Chair	April 2024	
	2.5	Prioritize and continue targeted work to complete required MOSAIC upgrades/ changes to workflows in relation to any changes of policies, procedures, and inspection findings. (Linked to 1.5)	Single ASP Risk assessment capabilities ASP forum feedback Audits Staff report better use of system/ staff survey.	HSCP MOASIC Working Group Chair	August 2024	
	2.6	Ensure all ASP policy and procedures are accessible via the new Adult Support and Protection website and communicated to the multi-agency workforce.	Website available and populated with relevant information. Website Analytics / traffic and use Staff report wider knowledge of plans and future activity	Lead Officer	August 2024	

	2.7	Develop and carry out accompanying Learning and Development activity to embed new Dundee ASP local operating procedures across the workforce. <ul style="list-style-type: none"> • Develop Templates / toolkit to accompany procedures. • Learning and awareness sessions for all staff and multi-agency workforce. • Disseminate via practitioner's forum. <i>(Linked to 1.6)</i>	Practice audits Manager feedback Templates Developed Session feedback forms # of staff attended	Team Leader, L&OD, DCC NHST L&OD Coordinator	July 2024	
3. Quality assurance, self-evaluation and audit activities were embedded but to varying degrees, particularly across social work services. These captured areas for improvement but the approaches were inconsistent. Greater cohesion and strategic oversight were needed to ensure the necessary change and improvement.	3.1	Agree prioritised action plan for Self-Evaluation and Continuous Improvement Sub-group.	SECI Action Plan developed and shared with partners. Revised Audit Calendar shared with partners. Audits and self-evaluation carried out on schedule	SECI Chair	March 2024	
	3.2	Continue to develop process for ASPC oversight of case file audits: <ul style="list-style-type: none"> • Embed multi-agency case file audits (to supplement single agency level audits) 	Audit tool developed Multi-agency peer audit process in place Audit Schedule in place and on track	SECI Chair	Next Audit October 2024 Ongoing Quarterly progress reports to committee	

		<ul style="list-style-type: none"> Develop mechanism to provide assurance to ASPC of Single Agency audit activity. (Results, improvement priorities, identify risks, operational staff Input) <p><i>(Linked to 3.1)</i></p>	ASPC agenda / minutes Audit assurance reports in place (multi and single agency)			
	3.3	Embed routine auditing across identified HSCP teams. <ul style="list-style-type: none"> Finalize and implement audit tool. Targeted quality assurance activity including investigations, risk assessments and chronologies. Mechanisms for management oversight of findings and subsequent alignment of learning and development activities. <p><i>(Linked to 1.6)</i></p>	Audits show clear improvement over time Service user feedback reflects improvement efforts Mosaic updated Supervision reflects audit findings	HSCP PPOG Chair	Dec 2024	
	3.4	Continue to develop and review ASP data sets , including updating case recording and minute templates to enable revision of current ASPC dataset content relating to attendance at case conferences (and other key meetings) and provision of advocacy services.	Track source information that led to deep dives ASP and SECI minutes and agenda ASPC receives comprehensive data and analysis, and	Senior Information Officer	Ongoing Deep dives as relevant Updates via Regular Committee Agenda Item	

			this is informed by and evidenced in the risk register and delivery plan.			
	3.5	<p>ASPC representation on the Authentic Voice Working Group.</p> <ul style="list-style-type: none"> Develop ways to capture and evidence personal outcomes for individuals and their families including but not limited to: <ul style="list-style-type: none"> Replicating ADP experiential data collection method for ASP to capture what's working well for people and where improvements are required. develop targeted audit activity. <p><i>(Linked to 3.4 and 3.2)</i></p>	<p>ASP Actions in AV actions plan.</p> <p>Planning documents / improvement plans informed by lived experience evidence (key LE documents and thematic reports)</p>	Lead Officer	<p>Coordinator -May 2024</p> <p>Action Plan – July 2024</p> <p>Then progression with actions ongoing – 6 quarterly updates</p>	

	3.6	<p>Agree Dundee memberships on national Self-evaluation Sub-group to ensure best value from involvement.</p> <ul style="list-style-type: none"> Feedback provided to committee to strengthen practice improvement efforts. <p>(Linked to 1.7)</p>	<p>Dundee membership on group</p> <p>Feedback via SECI / minutes</p>	Lead Officer	April 2024	
<p>4.</p> <ul style="list-style-type: none"> The partnership's adult support and protection lead officer and support team should ensure they remain sighted on the quality of practice and prioritises the necessary improvements, including adherence to guidance, under its new public protection arrangements. The pace of strategic change and improvement needed accelerated. The partnership was aware through joint 	4.1	<p>Review and update strategic risk register to reflect inspection findings and enhance focus on required improvements.</p>	<p>Risks escalated to COG.</p> <p>Assurance reports</p>	ASP Independent Convener	April 2024	
	4.2	<p>Develop shared understanding and process for single agencies to provide assurance to ASPC on quality assurance and improvement and performance activity.</p> <p>(Linked to 3.1 and 4.3)</p>	<p>Risk Register</p> <p>ASP Assurance Reports to the COG</p> <p>Protecting People Annual Report</p> <p>Template for reporting developed and clear in committee agendas/updates.</p> <p>Schedule developed and accessible to all partners.</p> <p>Audit Calendar</p>	Lead Officer	May 2024	

<p>inspection in 2017 that improvement was required across key areas of practice and strategic leadership. Their own audit activity had reached similar conclusions, but progress was limited in key areas.</p> <ul style="list-style-type: none"> The partnership should ensure that strategic planning and implementation of new initiatives across key processes and strategic leadership are well resourced, sustainable and impact assessed. <p><i>(we've grouped these together as the actions to address will be very similar)</i></p>	4.3	<p>Support the implementation of the transition plan for the revised PP governance and strategic structure, specifically arrangements for the new 'Adult at Risk' Committee:</p> <ul style="list-style-type: none"> Revise membership Updated induction resources Training suite / upskilling members New terms of reference Agree collective sub-groups Develop greater focus within this on QA, performance improvement and review reporting arrangements between sub-group, committee and COG. Refresh reporting and assurance arrangements between Committee and COG. 	Transition plan in place and actions relevant to new 'Adult at Risk' committee are completed'.	Protecting People Team Service Manager	Implementation Plan May 2024	Ongoing – progress update at each ASPC meeting
	4.4	<p>Develop initial project proposal and implementation plan for the redesign of the multi-agency pathway for adults at risk as laid out in the ASPC delivery plan, including resource requirements.</p> <p><i>(Linked to 1.3)</i></p>	<p>Proposal agreed</p> <p>Ms L Improvement plan refreshed</p> <p>Workstreams created</p>	Redesign Pathway SLWG Chair	June 2024	

	4.5	<p>Develop enhanced arrangements of ASP processes oversight and performance within HSCP.</p> <ul style="list-style-type: none"> • Improve reporting of relevant management information to management team. • Review supervision arrangements including management oversight in MOSAIC workflows. • Provide L&OD inputs for managers on supervision skills and incorporating quality assurance activity into supervision • Develop service clinical and care governance group to provide enhanced oversight of operational risks. 	<p>Data set in place</p> <p>Data fed into relevant teams, committees and forums</p> <p>Minutes show utilization/changes</p>	HSCP PPOG Chair	Dec 2024	
	4.6	<p>Recruitment to key posts</p> <ul style="list-style-type: none"> • Recruit to HSCP ASP Operational Lead Post to support change and improvement programs of work. • Permanent recruitment to Multi- 	Posts filled	<p>HSCP Head of Service</p> <p>Protecting People Team Service Manager</p>	<p>July 2024</p> <p>March 2024</p>	

		agency PP Strategic Lead Officer post.				
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A

ADP – Alcohol and Drug Partnership
 APA – Adult Protection Advisors (NHS Tayside role)
 ASP – Adult Support and Protection
 ASPC – Adult Support and Protection Committee
 AV – Authentic Voice

C

CC – Case Conference
 CJS – Community Justice Service
 COG - Chief Officers Group
 CPF - Continuing Professional Development
 C&F – Children and Family Services
 CMHT – Community Health Team
 CSWO – Chief Social Work Officer

D

DCC- Dundee City Council
 DDARS - Dundee Drug and Alcohol Service
 DHSCP – Dundee Health and Social Care Partnership
 DKA – Diabetic Ketoacidosis

G

GS – Gendered Services
 GBV – Gender Based Violence

I

IRD – Initial Referral Discussion

L

LE- Lived Experience
 L&OD – Learning and Organizational Development

M

MAPPA – Multi-Agency Public Protection Arrangements
 MARAC – Multi-Agency Risk Assessment Conferencing
 MASH – Multi Agency Screening Hub
 MAT (Medication Assisted Treatment)

N

NFOD – Near Fatal Overdose Pathway
 NHS – National Health Service
 NHST – National Health Service Tayside

P

PP – Protecting People
 PPOG – Protecting People Oversight Group (Single Agency - Health and Social Care Partnership group)
 PPTF – Protecting People Training Framework
 PR SLWG – Pathway Redesign Short Life Working Group

Q

QA – Quality Assurance

R

RIC- Risk Indicator Checklist

T

TATA – Team Around the Adult
 ToC- Test of Change
 TOR – Terms of Reference
 TSG – Trauma Sub-Group

S

SCOs – Social Care Officers
 SECI - Self-evaluation and Continuous Improvement
 SLWG – Short Life Working Group
 SW – Social Work

V

VAWP – Violence Against Women Partnership
 VPD – Vulnerable Persons Database

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At a MEETING of the **DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** held remotely on 13th December, 2023.

Present:-

Members

Pat KILPATRICK (*Chairperson*)
 Ken LYNN (*Vice Chair*)
 Siobhan TOLLAND
 Dorothy MCHUGH
 Donald McPHERSON
 Sam RIDDELL
 Dave BERRY
 Emma FLETCHER
 Suzie FLOWER
 Vicky IRONS
 Diane McCULLOCH
 Jim McFARLANE
 Dr David SHAW
 Martyn SLOAN
 Dr David WILSON

Role

Nominated by Health Board (Non-Executive Member)
 Nominated by Dundee City Council (Elected Member)
 Nominated by Dundee City Council (Elected Member)
 Nominated by Dundee City Council (Elected Member)
 Nominated by Health Board (Non-Executive Member)
 Nominated by Health Board (Non-Executive Member)
 Chief Finance Officer
 Director of Public Health
 Registered Nurse
 Chief Officer
 Chief Social Work Officer
 Trade Union Representative
 Clinical Director
 Person providing unpaid care in the area of the local authority
 NHS Tayside (Registered Medical Practitioner (whose name is included in the list of primary medical performers))

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

Ann HAMILTON	Independent Chair, Protecting People
Jenny HILL	Dundee Health and Social Care Partnership
Shona HYMAN	Dundee Health and Social Care Partnership
Christine JONES	Dundee Health and Social Care Partnership
Emma LAMONT	Dundee Health and Social Care Partnership
Julia MARTINEAU	Dundee Health and Social Care Partnership
Lynne MORMAN	Dundee Health and Social Care Partnership
Kathryn SHARP	Dundee Health and Social Care Partnership
Alan SMALL	Independent Chair, Protecting People
Elaine TORRANCE	Independent Chair, Protecting People

Pat KILPATRICK, Chairperson, in the Chair.

The Vice Chair paid tribute to Pat Kilpatrick as this was her last meeting of the IJB before moving to NHS Fife Board.

I APOLOGIES FOR ABSENCE

Apologies for absence were submitted on behalf of:-

Members

Christina Cooper
 Liz Goss
 Raymond Marshall

Role

Third Sector Representative
 Service User residing in the area
 Staff Partnership Representative

II DECLARATION OF INTEREST

There were no declarations of interest.

III MINUTES OF PREVIOUS MEETINGS

- (a) The minutes of meetings of the Integration Joint Board held on 23rd August, 2023 and 25th October, 2023 were submitted and approved.

- (b) ACTION TRACKER

The Action Tracker DIJB70-2023 for meetings of the Integration Joint Board was submitted and noted.

Following questions and answers the Integration Joint Board further agreed:-

- (i) to note that, in relation to a query from Councillor McHugh, that development sessions for IJB members would be arranged to take place in the first quarter of 2024 on governance issues, strategic planning and understanding data; and
- (ii) that the Chair would arrange a discussion between herself, Councillor Lynn and Councillor McHugh in relation to Integrated Impact Assessments.

IV PERFORMANCE AND AUDIT COMMITTEE

- (a) MINUTE OF PREVIOUS MEETING OF 22ND NOVEMBER, 2023

The minute of the previous meeting of the Performance and Audit Committee held on 22nd November, 2023 was submitted and noted for information and record purposes.

- (b) CHAIR'S ASSURANCE REPORT

There was submitted Report No DIJB74-2023 by Ken Lynn, Chairperson of the Performance and Audit Committee, providing an Assurance Report to the Integration Joint Board on the work of the Performance and Audit Committee.

The Integration Joint Board agreed to note the content of the report.

- (c) REVISED PAC TERMS OF REFERENCE

There was submitted Report No DIJB72-2023 by the Chief Finance Officer updating and agreeing revised Terms of Reference for Dundee Integration Joint Board's Performance and Audit Committee.

The Integration Joint Board agreed the revised Terms of Reference for the IJB's Performance and Audit Committee as attached as Appendix 1 to the report.

V DELIVERY OF THE PRIMARY CARE MENTAL HEALTH AND WELLBEING FRAMEWORK

There was submitted Report No DIJB66-2023 by the Chief Officer providing an update on the delivery of the Dundee Primary Care Mental Health and Wellbeing Framework and seeking approval for its continued development in 2024.

The Integration Joint Board agreed:-

- (i) to note the local and national strategies and guidance on the development of a framework to provide multi-disciplinary mental health and wellbeing support within Primary Care as described in section 4.1 of the report;
- (ii) to note the progress to date in delivering the framework and key achievements as described in section 4.2 of the report;

- (iii) to note the Progress Review at Appendix 1 of the report; and
- (iv) to approve the recommendations set out within section 9, page 21 of the Progress Review at Appendix 1 of the report.

Following questions and answers the Integration Joint Board further agreed:-

- (v) to note how services were being promoted;
- (vi) to note that there was a wide range of third sector and other activity taking place that was not included in the report;
- (vii) to note that a subgroup would be developing outcomes and measures and the measures would be brought back to the IJB in the next quarter;
- (viii) that Emma Lamont would share the recently published information from the Scottish Government on outcomes and measures; and
- (ix) to note that a mapping event was planned to take place in January for all children and young people services and that consideration would be given to providing an update to a future IJB meeting on the outcome of the event.

VI DUNDEE GENERAL PRACTICE STRATEGY 2024 - 2029

There was submitted Report No DIJB68-2023 by the Chief Officer providing an overview of the Dundee General Practice Strategy for 2024 to 2029.

Julia Martineau, Programme Manager gave a presentation on the report covering:

- the vision
- scope and challenges
- areas of focus
- guiding principles
- work programme; key activities.

The Integration Joint Board agreed:-

- (i) to approve the Dundee General Practice Strategy to enable general practice to progress with the activities set out under the 5-year Strategic Work Programme; and
- (ii) that half-yearly updates on progress would be brought to the IJB following implementation of the Dundee General Practice Strategy.

Following questions and answers the Integration Joint Board further agreed:-

- (iii) to note the ongoing work in relation to pharmacy; and
- (iv) to note the work being carried out across the city in relation to access to Primary Care.

VII WINTER PLAN NHS TAYSIDE AND PARTNER ORGANISATIONS

There was submitted Report No DIJB65-2023 by the Chief Officer presenting the Winter Planning arrangements for NHS Tayside and Health & Social Care Partnerships for 2023/2024. A whole system Health and Social Care approach to develop an integrated plan was essential. The Tayside and Fife Health and Social Care Partnerships, the Scottish Ambulance Service (SAS), 3rd Sector, as well as staff side/partnership representation had been involved in the development of the plan to ensure timely access to the right care, in the right place, first time. Third sector involvement was through the Health and Social Care Partnerships.

The Integration Joint Board agreed:-

- (i) to approve and endorse the Winter Plan (NHS Tayside and Partner Organisations) 2023/2024 for submission to the Scottish Government; and
- (ii) to note ongoing whole system collaboration in preparation for anticipated winter challenges.

Following questions and answers the Integration Joint Board further agreed:-

- (iii) to note that the position in Dundee was the best it had been in the last 3-4 years and thanks were to be passed on to all those involved.

VIII PROTECTING PEOPLE COMMITTEES ANNUAL REPORTS 2022/2023

There was submitted Report No DIJB63-2023 by the Protecting People Committee Independent Chairs/Dundee Alcohol and Drug Partnership Co-Chairs presenting the annual reports published by the Protecting People Committees for the period 2022/2023.

The Integration Joint Board agreed:-

- (i) to note the production of a single integrated annual report for all of the Dundee Protecting People Committees;
- (ii) to note the content of the annual reports for the Dundee Protecting People Committees (full and summary versions) and the Tayside MAPPA Strategic Oversight Group (attached as appendices 1 to 3 of the report);
- (iii) to note the progress made in developing an effective partnership response to the needs of at risk children and adults during 2022/2023 (section 4.2 of the report);
- (iv) to note the challenges and priority areas for action identified across the annual reports for focus during 2023/2024 and beyond (section 4.3 of the report).

Following questions and answers the Integration Joint Board further agreed:-

- (v) that information would be sent to Councillor McHugh on the process of registering and deregistering children.

IX CHIEF SOCIAL WORK OFFICER ANNUAL REPORT 2022-23

There was submitted Report No DIJB64-2023 by the Chief Social Work Officer bringing forward for information the Chief Social Work Officer's Annual Report for 2022/2023, attached as Appendix 1 to the report.

The Integration Joint Board agreed to note the content of the report and the Chief Social Work Officer's Annual Report for 2022/2023 attached as Appendix 1 to the report.

X DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP WORKFORCE PLAN 2022-2025

There was submitted Report No DIJB75-2023 by the Chief Officer informing the Integration Joint Board of updates to the Dundee Health and Social Care Partnership Workforce Plan 2022/2025 to reflect recent changes in strategy, policy and workforce demographics.

The Integration Joint Board agreed:-

- (i) to note the updates to the Dundee Health and Social Care Partnership Workforce Plan 2022/2025.

Following questions and answers the Integration Joint Board further agreed:-

- (ii) that Kathryn would check timescales for the development of the integrated data dashboard and report back.

XI BEST VALUE ARRANGEMENTS AND ASSESSMENT 2023/2024

There was submitted Report No DIJB69-2023 by the Chief Finance Officer providing assurance that the Integration Joint Board and partners had arrangements in place to demonstrate that Best Value was being achieved.

The Integration Joint Board agreed:-

- (i) to note the content of the report and the full Best Value assessment as set out in Appendix 1 to the report; and
- (ii) to note that the outcome of the assessment provided assurance that Best Value was being achieved through the Integration Joint Board's governance arrangements and activities.

XII DUNDEE IJB 2024/25 BUDGET OUTLOOK

There was submitted Report No DIJB71-2023 by the Chief Finance Officer providing the Integration Joint Board (IJB) with an overview of the IJB's delegated budget 2024/2025.

The Integration Joint Board agreed:-

- (i) to note the content of the report including the range of estimated cost pressures impacting on the IJB's delegated budget 2024/2025 including anticipated funding levels from the partner bodies and resultant projected budget shortfall; and
- (ii) to note the budget development process for the agreement of the IJB's 2024/2025 Revenue Budget as outlined in section 4.7 of the report.

XIII FINANCIAL MONITORING POSITION AS AT OCTOBER 2023

There was submitted Report No DIJB67-2023 by the Chief Finance Officer providing an update of the projected year-end financial position for delegated health and social care services for 2023/2024.

The Integration Joint Board agreed:-

- (i) to note the content of the report including the overall projected financial position for delegated services for the 2023/2024 financial year end as at 31st October 2023 as outlined in Appendices 1, 2, and 3 of the report; and
- (ii) to instruct the Chief Officer to develop a financial recovery plan for the current financial year to be considered by the IJB at its meeting in February 2024 or earlier and if approved, present to Dundee City Council and NHS Tayside as per the terms of the Integration Scheme.

XIV MEETING OF THE INTEGRATION JOINT BOARD 2023 ATTENDANCES

There was submitted a copy of the Attendance Return DIJB73-2023 for meetings of the Integration Joint Board held to date over 2023.

The Integration Joint Board agreed to note the position as outlined.

**XV PROGRAMME OF MEETINGS OF INTEGRATION JOINT BOARD AND
PERFORMANCE AND AUDIT COMMITTEE – 2024**

(a) INTEGRATION JOINT BOARD

The Integration Joint Board agreed that the programme of meetings for the Integration Joint Board over 2024 be as follows:-

Wednesday, 21st February, 2024 - 10.00am
Wednesday, 27th March, 2024 - 10.00am (Budget Meeting)
Wednesday, 17th April, 2024 - 10.00am
Wednesday, 19th June, 2024 -10.00am
Wednesday, 21st August, 2024 - 10.00am
Wednesday, 23rd October, 2024 - 10.00am
Wednesday, 11th December, 2024 - 10.00am

(b) PERFORMANCE AND AUDIT COMMITTEE

The Integration Joint Board agreed that the programme of meetings for the Performance and Audit Committee over 2024 be as follows:-

Wednesday, 31st January, 2024 - 10.00am
Wednesday, 22nd May, 2024 - 10.00am
Wednesday, 25th September, 2024 - 10.00am
Wednesday, 20th November, 2024 - 10.00am

XII DATE OF NEXT MEETING

The Integration Joint Board agreed to note that the next meeting of the Dundee Integration Joint Board would be held remotely on Wednesday, 21st February, 2024 at 10.00am.

Pat KILPATRICK, Chairperson



At a SPECIAL MEETING of the **DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** held remotely on 31st January, 2024.

Present:-

Members

Role

Beth HAMILTON (<i>Chairperson</i>)	Nominated by Health Board (Non-Executive Member)
Siobhan TOLLAND	Nominated by Dundee City Council (Elected Member)
Dorothy MCHUGH	Nominated by Dundee City Council (Elected Member)
Donald McPHERSON	Nominated by Health Board (Non-Executive Member)
Sam RIDDELL	Nominated by Health Board (Non-Executive Member)
Dave BERRY	Chief Finance Officer
Dr James COTTON	Registered Medical Practitioner (not providing primary medical services)
Suzie FLOWER	Registered Nurse
Liz GOSS	Service User residing in the area
Diane McCULLOCH	Chief Social Work Officer
Jim McFARLANE	Trade Union Representative
Raymond MARSHALL	Staff Partnership Representative
Dr David SHAW	Clinical Director
Martyn SLOAN	Person providing unpaid care in the area of the local authority

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

Shona HYMAN	Dundee Health and Social Care Partnership
Christine JONES	Dundee Health and Social Care Partnership
Deborah MCGILL	NHS Tayside
Kathryn SHARP	Dundee Health and Social Care Partnership

Beth HAMILTON, Chairperson, in the Chair.

I APOLOGIES FOR ABSENCE

Apologies for absence were submitted on behalf of:-

Members

Role

Christina Cooper	Third Sector Representative
Emma Fletcher	Director of Public Health
Vicky Irons	Chief Officer
Ken Lynn	Nominated by Dundee City Council (Elected Member)
Dr David Wilson	NHS Tayside (Registered Medical Practitioner (whose name is included in the list of primary medical performers))

II DECLARATION OF INTEREST

Dave Berry, Chief Finance Officer declared an interest in Article IV by virtue of being a patient of Park Avenue Medical Practice and took no part in proceedings.

III APPOINTMENT OF VOTING MEMBER AND POSITION OF CHAIRPERSON

It was reported that Pat Kilpatrick was leaving NHS Tayside Board and that at the meeting of NHS Tayside Board held on 14th December, 2023 it was agreed that Beth Hamilton be appointed as replacement Voting Member and Chair of Dundee Integration Joint Board effective from 14th December, 2023.

The Integration Joint Board noted the position.

IV DELIVERY OF GENERAL MEDICAL SERVICES FOR PATIENTS REGISTERED WITH PARK AVENUE MEDICAL PRACTICE

There was submitted Report No DIJB1-2024 by the Chief Officer outlining the current position with Park Avenue Medical Practice in relation to the termination of their GMS contract on 12th April, 2024 and the options for ensuring continuity of care for those patients registered with the practice. The Integration Joint Board was asked to comment on the issues contained within the report prior to a decision by the Director of Primary Care.

The Committee agreed:-

- (i) to note the current position with Park Avenue Medical Practice and the termination date of their GMS contract with NHS Tayside on 12th April, 2024;
- (ii) to note the options explored for ensuring ongoing care for those patients currently registered with Park Avenue Medical Practice;
- (iii) to note the preferred option was to disperse to other practices utilising the 2C network in Dundee and independent practices as described in paragraph 4.5.4; and
- (iv) to provide comment to the Director of Primary Care, NHS Tayside to consider in their decision making.

Following questions and answers the Integration Joint Board further agreed:-

- (v) to note that although staff from Park Avenue Medical Practice were employed directly by the Practice with the exception of some professional staff associated with the service, they would be given a degree of priority when vacancies emerged within NHS Tayside and other Practices;
- (vi) to note that specific work in terms of resilience would be carried out with Practices that had indicated they had capacity to take on patients from Park Avenue Medical Practice;
- (vii) to note that in relation to patient communication and engagement, the NHS Tayside Communications Department had worked closely with the Practice to ensure consistent messaging; and
- (viii) to note that a small team would be established to manage the more complex patient transfer issues.

V DATE OF NEXT MEETING

The Integration Joint Board agreed to note that the next meeting of the Dundee Integration Joint Board would be held remotely on Wednesday, 21st February, 2024 at 10.00am.

Beth HAMILTON, Chairperson

ITEM No ...4(b).....

DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – ACTION TRACKER – MEETING ON 21ST FEBRUARY, 2024

No	Meeting	Minute Ref	Heading	Action Point	Responsibility	Original Timeframe	Status	Comment
1	24/08/22	XII(iv)	LEARNING DISABILITY STRATEGIC PLAN	to remit the Chief Officer to submit a further report to the Integration Joint Board in December 2022 outlining a Commissioning Plan which would accompany the Strategic Plan.	Locality Manager	December 2022 June 2024	In progress	The Commissioning/ Action Plan requires further detail to be added; Plan and covering report to be submitted for February IJB.
2	29/03/23	V	MENTAL HEALTH AND LEARNING DISABILITY IMPROVEMENT PLAN	that a progress report in relation to Priority 2 would be submitted to the IJB later in the year.	Chief Officer	October 2023 June 2024	In progress	Report being developed through the Tayside Executive Group
3	29/03/23	V	MENTAL HEALTH AND LEARNING DISABILITY IMPROVEMENT PLAN	that the Chief Officer would co-ordinate a range of options for IJB members to visit mental health services	Chief Officer	June 2023 June 2024	In progress	Visits to the Community Wellbeing Centre arranged for June 2023. Visits to other services to be arranged following recess.
4	29/03/23	V	MENTAL HEALTH AND LEARNING DISABILITY IMPROVEMENT PLAN	that the Chief Officer would discuss with the Director of Public Health the possibility of arranging a specific development session for IJB members	Chief Officer	June 2023 June 2024	In progress	To be coordinated as part of programme of IJB development session on strategic planning.
5	19/04/23	IX	DUNDEE INTEGRATION JOINT BOARD DIRECTIONS POLICY	that the Directions Policy would be included in a future Development Session	Chief Finance Officer	September 2023 June 2024	In Progress	Further session on governance delayed due to Adult Support and Protection Inspection – to now be held in early 2024
6	21/06/23	VIII	ANNUAL COMPLAINTS PERFORMANCE	that, on the suggestion of the Chair, some investigation be made into carrying out benchmarking against other HSCPs and/or family groups	Senior Officer, Business Planning and Information Governance	December 2023 June 2024	In Progress	Complaints Officer reviewing available complaints performance information however limited availability of consistent, published information

								gathered to date. Work ongoing to identify further options for benchmarking.
7	23/08/23	V	ANNUAL PERFORMANCE REPORT 2022/23	that consideration would be given to arranging a briefing session for IJB members on understanding the data presented.	Chief Finance Officer	March 2024	In progress	A session will be provided in early 2024.
8	25/10/23	III(a)	MINUTE OF PREVIOUS MEETING – 23 RD AUGUST 2023	that consideration would be given to arranging a discussion in relation to governance issues.	Chief Officer	February 2024	In progress	Will include as part of development session on IJB Governance arrangements
9	25/10/23	VIII	CHANGES TO DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP ADAPTATIONS POLICY	that Angie Smith, Associate Locality Manager would check with DCC Housing to find out if the Dundee Federation of Tenants Association was aware of the consultation that took place.	Associate Locality Manager	December 2023	Complete	DCC housing have indicated that DFTA were not involved. A connection has now been made with this group for future consultations
10	13/12/23	III(b)(ii)	ACTION TRACKER	that the Chair would arrange a discussion with Councillors Lynn and McHugh about IIAs.	Chair	tbc		
11	13/12/23	V	DELIVERY OF THE PRIMARY CARE MENTAL HEALTH AND WELLBEING FRAMEWORK	that the developed measures would be brought back to the IJB in the next quarter.	Senior Manager, Service Development and Primary Care	June 2024	Ongoing	Our delivery plan is being finalised with priority actions and outcomes underpinned by the national outcomes framework shown in action 12. Measures, and evaluation of services are priority action therefore a workstream will commence in March with service stakeholders to co-design these. We will provide information on the agreed measures relating to outcomes in the next reporting period.

12	13/12/23	V	DELIVERY OF THE PRIMARY CARE MENTAL HEALTH AND WELLBEING FRAMEWORK	that Emma would share the recently published information from the Scottish Government on outcomes and measures.	Senior Manager, Service Development and Primary Care	June 2024	Complete	Information circulated
13	13/12/23	V	DELIVERY OF THE PRIMARY CARE MENTAL HEALTH AND WELLBEING FRAMEWORK	that in relation to the mapping event for children and young people services, consideration would be given to providing feedback from the event to a future IJB meeting.	Head of Health and Community Care Services	June 2024	Ongoing	Work is underway and progressing well. We will provide an overview of progress in the next reporting period.
14	13/12/23	VIII	PROTECTING PEOPLE COMMITTEES ANNUAL REPORTS 2022/2023	that information would be shared with Councillor McHugh in relation to the process of registering and deregistering of children.	Service Manager, Strategic Planning, Health Improvement & Commissioning	February 2024	Complete	Information provided to Councillor McHugh in December 2023.
15	13/12/23	X	DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP WORKFORCE PLAN 2022-2025	that Kathryn would check timescales for the development of the integrated data dashboard and report back.	Service Manager, Strategic Planning, Health Improvement & Commissioning	February 2024	Complete	Timescale is impacted by ongoing work to identify a suitable IT solution, including agreement from information governance colleagues. Advice is being sought from NES who host similar dashboards. Workforce Data Group are continuing to work on dataset development and population and will work with this in a document format until such times as an online dashboard can be implemented.

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At a MEETING of the **PERFORMANCE AND AUDIT COMMITTEE OF THE DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** held remotely on 31st January, 2024.

Present:-

<u>Members</u>	<u>Role</u>
Donald McPHERSON (Chair)	Nominated by Health Board (Non Executive Member)
Lynne SHORT	Nominated by Dundee City Council (Elected Member)
Dorothy McHUGH	Nominated by Dundee City Council (Elected Member)
Dave BERRY	Chief Finance Officer
Jocelyn LYALL	Chief Internal Auditor
Diane MCCULLOCH	Chief Social Work Officer
Martyn SLOAN	Person providing unpaid care in the area of the local authority

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

Linda GRAHAM	Health and Social Care Partnership
Clare LEWIS-ROBERTSON	Health and Social Care Partnership
Kathryn SHARP	Health and Social Care Partnership
Lynsey WEBSTER	Health and Social Care Partnership

Donald McPherson, Chairperson, in the Chair.

The Chairperson noted that this would be Diane's last meeting as she was retiring in April and recorded thanks on behalf of the Performance and Audit Committee for the support she had provided

The Chief Finance Officer also noted that it would be Donald's last meeting and recorded thanks for the contribution and support he had provided to the PAC.

I APOLOGIES FOR ABSENCE

There were apologies for absence submitted on behalf of:-

Dr James COTTON	Registered Practitioner not providing primary medical care services
Vicky IRONS	Chief Officer
Ken LYNN	Nominated by Dundee City Council (Elected Member)
Raymond MARSHALL	Staff Partnership Representative
Sam RIDDELL	Nominated by Health Board (Non Executive Member)

II DECLARATION OF INTEREST

There were no declarations of interest.

III MINUTE OF PREVIOUS MEETING AND ACTION TRACKER

(a) MINUTE

The minute of meeting of the Committee held on 22nd November, 2023 was submitted and approved.

(b) **ACTION TRACKER**

There was submitted the Action Tracker, PAC11-2024, for meetings of the Performance and Audit Committee for noting and updating accordingly.

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

Following questions and answers the Committee further agreed:-

- (i) that action 1 (falls data in relation to the North East) would be closed off as it would be dealt with as part of the Falls Strategy report to the February IJB meeting; and
- (ii) that in relation to action 6 (review of emergency admission rates), that a short briefing note would be provided in the first instance, with the subject being included in a future development session too.

IV REVISED PAC TERMS OF REFERENCE

There was submitted Report No PAC2-2024 by the Chief Finance Officer informing members of the Committee of the revised Terms of Reference for Dundee Integration Joint Board's Performance and Audit Committee following approval by the Integration Joint Board at its meeting of the 13th December, 2023.

The Committee agreed to note the revised Terms of Reference for the Performance and Audit Committee approved by the Integration Joint Board as attached as Appendix 1 to the report.

Following questions and answers the Committee further agreed:-

- (i) that the need to undertake an annual evaluation and develop a formal training programme, that were highlighted by the external auditors as areas of improvement, should be added to the Action Tracker.

V DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP PERFORMANCE REPORT – 2023/2024 QUARTER 2

There was submitted Report No PAC4-2024 by the Chief Finance Officer updating the Performance and Audit Committee on 2023/2024 Quarter 2 performance against the National Health and Wellbeing Indicators and 'Measuring Performance Under Integration' indicators. Data was also provided in relation to Social Care – Demand for Care at Home services.

The Committee agreed:-

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

Following questions and answers the Committee further agreed:-

- (i) that, in relation to a query about the drop in percentage of care services graded good or better, the Inspection Grading Analysis report that had been previously submitted to the PAC would be re-issued;
- (ii) that, in relation to a query about Table 1 and the West End showing all red although it was one of the least deprived areas, Lynsey would look into the data and report back; and
- (iii) that, in relation to a query about the sudden spike in the number of people waiting for a social care assessment in June 2023, it was likely due to a change in the reporting to the Scottish Government but that this would be checked with colleagues and reported back.

VI DRUG AND ALCOHOL SERVICES INDICATORS – 2023/2024 QUARTER 2

There was submitted Report No PAC3-2024 by the Chief Finance Officer updating the Performance and Audit Committee on the performance of Drug and Alcohol Services.

The Committee agreed:-

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

Following questions and answers the Committee further agreed:-

- (iii) to note that MAT Standards benchmarking information was being collated by 12th April, 2024 and would contain much more detail about Standards 6 – 10; and
- (iv) to note that the next Drug and Alcohol Services Indicators report would come to the PAC in around 6 month's, after the MAT Standards report had been received.

VII MENTAL HEALTH SERVICES INDICATORS – 2023/2024 QUARTER 2

There was submitted Report No PAC5-2024 by the Chief Finance Officer reporting a suite of measurement relating to the activity of mental health services for scrutiny and assurance.

The Committee agreed:-

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

Following questions and answers the Committee further agreed:-

- (iv) to note that the reference to the Kings Fund review at paragraph 5.7 related to a national, not local, review

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

There was submitted Report No PAC7-2024 by the Clinical Director providing assurance to Committee on the business of Dundee Health and Social Care Partnership Clinical, Care and Professional Governance Group.

The report was brought to the Committee to provide assurance on the clinical and care governance activities and arrangements across the Partnership as outlined in the Getting It Right For Everyone (GIRFE) Framework in accordance with the Partnership integration scheme. Clinical Governance was a statutory requirement to report on, at Board level, from Scottish Government as per NHS MEL(1998)75. The Performance and Audit Committee was asked to provide their view on the level of assurance the report provided and therefore the level of assurance regards clinical and care governance within the Partnership. The timescale for the data within the report was to 30th November, 2023.

The Committee agreed:-

- (i) to note the Exception Report for the Dundee Health and Social Care Partnership Clinical, Care & Professional Governance Group as detailed from Section 4 of the report; and
- (ii) that the level of assurance was reasonable due to the factors as indicated.

Following questions and answers the Committee further agreed:-

- (iii) that consideration would be given to adding an additional column to show the direction of travel in the table on page 105.

IX DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP STRATEGIC RISK REGISTER UPDATE

There was submitted Report No PAC9-2024 by the Chief Finance Officer updating the Performance and Audit Committee in relation to the Strategic Risk Register and on strategic risk management activities in Dundee Health and Social Care Partnership.

The Committee agreed:-

- (i) to note the content of the Strategic Risk Register Update report;
- (ii) to note the extract from the Strategic Risk register attached at Appendix 1 to the report; and
- (iii) to note the recent work and future work on Risk Appetite as set out in Section 7 of the report.

Following questions and answers the Committee further agreed:-

- (iv) to note, that in relation to query about reducing the score on the risk regarding the National Care Service, as the risk was about the future of the IJB as an organisation it would remain as a high risk meantime; and
- (v) to note, that in relation to a query about whether the risk score should be increased for the risk about restrictions on public sector funding, that the risk score would be reviewed at the appropriate time and may shift for financial year 2024/2025.

X DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP CARE OPINION ROLL-OUT –PAC8-2024

It was reported that the purpose of the agenda note was to provide an overview of the implementation of Care Opinion across the Dundee Health and Social Care Partnership, focusing on: Contract Signing; Service Mapping; Training Sessions; Initial service selection for roll out; Public Communication and Accessibility; and use as a Performance feedback tool.

Contract Signing - the Health and Social Care Partnership successfully signed a contract with Care Opinion in December 2023 for a period of three years, formalising the collaboration for implementing the feedback platform across the partnership.

Mapping of Services - a comprehensive mapping exercise would be conducted to identify all services within the Health and Social Care Partnership. This mapping process would ensure that all relevant services are incorporated into the Care Opinion system for streamlined feedback collection.

Selection of Initial Services - the first wave of services set to use Care Opinion would comprise of those that had prior experience with the platform through the NHS. Leveraging their familiarity would expedite the integration process and encourage initial success stories that could motivate other services to adopt the system. Several teams had expressed a keen interest in using Care Opinion for their feedback.

Regular Training Sessions - ongoing training sessions would be organised for staff at various levels within the Partnership to facilitate the effective use of the Care Opinion platform. These sessions aimed to equip staff members with the necessary skills to navigate the platform, handle feedback, and get the most out of the system.

Publicising Care Opinion and Accessibility - Care Opinion had provided a full suite of information and resources which would be publicised across NHS Tayside and Dundee City Council social media and DHSCP website. As per Dundee City Council and NHS Tayside complaints processes there would be support available to people who want to use Care Opinion but require some assistance to do so online.

Use as a Feedback Tool for Performance - one of the primary objectives of implementing Care Opinion across the Health and Social Care Partnership was to use it as a robust feedback tool for assessing and enhancing performance. The platform would be instrumental in collecting, analysing, and responding to patient and service user feedback, enabling the Partnership to make informed decisions and drive improvements in service delivery.

Conclusion - the implementation of Care Opinion across the Health and Social Care Partnership marked an exciting and significant step toward enhancing feedback mechanisms and leveraging valuable insights for performance improvement. The Partnership remained committed to maximizing the potential of this platform to ensure the delivery of high-quality health and social care services.

The Committee noted the position.

XI GOVERNANCE ACTION PLAN UPDATE – PAC12-2024

It was reported that the Performance and Audit Committee was advised at its meetings in September and November 2023 that work to develop revised reporting of outstanding Governance Actions previously reported through the Governance Action Plan was ongoing given the complex nature of this work and to ensure there was no duplication of actions. The mapping work for this had now been completed by Internal Audit and the next stage of this process was to enhance and refine the recording of these actions on the Ideagen system (previously known as Pentana). The culmination of this exercise would show a clear link between the source of the required action (Internal Audit Review, External Audit Recommendations, Annual Governance Statement reviews etc), progress made and actions being taken. Furthermore, a protocol was being developed for Internal Audit Actions follow up to ensure these actions were completed timeously in the future. A full overview report would be presented at the May Performance and Audit Committee for consideration.

The Committee noted the position.

XII DUNDEE INTEGRATION JOINT BOARD INTERNAL AUDIT REPORT – OPERATIONAL PLANNING

There was submitted Report No PAC6-2024 by the Chief Finance Officer presenting the findings of the Internal Audit Review of Operational Planning arrangements in place within Dundee Health and Social Care Partnership.

The Committee agreed:-

- (i) to note the content and recommendations of the Internal Audit Report on Operational Planning as set out in Appendix 1 to the report; and
- (ii) to instruct the Chief Finance Officer to implement the recommendations of the report and provide an update on progress through the internal audit actions reporting process.

XIII DUNDEE INTEGRATION JOINT BOARD INTERNAL AUDIT PLAN PROGRESS REPORT

There was submitted Report No PAC1-2024 by the Chief Finance Officer providing an update on progress against the one remaining review from the 2022/2023 Internal Audit Plan as well as work relating to 2023/2024. The report also included internal audit reports that were commissioned by the partner Audit and Risk Committees, where the outputs were considered relevant for assurance purposes to Dundee IJB.

Following questions and answers the Committee further agreed:-

- (i) to note that a summary would be provided to the next meeting on NHS Tayside's Internal Control Evaluation.

XIV ATTENDANCE LIST

There was submitted Agenda Note PAC10-2024 providing attendance returns for meetings of the Performance and Audit Committee held over 2023.

The Committee agreed to note the position as outlined.

XV DATE OF NEXT MEETING

The Committee agreed to note that the next meeting of the Committee would take place remotely on Wednesday, 22nd May, 2024 at 10.00am.

Donald MCPHERSON, Chairperson.

ITEM No ...5(b).....



REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD -
21 FEBRUARY 2024

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

REPORT BY: CHAIR, PERFORMANCE AND AUDIT COMMITTEE

REPORT NO: DIJB9-2024

This assurance report relates to the meeting of the Performance and Audit Committee (PAC) of the 31st January 2024.

Instructions Issued and approvals made by the Committee

- Following consideration of the Internal Audit Report on Operational Planning, the Committee instructed the Chief Finance Officer to implement the recommendations of the report and provide an update on progress through the internal audit actions reporting process at a future meeting.

Issues to highlight to the Board

- Following on from previous meetings, the progress of outstanding actions on the action tracker was discussed with agreement reached to remove one of the oldest actions in relation to falls data for a particular locality and pick it up in the Falls Strategy report. A further push will be made by officers to clear other "older" outstanding actions.
- The Committee noted that the IJB had revised the Committee's Terms of Reference which brought them in line with best practice requirements. A number of new responsibilities were noted, such as fraud and counter fraud reporting, development of a formal training programme for members and the production of an annual evaluation. In order to ensure these were implemented, the Committee asked that these be included on the action tracker for future monitoring.
- The Health and Social Care Partnership's quarter 2 (2023/24) Performance Report was presented and scrutinised by the Committee. As ever, Committee members had a range of questions for officers in terms of the information presented. As a result, some areas of further investigation were taken away by officers to review and report back to Committee.
- The HSCP's drug and alcohol services performance indicators were also scrutinised by the Committee with quarter 2 2023/24 information presented. The Committee welcomed the improvements in some areas and the improvement activity in place to support other areas of performance. The Committee noted that work was ongoing to collate MAT standards information over the coming months and therefore the next indicators report would be available in around 6 months' time.
- The quarter 2 Mental Health Services indicators were reported to the Committee which given the prevalence of those living in Dundee with a mental health condition, provided a real focus for the Committee to assess how services were performing against a challenging backdrop of demand. Committee members noted the reduction in mental health admissions to hospital and bed days amongst the population although acknowledged that challenges continue to present across the most deprived communities in the city. One area of concern is the increase in the number of referrals for people to Learning Disability services which the committee will monitor.

- The Clinical Care and Professional Governance Assurance report was presented to the Committee with a range of questions posed by members. The Committee was given satisfactory responses to these questions and sought further clarity for future reporting to better highlight the movement in overdue adverse events reviews. The Committee was content with the reasonable level of assurance of clinical and care governance arrangements in place that the report provided.
- The IJB's Strategic risk register was presented and while acknowledging the relatively steady state of the risk levels, members sought clarity on the risk scores against the impact of the introduction of the National Care Service and the impact of the financial position on the restrictions on public sector funding risk. In relation to the former, officers responded that given the potential impact on the IJB itself in the future, it was deemed appropriate for the risk to remain high while the finance risk would be reviewed again following the 2024/25 budget setting process.
- The Committee was pleased to see the development of Care Opinion for Dundee Health and Social Care services which will provide rich feedback from service users on the provision of services.
- The Committee noted the progress made by Internal Audit in mapping outstanding governance actions and looks forward to the new reporting method and Internal Audit Actions follow up process to be presented to the next PAC.
- The Chief Internal Auditor presented the findings of a review of operational planning arrangements within the Health and Social Care Partnership which was one of the outstanding substantive review from 2022/23. This is critical to ensure the strategic vision set out by the IJB is implemented at a service level. While noting a number of actions to be taken forward by the service to improve on operational planning, the Committee was content to see a reasonable level of assurance assigned to the review.
- The Committee tracked progress of the Internal Audit Plan with Jocelyn Lyall providing an overview of the work being undertaken and planned. The Committee was informed that work around the Internal Control Evaluation had commenced and this will be available at the next meeting for consideration.

Donald McPherson
Acting Chair

8 February 2024



REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 21 FEBRUARY 2024

REPORT ON: FALLS SERVICE

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: DIJB3-2024

1.0 PURPOSE OF REPORT

The purpose of this report is to provide analysis of falls-related hospital admissions and assurance regarding the preventative and proactive work being undertaken.

2.0 RECOMMENDATIONS

It is recommended that the Integration Joint Board:

- 2.1 Notes the contents of this report and the analysis of falls-related hospital admissions (section 5.0 of this report).
- 2.2 Notes the current model for prevention and rehabilitation and how this links with the wider socio-economic situation.
- 2.3 Notes the development of the Tayside Falls Prevention and Falls Management Framework

3.0 FINANCIAL IMPLICATIONS

None.

4.0 BACKGROUND INFORMATION

- 4.1 National Health and Wellbeing Indicator 16 is “falls rate per 1,000 population in over 65s”. The focus of this indicator is the number of falls that occur in the population aged 65 plus where the person is admitted to hospital. The indicator is measured using data gathered by Public Health Scotland.
- 4.2 Local NHS Tayside data for this indicator is monitored in the Quarterly Performance Report and validated, published data is reported in the Annual Performance Report. Both reports highlighted the particularly high rate of hospital admissions within the Dundee population of people aged 65+ as a result of a fall.
- 4.3 In 2021, Dundee had a high rate of hospital admissions as a result of a fall per 1,000 people aged 65+. Benchmarking with other Partnerships shows that Dundee had the highest falls rate (31.8) in Scotland and was significantly higher than the Scottish rate of 23.0 admissions as a result of a fall per 1,000 people aged 65+. Analysis of falls admissions was presented to the PAC held on 12 September 2017 Article X of the minute of meeting refers (PAC26-2017), with further analysis provided to the PAC held on 29 May 2018 Article IX of the minute of meeting refers (PAC32-2018) and 26 November 2019 Article VI of the minute of meeting refers (PAC41-2019) and 28 September 2022 Article V of the minute of meeting refers (PAC21-2022).
- 4.4 Falls can have a significant impact on an older person's independence and quality of life, impeding a person's mobility and confidence. However, falls are not an inevitable consequence of old age. Well-organised services, delivering recommended and evidence-

based practices can prevent many falls and fractures in older people in a community setting. Rehabilitation services are key to preventing repeat falls. In addition, the safety of a person's immediate environment as well as a review of their prescribed medicines are important alongside a multifactorial assessment including; falls history, muscle strength and balance, eyesight, footwear, foot condition, bone health, nutrition, continence, medication, daily activities and cognition. For every £1 invested in physiotherapy rehabilitation into falls services, £4 is saved across health and social care services (Chartered Society of Physiotherapy).

- 4.5 A published economic evaluation provided an estimate of the cost to health and social care services in Scotland of managing the consequences of falls in excess of £470 million, and without intervention this is set to rise over the next decade as our population ages and the proportion with multimorbidity and polypharmacy (service users in receipt of multiple drugs to treat conditions) grows.
- 4.6 The national falls and fracture prevention strategy was under development until the COVID-19 Pandemic, however is currently paused. NHS Tayside and the three health and social care partnerships have developed a Tayside Falls Prevention and Falls Management Strategic Framework (Appendix 1).
- 4.7 The framework sets out 12 commitments for Tayside to achieve in the next three years. The Tayside commitments are listed below, demonstrating how these align to the requirements of the National Up and About Framework:

Tayside Commitments		Up and About Framework			
		Stage One	Stage Two	Stage Three	Stage Four
Activity and Awareness	Understand the views of the public and service providers to help develop our future offer	✓	✓	✓	✓
	Offer of a range of lifelong opportunities to enable people to improve and maintain their strength, balance, and mobility	✓	✓		✓
	Provide easy to access signposting to the information and resources	✓	✓	✓	✓
Sharing and Communication	Develop and share clear and consistent pathways across Tayside		✓	✓	✓
	Build our multi-professional networks across Tayside	✓	✓	✓	✓
	Use consistent, high-quality documentation across the system		✓		✓
Education and Training	Provide accessible evidence-based information and reference material	✓	✓		✓
	Support all staff in Tayside to complete the training relevant to their role	✓	✓	✓	✓
	Provide multi agency training for shared learning	✓	✓	✓	✓
Data	Understand currently available data and develop processes for sharing, analysis, understanding and learning		✓	✓	✓
	Develop a single fall and falls prevention data and measurement framework for the Tayside pathway		✓	✓	✓
	Share and communicate our learning from data to offer assurance and drive improvement	✓	✓	✓	✓

5.0 DATA SUMMARY

- 5.1 During 2022, Dundee had the highest rate of hospital admissions due to a fall in Scotland. The Dundee rate was 33.1 (869 falls), compared with a rate of 22.2 for Scotland (23,862 falls). Dundee also had the highest rate across Tayside as the rate in Perth and Kinross was 25.5 (943 falls) and 5th highest in Scotland and 25.1 in Angus (715 falls) which was 8th highest in Scotland. Note calendar year 2022 is the most recent benchmarking data that can be used for

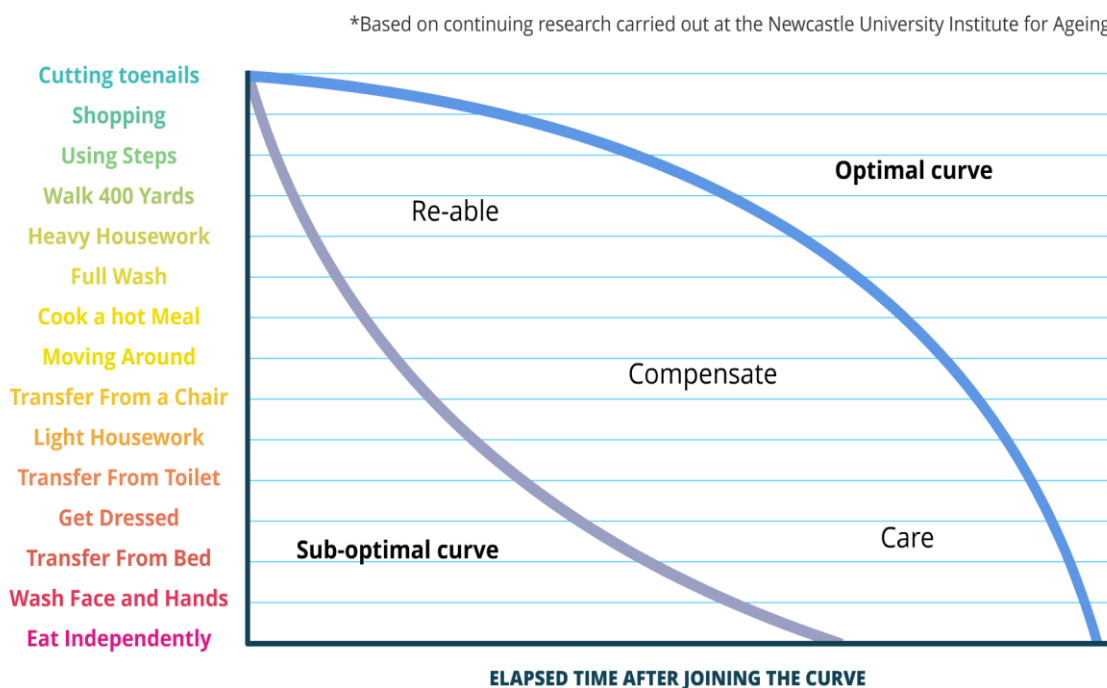
public reporting as agreed by Public Health Scotland. Financial year 22/23 data will be published by Public Health Scotland in Q4 2024.

- 5.2 The rate in Perth and Kinross was lower than in Dundee, although the number of hospital admissions due to a fall was higher than Dundee (the rate was lower due to the higher age 65+ population in Perth and Kinross).
- 5.3 The number of hospital admissions due to a fall has increased for all three Tayside Partnerships, particularly over the last five years.
- 5.4 A large proportion of admissions due to a fall had no recorded operation/procedure (67.5%). Of these admissions, the most common primary diagnosis was 'open wound of head' (13%) followed by 'superficial head injury' (13%) and 'other unspecified injury of head' (11%).
- 5.5 30.2% of admissions due to a fall had a length of stay of less than one day and 23% were discharged the following day, making a total of 53.2% of admissions discharges either the same or the following day.
- 5.6 In order to achieve the same rate as for Scotland, Dundee would need to reduce the number of falls related hospital admissions from 869 to 580, a reduction of 289 falls (33% less than the number of falls-related hospital admissions in Dundee during 2022).

6.0 CONTEXT

- 6.1 While we may not be anticipating the very large increases in the 65+ age group that will affect some other parts of Scotland, we still expect to see an increase of 38% in the population aged over 75 by 2043. The 75+ and 90+ age groups, where there will be the largest increase in numbers, are groups who increasingly rely on unpaid family care, and health and social care services, as they become more frail.
- 6.2 Dundee has high levels of deprivation with a wide gap between the richest and poorest communities. Overall Dundee is the fifth most deprived local authority area in Scotland. Seven out of eight Dundee LCPP areas contain postcodes which are of the most deprived in Scotland. More than half of those living in Lochee, East End and Coldside live in the 20% most deprived areas of Scotland.
- 6.3 A higher percentage of people in Dundee live with one or more health condition than in Scotland as a whole. East End, Coldside and Lochee are the LCPP areas with the highest levels of deprivation and they also have the highest rates of people experiencing multiple health conditions compared with the more affluent parts of Dundee and Scotland. People in Dundee experience age associated ill health earlier in life than many other areas due to lifestyles associated with deprivation.
- 6.4 Evidence across a range of issues such as attainment, health, mental health and substance misuse highlights a strong correlation between poverty and poorer life outcomes and this association is clearly visible in Dundee. In addition to the frailty and ill health which is prevalent in the ageing population, many younger people are experiencing health conditions earlier in life as a result of lifestyles associated with deprivation. Looking after their own health may be more difficult for people with long term conditions including mental illness and disabilities.
- 6.5 In Dundee, the model of care takes into account the increased frailty of some older people and instead of sending those people who have had no procedures and are medically well back home, they are admitted to a ward in order to assess, monitor, hydrate and ensure adequate care and support is available on their return home.
- 6.6 The responsibility to reduce the rate of hospital admissions as a result of a fall is extremely wide ranging and is not solely the responsibility of the Falls Service. The deprivation and associated multi-morbidities and health inequalities in Dundee means that the risk of falling for some people is higher than elsewhere in Scotland and the model of care is enhanced as a response to the high levels of frailty, co-morbidities and deprivation in the population.

- 6.7 It is widely accepted that around 25% of how we age is genetic, and around 75% is about the choices we can and do make. At least some of the difference in health span between areas of different socio-economic status seem to be explained by less good choices being available to people from more deprived communities, and lower educational attainment.
- 6.8 The falls work across Dundee has used the lifecurve model to support professionals and individuals have conversations about lifestyle decisions. (See below)



7.0 PREVENTATIVE AND PROACTIVE APPROACH

7.1 Dundee Falls Group

The Dundee Falls Group is a multi-agency group which meets every 2 months. The group is co-chaired by the Dundee HSCP Operational and Strategic Leads for Falls. The key aims for the Dundee Falls Group are to:

- Reduce the number of falls of individuals, harm from falls and consequential costs attached including emergency admissions, extended length of stay in hospital, additional invasive hospital interventions, increased health and social care costs and care home admissions.
- Monitor and continuously improve services to target people for whom a serious fall is more likely, and take effective action to reduce the risks of falling.
- Work in partnership to improve safety within the general environment including where people live, community settings, care homes, hospitals and other service buildings.
- Work in partnership to provide services and interventions which improve strength and balance and maintain bone strength so falls and fractures are less likely to occur.
- Ensure that where falls occur of individuals in the community, hospital admission is avoided wherever possible, effective support to prevent further falls is provided and that where falls occur in hospitals and care homes, there is a safe and effective response.
- Following a fall, ensure a seamless transition for individuals across primary, secondary and tertiary care.
- Heighten awareness about measures to prevent falls through health promotion and self management.

- Promote early and effective identification of people at risk with clear actions to reduce risk of falls.
- Ensure appropriate evidence based services are in place to meet the needs of people at risk of experiencing falls including robust falls assessment and effective intervention programmes for people who fall.
- Utilise emerging technologies aimed at reducing risk of falls and early detection of falls.
- Embed effective communication structures and pathways through a whole system cross organisational collaborative approach and coordinated interventions and strengthened partnerships.

7.2 A wide array of representatives attends the falls meetings. These include representatives from:

- Social Care Response Team
- Physiotherapy
- Occupational Therapy
- Podiatry
- Nutrition and Dietetics
- In-Patient Reps
- Care Homes
- Independent Living Team
- Scottish Ambulance Service
- Scottish Fire and Rescue Service
- DHSCP Strategic Planning
- Data Analysts
- Community Nursing
- Royal Voluntary Service
- Dundee Volunteer and Voluntary Action
- Social Isolation Team
- Dundee Falls Service
- Independent Sector Lead.

The work of the falls group links across the 4 stages listed below from the Up and About Framework:

Stage 1: Supporting active ageing, health improvement and self-management to reduce the risk of falls and fragility fractures

Stage 2: Identifying individuals at high risk of falls and/or fragility fractures

Stage 3: Responding to an individual who has just fallen and requires immediate assistance

Stage 4: Co-ordinated management including specialist assessment

7.3 **Stage 1:** This stage emphasises the importance of supporting individuals to take responsibility for their own health, wellbeing and safety and having a central role in reducing their risk of falls and fractures e.g. by taking opportunities to improve their strength and balance and address other causative factors in falls. The emphasis is on self-care, supported self-management, health education and promotion to enable active ageing and minimise the risk of falls and fragility fractures.

Specifically, people:

- Have an opportunity to engage in health promotion and lifelong learning around health improvement and minimising falls and fracture risk
- Have an opportunity to access appropriate services and organisations which aim to support the maintenance of health and wellbeing, a safe home environment and a safer community environment.

Many activities and interventions at this stage contribute to healthy and active ageing; some are more specific to falls and fracture prevention. The role of physical activity warrants a

special mention. Specific balance and strength exercise programmes have been proven to reduce further risk of falling. Active older adults are less likely to fall and suffer less serious consequences if they do. Physical inactivity is detrimental to physical and mental health and can adversely affect an individual's resilience and ability to adapt.

7.4 **Stage 2:**

- A person at high risk of falls and fragility fractures is identified and this triggers appropriate intervention or referral for appropriate intervention.
- A person is identified *either* (a) when they report a fall, present with a fall or with an injury due to a fall, or (b) opportunistically when a health or social care practitioner, or partner (Scottish Fire and Rescue, for example) asks about falls.
- A level 1 conversation aims to identify individuals at high risk of falling; it is not intended to determine all contributory factors or specific interventions required.

7.5 **Stage 3:**

- A person has fallen and has requested or requires immediate assistance.
- The person may have sustained an injury and/or be unwell or is asymptomatic, appears uninjured, but is unable to get up from the floor/ground independently.
- Appropriate response, onward referral and intervention at this stage may prevent further falls, unnecessary hospital admission, functional decline (frailty) and unwanted consequences of falls.

This stage is when an individual has just fallen and requires immediate assistance and access to services that provide an effective, safe and timely response and is relevant to those:

- who have fallen, but are not conveyed to hospital following the fall but are considered for further assessment of falls and fracture risk and offered this where indicated.
- who have received treatment for any injury due to a fall, or treatment for any acute medical condition related to a fall and are offered further assessment of falls and fracture risk.

7.6 **Stage 4:**

- An individual has been identified as being at high risk of falling and/or sustaining a fracture.
- Falls risk and fracture risk management are considered in combination with services for falls and osteoporosis operationally linked or dovetailed.
- Interventions aim to identify, then minimise, an individual's risk factors for falling and sustaining a fracture as well as restoring function following a fall(s).
- Timely, appropriate and co-ordinated management may lead to reduced ED attendances and hospital admissions including admission with a fragility fracture.

7.7 **Assessment:** Older people identified as having a high risk of falling should be offered a multi-factorial assessment /screening to identify contributory risk factors, this should include a comprehensive falls history, medication review and assessments of their fracture risk, gait and balance, home environment, risk factors for postural hypotension, cognition, feet/footwear and diagnostic tests. This may be in the form of:

- **Level 2 Screening** – A multifactorial falls risk screening process aims to (a) identify risk factors for falling and for sustaining a fragility fracture, and (b) guide tailored intervention. Following this an individualised multifactorial action plan, agreed with the person (and carers, if appropriate), which addresses risk factors and issues identified in the level 2 screen should be provided. The plan should reflect the person's needs, goals and choices.
- **Level 3 Specialist Assessment and intervention** aims to further assess the risk factors identified, with a view to providing tailored interventions to reduce the risk of falls and/or

fractures. Evidence-based specialised multi-disciplinary falls assessment services should be available for all older adults who fall or are at risk of falling across Tayside.

- 7.8 **Treatment:** Following assessment, an older person is considered for an individualised, multi-factorial intervention programme aimed at minimising the identified risks for falling and/or sustaining a fracture, promoting independence, and improving physical and psychological function. Interventions may include; pharmacological management of osteoporosis, strength and balance exercises, medication modification/withdrawal, interventions to mitigate identified home hazards, promotion of the safe performance of daily activities, management of postural hypotension and heart rate or rhythm abnormalities, management of foot problems, vision correction, nutritional requirements, self-management training.
- 7.9 The combined effort from a wide range of agencies is critical in ensuring the delivery of the stages outlined above. The reach into communities and the range of skills and expertise that the wider team brings is essential in supporting people to minimise falls across Dundee.

8.0 RISK ASSESSMENT

Risk 1 Description	The risk of not reducing the rate of hospital admissions due to a fall could affect outcomes for individuals and their carers and spend associated with unscheduled hospital admissions if the Partnership's performance does not improve.
Risk Category	Financial, Governance, Political
Inherent Risk Level	Likelihood 3 x Impact 5 = Risk Scoring 15
Mitigating Actions (including timescales and resources)	<ul style="list-style-type: none"> - The in depth analysis included in this paper and appendix will be used to inform senior managers. - The Tayside Falls Prevention and Management Framework will provide an infrastructure to monitor progress in the community, hospital and care homes towards preventing the incidence of falls and reducing the negative effect of falling on people who fall and their carers. - The priority areas for improvement (section 8.0) have been developed to reduce the rate of hospital admissions as a result of a fall.
Residual Risk Level	Likelihood 3 x Impact 3 = Risk Scoring 9
Planned Risk Level	Likelihood 2 x Impact 3 = Risk Scoring 6
Approval recommendation	The risk level should be accepted with the expectation that the mitigating actions are taken forward.

9.0 POLICY IMPLICATIONS

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

10.0 CONSULTATIONS

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

11.0 DIRECTIONS

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

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

12.0 BACKGROUND PAPERS

None.

Dave Berry
Chief Finance Officer

DATE: 25 January 2024

Matthew Kendall
Allied Health Professions Lead

Lynsey Webster
Senior Officer, Strategy and Performance

Elizabeth Balfour
Local Intelligence Support Team, PHS

Tayside Falls Prevention and Falls Management Strategic Framework

Vision:

Promoting physical and mental health and wellbeing to maximise safe balance, mobility and independence.

Aiming to prevent falls and reduce the consequences of falling but offering high quality support and intervention when required.



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Version 1.0 2023 - 2027

Date completed	20/10/23	Planned review	Sept 2027
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What do we aim to achieve?

This is a resource primarily for staff working across Health and Social Care services but also links to our partner agencies across local authority, third sector and other agencies.

This framework focuses on supporting people of all ages and abilities to live lives that are as healthy, independent and active as possible. This includes the general population and those who have been identified as being at increased risk of falling.

If people fall, the services that respond to their needs and support them to recover will be optimised to support their return to active mobility.

This document describes a three-year improvement plan for Tayside which utilises what we know about preventing falls and falls with harm, how to reduce their impact, and how health and social care, working with individuals and our partners can support people.

Through developing and providing services in the most beneficial and effective way we aim to reduce the personal and financial impact of emergency admissions, extended lengths of stay in hospital, invasive treatments, increased costs of health and social care in the community and improve quality of life.

This document describes the Tayside strategic commitments and is underpinned by the best available, explicit evidence drawn from a number of national programmes, guidelines and publications

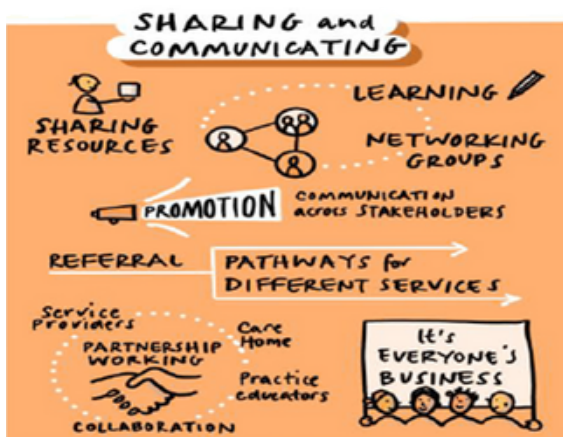


The aim of reducing the occurrence of falls and falls with harm and optimising the experiences for those who access services will be achieved between 2023 and 2027 across Tayside through work to achieve the following commitments:



Activity & Awareness

1. Understand the views of the public and service providers to help develop our future offer
2. Offer of a range of lifelong opportunities to enable people to improve and maintain their strength, balance and mobility
3. Provide easy to access signposting to the information and resources



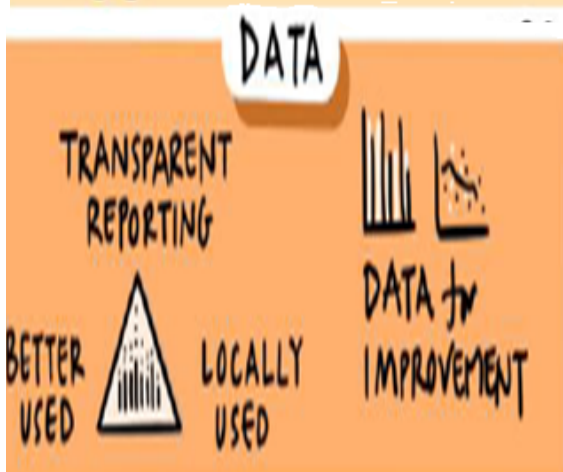
Sharing & Communicating

4. Develop and share clear and consistent pathways across Tayside
5. Build our multi-professional networks across Tayside
6. Use consistent, high quality documentation across the system



Education and Training

7. Provide accessible evidence based information and reference material
8. Support all staff in Tayside to complete the training relevant to their role
9. Provide multi agency training for shared learning



Data

10. Understand currently available data and develop processes for sharing, analysis, understanding and learning across the Tayside Group
11. Develop a single falls and falls prevention data and measurement framework for the Tayside pathway
12. Share and communicate our learning from data to offer assurance and drive improvement

How we defined our Commitments: 97

Tayside hosted a Falls and Falls Prevention spotlight event in November 2022 to learn from all stakeholders of work that is ongoing and to identify and agree priorities for the next 3 years. This event informed the development of the 12 commitments listed on page 3.

Work to achieve each of these commitments will consider their relevance across all stages of a person's journey of care, this has been influenced by the Scottish Government's 'Up and About framework' (2014) and Healthcare Improvement Scotland's Scottish Patient Safety Programme Acute Adult Programme (2021)

Stage 1: Supporting active ageing, health improvement and self management to reduce the risk of falls and fragility fractures



Perth and Kinross HSCP shared innovative examples of mobility stations installed at local Care homes to support residents to follow simple activity programmes and maintain their strength, balance and active mobility

Stage 2: Identifying individuals at high risk of falls and/or fragility fractures

Ninewells Neurology ward shared how they were able to identify factors which increased patient's risk of falling. Through this they were able to restructure their working routines to significantly reduce falls on the ward whilst also improving MDT and patient communication



Stage 3: Responding to an individual who has just fallen and requires immediate assistance



Dundee HSCP shared a project carried out with Scottish ambulance service to offer an immediate response from a Paramedic and a Physiotherapist to someone seeking assistance. This reduced unscheduled admissions to hospital and offered a home first approach.

Stage 4: Co-ordinated management including specialist assessment

Angus HSCP shared how utilising level 1, level 2 and level 3 assessments had helped an individual in Angus. A coordinated MDT assessment and action plan supported someone who had fallen and was fearful of falling again so had limited their social activities.



These are only some of the examples shared. Others can be read in the report of the spotlight event by clicking here: [Falls Spotlight Event Feedback Report](#).

(Thank you to Hazel White Design for these images produced from the event.)

The work to maintain or improve care and experience across all 12 commitments will consider all stages of the journey to support prevention, offer early intervention and rehabilitation where this is required across community and acute settings.

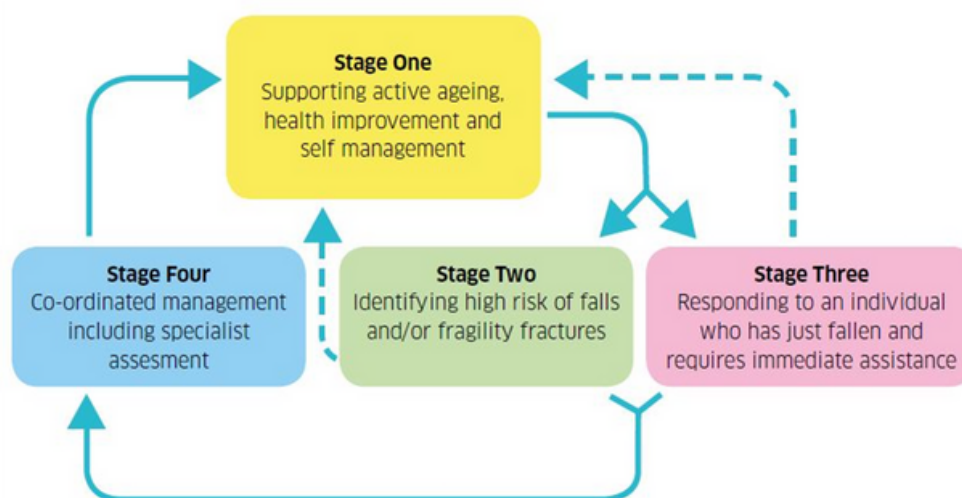


Figure 1 Up and About Pathway, QIS 2010

The Scottish Patient Safety Programme Acute Adult Programme is a national quality improvement programme that aims to improve the safety and reliability of care and reduce harm. A Falls Prevention Driver Diagram and Change Package has been co-designed and co-produced with clinical and quality improvement experts. This package is a resource to support NHS (National Health Service) Boards with falls improvement work.

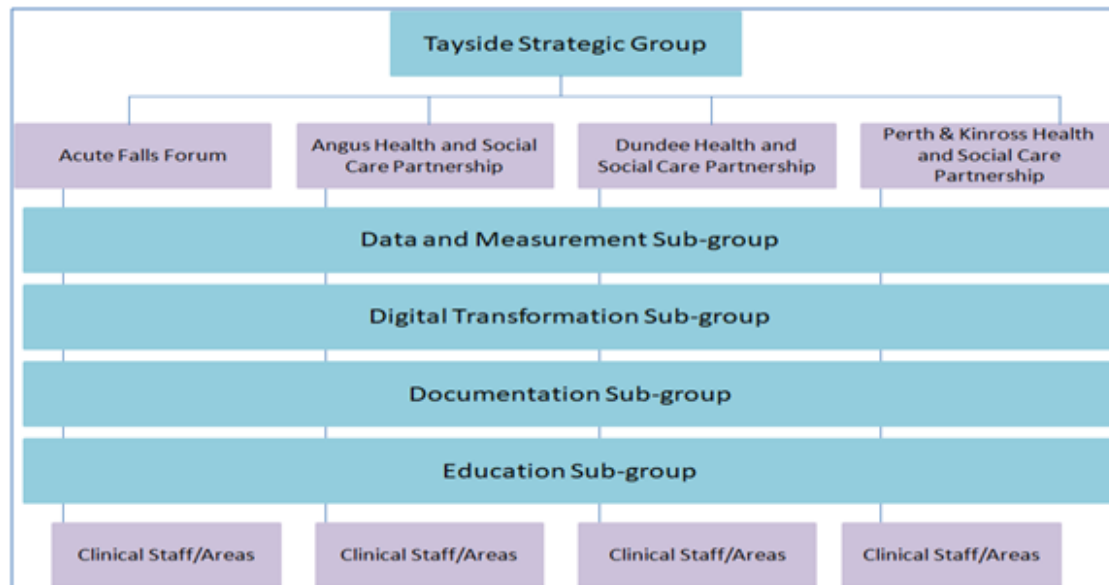
The aim of the change package is to provide evidence-based guidance to support falls prevention and patients in hospital settings. It brings together what is known about best practices and processes based on evidence from literature, research, and the experiences of others.

The 12 Tayside commitments include improvement ambitions across all 4 stages of the 'UP and About' Framework model. This is represented by this Matrix diagram below:

Tayside Commitments		Up and About Framework Stages			
		1	2	3	4
Activity and Awareness	Understand the views of the public and service providers to help develop our future offer	✓	✓	✓	✓
	Offer of a range of lifelong opportunities to enable people to improve and maintain their strength, balance, and mobility	✓	✓		✓
	Provide easy to access signposting to the information and resources	✓	✓	✓	✓
Sharing and Communication	Develop and share clear and consistent pathways across Tayside		✓	✓	✓
	Build our multi-professional networks across Tayside	✓	✓	✓	✓
	Use consistent, high-quality documentation across the system		✓		✓
Education and Training	Provide accessible evidence-based information and reference material	✓	✓		✓
	Support all staff in Tayside to complete the training relevant to their role	✓	✓	✓	✓
	Provide multi agency training for shared learning	✓	✓	✓	✓
Data	Understand currently available data and develop processes for sharing, analysis, understanding and learning		✓	✓	✓
	Develop a single fall and falls prevention data and measurement framework for the Tayside pathway		✓	✓	✓
	Share and communicate our learning from data to offer assurance and drive improvement	✓	✓	✓	✓

How we aim to achieve this:

We will work collectively to ensure a consistent approach whilst enabling and sharing local activity to meet the needs of local populations.



Through enabling local groups and Tayside strategic groups we will drive activity for improvement and assurance.

- Improvement activity will be supported by four Tayside wide groups and Pan-Tayside subgroups focusing on data and measurement, education, digital transformation, and documentation
- Shared learning will occur with linked group sessions biannually
- An annual development event will enable learning and sharing.
- Progress will be monitored and measured by the strategic group
- Biannual reports of progress will be shared with Tayside Care Governance group to provide organisational assurance.

[Click here](#) to access the
**Tayside Falls Prevention and Management Framework
Action Plan**

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REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD –
21 FEBRUARY 2024

REPORT ON: DUNDEE IJB 2024/25 BUDGET DEVELOPMENT UPDATE

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: DIJB7-2024

1.0 PURPOSE OF REPORT

- 1.1 The purpose of this paper is to provide the Integration Joint Board (IJB) with an overview of the potential implications of the Scottish Government's Draft Budget 2024/25 on the IJB's Delegated Budget.

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 Draft Budget on Dundee City Council and NHS Tayside's financial settlements as set out in section 4.2 of this report;
- 2.2 Notes the provision of additional specific funding from the Scottish Government to support Health and Social Care Integration as set out in sections 4.2.4 to 4.2.6 of this report.
- 2.3 Remits to the Chief Finance Officer to present a proposed budget for 2024/25 for consideration by the IJB at its meeting on 27th March 2024.

3.0 FINANCIAL IMPLICATIONS

- 3.1 The range of anticipated additional cost pressures likely to impact on the IJB's delegated budget for 2024/25 as well as the implications of new responsibilities associated with the provision of the new Scottish Government funding set out in sections 4.2.4 to 4.2.6 of this report continue to be assessed and refined by IJB officers. Furthermore, the actual levels of funding to be received from the partner bodies and the detail of the additional Scottish Government funding for IJB's are subject to ongoing discussion and review. Once these are concluded, the Chief Finance Officer will be in a position to present a proposed budget to the IJB at its meeting on 27th March 2024 for consideration.

4.0 MAIN TEXT

- 4.1.1 Dundee Integration Joint Board was presented with an update on the development of the delegated budget 2024/25 at its meeting of the 13th December 2023 (Article XII of the Minute refers). This was the first in a series of budget development reports to ensure the IJB was fully informed of the financial environment impacting on Dundee City Council, NHS Tayside and ultimately the IJB's delegated budget.

- 4.1.2 The Scottish Government issued its Draft Budget on the 19th December 2023. The draft 2024/25 Scottish Budget will be debated by the Scottish Parliament during January and February 2024, with the Local Government Finance (Scotland) Order 2024 due to be presented to the Scottish Parliament in early February 2024. Dundee City Council plans to set its budget on the 29th February 2024. The Director of Finance of NHS Tayside has provided indicative figures based on the budget announcement with confirmation to be provided once NHST Tayside sets out its financial plan to a future Board meeting, anticipated to be April 2024.
- 4.1.3 Given at this stage the Scottish Government's Budget is still in draft, there remains the possibility that there could be changes to the budget settlements to local authorities and NHS Boards as the Budget Bill is passed in the Scottish Parliament. Therefore, the figures noted below are subject to change.

4.2 Draft Scottish Budget Implications

Dundee City Council

- 4.2.1 The Local Government Finance Settlement figures have been advised in Local Government Finance Circular 8/2023, issued by the Scottish Government on 21 December 2023. The figures are provisional at this stage and are subject to consultation between the Scottish Government and COSLA prior to being laid before the Scottish Parliament.
- 4.2.2 Based on current assumptions, as noted in Report 9/2024 (Local Government Financial Settlement 2024/25 and Financial Implications for the City Council) to the Council's Policy & Resources Committee, Dundee City Council's headline funding deficit is £26.1m, with savings and other factors already identified reducing the deficit to around £12m. Further savings have to be identified in order to achieve a balanced budget in 2024/25. As more information is understood about the grant settlement and the range of cost pressures faced by the council, these financial projections remain subject to change up until the date Dundee City Council agrees its budget on the 29th February 2024.

NHS Tayside

- 4.2.3 Compared to 2023/24 budgets, NHS Boards will receive a total increase of 4.3% for 2024/25 to cover costs related to the 2023/24 pay deals as well as baselining £100m of sustainability and distribution funding (NRAC) provided in 2023/24. Funding for pay awards for 2024/25 will be revisited following the outcome of the 2024/25 pay negotiations. The impact of the settlement for NHS Boards once these are taken into consideration is a flat cash settlement with Boards expected to manage pressures within existing envelopes. This is a change from previous years where a baseline uplift has been provided for all baselined spend with an upward adjustment being applied retrospectively for staff pay. The impact of this on projections of funding for the IJB will see a further pressure on non-pay costs within delegated NHS services given the NHS settlement is worse than anticipated in previous financial planning.
- 4.2.4 The impact of the budget settlement on NHS Tayside will be considered by NHS Tayside Board however it will exacerbate the financial challenges the Board is already facing in the current financial year.

Health and Social Care Integration

- 4.2.5 The Scottish Government's budget makes further provision for the transfer of resources from the Health and Social Care Portfolio to Local Government to support social care and integration of £241.5m.
- 4.2.6 The overall transfer to Local Government includes additional funding of £230 million to support retention and begin to embed improved pay and conditions for care workers, with the Scottish Government considering that this funding requires local government to deliver a £12 minimum pay settlement for adult social care workers in commissioned services. The additional funding will also support uprating of Free Personal and Nursing Care with additional funding of £11.5m provided nationally.

- 4.2.7 Local Authority adult social care budgets for allocation to Integration Authorities must be £241.5m greater than 2023/24 recurring budgets to ensure funding from the Health and Social Care Portfolio contributes to meeting outcomes in this area. Where there is evidence funding is not passed across to be used for the policy intent, the Scottish Government reserves the right to look at reclaiming funding allocated.

4.3 Potential Impact on Dundee Integration Joint Board Delegated Budget

- 4.3.1 The additional funding provided to IJB's by the Scottish Government to support Integrated Health and Social Care Services will be offset by additional cost commitments to the IJB's. The majority of the additional national funding is being provided to support the national policy of delivering Fair Work for social care workers employed by care providers through the increase in the minimum hourly rate from £10.90 which was implemented from April 2023 to £12 per hour from April 2024. Increases in Free Personal and Nursing Care Rates are also expected to be delivered by the IJB by the Scottish Government. Once these commitments are considered against the full range of cost pressures, such as increasing demographic demand and rising inflation and pay costs, it is likely that the IJB's budget will still be facing some significant financial challenges.
- 4.3.2 The impact of the Scottish Budget on Dundee City Council and NHS Tayside's budgets as noted in sections 4.2.1 to 4.2.4 of this report is also expected to provide a number of challenges to the availability of funding to the IJB for 2024/25, although the Scottish Government has ensured some protection to current IJB funding levels through specific instructions issued to the partner bodies with regards to passing through uplifts and additional funding. Dundee City Council plans to set its budget on the 29th February 2024 with NHS Tayside expected to provide indicative figures on its budget around the same time therefore the IJB's budget cannot be concluded until the delegated funding levels are confirmed by the partner bodies.
- 4.3.3 Report DIJB71-2023, Dundee IJB Budget Outlook, presented to the IJB at its meeting of the 13th December 2023 (Article XII of the minute refers) set out an anticipated financial gap in the IJB's 2024/25 budget position of around £10.7m. This was projected prior to the Scottish Government's budget announcement on the 19th December. As noted previously, work continues to be undertaken to review the various cost pressure and funding assumptions associated with delegated functions to the IJB however at this stage, without further interventions, the initial projected gap is of a similar scale.
- 4.3.4 The outcome of the overall funding settlements and anticipated cost pressures for the delegated budget will be presented to the IJB at its meeting of the 27th March 2024 for consideration as part of the IJB's budget setting process. As noted in section 4.3.1, there is likely to be a funding gap and mitigating actions will be presented to the IJB for consideration in order to ensure the IJB can meet its obligations to set a balanced budget.

5.0 POLICY IMPLICATIONS

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

6.0 RISK ASSESSMENT

Risk 1 Description	There is a risk that 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 5 x Impact 5 = 25 (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 2024.

7.0 CONSULTATION

- 7.1 The Chief Officer, Director of Finance of NHS Tayside, Executive Director (Corporate Services) of Dundee City Council and the Clerk have been consulted on the content of this paper.

8.0 DIRECTIONS

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

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

9.0 BACKGROUND PAPERS

- 9.1 None.

Dave Berry
Chief Finance Officer

DATE: 06 February 2024



REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD –
21 FEBRUARY 2024

REPORT ON: FINANCIAL MONITORING POSITION AS AT DECEMBER 2023

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: DIJB5-2024

1.0 PURPOSE OF REPORT

- 1.1 The purpose of this report is to provide the Integration Joint Board with an update of the projected year-end financial position for delegated health and social care services for 2023/24.

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 for the 2023/24 financial year end as at 31st December 2023 as outlined in Appendices 1, 2, and 3 of this report.
- 2.2 Notes steps continue to be taken by Officers to consider options and opportunities to improve the financial position during the remainder of 2023/24 as part of the Financial Recovery Plan process, as outlined in section 4.7 of this report.
- 2.3 Approves the release of earmarked reserves totalling £1.6m to support the overall financial position for In Patient Mental Health Services in Tayside as outlined in section 4.3.9 of this report.

3.0 FINANCIAL IMPLICATIONS

- 3.1 The projected financial position for Dundee Health and Social Care Partnership for the financial year to 31st March 2024 shows a net operational overspend of £4,780k – an improvement from the previously reported position of projected operational overspend of £6,608k Article XIII of the minute of meeting of this Committee of 13th December 2023 refers (DIJB67-2023).
- 3.2 This projected overspend continues to exceeds the parameters of the IJB's approved 2023/24 financial plan, whereby up to £3m of IJB reserves have been identified to support the IJB's financial position at the year end. The projected position also recognises anticipated winter demand pressures, which should result in the ability to access up to £1m of reserves identified to support winter pressures.

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's final budget for delegated services was approved at the meeting of the IJB held on the 29th March 2023 (Article IV of the minute of the meeting of 29 March refers). This set out the cost pressures and funding available with a corresponding savings plan to ensure the IJB had a balanced budget position going into the 2023/24 financial year. An updated assessment of the status of the savings plan is set out in Appendix 4 of this report.

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 (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 position for services delegated from NHS Tayside to the IJB details a projected underspend of (£1,660k) for the financial year.
- 4.3.2 Community-based health services managed directly by Dundee Health and Social Care Partnership are projected to underspend by (£1,304k) along with the additional cost of risk sharing adjustments for Lead Partner Service (formerly referred to as Hosted Services) projected to overspend of £501k. Prescribing is showing a projected underspend of (£904k) with other Primary Care services projected to be overspent by £47k.
- 4.3.3 Key drivers of underspends across various services continued to be staffing vacancies, with ongoing challenges of recruitment and retention of staff. This is similar across a number of medical, nursing, Allied Health Professionals (AHPs) and other staffing groups and across various bands and skills-mix.
- 4.3.4 Key drivers of overspends are mainly as a result of reliance on bank, agency or locum staff (with premium cost implications) to fill vacancies or cover due to staff sickness where patient acuity and / or safe-staffing levels necessitate the use of these additional staff (this is particularly noted in in-patient service areas, i.e. Psychiatry of Old Age, Medicine for the Elderly and Palliative Care), plus the increased cost of prescribed drug costs in drug and alcohol recovery services.
- 4.3.5 Supplementary spend during the first 9 months of 2023/24 totals £4.86m. This includes £539k on additional part-time hours and overtime, £674k on medical locums, £275k on agency nursing, £3,112k on bank nursing and £261k other. Absence rates for NHS employed staff within HSCP have averaged at 6.63% during the first 9 months of 23/24.
- 4.3.6 In recent years, GP and Other Family Health Services Prescribing had contributed an underspend to the overall financial position. The projected position for 2023/24 is now showing an overspend of £641k. The latest figures continue to be better than expected in the 2023/24 Financial Plan (as reported in the Budget Setting report of 29 March 2023 where a cost pressure of £1,545k is anticipated and acknowledged in the Plan) due to volume and pricing growth being lower than anticipated. Ongoing regular monitoring of the local and regional Prescribing financial position is undertaken within multi-disciplinary meetings. Nationally, it is recognised that prices have also been impacted by short supply for certain items with price premiums required to meet wholesale cost increases, and this continues to cause some fluctuations and uncertainty. The IJB should note that the data issues following the transition to a new national pharmacy payment system from which the local prescribing expenditure information is drawn is improving, with the figures now including 6 months of actual verified prescribing spend for 2023/24 available. It is normal for data to be received 2 months in arrears to allow for national review and verification, however the data received for 2023/24 is currently 3 months in arrears.
- 4.3.7 Other Primary Care Service projected overspend is mainly driven by the share of cost pressure relating to GP 2C practices.

- 4.3.8 Members of the IJB will be aware that Angus and Perth and Kinross IJBs provide Lead Partner (formerly referred to as Hosted Services) arrangements for some services on behalf of Dundee IJB and a number of services are led 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 Lead 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 and Kinross IJBs to Dundee IJB are noted in Appendix 3. This shows net impact of these adjustments to Dundee being an increased cost implication of £501k which mainly relates to a significantly higher spend within GP Out of Hours Medical Service led by Angus IJB. The Out of Hours overspend is as a direct result of changes to the patient pathway now embedded in the service model following Covid-19 pandemic. Work continues within the service to develop a financial recovery plan and future sustainable service delivery model.
- 4.3.9 Members will also be aware that In-Patient Mental Health services are also a delegated function to Tayside IJB's, having previously been hosted by Perth & Kinross IJB. In early 2020/21, the operational management of these services was returned to NHS Tayside, however under health and social care integration legislation the strategic planning of these services remains delegated to the 3 Tayside Integration Joint Boards. Currently, there is no budget delegated to the IJBs for 2023/24 and the service is projecting an overspend of around £5.6m across Tayside. However given the IJB's have strategic planning responsibility for the services, there is a requirement to show a delegated budget and spend position in the IJB's annual accounts. Given the unusual governance position around In-Patient Mental Health Services whereby there is a separation between strategic planning and operational delivery of the service, discussions have been ongoing to agree financial risk sharing arrangements amongst the 3 IJB's and NHS Tayside for the current financial year. Agreement has been reached by the 3 IJB Chief Officers, Chief Finance Officers, Chief Executives of the 3 local authorities and NHS Tayside and NHS Tayside's Director of Finance for a funding solution for 2023/24 resulting in a financial contribution being sought from the 3 IJB's and NHS Tayside. This would require the permission of the IJB to release funding held in reserves, originally provided by NHS Tayside to support shifting the balance of care, totalling £1.6m, to contribute to the overall service shortfall.
- 4.3.10 This funding will support the financial stabilisation of the service in 2023/24 as work progresses to develop a deliverable financial recovery plan and future financial framework over 2024/25 and beyond, reflecting a shift in the balance of care from in patient services to community based provision. A potential additional funding commitment of around £125k may also be required should In Patient Mental Health Services be unable to reduce spend over the remainder of the financial year. This will be reflected in the year end financial position.

4.4 Services Delegated from Dundee City Council

- 4.4.1 The projected financial outturn for services delegated from Dundee City Council to the IJB shows an overspend of £3,440k for the financial year.
- 4.4.2 A key driver of underspending areas continues to be from vacancies as a result of recruitment and retention challenges across various teams, professions and grades.
- 4.4.3 Key drivers of overspend include ongoing lower chargeable income levels and premium cost of sessional and agency staff to fill vacant posts where necessary. During the first 9 months of 23/24, sessional staffing costs of £823k and overtime payments of £360k have been incurred along with agency staffing costs of £941k
- 4.4.4 Following agreement on 23/24 Pay Award for Council-employed staff, an increased cost pressure of £1,072k was incorporated into projected spend reflecting the increase from original provision of 4% pay award to a weighted-average 6.8% pay award. It was also assumed this additional 2.8% is unfunded with the additional cost pressure required to be managed within existing IJB funding streams. However following discussions with Dundee City Council finance colleagues, a share of additional Scottish Government funding has been confirmed to mainly cover this increased cost resulting in the significant improvement in the latest financial projection.

- 4.4.5 The additional cost pressure has been previously noted within external Care at Home spend, principally due to managing the significant increased demand growth being experienced this year. This position continues to be closely monitored to ensure funding is utilised as efficiently and effectively as possible.
- 4.4.6 However it should be noted that as a result of managing this increased demand, there are benefits for patients and service users as well as the whole-system health and social care pathways through reduced hospital delayed discharges and reduced social care unmet need in the community.

4.5 Reserves funding to manage recognised gap

- 4.5.1 The 2023/24 Financial Plans and Budget setting report also includes utilisation of up to £3m of IJB Reserves to manage the gap within the integrated position. This means that the IJB's financial position was planned as an overspend of £3m for 2023/24. The current projected operational overspend is therefore higher than originally anticipated.
- 4.5.2 In addition, further £1m was set aside to support winter planning and pressures. The current projected position includes some additional costs to support winter preparations as well as assumptions that spend will be proportionately higher during the second half of the year, therefore it is likely that this Reserves funding will be utilised and drawn down to partially offset the projected overspend position.
- 4.5.3 The remaining projected overspend (£0.780m) is currently not earmarked against any identified Reserve and this shortfall would likely be covered from General Reserves at year end should further financial management interventions not successfully reduce the projected deficit.

4.6 Reserves Position

- 4.6.1 The IJB's reserves position significantly improved at the year ended 31st March 2023 as a result of the IJB generating an operational surplus of £7,531k during 2022/23. This resulted in the IJB having total committed reserves of £13,179k and uncommitted reserves of £10,789k at the start of 2023/24 financial year. This provided the IJB with more flexibility to respond to unexpected financial challenges and provides the opportunity for transition funding for transformation of services. The reserves position is noted in Table 2 below:

Table 2

Reserve Purpose	Closing Reserves @ 31/3/23	Indicative Year End 23/24 Reserves
	£k	£k
Mental Health	635	0
Primary Care	1,535	1,040
Community Living Fund	613	0
NHST - Shifting Balance of Care	1,600	1,600
Drug & Alcohol	925	350
Strategic Developments	2,500	1,500
Revenue Budget Support	3,000	0
Service Specific	1,995	1,246
Other Staffing	377	250
Total committed	13,179	5,986
General	10,789	10,009
TOTAL RESERVES	23,968	15,995

- 4.6.2 Scottish Government funding in relation to Primary Care Improvement Fund, Mental Health Strategy Action 15 Workforce and Alcohol and Drugs Partnerships can only be spent on these areas and reserve balances have been taken into consideration for these funds by the Scottish Government when releasing further in-year funding.
- 4.6.3 Based on spend patterns and known plans during 2023/24 and combined with in-year funding allocations, indicative year end reserves are also noted in Table 2. The projected figures include the expectation that £0.780m will require to be drawn from General Reserves along with £3.0m from Revenue Budget Support and £1.0m from Strategic Developments (Winter Planning support).
- 4.6.4 The IJB's Reserves Policy seeks to retain General Reserves of 2% of budget (approximately £6.2m)

4.7 Financial Recovery Plan

- 4.7.1 As noted in the previous Financial Monitoring Report (DIJB67-2023), a financial recovery plan was to be developed for consideration by the IJB. The latest monitoring shows a considerable improvement in the projected financial position, with the key reasons and movements outlined within this report. The current figures indicate the gap and therefore resulting reliance on general reserves is reduced to £0.78m. In terms of additional actions being undertaken for the remainder of the financial year, the following will continue to be applied to reduce spend.
- Officers continue to review all areas of spend across the delegated budgets with the aim of minimising the overall projected overspend position.
 - Partnership organisations have recently introduced enhanced recruitment controls, and these processes will also be incorporated into internal Health and Social Care recruitment procedures where applicable.
 - Discretionary spend continues to be monitored and managed to ensure that only essential expenditure is incurred.

5.0 POLICY IMPLICATIONS

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

6.0 RISK ASSESSMENT

Risk 1 Description	There is a significant risk that the IJB is unable to deliver a balanced budget over the financial year.
Risk Category	Financial
Inherent Risk Level	Likelihood 2 x Impact 4 = Risk Scoring 8 (which is a High Risk Level)
Mitigating Actions (including timescales and resources)	Regular financial monitoring reports to the IJB will highlight issues raised.
Residual Risk Level	Likelihood 2 x Impact 3 = Risk Scoring 6 (which is a Moderate Risk Level)
Planned Risk Level	Likelihood 2 x Impact 3 = Risk Scoring 6 (which is a Moderate Risk Level)
Approval recommendation	While the inherent risk levels are high, the impact of the planned actions reduce the risk and therefore the risk should be accepted.

7.0 CONSULTATIONS

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

8.0 DIRECTIONS

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

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

9.0 BACKGROUND PAPERS

9.1 None.

Dave Berry
Chief Finance Officer

Date: 25th January 2024

Christine Jones
Partnership Finance Manager

						Appendix 1
DUNDEE INTEGRATED JOINT BOARD - HEALTH & SOCIAL CARE PARTNERSHIP - FINANCE REPORT 2023/24						Dec-23
	Dundee City Council Delegated Services		NHST Dundee Delegated		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	52,443	2,174	19,831	328	72,274	2,502
Mental Health	7,700	175	4,877	(225)	12,577	(50)
Learning Disability	32,474	1,022	1,628	(98)	34,102	925
Physical Disabilities	8,154	(157)	0	0	8,154	(157)
Drug and Alcohol Recovery Service	1,383	(60)	4,679	250	6,062	190
Community Nurse Services/AHP/Other Adult	-109	(130)	18,518	86	18,409	(44)
Lead Partner Services			26,276	(182)	26,276	(182)
Other Dundee Services / Support / Mgmt	4,313	415	32,570	(365)	36,884	50
Centrally Managed Budgets			1,833	(1,097)	1,833	(1,097)
Total Health and Community Care Services	106,359	3,440	110,212	(1,304)	216,570	2,136
Prescribing (FHS)			34,400	670	34,400	670
FHS Drugs Prescribing Cost Pressure Investment			1,545	(1,545)	1,545	(1,545)
Other FHS Prescribing			-856	(29)	(856)	(29)
General Medical Services			30,567	81	30,567	81
FHS - Cash Limited & Non Cash Limited			23,824	(34)	23,824	(34)
Large Hospital Set Aside			20,776	0	20,776	0
Total	106,359	3,440	220,468	(2,161)	326,827	1,279
Net Effect of Lead Partner Services*			(5,083)	501	(5,083)	501
Financial Plan Gap (integrated budget)					(3,000)	3,000
Grand Total	106,359	3,440	215,385	(1,660)	318,744	4,780
*Lead Partner Services (formerly known as 'Hosted Services') - Net Impact of Risk Sharing Adjustment						

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						Appendix 2
DUNDEE INTEGRATED JOINT BOARD - HEALTH & SOCIAL CARE PARTNERSHIP - FINANCE REPORT 2023/24						Dec-23
	Dundee City Council Delegated Services		NHST Dundee Delegated Services		Partnership Total	
	Annual Budget £,000	Projected Overspend / (Underspend) £,000	Annual Budget £,000	Projected Overspend / (Underspend) £,000	Annual Budget £,000	Projected Overspend / (Underspend) £,000
1						
Psych Of Old Age (In Pat)			5,523	145	5,523	145
Older People Serv. - Ecs			284	-30	284	-30
Older Peoples Serv. -Community			1,137	-153	1,137	-153
Ijb Medicine for Elderly			6,743	315	6,743	315
Medical (P.O.A)			821	325	821	325
Psy Of Old Age - Community			2,865	-160	2,865	-160
Medical (MFE)			2,459	-115	2,459	-115
Care at Home	24,172	3,677			24,172	3,677
Care Homes	29,619	-245			29,619	-245
Day Services	1,220	47			1,220	47
Respite	751	-255			751	-255
Accommodation with Support	1,125	-10			1,125	-10
Other	-4,444	-1,040			-4,444	-1,040
Older Peoples Services	52,443	2,174	19,831	328	72,274	2,502
2						
Community Mental Health Team			4,877	-225	4,877	-225
Care at Home	925	-223			925	-223
Care Homes	587	358			587	358
Day Services	65	-8			65	-8
Respite	-3	55			-3	55
Accommodation with Support	5,340	243			5,340	243
Other	787	-250			787	-250
Mental Health	7,700	175	4,877	-225	12,577	-50
3						
Learning Disability (Dundee)			1,628	-98	1,628	-98
Care at Home	-387	409			-387	409
Care Homes	3,074	116			3,074	116
Day Services	8,149	496			8,149	496
Respite	1,999	-53			1,999	-53
Accommodation with Support	22,289	-324			22,289	-324
Other	-2,649	377			-2,649	377
Learning Disability	32,474	1,022	1,628	-98	34,102	925
4						
Care at Home	733	-8			733	-8
Care Homes	2,119	-379			2,119	-379
Day Services	1,472	-79			1,472	-79
Respite	-30	-19			-30	-19
Accommodation with Support	767	177			767	177
Other	3,094	151			3,094	151
Physical Disabilities	8,154	-157	0	0	8,154	-157
5						
Dundee Drug Alcohol Recovery			4,679	250	4,679	250
Care at Home	0	0			0	0
Care Homes	277	235			277	235
Day Services	64	1			64	1
Respite	0	0			0	0
Accommodation with Support	401	-139			401	-139
Other	641	-157			641	-157
Drug and Alcohol Recovery Service	1,383	-60	4,679	250	6,062	190

		Dundee City Council Delegated Services		NHST Dundee Delegated Services		Partnership Total	
		Annual Budget £,000	Projected Overspend / (Underspend) £,000	Annual Budget £,000	Projected Overspend / (Underspend) £,000	Annual Budget £,000	Projected Overspend / (Underspend) £,000
6							
	A.H.P.S Admin			524	1	524	1
	Physio + Occupational Therapy			7,638	-115	7,638	-115
	Nursing Services (Adult)			9,528	130	9,528	130
	Community Supplies - Adult			344	60	344	60
	Anticoagulation			483	10	483	10
	Other Adult Services	-109	-130			-109	-130
	Adult Services	-109	-130	18,518	86	18,409	-44
7							
	Palliative Care - Dundee			3,637	218	3,637	218
	Palliative Care - Medical			1,667	130	1,667	130
	Palliative Care - Angus			444	4	444	4
	Palliative Care - Perth			2,070	-45	2,070	-45
	Brain Injury			2,048	75	2,048	75
	Dietetics (Tayside)			4,013	110	4,013	110
	Sexual & Reproductive Health			2,558	-120	2,558	-120
	Medical Advisory Service			80	-10	80	-10
	Homeopathy			39	11	39	11
	Tayside Health Arts Trust			82	0	82	0
	Psychological Therapies			6,826	-75	6,826	-75
	Psychotherapy (Tayside)			1,302	-230	1,302	-230
	Perinatal Infant Mental Health			576	0	576	0
	Learning Disability (Tay Ahp)			933	-250	933	-250
	Lead Partner Services	0	0	26,276	-182	26,276	-182
8							
	Working Health Services			1	50	1	50
	The Corner			657	-65	657	-65
	Dundee 2c (gms) Services			482	280	482	280
	Ijb Management			806	-85	806	-85
	Partnership Funding			26,078	0	26,078	0
	Urgent Care			2,033	-60	2,033	-60
	Community Health Team			224	-55	224	-55
	Health Inclusion			1,397	-385	1,397	-385
	Primary Care			892	-45	892	-45
	Support Services / Management Costs	4,313	415			4,313	415
	Other Dundee Services / Support / Mgmt	4,313	415	32,570	-365	36,884	50
	Centrally Managed Budget			1,833	-1,097	1,833	-1,097
	Total Health and Community Care Services	106,359	3,440	110,212	-1,304	216,570	2,136
	Other Contractors						
	FHS Drugs Prescribing			34,400	670	34,400	670
	FHS Drugs Prescribing Cost Pressure Investment			1,545	-1,545	1,545	-1,545
	Other FHS Prescribing			-856	-29	-856	-29
	General Medical Services			30,567	81	30,567	81
	FHS - Cash Limited & Non Cash Limited			23,824	-34	23,824	-34
	Large Hospital Set Aside			20,776	0	20,776	0
	Grand H&SCP	106,359	3,440	220,468	-2,161	326,827	1,279
	Lead Partner Services Recharges Out			-16,133	259	-16,133	259
	Lead Partner Services Recharges In			10,950	342	10,950	342
	Hosted Recharge Cost Pressure Investment			100	-100	100	-100
	Adjustment			-5,083	501	-5,083	501
	Financial Plan Gap (integrated budget)					-3,000	3,000
	Grand Total	106,359	3,440	215,385	-1,660	318,744	4,780

NHS Tayside - Lead Partner Services Hosted by Integrated Joint Boards			Appendix 3
Recharge to Dundee IJB			
Risk Sharing Agreement - December 2023			
	Annual Budget £000s	Forecast Over / (Underspend) £000s	Dundee Share of Variance £000s
Lead Partner Services - Angus			
Forensic Service	1,160	129	51
Out of Hours	9,179	1,491	587
Tayside Continence Service	1,552	245	97
Locality Pharmacy	3,044	0	0
Speech Therapy (Tayside)	1,449	0	0
Sub-total	16,384	1,864	734
Apprenticeship Levy & Balance of Savings Target	107	(47)	(19)
Total Lead Partner Services - Angus	16,491	1,817	716
Lead Partner Services - Perth & Kinross			
Prison Health Services	4,888	(102)	(40)
Public Dental Service	2,671	(479)	(189)
Podiatry (Tayside)	3,695	(409)	(161)
Sub-total	11,254	(989)	(390)
Apprenticeship Levy & Balance of Savings Target	48	39	16
Total Lead Partner Services - Perth&Kinross	11,301	(950)	(374)
Total Lead Partner Services from Angus and P&K	10,950		342

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	Dundee IJB - Budget Savings List 2023-24		Appendix 4
	Agreed Savings Programme		
	Savings / Initiative	2023/24 Value £000	Risk of non-delivery
	Recurring Proposals		
1)	Dundee City Council Review of Charges – Additional Income	287	Medium
2)	Remove 2022/23 Budget Contingency	300	Low
3)	Reduce Service Budgets for Supplies and Services and Transport Costs	300	Low
4)	Impact of National Insurance Increase Policy Change	550	Low
	Total Recurring Savings / Initiatives	1,437	
	Non-Recurring Proposals		
5)	Utilisation of IJB Reserves – Previously Agreed by IJB	2,500	Low
6)	Proposed Further Utilisation of Reserves	500	Low
7)	Management of natural staff turnover	700	Low
	Total Non Recurring Savings / Initiatives	3,700	
	Total Savings / Initiatives	5,137	

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ITEM No ...10.....

DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD - ATTENDANCES - JANUARY 2023 TO DECEMBER 2023

Organisation	Member	Meeting Dates January 2023 to December 2023						
		22/02	29/03	19/4	21/6	23/8	25/10	13/12
NHS Tayside (Non Executive Member (Chair)	Pat Kilpatrick	✓	✓	A	A	A	✓	✓
Dundee City Council (Elected Member) (Vice Chair)	Cllr Ken Lynn	✓	✓	✓	✓	✓	✓	✓
Dundee City Council (Elected Member)	Cllr Siobhan Tolland	✓	A/S	✓	✓	✓	✓	✓
Dundee City Council (Elected Member)	Cllr Dorothy McHugh	✓	✓	✓	✓	✓	✓	✓
NHS Tayside (Non Executive Member)	Anne Buchanan	✓	✓	✓	✓			
NHS Tayside (Non Executive Member)	Donald McPherson					✓	✓	✓
NHS Tayside (Non Executive Member)	Sam Riddell	✓	✓	✓	✓	✓	✓	✓
Dundee City Council (Chief Social Work Officer)	Diane McCulloch	✓	✓	A	✓	✓	✓	✓
Chief Officer	Vicky Irons	✓	✓	A	✓	✓	✓	✓
Chief Finance Officer	Dave Berry	✓	✓	✓	✓	✓	✓	✓
NHS Tayside (Registered Medical Practitioner (whose name is included in the list of primary medical performers)	Dr David Wilson	✓	✓	✓	✓	✓	✓	✓
NHS Tayside (Registered Nurse)	Sarah Dickie	✓	✓	A				
NHS Tayside (Registered Nurse)	Suzie Flower				✓	✓	✓	✓
NHS Tayside (Registered Medical Practitioner (not providing primary medical services)	Dr James Cotton	✓	A	✓	A	A	✓	A
Trade Union Representative	Jim McFarlane	✓	✓	A	✓	✓	✓	✓
NHS Tayside (Staff Partnership Representative)	Raymond Marshall	✓	A	A	A	✓	✓	A
Voluntary Sector	Christina Cooper	✓	A/S	A/S	✓	✓	A	A
Service User Representative	Liz Goss			A	✓	✓	✓	A
Person Providing unpaid care in the area of the local authority	Martyn Sloan	✓	✓	✓	✓	✓	✓	✓
NHS Tayside (Director of Public Health)	Dr Emma Fletcher	✓	A	A	A/S	✓	✓	✓
Clinical Director	Dr David Shaw	✓	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