



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

City Chambers
DUNDEE
DD1 3BY

14th February, 2023

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, 22nd February, 2023 at 10.00 am.

Apologies for absence should be intimated to Arlene Hay, Committee Services Officer, on telephone 01382 4344818 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 5pm on Friday, 17th February, 2023.

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 MINUTE OF PREVIOUS MEETING - Page 1

- (a) The minute of previous meeting of the Integration Joint Board held on 14th December, 2022 is attached for approval.
- (b) ACTION TRACKER - Page 7

The Action Tracker (DIJB7-2023) for meetings of the Integration Joint Board is attached for noting and updating accordingly.

4 PERFORMANCE AND AUDIT COMMITTEE

- (a) MINUTE OF PREVIOUS MEETING OF 1ST FEBRUARY, 2023 - Page 11

(Copy attached for information and record purposes).

- (b) CHAIR'S ASSURANCE REPORT - Page 15

(Report No DIJB8-2022 attached for information and record purposes).

5 UPDATE ON BUSINESS MODEL FOR OLDER PEOPLE WITH MENTAL HEALTH NEEDS - Page 17

(Report No DIJB5-2023 by the Chief Officer, copy attached).

6 PROTECTING PEOPLE COMMITTEE ANNUAL REPORTS 2021/2022 - Page 37

(Report No DIJB3-2023 by the Protecting People Committee Independent Chairs, copy attached).

7 IMPLEMENTATION OF THE PUBLIC SECTOR EQUALITY DUTY – UPDATE (DIJB1-2023)

In October 2022, the Integration Joint Board (IJB) received a report summarising the outcome of audit activity undertaken by the Equality and Human Rights Commission with regard to compliance with the Public Sector Equality (PSED) and subsequent planned improvement activity (Article XVI of the minute of the meeting of the Dundee Integration Joint Board held on 27th October, 2022 refers). At that time the Chief Officer was instructed to provide a further update on the progress of improvement actions no later than 28th February 2023. Subsequent to the report submitted in October the Equality and Human Rights Commission has notified IJB Chief Officers that the deadline for achieving full compliance with PSED requirements has been extended to 31st March, 2023.

Since October officers within the Health and Social Care Partnership have been working closely with Dundee City Council Committee Services and with colleagues within Dundee City Council Corporate Services with a remit for equalities matters. Collaboratively officers have been able to plan and progress the following key areas of improvement:

- Further updates to the Partnership's 'Equality Information' pages within the corporate website have been made. This includes completed Integrated Impact Assessments now being uploaded to this page following IJB meetings to make them more easily accessible to members of the public. This is in addition to advance publication of IJB agendas which include the report and the Integrated Impact Assessment where this is required.
- Changes have been made to the Partnership's internal business process to ensure that the requirement for the completion of an Integrated Impact Assessment (either screening tool or full assessment) to accompany reports to the IJB is flagged to report authors at an early stage and that reports cannot progress where this has not been provided.

- The Integrated Impact Assessment tool utilised by the Partnership has been updated to reflect information and guidance provided by the Equality and Human Rights Commission and to support authors to produce a high-quality impact assessment. Advice on this has been provided by Dundee City Council, Legal Services.
- A workshop has been arranged for report writers on 23rd February, 2023 to support them to better understanding the requirement to complete an Integrated Impact Assessment, the process for doing so and the expected content. This will also include supporting report writers to consider how they best record their consideration of equality matters throughout policy and strategy development processes so that relevant information is available for the completion of impact assessments.
- A briefing is being planned for IJB members on 1st March, 2023 that will seek to support enhanced understanding of the Public Sector Equality Duty requirements as they relate to the IJB, provide an overview of the Integrated Impact Assessment process and support members to understand their role in ensuring this is implemented effectively. This will include support to the Chair and Vice-Chair regarding the specific contribution they can make to the impact assessment process at the pre-agenda stage of the business process.

In addition, work is also continuing to draft the IJB's equality mainstreaming update report and replacement equality outcomes, which must be approved and published by the end of April 2023.

It is anticipated that these improvements will ensure full compliance with the PSED by Dundee IJB by the deadline date of 31st March, 2023.

The IJB is asked to note the position.

8 STRATEGIC COMMISSIONING PLAN – UPDATE (DIJB2-2023)

In October 2022, the Integration Joint Board (IJB) approved a report setting out the process and timeline for the development of a replacement strategic commissioning plan for April 2023 onwards, including reviewing the IJB's Equality Outcomes (Article XIV of the minute of the meeting of the Dundee Integration Joint Board held on 27th October, 2022 refers). At that time the Chief Officer was instructed to provide further updates on the progress of this work.

Over the last 3 months significant progress has been made in progressing the development of a replacement plan, including:

- Completion of an exercise to review and benchmark against strategic commissioning plans from other areas of Scotland, with areas of strength / best practice identified for incorporation at a local level.
- Continued regular liaison meetings with planning colleagues from Perth and Kinross and Angus IJBs and from NHS Tayside to develop the interface between strategic commissioning and associated delivery plans.
- Development of a skeleton document and initial drafting of some key sections of content.
- Ongoing record keeping required to inform a high-quality integrated impact assessment that will be required to accompany the strategic commissioning plan when it is submitted to the IJB for approval.
- A significant focus on stakeholder engagement, with priority given to engagement with people who use health and social care services and supports, unpaid carers and the health and social care workforce. Building on learning from previous engagement work this has taken a flexible and tailored approach with a range of different tools and opportunities being developed. This has facilitated Partnership staff to engage people in places and ways that best suit them as individuals and groups, creating spaces for the Partnership to listen to what is most important to them. Opportunities have also been taken to reflect back to stakeholders' contributions made in early engagement activities and to further refine thinking, particularly in relation to the IJB's vision and wording of strategic priorities. Contributions to date have highlighted that alongside refining the wording of the IJB's vision and priority there is a need to consider a clear statement of the values and principles that underpin the work of the IJB.

- Work to analyse contributions made by stakeholders to other relevant engagement process that have taken place over the last 12 months or are currently ongoing. This has included contributions made during the development of the Carers Strategy and the Learning Disability and Autism Strategy, we well as ongoing engagement relating to GP Premises Strategy. This approach has helped to ensure that we make best use of the valuable time and effort people have given in contributing their views, as well as ensuring consistency as we develop the overarching strategic commissioning plan.
- Work has also begun with partner agencies to explore how we can work collaboratively with our workforce, partner organisations and members of the public to create images that can be used to illustrate the replacement plan. A creative and collaborative approach to illustrating the new plan is intended to help local people feel more connected to the plan, provide an alternative route for engagement / contribution, and support a plan that is more meaningful and relevant to local people. There has been a very positive initial response from partners and further work will take place throughout February and March in this area.

A briefing session with IJB members was held on 25th January, 2023, focused on refining key content in relation to the IJB's vision, strategic priorities and statement of values. Feedback from IJB members provided during the session is now being incorporated into a draft strategic framework.

As highlighted in the October 2022 report to the IJB, the timescale for delivery of the new strategic commissioning plan and the supporting delivery plan is extremely challenging. Wherever possible approaches are being used that bring together the budget setting and strategic planning activities to reduce any duplication of effort and ensure a consistent approach. However, staff capacity in both planning functions and more widely across operational services who have a critical role in informing the content of the plan remains a key risk. For that reason, the focus will remain on developing the strategic commissioning plan and delivery plan by end of April 2023, with the expectation that the development of other companion documents is likely to continue beyond that date.

The IJB is asked to note the position.

9 DUNDEE ALCOHOL AND DRUGS PARTNERSHIP STRATEGIC FRAMEWORK AND DELIVERY PLAN - Page 201

(Report No DIJB4-2023 by the Chief Officer, copy attached).

10 MENTAL HEALTH AND WELLBEING STRATEGIC UPDATE - Page 275

(Report No DIJB6-2023 by the Chief Officer, copy attached).

11 INTEGRATION JOINT BOARD BUDGET UPATE - Page 297

(Report No DIJB11-2023 by the Chief Finance Officer, copy attached).

12 FINANCIAL MONITORING POSITION AS AT DECEMBER, 2022 - Page 301

(Report No DIJB12-2023 by the Chief Finance Officer, copy attached).

13 MEETINGS OF THE INTEGRATION JOINT BOARD 2022 - ATTENDANCES (DIJB9-2023) - Page 315

A copy of the attendance return for meetings of the Integration Joint Board held to date over 2022 is attached for information.

14 DATE OF NEXT MEETING

The next meeting of the Dundee Integration Joint Board will be held remotely on Wednesday, 29th March, 2023 at 10.00am. This will be the Budget Meeting.

DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD
DISTRIBUTION LIST
(REVISED DECEMBER 2022)

(a) DISTRIBUTION - INTEGRATION JOINT BOARD MEMBERS

<u>Role</u>	<u>Recipient</u>
VOTING MEMBERS	
Non Executive Member (Chair)	Pat Kilpatrick
Elected Member (Vice Chair)	Councillor Ken Lynn
Elected Member	Councillor Siobhan Tolland
Elected Member	Councillor Dorothy McHugh
Non Executive Member	Anne Buchanan
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	Sarah Dickie
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	Vacant
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)	Donald McPherson
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 Lyall
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)	Kenny McKaig
Dundee City Council (Members' Support)	Jayne McConnachie
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



At a MEETING of the **DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** held remotely on 14th December, 2022.

Present:-

Members

Role

Pat KILPATRICK (<i>Chairperson</i>)	Nominated by Health Board (Non Executive Member)
Ken LYNN (<i>Vice Chairperson</i>)	Nominated by Dundee City Council (Elected Member)
Siobhan TOLLAND	Nominated by Dundee City Council (Elected Member)
Dorothy MCHUGH	Nominated by Dundee City Council (Elected Member)
Anne BUCHANAN	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)
Sarah DICKIE	Registered Nurse
Vicky IRONS	Chief Officer
Ailsa MCALLISTER	Third Sector Representative
Diane McCULLOCH	Chief Social Work Officer
Jim McFARLANE	Trade Union Representative
Raymond MARSHALL	Staff Partnership Representative
Dr David SHAW	Clinical Director

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

Christine JONES	Dundee Health and Social Care Partnership
Jenny HILL	Dundee Health and Social Care Partnership
Shona HYMAN	Dundee Health and Social Care Partnership
Kathryn SHARP	Dundee Health and Social Care Partnership
Angie SMITH	Dundee Health and Social Care Partnership

Pat KILPATRICK, Chairperson, in the Chair.

Prior to the commencement of the meeting the Chief Officer took the opportunity to appraise the Integration Joint Board on the current position in relation to pressures on services including an increase in demand for acute care and care at home services which was noted. The Chair recorded thanks to staff, on behalf of the Integration Joint Board, for their extraordinary efforts over the year.

The Chief Social Work Officer took the opportunity to provide an update on the works on the Community Wellbeing Centre development which was noted.

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
Martyn SLOAN	Person providing unpaid care in the area of the local authority

Dr David WILSON

Registered Medical Practitioner (whose name is included in the list of primary medical services performers)

II DECLARATION OF INTEREST

There were no declarations of interest.

III NHS TAYSIDE – VOTING MEMBER AND PROXY MEMBER

The Integration Joint Board noted that at the meeting of NHS Tayside Board held on 27th October, 2022 it was agreed that Sam Riddell be nominated as a Voting Member on the Integration Joint Board and that Donald McPherson, who previously held that position, be appointed as a Proxy Member of the Integration Joint Board as a replacement for Professor Grame Martin.

IV MINUTE OF PREVIOUS MEETING

(a) The minute of meeting of the Integration Joint Board held on 26th October, 2022 was submitted and approved.

(b) ACTION TRACKER

The Action Tracker DIJB91-2022 for meetings of the Integration Joint Board was submitted and noted.

V PERFORMANCE AND AUDIT COMMITTEE

(a) MINUTE OF PREVIOUS MEETING OF 23RD NOVEMBER, 2022

The minute of the previous meeting of the Performance and Audit Committee held on 23rd November, 2022 was submitted and noted for information and record purposes.

(b) CHAIR'S ASSURANCE REPORT

There was submitted Report No DIJB93-2022 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.

VI APPROVAL OF DUNDEE HEALTH AND SOCIAL CARE INTEGRATION SCHEME

There was submitted Agenda Note DIJB88-2022 advising that in December 2020 the Integration Joint Board was informed that NHS Tayside and Dundee City Council had completed the statutory review of the Dundee Health and Social Care Integration Scheme (required by section 44 of the Public Bodies (Joint Working) Scotland Act 2014) and had agreed that a revised scheme should be prepared (Article X of the minute of the meeting of the Dundee Integration Joint Board held on 15th December, 2020 refers). Further updates were provided to the Integration Joint Board in August 2021, February 2022 and June 2022 on the progress of work to prepare a revised scheme, consult on the revised draft and submit this to Scottish Ministers for approval (Article VI of the minute of the meeting of the Dundee Integration Joint Board held on 25th August, 2021, Article XV of the minute of the meeting of the Dundee Integration Joint Board held on 23rd February, 2022, Article X of the minute of the meeting of the Dundee Integration Joint Board held on 22nd June, 2022 refers).

Dundee City Council and NHS Tayside submitted the revised scheme to Scottish Ministers for approval prior to the end of June 2022. On 21st November, 2022 the corporate bodies received notification from the Scottish Government that the Dundee Health and Social Care Integration Scheme had received Ministerial approval.

The approved scheme had been published on the Dundee Health and Social Care Partnership website at: [DUNDEE HEALTH AND SOCIAL CARE INTEGRATION SCHEME 2022 \(dundeehsc.com\)](https://www.dundeehsc.com).

The Integration Joint Board agreed to note the updated position.

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

- (i) to note that a refresher development session for IJB members would be arranged to take place early in the new year.

VII CHIEF SOCIAL WORK OFFICER ANNUAL REPORT 2021/22

There was submitted Report No DIJB83-2022 by the Chief Social Work Officer, bringing forward for information the Chief Social Work Officer's Annual Report for 2021/22, which was attached as appendix 1 to the report.

The Integration Joint Board noted the content of the report and the Chief Social Work Officer's Annual Report for 2021/22, which was attached as appendix 1 of the report.

VIII DUNDEE INTEGRATION JOINT BOARD PROPERTY STRATEGY

There was submitted Report No DIJB84-2022 by the Chief Finance Officer, setting out the ambitions for Dundee health and social care provision to develop premises that enable and support health and social care services where citizens are able to access the services they need within their own community. Equitable access to healthcare, social care and social work services was a vital part of tackling inequalities in need and outcomes associated with poverty, poor social circumstances and protected characteristics and was a requirement of public bodies under the Equality Act (2010) and Fairer Scotland Duty (2018).

The Integration Joint Board agreed:-

- (i) to approve the IJB Property Strategy as outlined in the report and attached as appendix 1 to the report; and
- (ii) instructed the Chief Officer to bring back progress reports to the IJB on an annual basis.

Following questions and answers the Integration further agreed:-

- (iii) that a fuller report would be submitted to the next IJB meeting on the replacement for Constitution House and services provided.

IX WINTER PLAN – NHS TAYSIDE AND PARTNER ORGANISATIONS

There was submitted Report No DIJB86-2022 by the Chief Finance Officer presenting to Dundee Integration Joint Board the Winter Planning arrangements for NHS Tayside and the local Health & Social Care Partnerships for 2022/23. This was an integrated plan which outlined the work ongoing in each of the Tayside Health & Social Care Partnerships and in Acute Services to address the organisational challenges likely to be presented over the winter period.

The Integration Joint Board agreed:-

- (i) to approve and endorse the Winter Plan NHS Tayside and Partner Organisations 2022/23 for submission to the Scottish Government;
- (ii) to note ongoing whole system collaboration in preparation for anticipated winter challenges; and
- (iii) to approve the ring fencing of £1m of currently non-earmarked reserves to utilise if required to meet additional costs of winter pressures should these not be contained within the IJB's overall delegated budget.

X MANAGEMENT OF SOCIAL CARE CAPACITY AND FLOW

There was submitted Report No DIJB94-2022 by the Chief Officer setting out the actions being undertaken to manage and reduce the unmet need for social care in Dundee Health and Social Care Partnership.

The Integration Joint Board agreed to note the work being undertaken to address the challenges of managing social care capacity and flow and the associated action plan in place to meet those challenges.

XI GENERAL PRACTICE PROVISION IN DUNDEE – PROPOSAL TO CONSOLIDATE TO ONE SITE BY FAMILY MEDICAL GROUP PRACTICE

There was submitted Report No DIJB87-2022 by the Chief Officer outlining the current issues with general practice provision in relation to Family Medical Group and note the practice's request to close the main surgery at Wallacetown Health Centre and consolidate their team in the branch surgery located in Douglas.

The Integration Joint Board agreed:-

- (i) to note the content of the report including the current issues with safely staffing two general practice sites for Family Medical Group;
- (ii) to support the aim of Family Medical Group, that all current patients would have the opportunity to remain registered with Family Medical Group and continue to see their current GP team; and
- (iii) to support the proposal by Family Medical Group to consolidate its services on one site with a view to achieving the stated aim in recommendation 2.2 and in addition offer a number of additional services which were available at Douglas as noted in paragraph 4.2.3 of the report.

XII FINANCIAL MONITORING POSITION AS AT AUGUST 2022

There was submitted Report No DIJB85-2022 by the Chief Finance Officer providing the Integration Joint Board with an update of the projected financial monitoring position for delegated health and social care services for 2022/2023 including an overview of the costs and financial risks associated with Dundee Health and Social Care Partnership's response to the COVID-19 crisis.

The Integration Joint Board agreed:-

- (i) to note the content of the report including the overall projected financial position for delegated services to the 2022/23 financial year end as at 31st October, 2022 as outlined in Appendices 1, 2, and 3 of the report;
- (ii) to note the costs and financial risks associated with Dundee Health and Social Care Partnership's continued response to the COVID-19 crisis as set out in section 4.5 of the report; and
- (iii) to note that officers within the Health and Social Care Partnership would continue to carefully monitor expenditure throughout the remainder of the financial year.

XIII DUNDEE INTEGRATION JOINT BOARD BUDGET DEVELOPMENT 2023/24

There was submitted Agenda Note DIJB89-2022 reporting that annual work had commenced in relation to the development of the Integration Joint Board's delegated budget for 2023/24. A more detailed update would be provided in February 2023, with the Chief Finance Officer presenting a proposed budget for consideration at a special meeting in March 2023.

As in previous years, three development sessions were also planned with IJB members between January and March 2023 to discuss in detail the implications of the Scottish Government's budget on the IJB's resources, the impact of budget pressures, budget development progress as well as opportunities and priorities under consideration during the budget setting process.

The UK Government Autumn Statement 2022 was presented on 17th November, 2022. It was anticipated the Scottish Government would publish its spending plans for 2023/24 on 15th December, 2022 with the detail behind that communicated to local authorities, Health Boards and Integration Authorities over the following week.

Discussions were underway between officers of the Health and Social Care partnership and both Dundee City Council and NHS Tayside colleagues to understand the likely implications and underlying cost assumptions for the delegated budgets, and the range of potential cost pressures that the IJB was likely to face in 2023/24 and beyond was being developed.

The IJB was presented with the 5 Year Financial Framework at its meeting of 22nd June, 2022 (Article XV of the minute refers). This noted that based on a range of assumptions around cost pressures such as pay awards, living wage increases, inflation, demographic growth and likely funding from NHS Tayside, Dundee City Council and the Scottish Government, the IJB's delegated budget could have a financial gap of around £8.642m in 2023/34. Given these estimates were made prior to higher levels of inflation and subsequent pay awards it was expected that this financial gap would be higher than initially estimated. The Integration joint Board agreed to note the ongoing work to date and that a more detailed report would be presented in the February 2023 meeting.

XIV DUNDEE INTEGRATION JOINT BOARD RESERVES STRATEGY

There was submitted Report No DIJB90-2022 by the Chief Finance Officer propose a Reserves Investment Strategy for Dundee Integration Joint Board to adopt to ensure the IJB is in a position to utilise all available resources it has to maximum effect to support the delivery of the strategic priorities set out within the Strategic and Commissioning Plan.

The Integration Joint Board agreed:-

- (i) to note and approve the proposed IJB Reserves Investment Strategy as set out in section 4.1.8 of the report; and
- (ii) to instruct the Chief Finance Officer to report the impact of the utilisation of the IJB's reserves as part of the regular financial monitoring reporting and annual budget setting process.

XV MEETINGS OF THE INTEGRATION JOINT BOARD 2022 - ATTENDANCES

There was submitted a copy of the Attendance Return DIJB92-2022 for meetings of the Integration Joint Board held to date over 2022.

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

XVI PROGRAMME OF MEETINGS OF INTEGRATION JOINT BOARD AND PERFORMANCE AND AUDIT COMMITTEE - 2023

- (a) INTEGRATION JOINT BOARD

The Integration Joint Board agreed that the programme of meetings for the Integration Joint Board over 2023 be as follows:-

Wednesday, 22nd February, 2023 – 10.00am
 Wednesday, 29th March, 2023 – 10.00am (Budget Meeting)
 Wednesday, 19th April, 2023 at 10.00am
 Wednesday, 21st June, 2023 – 10.00am
 Wednesday, 23rd August, 2023 – 10.00am

Wednesday, 25th October, 2023 – 10.00am
Wednesday, 13th December, 2023 – 10.00am

(b) PERFORMANCE AND AUDIT COMMITTEE

The Integration Joint Board agreed that the programme of meetings for the Performance and Audit Committee over 2023 be as follows:-

Wednesday, 1st February, 2023 – 10.00am
Wednesday, 24th May, 2023 – 10.00am
Wednesday, 27th September, 2023 – 10.00am
Wednesday, 22nd November, 2023 – 10.00am

XVII 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, 22nd February, 2023 at 10.00am.

Pat KILPATRICK, Chairperson.

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

DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – ACTION TRACKER – MEETING ON 14TH DECEMBER 2022 (DIJB7-2023)

No	Meeting	Minute Ref	Heading	Action Point	Responsibility	Original Timeframe	Status	Comment
1.	23/06/21	VII(iv)	LEADERSHIP OF PUBLIC PROTECTION ARRANGEMENTS	Training on Trauma Informed Leadership to be extended to the membership of the Integration Joint Board;	Strategy and Performance Service Manager	30 th July 2021	Complete	Links to on-line training have been circulated and recording of briefing provided to DCC elected members shared. Information regarding any further training being offered via the Improvement Service will be circulated to IJB as and when this is available.
2.	25/08/21	IV(iii)	SUICIDE PREVENTION STRATEGIC UPDATE	to remit to the Chief Officer to submit the draft Dundee Suicide Prevention Strategic and Commissioning Plan for approval once this has been refreshed as outlined in section 4.3.5 of the report.	Chief Officer	August 2022	Complete	Suicide Prevention update submitted to IJB as part of Mental Health and Wellbeing Strategic update 22 February 2023. Discussion at Chief Officers Group (Public Protection) on 16 February 2023 will clarify future strategic planning arrangements taking into account the direction outlined within 'Creating Hope Together'.
3.	25/08/21	IV(iv)	SUICIDE PREVENTION STRATEGIC UPDATE	to remit to the Chief Officer to submit the draft Tayside Suicide Prevention Action Plan 2021/2024 for approval once this had been finalised as outlined in section 4.3.5 of the report.	Chief Officer	August 2022	In progress	Suicide Prevention update submitted to IJB as part of Mental Health and Wellbeing Strategic update 22 February 2023. Discussion at Chief Officers Group (Public Protection) on 16 February 2023 will clarify future strategic planning

								arrangements taking into account the direction outlined within 'Creating Hope Together'.
4.	27/10/21	IX(vi)	MENTAL HEALTH AND WELLBEING PLANNING IN LIGHT OF THE IMPACT OF COVID 19 ON CITIZENS IN DUNDEE	to note following enquiry from Councillor Short that the Chief Officer would examine the possibility of briefings being held for the membership of the Integration Joint Board on protected characteristics	Chief Officer	15 th December 2021	Complete	Briefing on Public Sector Equality Duty scheduled for 1 March 2023.
5.	22/06/22	VII(ii)	COMMUNITY CUSTODY UNIT	to note following enquiry from Donald McPherson on measurement of delivery of service the advice of Diane McCulloch that the Scottish Prison Service would attend a future meeting to further outline the model of delivery.	Chief Officer	December 2022	In progress	Future suitable date to be agreed. Centre now opened.
6.	22/06/22	VIII(vi)	REDUCING HARM ASSOCIATED WITH DRUG USE	to instruct the Chief Officer to submit the replacement strategic framework and delivery plan to the Integration Joint Board following approval by the Dundee Partnership.	Chief Officer	December 2022	Complete	The strategic framework and delivery plan for the ADP on the February 2023 IJB Agenda.
7.	24/08/22	VII	QUARTERLY COMPLAINTS PERFORMANCE 1ST QUARTER 2022/2023	Following questions and answers the Integration Joint Board further agreed to note following enquiry from Donald McPherson that at next reporting period further examination would be given to clarification of information provided in relation to complaints received and breakdown of these over the quarters indicated.	Chief Finance Officer	December 2022	In Progress	Further analysis being prepared accordingly
8.	24/08/22	XI	VETERANS FIRST POINT TAYSIDE	Following questions and answers the Integration Joint Board agreed to note that consideration would be given to arranging a development session on what was provided as wider support for	Locality Manager	December 2022	Complete	Session to be arranged after March 2023.

				veterans.				
9.	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	In progress	Strategic Plan has been formatted and circulated. Work to produce commissioning plan continues, this will be submitted to the IJB once completed.
10.	14/12/22	VI	APPROVAL OF DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP INTEGRATION SCHEME	to note that a refresher development session for IJB members would be arranged to take place early in the new year.	Chief Officer	Early 2023		
11.	14/12/22	VII	INTEGRATION JOINT BOARD PROPERTY STRATEGY	a fuller report would be submitted to the next IJB meeting on the replacement for Constitution House and services provided.	Chief Officer	February 2023		

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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 1st February, 2023.

Present:-

<u>Members</u>	<u>Role</u>
Ken LYNN (Chairperson)	Nominated by Dundee City Council (Elected Member)
Dorothy MCHUGH	Nominated by Dundee City Council (Elected Member)
Anne BUCHANAN	Nominated by Health Board (Non Executive Member)
Sam RIDDELL	Nominated by Health Board (Non Executive Member)
Dave BERRY	Chief Finance Officer
Tony GASKIN	Chief Internal Auditor
Vicky IRONS	Chief 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
Jenny HILL	Health and Social Care Partnership
Christine JONES	Health and Social Care Partnership
Matthew KENDALL	Health and Social Care Partnership
Shona HYMAN	Health and Social Care Partnership
Clare LEWIS-ROBERTSON	Health and Social Care Partnership
Mary O'CONNOR	Audit Scotland
Kathryn SHARP	Health and Social Care Partnership
David SHAW	Health and Social Care Partnership
Richard SMITH	Audit Scotland
Lynsey WEBSTER	Health and Social Care Partnership

Ken LYNN, Chairperson, in the Chair.

I APOLOGIES FOR ABSENCE

There were apologies for absence submitted on behalf of:-

James Cotton	NHS Tayside
Diane McCulloch	Health and Social Care Partnership
Raymond Marshall	NHS Tayside

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 23rd November, 2022 was submitted and approved.

(b) ACTION TRACKER

There was submitted the Action Tracker (PAC6-2022) for meetings of the Performance and Audit Committee. Dave Berry reported that work was underway to close off some of the older actions

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

IV DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP PERFORMANCE REPORT – 2022-23 QUARTER 2

There was submitted Report No PAC1-2023 by the Chief Finance Officer updating the Performance and Audit Committee on 2022-23 Quarter 2 performance against the National Health and Wellbeing Indicators and 'Measuring Performance Under Integration' indicators. For the first time, the published Social Care – Demand for Care at Home services had been summarised and included in the report.

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 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:-

- (v) that Lynsey Webster would check why there was a red line (Number of People waiting in the community for a social care assessment) on the legend on the graph on page 31 but there was no line red detailed in the content of the graph; and
- (vi) to note that data about the length of time people were waiting for a care at home package would be incorporated into the Performance Report at an appropriate time.

V MENTAL HEALTH SERVICES INDICATORS

There was submitted Report No PAC2-2023 by the Chief Finance Officer seeking approval of a proposed suite of indicators summarising performance in delegated Mental Health services for scrutiny and assurance that would form the basis of future six-monthly performance reports to the Performance and Audit Committee.

The Committee agreed:-

- (i) to note and approve the proposed suite of indicators outlined in section 5 and Appendix 1; and
- (ii) to note the intention to further develop the proposed suite of indicators into a full 6-monthly performance report for submission to PAC on an ongoing basis, in-line with arrangements already in place for Discharge Management and under development for Drug and Alcohol Services (as outlined in section 5.4 of the report).

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

There was submitted Report No PAC4-2023 by the Clinical Director providing assurance regarding matters of Government policy directives and legal requirements. This aligned to the safe, effective and person centred quality ambitions of NHS Scotland.

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, 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 in regard to clinical and care governance within the Partnership. The timescale for the data within the report was to November, 2022.

The Committee agreed:-

- (i) to note the Exception Report for the Dundee Health & Social Care Partnership Clinical, Care & Professional Governance Group as detailed in Section 4 of the report; and
- (ii) to note that the authors were recommending that the report provided reasonable assurance.

Following questions and answers the Committee further agreed:-

- (iii) that Matthew Kendall would ensure that the section of the report on page 56 containing Xs would be removed; and
- (iv) that Matthew would ensure that embedded documents would be included as appendices to the report in future.

VII DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP STRATEGIC RISK REGISTER UPDATE

There was submitted Report No PAC5-2023 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 as Appendix 1 of the report; and
- (iii) to note the recent work and future work on the Pentana Risk Management System in Section 7 of the report.

VIII GOVERNANCE ACTION PLAN PROGRESS REPORT

There was submitted Report No PAC3-2023 by the Chief Finance Officer providing the Performance and Audit Committee with an update on the progress of the actions set out in the Governance Action Plan.

The Committee agreed to note the content of the report and the progress made in relation to the actions set out in the Governance Action Plan as outlined in Appendix 1 of the report.

IX DUNDEE INTEGRATION JOINT BOARD INTERNAL AUDIT PLAN PROGRESS REPORT

There was submitted Report No PAC8-2023 by the Chief Finance Officer providing the Performance and Audit Committee (PAC) with an update on the substantive completion of the previous years' internal audit plans as well as progress against the 2022/2023 plan. The report also included internal audit reports that were commissioned by the partner Audit and Risk Committees, where the outputs were considered relevant for assurance purposes to Dundee Integration Joint Board.

The Committee agreed to note the continuing delivery of the audit plans and related reviews as outlined in the report.

X INTERNAL AUDIT REPORT – SUSTAINABILITY OF PRIMARY CARE

There was submitted Report No PAC9-2023 by the Chief Finance Officer presenting the findings of the internal audit review of the Sustainability of Primary Care.

The Committee agreed:-

- (i) to note the content and findings of the internal audit report which provided Limited Assurance (which was attached as Appendix 1 to the report);
- (ii) to note that progress with implementation of the agreed actions would be monitored by the organisations which commissioned the review; and
- (iii) to instruct the Chief Officer to provide a further report on progress made in relation to both Tayside wide and local actions by September 2023.

XI ATTENDANCE LIST

There was submitted Agenda Note PAC7-2023 providing attendance returns for meetings of the Performance and Audit Committee held over 2022.

The Committee agreed to note the position as outlined.

XII DATE OF NEXT MEETING

The Committee agreed to note that the next meeting of the Committee would be held on Wednesday, 24th May, 2023 at 10.00 am.

Ken LYNN, Chairperson.

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



REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD -
22 FEBRUARY 2023

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

REPORT BY: CHAIR, PERFORMANCE AND AUDIT COMMITTEE

REPORT NO: DIJB8-2023

This assurance report relates to the meeting of the Performance and Audit Committee (PAC) of the 1st February 2023.

Instructions Issued by the Committee

- The Committee instructed the Chief Officer to provide a progress report on the actions identified in the Tayside wide Internal Report on the Sustainability of Primary Care.

Issues to highlight to the Board

- Richard Smith and Mary O'Connor from the new External Audit Team from Audit Scotland were introduced to the Committee by the Chief Finance Officer. The appointment is for a period of 5 years and in addition to the provision of the annual external audit report and audit opinion on the annual accounts, the team will provide advice and guidance on governance issues as appropriate and will attend IJB and PAC meetings throughout the year. The Committee welcomed the appointment of the team.
- With Mental Health Services being such a key issue for the IJB, a report was presented to agree a suite of specific mental health performance indicators which would be reported on a 6-monthly basis to the PAC. These indicators will cover a range of specialisms and services within mental health service provision such as the Community Mental Health Team, Mental Health Officer Team and Discharge Management. The Committee was content that the comprehensive coverage of the indicators would enhance their understanding of mental health services performance.
- The Health and Social Care Partnership's quarter 2 (2022/23) Performance Report was presented to the Committee. This included a summary from a report by Public Health Scotland of the number of people waiting for social care assessment and care at home packages and associated hours of care assessed but still to be provided. These illustrate the challenges the partnership is facing particularly around delayed discharges. While the figures were a comparison from October to November 2022, there was a slight improvement in the number of people assessed and waiting for a care at home package in addition to a reduction in the number of hours required but not provided for those already in receipt of a care package. However, there was an increase in the number of people in the community waiting for a social care assessment.
- The Clinical Care and Professional Governance Assurance report was presented to the Committee which as ever provided many questions and discussion given the comprehensive overview of services including risks associated with service delivery. The report provided a reasonable level of assurance of clinical and care governance arrangements in place.

- The regular Strategic Risk Register update was provided to the Committee. This noted a steady position in relation to risk levels. The next stage of development for the IJB will be a session on setting risk appetite. A number of more recently appointed committee members asked for a recap of risk management as part of that session to support their development.
- The Committee tracked progress of both the Internal Audit Plan and the Governance Action Plan with reports on both of these presented to the meeting. The Chief Finance Officer noted a range of older actions were still on the Governance Action Plan and work was continuing to complete these before the next meeting.
- The Chief Internal Auditor introduced the Internal Audit Report on the Sustainability of Primary Care in Tayside which was commissioned by Angus and Perth and Kinross IJBs alongside NHS Tayside and explained that given the nature of the review and implications of the findings, it was important to present the report to Dundee Performance and Audit Committee in detail. There are a number of substantial recommendations in the report which provided Limited Assurance of the system of governance in place. The Committee was provided with assurance that a number of the identified actions in response to the findings were already being developed both on a Tayside wide and localised Dundee basis. The Chief Officer has been instructed to bring a progress report to the Committee by September 2023.

**Ken Lynn
Chair**

13 February 2023

REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 22nd
FEBRUARY 2023

REPORT ON: UPDATE ON BUSINESS MODEL FOR OLDER PEOPLE WITH
MENTAL HEALTH NEEDS

REPORT BY: CHIEF OFFICER

REPORT NO: DIJB5-2023

1.0 PURPOSE OF REPORT

1.1 This report provides an update to the Business Case for the proposed model of care for older people with mental health needs, including dementia, that was presented to the Integration Joint Board in June 2019.

2.0 RECOMMENDATIONS

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

- 2.1 Notes the service provided within Psychology of Old Age (POA) services and the proposed direction of this provision.
- 2.2 Remits the Chief Officer to provide an update report at a future meeting of the IJB.

3.0 FINANCIAL IMPLICATIONS

3.1 The developments outlined in this report will be contained within the existing delegated budget for older people with mental health needs.

4.0 MAIN TEXT

4.1 Current Position

4.1.1 Dundee IJB approved the business case for a proposed model of care for Older People with Mental Health Needs at its meeting of the 25 June 2019 (Article XVII refers). The national strategic direction for these changes was outlined in the Scottish Government's Reshaping Care for Older People policy, Scotland's National Dementia Strategy (2017 - 2020) and The Future Model of Residential Care for Older People (2014) with the local strategic direction set through the Dundee frailty Strategic Planning Group. This report provides an update on those service developments.

4.1.2 **Psychiatry of Older Age Service** - The service is based within Kingsway Care Centre. The services included are two Community Mental Health Teams for Older People, with an East/West geographical split. A Post Diagnostic (Dementia) Service.

A Care Home Support Service and a Psychiatric Hospital Liaison service. There are three inpatient wards on the Kingsway Care Centre Site, and an Intermediate care unit based in one of our partnership care homes.

4.1.3 Community Mental Health Teams for Older People - The teams support people aged 65 and over, and those under 65 with a diagnosis of Dementia. These teams operate an integrated service with a range of disciplines including Social Workers, Mental Health Nurses, Occupational Therapists and support workers. Aligned to each team are also Psychologists, Consultant Psychiatrists, Dieticians, Physiotherapists and Pharmacists. The aim is to assess people within their own communities, and provide a range of interventions to assist in improving and treating mental health issues. The teams operate an open referral system. The nursing part of the service operates 7 days per week across office hours. The service was able to employ additional nurses and support workers in the past 2 years due to funds transfer from a ward closure, and use of Scottish Government remobilisation monies. The service works closely with inpatient services, voluntary sectors and communities. The service does not routinely have a waiting list for people. The longest wait for non-urgent referrals is typically 7-14 days, with an average of 3 people at any time.

- **The Post Diagnostic Service** is a statutory service to deliver the HEAT target of offering a minimum of one year's post diagnostic support to people and their carers who have a diagnosis of dementia. They follow the Alzheimer's Scot 5 pillar model to support people. The service was enhanced with remob monies and meets the government targets continually highest for returns. They ensure that information and advice is provided early on to help people plan for the future and reduce need for statutory and crisis supports. They have arrange of groupwork and education options and work closely with Alzheimer's Scotland and other associated voluntary organisation. Additional PDS monies from the Scottish Government were secured to enhance the PDS role and service. This has enabled the Partnership to commission from Alzheimer's Scotland a part time Support Link Worker to facilitate support groups in Dundee for people diagnosed with moderate dementia.
- The PDS team continues to work closely with Health Improvement Scotland to test a minimum data set in addition to new reporting structures with ISD. Figures for Dundee remain positive.
- The team are looking at ways to improve service and a Cognitive Stimulation Therapy (CST) group continues to be well attended and received at various locations in Dundee.
- Further group work is being explored within the team, such as utilising the Hub at Royal Victoria Hospital for PDS groups, CST and health promotion groups as part of community engagement and vision under Reshaping Non-Acute Care
- The team also supports Alzheimer's Scotland on a carer education programme.
- Ongoing national PDS meetings every 3 months which the team attends.
- The team have completed the Quality Improvement Framework and identified gaps within the service to develop.
- Following the COVID pandemic, group work sessions within the community has recommenced and we have begun community profiling to establish needs in different areas within Dundee with the aim of further community engagement and capacity building.

4.1.4 The Care Home team is a multidisciplinary service offering support and education to all care homes across Dundee. It is comprised of a Team Lead, Registered General Nurses (RGNs), Registered Mental Health Nurses (RMNs) and Social Work Review Officers. The team have been pivotal in ensuring oversight to care homes through the pandemic, and leading on work around Early Indicators of Concern and Large-

Scale Inquiries under ASP. This team continues to have strong links with the Urgent Home Visiting Team (formerly the Urgent Care Home Team). A band 5 Occupational Therapist post is also being progressed in the team, which will be a new post as part of ongoing multi-disciplinary development and support to care homes. There is also a Mental Health Advanced Nurse Practitioner aligned to the Care Home Team.

- 4.1.5 **Liaison service** - This service previously moved back to POA Dundee from the Discharge Hub in August 2020. It comprises of 2 Band 6 RMNs working alongside a Consultant Psychiatrist to deliver advice on mental health older people's issues in Acute and MFE hospitals. There is also a Mental Health ANP aligned part of the week to the service.
- 4.1.6 **Ward Provision** - The ward provision at Kingsway Care Centre comprises of 3 wards, each has 14 beds. Two wards are for the assessment and treatment of people with Organic (Cognitive) mental health conditions, the wards primarily have over 65s, however will accept those under 65 with a diagnosis of dementia. Due to enhanced community interventions the people being admitted to the wards are showing a higher level of need, and tend to have a longer admission. The third ward is for people aged over 65 with Functional Mental Health Needs. There is a full range of disciplines employed in the service to support. The wards tend to run at 95-100% occupancy. People are followed through their inpatient journey from the social work and nursing community team attached to the POA service.
- 4.1.7 **Intermediate Care Unit** - The Intermediate Care Unit at Turriff House opened in November 2021 and has 8 beds. This was funded through the closure of ward 2 at Kingsway Care Centre to allow appropriate care to be carried out in a more appropriate community setting for older people with mental health needs who do not require a hospital admission, or no longer require to be in hospital. Our Care Home team support the Unit. This has provided a more individualised approach to supporting this population.
- 4.1.8 **Advanced Nurse Practitioners-Mental Health Advanced Nurse Practitioners (CMHT)**
 This year we interviewed for two Mental Health ANP's which would cover East and West in recognition of the growing need to support people at home with more complex needs, establish greater links with primary care and also assist our Consultant Psychiatrist's in their role. We were successful in recruiting two trainee Mental Health ANP's from within the service who have commenced their Advanced Practice MSc at Dundee University in September this year.
- 4.19 Future considerations include development of band roles in both ward and community settings to support nursing role and provide a promotion pathway for Band 3 staff. We plan to review the bed model in line with the Reshaping Non- Acute Care Work. We will review the criteria and use of our Intermediate Care Model. We plan to enhance our links with Primary care and further develop our ANP model.

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 (Finance) Officer and the Clerk were consulted in the preparation of this report.

8.0 DIRECTIONS

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

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

9.0 BACKGROUND PAPERS

9.1 None

DATE: 27 January 2023

Vicky Irons
Chief Officer

Jenny Hill, Head of Health and Community Care
Allison Lee, Associate Locality Manager, Health and Community Care

PSYCHIATRY OF OLDER AGE SERVICE, DUNDEE

SERVICE OUTLINE AND UPDATE FROM IJB REPORT 2019



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COMMUNITY MENTAL HEALTH TEAMS FOR OLDER PEOPLE

- The service is for people over 65 with a mental health need, or under 65 with a diagnosis of dementia
- There is an East and a West team, both working in the same model over a geographical split.. Both have a range of disciplines, including Social Workers, Mental Health Nurses, Occupational Therapists and Support Workers.
- The service also employ Psychologists, Pharmacists and other AHPs including dieticians.
- Staffing establishments have been increased in the last 2 years with increased nursing and support worker posts



COMMUNITY MENTAL HEALTH TEAMS, OLDER PEOPLE (CMHTOP)

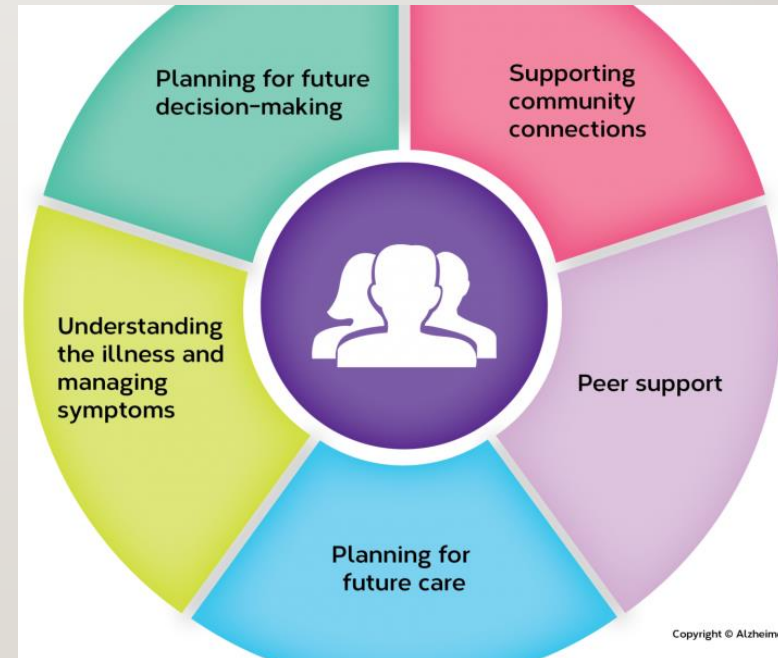
- This is in line with supporting people to live in a community setting for as long as possible with increased interventions
- The teams operate a Lithium and anticholinesterase support clinic
- Links established to GP cluster meetings
- There are 2 trainee Advanced Nurse Practitioners now in post, this is in line with national models recognising the growing needs of supporting people at home with more complex needs, establishing better links with primary care and supporting consultant Psychiatrists in their role.

COMMUNITY MENTAL HEALTH TEAMS

- The teams have an open referral system
- Typically there is no waiting list. The average wait when there is one is 7-14 days, with approximately 3 people.
- There is a duty system in place, nursing service is 7 days per week
- Strong links with the wards at Kingsway Care Centre and Intermediate Care to support whole journey

POST DIAGNOSTIC SERVICE (PDS)(DEMENTIA)

- Service introduced to fulfil the Scottish Government HEAT target of offering everyone with a diagnosis of dementia a minimum of one year's post diagnostic support, following the Alzheimer's Scotland 5 pillar model



PDS SERVICE

- Additional Scottish Government monies were used to enhance the PDS role and service in 2021/22
- The service is benchmarked across Scotland through Health Improvement Scotland ,and consistently scores high in data sets.
- Links with Alzheimer's Scotland in Dundee
- Cognitive Stimulation Groups continue to be offered
- Support groups for people with moderate dementia and carer's groups supported

PDS

- Following the COVID pandemic, group work sessions within the community has recommenced and we have begun community profiling to establish needs in different areas within Dundee with the aim of further community engagement and capacity building.

CARE HOME TEAM

- Integrated Service comprising of Registered General Nurses, Registered Mental Health Nurses and Social Work review Officers
- To introduce an occupational Therapy post this year
- Provides direct support and education to care homes to meet the increasingly complex needs of our care home residents
- Pivotal in the Enhanced Oversight role to care homes during the last 3 years
- Emphasis on supporting person in care home, and reducing unnecessary hospital admissions

CARE HOME TEAM

- Education programme underway, open to all care homes
- Link to Care Home Provider's Forum
- Role in quality assurance, and any Large Scale Inquiry Procedures
- Close links maintained with the Urgent Home Visiting Service

HOSPITAL PSYCHIATRIC LIAISON SERVICE

- This service is under POA services, but based within the discharge hub in Ninewells and Royal Victoria Hospital
- Comprises of Consultant Psychiatrist, Trainee Psychiatrists and Mental Health Nurses
- Part time Advanced Nurse Practitioner introduced in 2021
- Close links with the CMHTOPs
- Provides mental health advice and support on individual patient cases
- Refers into the CMHTOPs as required

INPATIENT SERVICES KINGSWAY CARE CENTRE

- Three inpatient wards on the Kingsway Site. Wards 1&3 have 14 beds and are for people with a diagnosis of Dementia who require inpatient assessment and treatment.
- Complex needs have increased within inpatient environments as community services are supporting people at home longer
- Increase in younger more physically able patients
- Close links with community and care home teams
- Occupational Therapy ,Psychology, pharmacy and activities support worker input

INPATIENT SERVICES CONT...

- Ward 4- has 14 beds and is for older people with Functional Mental Health issues (any other mental health issue not related to Dementia/Cognitive impairment)
- Close links with community teams
- High level of occupational therapy input
- Close links made with spiritual care/carer's centre and advocacy services
- Links closely to Intermediate care unit to facilitate timely safe discharge where required
- In all wards there is a current difficulty of recruiting mental health nurse into inpatient settings, and there are currently 9 RMN vacancies. This is a national issue.

INTERMEDIATE CARE UNIT

- The Intermediate Care Unit is based within a wing in Turriff House Care Home which is a partnership home. Opened as part of ward realignment from 2019
- There are 8 beds in the unit
- Supported by the enhanced Care Home Team and CMHTOPs
- Provides both 'step up' and 'step-down care' to prevent unnecessary hospital admission and facilitate timely safe discharge where appropriate
- Initial review on use has been positive, review of criteria to take place February 2023

FUTURE CONSIDERATIONS

- Enhanced links with Primary Care
- Further exploration of ANP/specialist nurse roles
- Currently one nurse undergoing Cognitive Behavioral Therapy qualification
- Review of Functional Standards for Older People
- Review data available in service
- Review patient/carer feedback
- Transition work to be reviewed across services

FUTURE CONSIDERATIONS

- Review inpatient needs and pathways further
- Explore role of band 4 role in POA settings
- Closer links with CMHT Social Care Teams
- Further consider recruitment and retention issues
- Involvement in ARBD pathway work
- Consider how more complex and challenging needs in the service are met going forward



REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD –
22 FEBRUARY 2023

REPORT ON: PROTECTING PEOPLE COMMITTEE ANNUAL REPORTS 2021/22

REPORT BY: PROTECTING PEOPLE COMMITTEE INDEPENDENT CHAIRS

REPORT NO: DIJB3-2023

1.0 PURPOSE OF REPORT

To present to the Integration Joint Board the annual reports published by the Protecting People Committees for the period 2021/22.

2.0 RECOMMENDATIONS

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

- 2.1 Note the content of each of the annual reports (attached as appendices 1 to 4).
- 2.2 Note the progress made in developing an effective partnership response to the needs of at risk children and adults during 2021/22 (section 4.2).
- 2.3 Note the challenges and priority areas for action identified across the annual reports for focus during 2022/23 and beyond (section 4.3).
- 2.4 Note the intention to produce a single, integrated annual report for all Dundee Protecting People Committees for the reporting year 2022/23 (section 4.4).

3.0 FINANCIAL IMPLICATIONS

- 3.1 None.

4.0 MAIN TEXT

4.1 Background

- 4.1.1 All agencies, professional bodies and services that deliver child and / or adult services or otherwise work with members of the public have a responsibility to recognise and actively consider potential risks to the safety and wellbeing of the people they come into contact with. Dundee Health and Social Care Partnership therefore has an important role to play in local arrangements, both at an operational and strategic level, in relation to child protection, adult support and protection, violence against women and the management of high-risk offenders.
- 4.1.2 The Dundee Child Protection Committee, Dundee Adult Support and Protection Committee, Dundee Violence Against Women Partnership and Tayside MAPPA Strategic Oversight Group have overall strategic responsibility for the continuous improvement of protecting people policy and practice in the local area. These partnerships consist of representatives from a range of backgrounds including the police, health services, local authority, health and social care, prison service, fire and rescue service, community planning and the third sector.

4.1.3 Requirements relating to the production and publication of annual reports vary, having been set out in legislation and national guidance for each specific group. Current arrangements can be summarised as follows:

- Dundee Child Protection Committee (attached as appendix 1) – no requirement to publish an annual report, however most Committees across Scotland do. The Child Protection Committee currently reports by academic year and therefore the report for this year covers the period from 1 August 2021 to 31 July 2022.
- Dundee Adult Support and Protection Committee (attached as appendix 2) – Section 46 of the Adult Support and Protection (Scotland) Act 2007 requires the Independent Convenor to prepare a Biennial Report outlining the activities of the Committee and progress made in protecting adults at-risk of harm. The Independent Convenor's report was submitted to the Scottish Government by the deadline of 31 October 2022.
- Tayside MAPPA Strategic Oversight Group (attached as appendix 3) – national guidance sets out the requirement for each MAPPA Strategic Oversight Group to publish an annual report by a specified deadline every year. The report for MAPPA in Tayside was published in late October 2022, later being endorsed by the Dundee Chief Officers Group at their meeting on 22 December 2022.
- Dundee Violence Against Women Partnership (attached as appendix 4) – no requirement to publish an annual report, however this year the Partnership in consultation with Dundee Chief Officers Group agreed an annual report should be published. This reflects the equal status given to the work of the Violence Against Women Partnership within local integrated protecting people governance and strategic planning arrangements for Dundee.

Following approval / endorsement by the Chief Officers Group in December 2022 all of the annual reports, with the exception of MAPPA report, were published on 7 February 2023.

4.1.4 The annual reports for child protection, adult support and protection, and violence against women have been aligned in terms of their content and format for the 2021/22 reporting year. This has been influenced by national guidance issued to Adult Support and Protection Committees regarding report content, with a localised approach being used to ensure that reports are suitable for publication and designed in a way that makes them more accessible to members of the public. An aligned approach is in keeping with the local commitment to a whole system, protecting people approach that recognises and responds to the linkages between different forms of risk and harm experienced by people both at a single point in time and over their lifetime.

4.2 Areas of Progress

4.2.1 During 2021/22 significant progress has been made in improving services and supports in a range of areas that are relevant across all the Protecting People Committees. This includes:

- The development of a local implementation plan for trauma-informed practice. This has included tests of change in a range of service settings to support the workforce to develop and implement trauma informed approaches in their own service areas. There has also been a focus on providing learning and development opportunities for staff and supporting leaders to prioritise trauma-informed approaches within the service areas that they manage.
- Incorporating learning from modified governance arrangements during the COVID-19 pandemic into business as usual approaches for the Protecting People Committees. This has included continuing to make use of virtual meeting platforms, fully embedding the use of strategic risk registers to support strategic planning and prioritisation and a continued focus on workforce communication and support.

- Continued work to strengthen approaches to data analysis and quality assurance. Across the Protecting People Committees work has been undertaken to further improve datasets that are regularly reported at committee meetings. A range of committee sub-groups are now also in place to support data analysis, quality assurance and self-evaluation. This is leading to the committee risk registers and strategic plans being better informed by up-to-date data and intelligence and an enhanced focus on service and outcome improvement. For example, in the Adult Protection Committee data analysis has been central to assessing emerging risks of increased financial harm associated with the pandemic and informing service improvements in initial screening pathways. The Child Protection Committee has been one of two early adopters of the recently expanded national minimum dataset. In the Violence Against Women Partnership a Scrutiny Group has been established and in MAPPA a multi-agency dataset has been established.
- Case Review activity continued across all committees. In adult protection 7 initial case reviews were undertaken, with 1 progressing to a Significant Case Review (due to report in early 2023) and a thematic review of fire deaths being completed. In child protection 2 cases were considered, with none progressing to a Significant Case Review. Key learning themes from review activity that has taken place over recent years has been collated to identify the most significant areas for improvement and inform committee delivery plans. Partnering with Angus Protecting People, work has also been undertaken to refresh and align local case review protocols with national guidance.
- Further work to develop guidance and tools focused on chronologies and risk assessment and to implement these in practice. This has included adult services learning from previous improvement work undertaken in children's services during the pandemic. In children's services there has been a focus, through case file auditing, on evaluating the impact of this historic improvement activity. Audits have demonstrated incremental progress in improving the quality of chronologies, risk assessments and plans.
- Learning and development activities have continued to adapt to post pandemic models of working, with a greater emphasis on remote and flexible learning opportunities alongside the return to some face-to-face delivery. Evaluation of training has highlighted a positive impact on knowledge, confidence, capacity for reflection and perceived improvement in some core practice skills.
- A greater focus on meaningful involvement of people with lived / living experience (both members of the public and the workforce) in the work of the Protecting People Committees. The Chief Officers Group has partnered with Authentic Voice Project (a collaboration between the Improvement Service, Safer Lives and Resilience Learning Partnership) to undertake a sector leading project to explore options for people with lived experience to have significantly increased voice and influence in multi-agency strategic and governance structures.

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

Adult Support and Protection

- Improved arrangements for providing an initial response to vulnerable adults, particularly in response to rising referral levels following the pandemic period. This has included work to improve the consistent use and quality of chronologies and risk assessments.
- Increased adult protection referral activity from NHS Tayside following focused work to improve awareness and understanding of adult protection matters.

- Completion of a thematic review of 3 cases in which adults at risk died as the result of a fire.
- Case review activity identified hospital discharge as an area for particular development in terms of adult support and protection practice and subsequently specific training and development opportunities were provided.

Child Protection

- Multi-agency partners were subject to a Joint Inspection of Services for Children and Young People at Risk of Harm, where overall the local multi-agency responses was evaluated as 'Good'. Overall, the inspection report reflected very positively on partnership responses to at risk children and families throughout the pandemic period, the ability of frontline practitioners to build and sustain positive relationships with children and families on the commitment, the timeliness and effectiveness of identification and initial response to concerns and the dedication and expertise of the workforce. Areas for improvement were incorporated into the committee's delivery plan.
- The Council's Children and Families Service has fully implemented a regular and structured approach to quality assurance audits, evidencing improvement in quality of assessments, chronologies and plans.
- A collaborative review of services for adolescents has been led by the Children and Families Social Work Service and, as a more immediate measure, a multi-agency senior manager oversight meeting has been established to co-ordinate support for the 'critical few' young people at the highest risk of significant harm.
- A dedicated Team Manager has been appointed to lead development of workforce capacity to respond effectively to both victims and perpetrators of domestic abuse within child protection processes and practice.
- There has also been a focus on supporting Kinship carers, many of whom are providing care for children and young people impacted by parental drug and alcohol use, with a dedicated Kinship Care Team established working in partnership with Tayside Council on Alcohol.

Multi-Agency Public Protection Arrangements (MAPPA)

- Development of training programmes for operational staff, aligned to revised national guidance with an initial focus on training for people who Chair MAPPA meetings.
- Embedding routine auditing across core MAPPA agencies with findings shared to inform learning and improvement across all agencies.
- Following national collaboration with Police Scotland, the Council confirmed that existing information sharing requirements in relation to the Violent and Sexual Offender Register (ViSOR) would be maintained at a high level. Going forwards, local authorities will inform developments in respect of a new information sharing tool scheduled to be implemented in 2024.

Violence Against Women Partnership

- Police Scotland has significantly increased their Domestic Abuse Liaison Officer capacity focused on risk assessment and implementation of effective safety planning for victims and robust onward referral to advocacy and support services.

- Continued, sector leading approach to implementation of gendered services including development of service directories, provision of training, further development of specific services such as the successful bid to support the development of a women's hub and meaningful involvement and influence across all aspects of this work from women with lived / living experience.
- Developing a collaborative approach to addressing unmet need and challenges in resourcing of services and improvements, which has attracted new funding into the city whilst also making better use of existing resource.
- Partnering with Learning and Organisational Development and the third sector to appoint a Gender-based Violence Advisor to co-ordinate learning, training and development with a specific focus on trauma-informed, survivor focused, gendered approaches.

4.3 Challenges and Future Priorities

4.3.1 All of the Protecting People Committees have experienced and responded to a challenging landscape over the last reporting year. The continued impact of the pandemic on the health and wellbeing of the local population has been reflected in increasing demand for services and supports, with data and intelligence also indicating increased levels and complexity of risk for many vulnerable people. More recently, this has been further compounded by the impact of the cost of living crisis. Challenges in maintaining full workforce capacity have also been experienced across the multi-agency partnership, with staff turnover and recruitment challenges impacting through the year. This in turn has meant the prioritisation of staff capacity towards maintaining frontline services and consequently reduced capacity to focus on areas for development and improvement.

4.3.2 Moving into 2022/23 the Protecting People Committees will continue to be driven by their agreed delivery plans, with regular progress reporting to the Chief Officers Group. Each committee's plan is tailored to local data and intelligence, learning from case reviews and other quality assurance activity and national guidance and policy. However, some common areas of focus include:

- Continued activity to build on progress made to date in improving data analysis and quality assurance as part of an overall process of continuous improvement.
- Continued focus on addressing improvement priorities arising from internal quality assurance activity and external scrutiny reports. This includes evaluating the impact of improvement activity.
- Updating of local multi-agency procedures and guidance to fully incorporate practice changes and learning from the pandemic period, as well as the requirements of a range of recently issued national guidance.
- A significantly enhanced focus on consistent, high-quality communications activity both for the public and the multi-agency workforce.
- Continued work with national partners to ensure that governance and strategic planning arrangements adapt to accommodate more meaningful involvement of people with lived / living experience.
- Further developing connections between the individual Protecting People Committees to enable more joint working on cross-cutting areas of risk and need, including domestic abuse, drug and alcohol use, prevention activity, lived experience involvement and trauma-informed approaches.

4.4 Future Arrangements for Annual Reports

- 4.4.1 Although some progress has been made in the 2021/22 annual reporting year to modernise and align the local approach to reporting across the Protecting People Committees, there are plans to further improve this approach from 2022/23 onwards. For the next reporting year, a single integrated report will be produced for publication rather than individual committee reports. This integrated report will be developed in such a way as to ensure that statutory annual reporting requirements (described at section 4.1.3) continue to be met in full. From 2022/23 the integrated annual report will include content for the Dundee Alcohol and Drug Partnership. Given the Tayside wide remit of the MAPPAs Strategic Oversight Group it may not be possible to fully integrate their annual report, however options for a streamlined approach will continue to be explored. It is envisaged that a single, public facing report will be more accessible to members of the public as well as making better use of resources required to develop and format individual reports. The timeline for publication of the single, integrated report will also be brought forward with a target date of the end of October 2023.
- 4.4.2 For the 2022/23 reporting year work will also continue to further develop the format of the report, with a focus on enhancing public accessibility. This will include developing more interactive content, such as utilising video and audio clips, and moving away from reliance on written narrative to communicate key messages.

5.0 POLICY IMPLICATIONS

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

6.0 RISK ASSESSMENT

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

7.0 CONSULTATIONS

- 7.1 Members of the Chief Officers (Public Protection) Strategic Group, members of the Dundee Child Protection Committee, members of the Dundee Adult Support and Protection Committee, Members of the Dundee Violence Against Women Partnership, members of the Tayside MAPPAs Strategic Oversight Group, Dundee City Council Leadership Team, the Chief Finance Officer, Heads of Service, Health and Community Care, the Chief Social Work Officer and the Clerk have been consulted in the preparation of this report.

8.0 DIRECTIONS

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

Direction Required to Dundee City Council, NHS Tayside or Both	Direction to:	
	1. No Direction Required	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
/ Independent Chair, Dundee Child Protection Committee

DATE: 24 January 2023

Ann Hamilton
Independent Chair, Dundee Violence Against Women Partnership

Alan Small
Independent Chair, Tayside MAPPA Strategic Oversight Group

Kathryn Sharp
Service Manager, Strategy and Performance

Andrew Beckett
Lead Officer, Protecting People

Sophie Gwyther
Lead Officer, Protecting People

Elaine Mackie, MAPPA Co-ordinator

Eibhlin Milne
Development Worker, Protecting People

Naomi Cairns
Graduate Trainee, Protecting People / Communications

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Dundee
Child Protection
Committee



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**ANNUAL
REPORT
2022**



Dundee
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Introduction

This annual report of Child Protection Activity covers the period August 21 to August 22 to coincide with the school year and sets out the achievements and areas of improvement for the coming year.

This year has been a year of recovery following the COVID-19 pandemic during which all partners and staff responded and flexibly to keep children and young people safe especially when schools and other supports were closed. However, we acknowledge that this continues to have a significant impact on staff, families and children and young people themselves which is reflected in this report and future priorities.

During the period of the report Dundee Child Protection arrangements were subject to an independent Care Inspection and I was pleased that the result of this confirmed that the arrangements in Dundee were good - meaning that strengths clearly outweighed areas for improvement. In their conclusions, the Care Inspectorate noted the strong culture of collaborative working throughout Dundee and the commitment of staff and senior leaders to improve supports for children, young people and their families. They also commented that levels of support were seen to be consistent before and during the pandemic and relationships between families and staff were seen as overwhelmingly positive.

The inspection report also identified a number of areas that could work better including support for older children who were facing a number of challenges including mental health and substance misuse. This had already been identified as a key priority for the committee moving forward and already there have been a number of improvement actions and changes made to strengthen our response.

This annual report also sets out the work for the next year continuing to strengthen the voice of children and young people in strategic developments, supporting the workforce, using data effectively to underpin a culture of quality assurance as well as the continuing development and delivery of collaborative leadership.

The Committee are very aware of the additional national challenges facing many families over the coming year including supporting families displaced from the Ukraine and the additional stresses that many families face with the increased costs of living. This requires all partners to continue to work together to collectively provide the right advice and support.

I would like to thank all the members of the Committee for their continuing support and commitment to this work and to express a huge thanks to all staff across all agencies who work so hard to protect our children and young people every day. I also recognise the key role that everyone in our communities in Dundee play in supporting children, young people and their families to keep them safe and protected and I look forward to continue our work together in the coming year.

Elaine Torrance
Independent Chair
Dundee Child Protection Committee



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1. Protecting People



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

Key Principles of Protecting People

- The protection of people in Dundee is part of the overall provision of services that will deliver positive outcomes for people in Dundee.
- The people delivering those services will have the knowledge, skills and experience to deliver quality services.
- We will deliver our vision by working in partnership across the statutory (Dundee City Council, NHS Tayside, Police Scotland and Scottish Fire and Rescue Service) and voluntary sector.
- We will work with our partners in other local authority areas, both in Tayside and throughout Scotland, to improve services to protect people and work towards a consistent approach.

Governance Arrangements

The wider Protecting People strategic agenda in Dundee City is led by a number of key public protection partnerships. These include the Alcohol and Drug Partnership (ADP), the Adult Support and Protection Committee (ASP), the Child Protection Committee (CPC), the Violence Against Women Partnership (VAWP) and the Multi Agency Public Protection (MAPPA) Strategic Oversight Group. All report to the Chief Officers Group (COG).

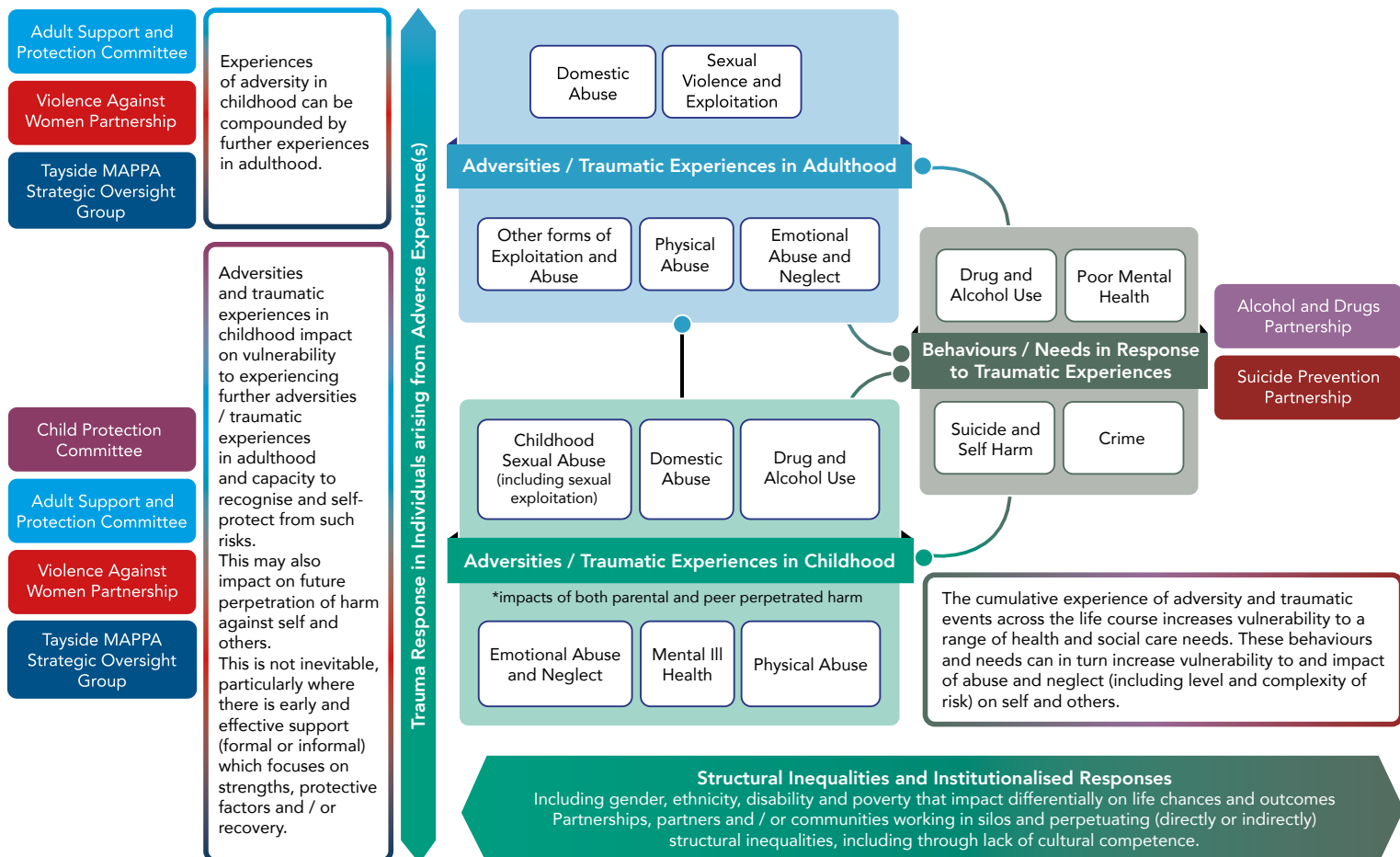
The COG is the strategic forum for public protection in Dundee with responsibility for setting the strategic direction for the improvement public protection arrangements. It is attended by all Chairs of Protecting People Committees and partnerships, along with representatives from all key services and senior officers who play a key coordinating role. The image below illustrates the relationship between the various bodies and groups to protect the people of Dundee.



Integrated Public Protection Approach

In Dundee an integrated protecting people approach has been adopted and informs all of our work to protect people at risk of harm. Across all of the protecting people committees / partnerships we are committed to developing approaches that improve support to people with often multiple, complex and changing needs which typically arise from experiences of trauma, instead of individually and separately addressing specific themes.

To highlight the interconnected nature of Protecting People work and how experiences of trauma can impact life experiences and outcomes, the following diagram was produced to provide a visual rationale for our integrated protecting people approach.





Dundee Child Protection Committee

The Child Protection Committee (CPC) is the lead multi-agency body responsible for delivering the core functions of continuous improvement, public engagement and communication, strategic planning, assurance, oversight of strategic risk and leadership in relation to child protection.

The work of the Committee takes place within a framework on both a local and national level. The committee is represented in a Tayside Regional Improvement Collaborative as well as the Central and North Scotland Child Protection Committee Consortium and Scottish National Chairs and Lead Officers group. This provides an opportunity to share learning and experiences and develop areas for joint working in an effort to further develop continuous improvement of child protection policy and practice.

The Committee is Chaired by an Independent Chairperson contracted to fulfil this role by Dundee City Council on behalf of the Committee. The Committee is attended by all representatives of key partner services, including the Chief Social Work Officer for Dundee City Council. It also has a number of members who receive minutes but who are not required to attend every meeting. The Protecting People Strategic Support Team provides the necessary coordination and support for the committee. Membership is illustrated in the table below and full details can be found in Appendix 2 of this report.

2. Dundee at a Glance

Snapshot of Dundee

4th

highest prevalence of drug use in Scotland; with an estimated 2,300 problem drug users in Dundee². Alcohol related harm is also high both in terms of hospital attendances and alcohol-related deaths.

23,958

children and young people aged 0-15 years living in Dundee City (and a further 20,568 aged 16-24 years)¹.

HIGHEST

of the Dundee population live in the 20% most deprived SIMD data zones; including 10,506 children aged 0-15 years (43.8% of all children in that age group)⁴.

5th

highest rate in Scotland of adults (aged 16-64) who reported in the 2011 Census that they are living with a mental health condition.

36.6%

prevalence (per 100,000 population) of incidents of domestic abuse recorded by the police in Scotland³.

¹ National Records of Scotland, Mid-year Population Estimates 2020

² Public Health Scotland. Estimating the Prevalence of Problem Drug Use in Scotland 2015/16, published 2019.

³ Domestic abuse: statistics recorded by the police in Scotland 2019/20

⁴ Scottish Index of Multiple Deprivation, 2020

DUNDEE

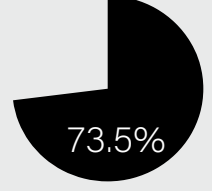
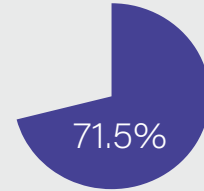
1/4 in POVERTY
2nd highest in Scotland



is **Scotland's** fourth largest city

Employment rate

January - December 2020
ONSS ANNUAL POPULATION SURVEY



Dundee

Scotland

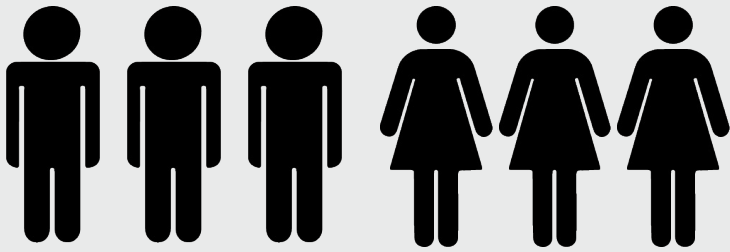
147,720

people as of June 2021*. Down from 148,820 in 2020
*NRS 2021 Mid-Year Population Estimate

ALCOHOL DEATHS

27.04 per **100,000**

5th highest in Scotland



71,220

76,500

73.8

 Male life expectancy

79.4

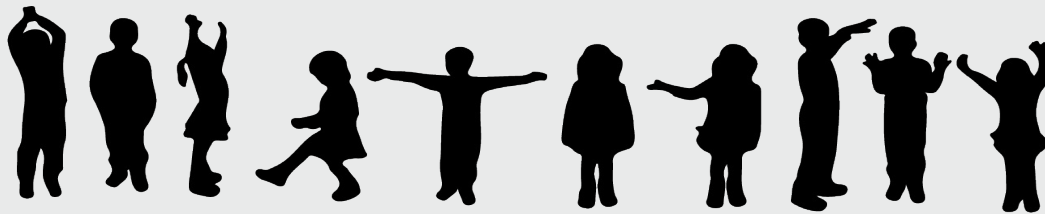
 Female life expectancy

0.23%

Imprisonment rate
1st highest in Scotland

DRUG USE Est **2,300** DEATHS **45.2/100,000**

(5 year average) 1st Highest in Scotland
Drug use: 4th highest in Scotland



CHILD PROTECTION

ORDERS **2.2** per **1000**
1st highest in Scotland

64 / 10000

16-64 living with mental health conditions
5th highest in Scotland

177 / 100000

DOMESTIC ABUSE

(5year average) 1st highest in Scotland

SUICIDE **22 PER 100,000**

1st highest in Scotland



Trauma Informed Implementation

The Dundee Trauma Steering Group have recently launched a local implementation plan for trauma informed practice across the workforce in Dundee.

Research tells us that while anyone is at risk of experiencing trauma, women are significantly more likely than men to experience trauma as a result of being a victim/ survivor of domestic abuse, rape and sexual assault, stalking and harassment, commercial sexual exploitation and other forms of gender-based violence. Women are also likely to face significant barriers to accessing support for violence and abuse as a result of experiencing feelings of stigma, blame and judgement around their traumatic experiences, not feeling believed by professionals if they disclose what has happened to them, and facing complex referral pathways to support, which can be re-traumatising. Without adequate support, women and children who have experienced VAW are at increased risk of experiencing other negative outcomes. It is therefore vital that trauma-informed systems and services are in place locally that take account of previous, current or ongoing experiences of violence, abuse and trauma, and ensure that women and children's voices are heard and their rights are respected.

Our commitment to tackling the challenges that children, young people and families face is reflected in the activity undertaken by multi-agency partners across the city to tackle issues such as parental drug and alcohol use, parental mental health, domestic abuse and neglect at the earliest possible stage.

Getting it Right for Every Child

All children and young people will, at various stages, receive support from health or education professionals, who are often the first point of contact to respond to any issues of concern. In Police Scotland, a "Risk and Concern Hub" is operated to ensure that all concerns raised are assessed appropriately and where wellbeing concerns are identified, Child Concern Reports are shared with partners to enable support. This often involves voluntary Team Around the Child Meetings, to coordinate relevant support.

For only a small number of children and young people it may be necessary to address the identified risk by way of statutory child protection procedures. This involves a referral to the Multi-Agency Screening Hub (MASH) for initial assessment. If it is then considered that there is a risk of significant harm, further investigations will be carried out and families may receive either voluntary or statutory but targeted Social Work support. In a very small minority of cases, this may involve emergency legal measures.

The formal Child Protection process is therefore one end of a spectrum of staged interventions applied across the partnership to identify, understand and proportionately address concerns about the health and wellbeing of children and young people. This emphasises the importance of identifying and responding to concerns as soon as possible and of the importance of engaging with families.

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3. Response to COVID-19 Pandemic



Our partnership had already embarked upon an ambitious programme of improvement activity across the Getting It Right For Every Child (GIRFEC) pathway (including protection stages) prior to the pandemic and consequently was in a strong position to respond to government guidance and local needs. This included the use of an expanded national child protection minimum dataset that was invaluable in informing the initial prioritisation of responses.

The CPC met more frequently and introduced new evaluation and monitoring systems with a focus on keeping children and young people safe and responding to their needs. As restrictions eased and the partnership became more mobilised the need for such interim meetings was reduced. The initial phase of the pandemic (March and July 2020) involved building on strong relationships

between make sure the most vulnerable and at risk children, young people and families continued to receive the support they needed. Partners worked together to people most at risk of harm. Some key developments included:

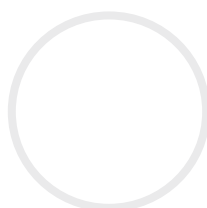
- Health Visiting, Family Nurse Partnership and Early Learning and Childcare working more closely to support 0-5-year olds;
 - Community Support Centres established to support jointly identified vulnerable nursery and school aged children and young people (both face-to-face and through digital means to respond to different needs);
 - In order to sustain multi-agency information sharing, assessments, planning and reviews for children and families at greatest risk all child protection case conferences, initial referral discussions, Multi-Agency Risk Assessment Conference (MARAC) and Multi-agency public protection arrangements (MAPPA) meetings were maintained on a digital basis;
 - Staff across the partnership were proactive in utilising technology for support meetings with children and families;
 - Minimum Practice Requirements introduced to promote proportionate levels of face-to-face and/or digital Social Work support; and,
 - Monitoring and oversight through a risk register, real time data and regular audit activity which allowed support to be adapted in real-time.
 - To encourage early identification of concerns and access to support, targeted public and workforce communication made use of a variety of media with physical bag drops at community support centres, extensive use of social media, video and radio campaigns.
 - To mitigate risk of infection working environments and arrangements changed considerably in line with public health guidance, including testing and vaccination programmes. The multi-agency workforce demonstrated high levels of resilience, flexibility and commitment over this period). It was clear that children were safer as a direct result of their collective efforts.
 - A strategic risk register was established informed by multi-agency operational challenges. The introduction of COG and CPC Executive Groups initially monitored and coordinated mitigating activity and latterly monitored the impact of those activities and identify any new risks.
 - The creation of a new Cross-Sector Alliance Group co-ordinated early support, including through the accelerated implementation of the Fast-Online Tracking System (FORT) to enable children and families to receive crucial financial and practical support, including more the £500k of welfare funds. The creation of a new Hidden Harm Group brought partners together to share information on possible concerns and identify and coordinate support to potentially vulnerable children and young people, including in relation to summer activities.
-



Although the use of technology contributed greatly to the development and continuity of services this also presented challenges of access for the workforce and for children and families.

We believe that our responses to COVID-19 significantly increased the speed and impact of responses across the partnership to vulnerable groups.

Moving forward the partnership has reflected upon what improvements have been necessitated by the challenges of the pandemic and that learning identified from this has informed our delivery plans for the future.





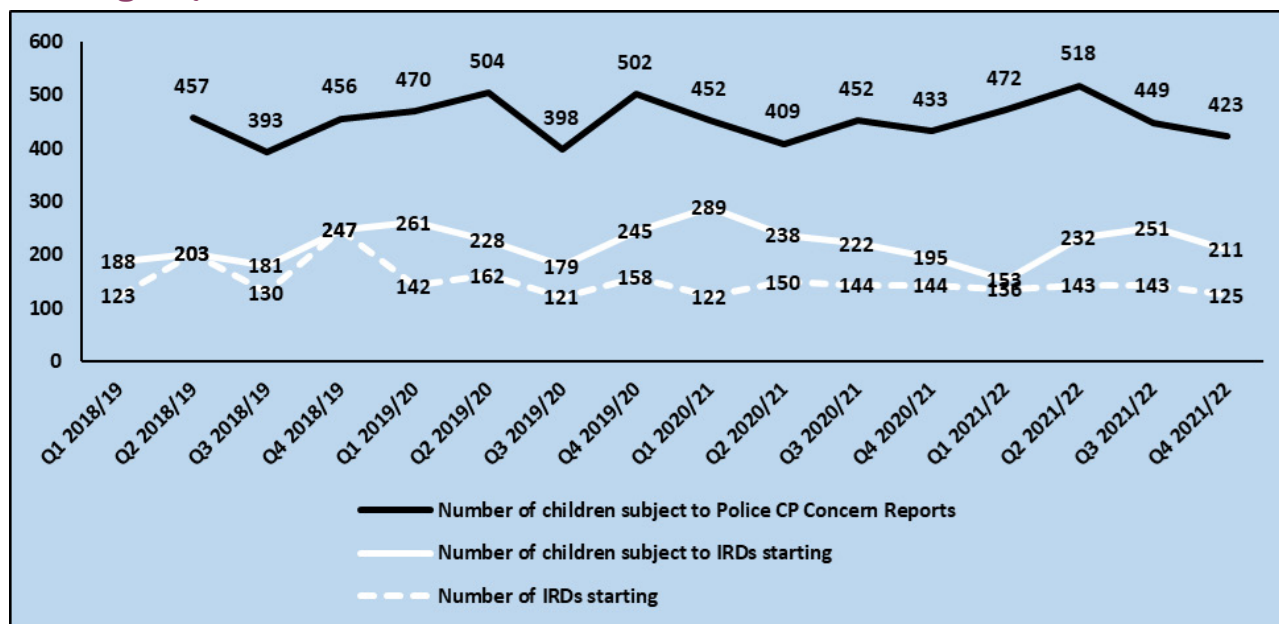
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4. What Our Data is Telling Us



The CPC, supported by the Data Sub-Group has continued to maintain and further develop the use of the national minimum dataset at a local level. Dundee has also been one of two early adopters of the updated version, which reflects the new CP Guidance, includes more inputs from other agencies (Police, Health and Scottish Children’s Reporter Administration), and focuses more on earlier processes pre-registration. The CPC receives regular reports from the Sub-group presenting key data and accompanying analysis. During 2021/22 some of the key matters considered by the group and subsequently presented to the CPC were:

- Stabilising trends after some more extreme data points during the pandemic.
- Continued high figures around domestic abuse resulting in a linked subgroup to further examine the impact on children and young people experiencing domestic abuse.
- Continued high figures around mental health, both for parents and also for school aged children and young people where anxiety can impact on school attendance.
- The impact of staff sickness absence (incl. COVID) and staff turnover on meeting timescales and having time for tasks such as data quality, training and self-evaluation by operational staff.
- Increased focus on older young people, who may be affected by sexual abuse, exploitation or physical abuse (including historic abuse) but where registration is not the most effective way of keeping them safe and supported.
- Increased focus on earlier processes, including inter-agency referral discussions, and on what supports are in place for children and young people who do not progress through child protection processes, or following de-registration.

Table 1: Number of Police Scotland-recorded Child Protection Concern Reports and Inter-agency Referral Discussions

The above table reflects the number of CP concerns received from Police Scotland as well as the number of children subject to IRD and the number of IRD meetings convened. A further area for development relates to how many concerns are raised from health, education and other sources. This is difficult to establish as concerns may be recorded by MASH but also by other social work teams, where data isn't easily collated.

37 (17%) of the 211 children who had IRDS in the last quarter, also had at least one other IRD in the preceding 12 months.

Table 2: Analysis of IRDs and MASH data

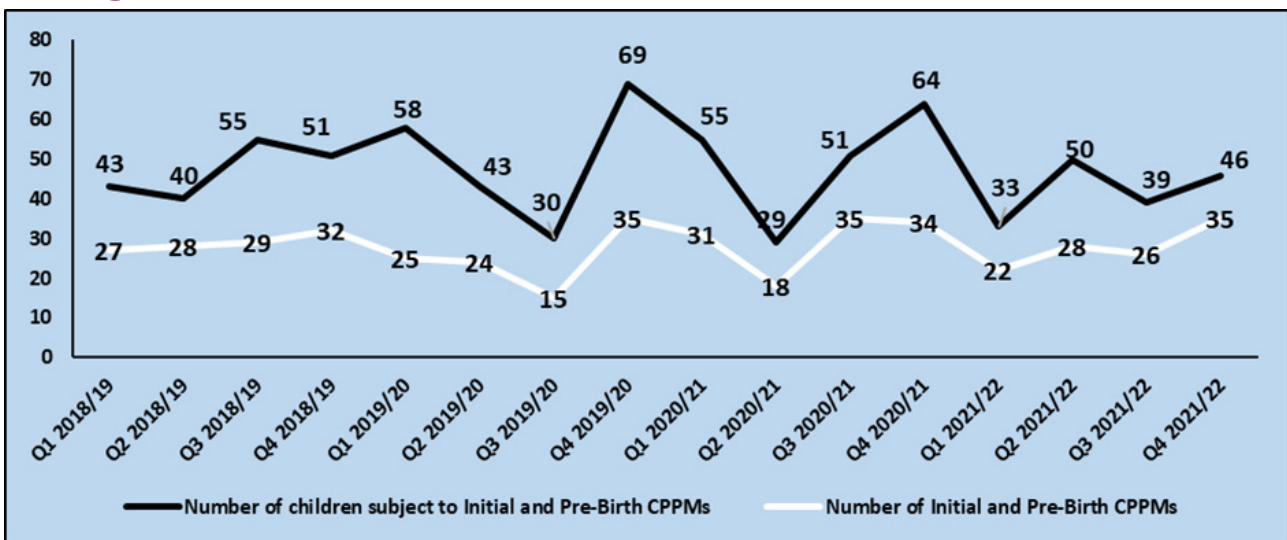
Agency contacting MASH	May-Jul	Aug-Oct	Nov-Jan	Feb-Apr	May-Jul	Average previous 4 quarts
	Q4 2020/21	Q1 2021/22	Q2 2021/22	Q3 2021/22	Q4 2021/22	
3rd Sector	44	54	44	30	48	43
Education	258	369	367	401	289	349
Health	204	215	224	289	281	233
Local Authority	283	343	355	344	320	331
Police	564	568	593	550	515	569
Public	249	257	225	237	282	242
Total	1602	1806	1808	1851	1735	1767

⁶ Solace is the leading members' network for local government and public sector professionals throughout the UK

This table reflects early concerns and early interventions, only some of which proceed to further child protection enquiries. A snapshot check of a month of MASH data confirmed that the majority of MASH activity is about information sharing and screening, advice and guidance (to members of the public as well as other agencies) so supporting early intervention and decision making.

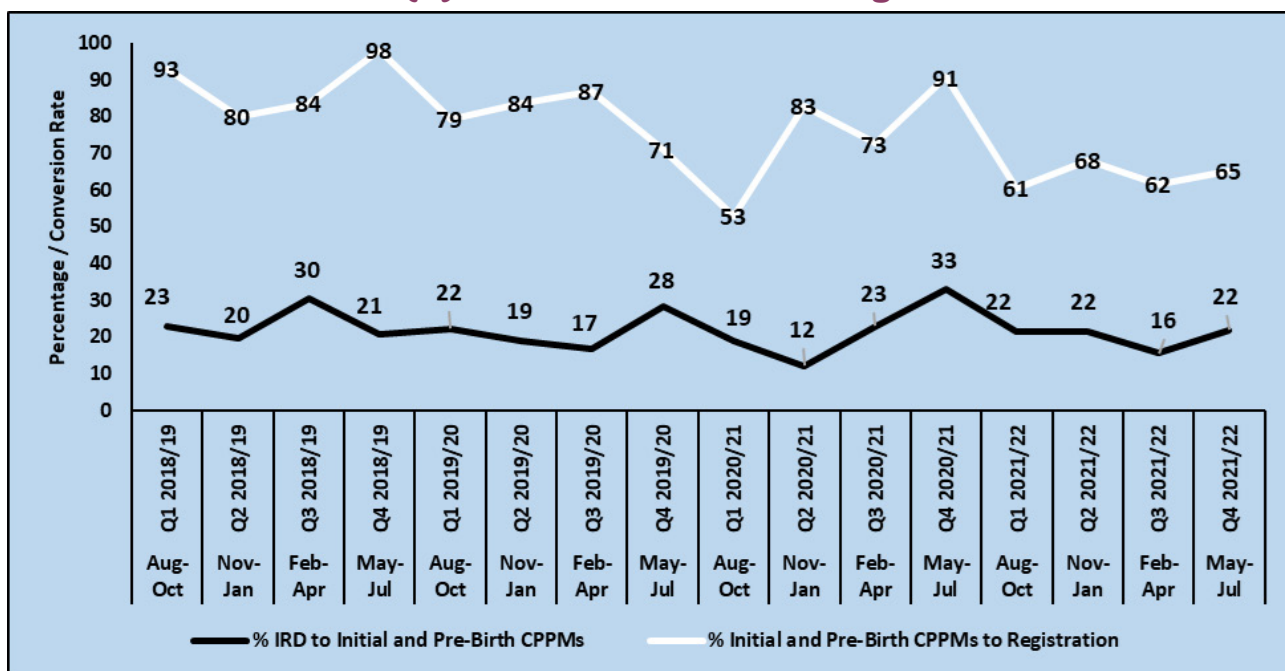
- The last quarter saw 125 children at 211 IRDs: The number of IRDs and children at IRD has reduced similarly to last year in summer
- The number of children recorded by MASH have also reduced, largely due to a reduction of contacts from school; health contacts have remained high
- Police concerns (as recorded by social work) and contacts with MASH reduced compared to the previous two quarters but again within range for summer holiday time.

Table 3: Number of children subject to Initial and Pre-birth Child Protection Planning Meetings



The above table reflects how the proportion of meetings for sibling groups can be seen by the size of the gap between the two graphs; in the last quarter, with 46 children at 35 meetings, the figures include an average mix of single children and sibling groups, the largest of which with four children.

Table 4 : Conversion Rates (%) - IRD to CPPMs; CPPMs to Registration

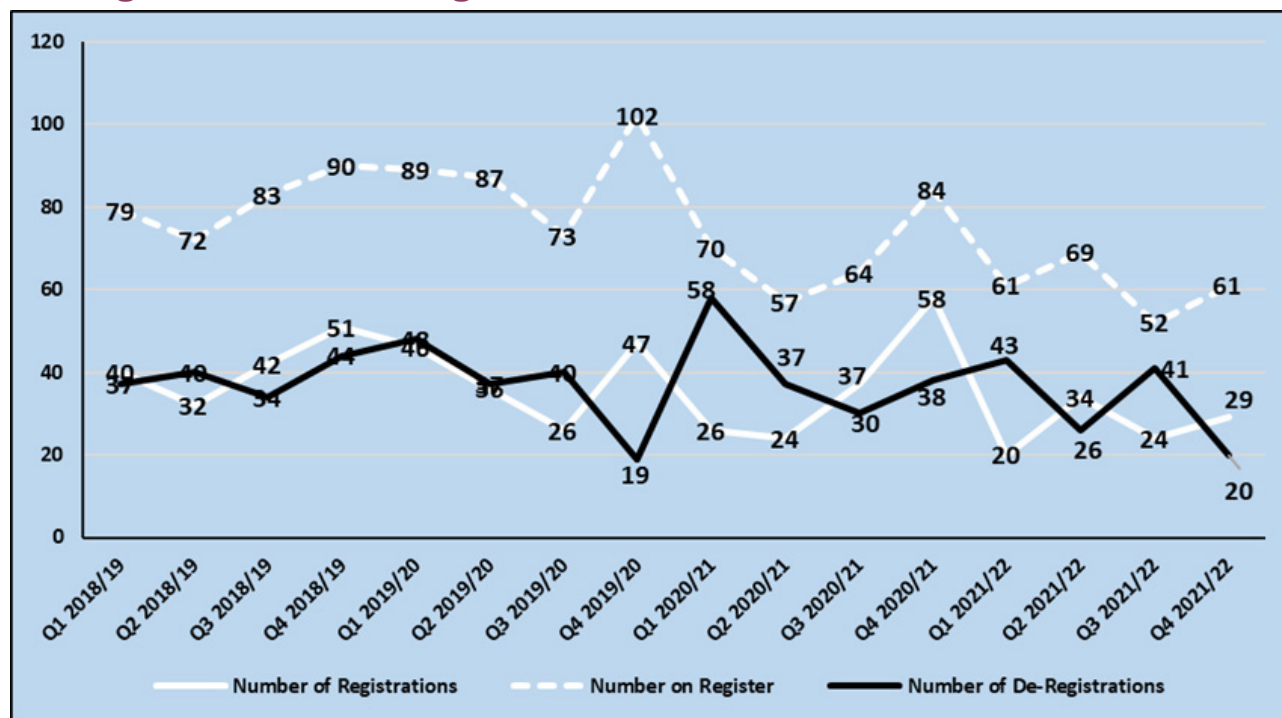


The white graph shows conversion rates at case conference, around 2 in 3 children were registered over the past four quarters.

The black graph above shows the % proceeding from IRD to Child protection Planning Meeting – this is fairly stable at around 15%, which means that 5 out of 6 children at IRD do not proceed any further, which suggests a high level of screening at IRD stage.

This raises questions for the partnership relating to thresholds. What reasons/factors led to children not progressing to further child protection processes; and are the needs of these children being met? This is identified as an area for scrutiny over the next 12months.

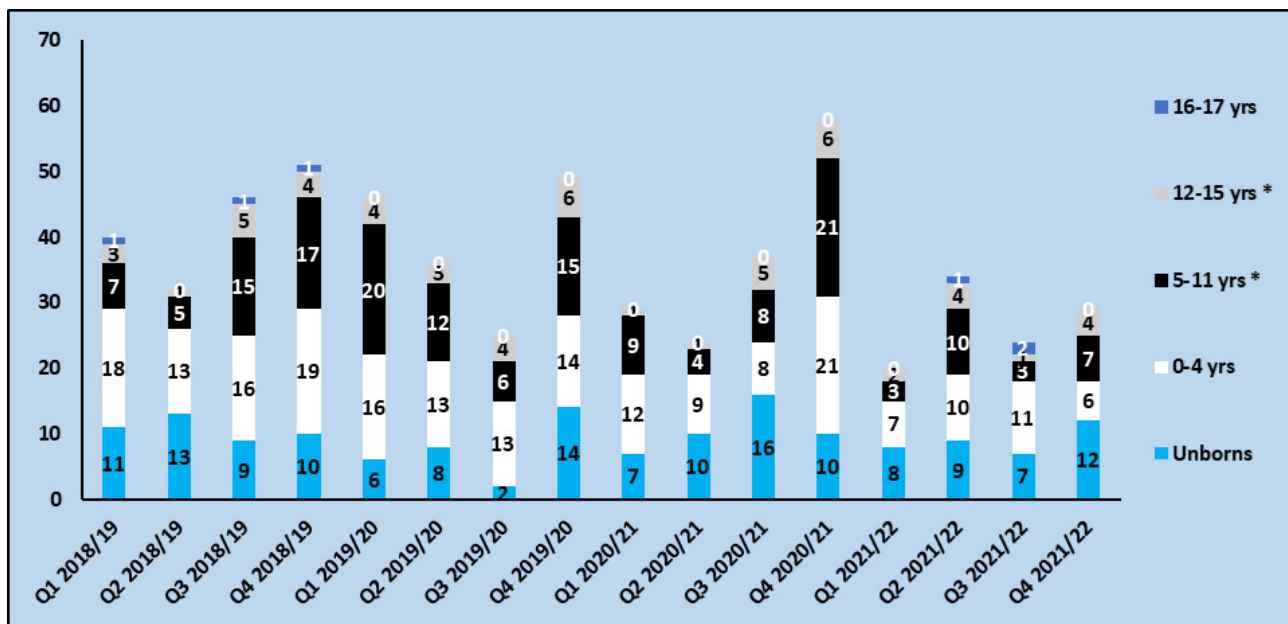
Table 5: Number of children (including pre-birth) on the Child Protection Register, new Registrations, and De-Registrations



The length of time children were supported on the Child Protection Register (CPR) returned to pre-pandemic level, with 95% de-registered after less than 12 months (same as 2019-20 and higher than 2020-21: 84%). During the pandemic, children had been on the CPR longer to retain oversight of risks during the more challenging circumstances. The increase in the proportion de-registered within 12 months indicates that support was effective in keeping children safe from harm.

Table 6: Number of Re-Registrations within 3, 6, 12 and 24 months of De-Registration

	Q1 20/21	Q2 20/21	Q3 20/21	Q4 20/21	Q1 21/22	Q2 21/22	Q3 21/22	Q4 21/22
3 months	0	0	0	0	0	0	0	0
6 months	0	0	0	4	0	0	0	0
12 months	0	0	4	10	0	1	1	4
24 months	0	0	4	10	0	6	3	7

Table 7: Age of children and young people at Registration

Dundee has not seen any major changes in age profile for a significant period of time; the younger the child when they come to services attention, the more likely they are to be registered to keep them safe. Whereas for older age groups, other solutions are more commonly sought, especially where risks originate in the wider community rather than family members. However, recent case reviews and inspection recommendations have prompted service development in these areas. See next section for further details.

Table 8: Concerns recorded for children placed on the Child Protection Register at a Pre-birth or Initial Child Protection Planning Meeting (numbers of new Registrations in quarters and % for annually for national comparisons and broader trends)

Key concerns over time and compared to last national figures (academic year 2020/21)	May-Jul	Aug-Oct	Nov-Jan	Feb-Apr	May-Jul	% May-Jul Dundee	LAST 4 QUARTERS Dundee	% LAST 4 QUARTERS Dundee	% LAST Scottish Scotland
	Q4 2020/21	Q1 2021/22	Q2 2021/22	Q3 2021/22	Q4 2021/22				
Services finding it hard to engage	3	2	6	3	4	14%	15	15%	22%
Child affected by Parent/Carer Mental Ill-Health	14	12	21	8	14	48%	55	54%	44%
Domestic Abuse	23	15	18	11	16	55%	60	59%	47%
Parental Alcohol Use	10	8	5	3	5	17%	21	21%	11%
Parental Drug Use	6	9	17	7	12	41%	45	44%	19%
Physical Abuse	8	8	6	1	2	7%	17	17%	24%
Emotional Abuse	10	4	2	1	5	17%	12	12%	38%
Sexual Abuse	3	4	3	1	3	10%	11	11%	7%
Neglect	14	4	6	7	8	28%	25	25%	42%
Child Sexual Exploitation	0	0	0	1	1	3%	2	2%	4%
Other Concern(s)	2	0	1	1	4	14%	6	6%	19%
TOTAL NUMBER OF REGISTRATIONS	37	29	24	20	29	100%	102	100%	100%

In summary, Comparison to Scottish Average

Dundee MORE consistently much higher for parental drug use, and also for domestic abuse, alcohol abuse and parental mental health.

Dundee LESS: consistently lower for engagement, emotional abuse, and neglect

Questions raised by the data

How does the concerns profile at registration compare with the concerns profile at earlier stages of the child protection process (e.g. IRD)? We cannot easily compile data on concerns at IRD stage; however, given the age differentiation described above, the main concerns for unborn babies and children aged under 4 remain domestic abuse, parental mental health, and parental substance misuse (drugs and alcohol); concerns for older children, such as risk of sexual exploitation, are less visible on the register as the young people can often be better supported without registration.

What factors explain any change(s) in the concerns profile? For example, genuine emergent concerns, training on specific concern(s) leading to increased identification, changes in how concerns are recorded, or impact of a recent Learning Review?

How do the concerns interact with wider Public Protection (e.g. Adult Support and Protection) concerns? The Protecting People Team commented very positively on the new concern categories, and would welcome further cross-referencing and more detailed analysis regarding both parents and older young people.

To what extent are parental concerns (e.g. domestic abuse; parental drug or alcohol use) shared with other Public Protection groupings to inform wider service planning? As above, further cross-working across Protecting People would be welcome.

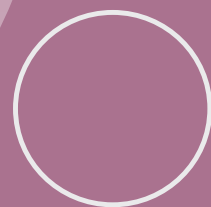
The number of Child Protection Orders (CPOs) remains relatively high at 36 but again is the same as 2019-20 and lower than the height of the pandemic in 2020-21 (44). Regular updates are provided to the CPC on the number of CPOs and quality assurance activity has confirmed that they have all been a proportionate response to the nature and level of immediate risk. Whilst also emphasising the importance of continuing to work with partners to strengthen preventative support.

The number of children experiencing care at home or away from home has reduced from around 480 in 2020 and 2021 to 435 in 2022. This corresponds with the development of wider preventative support developed in partnership with other services, including the Third Sector. However, it is also subject to several nuances within this cohort of care experienced children and young people, such as the number at home with parents reducing; the numbers in kinship care increasing; and limited changes to the numbers in internal and external foster care.

School Attendance for care experienced pupils has also returned to pre-pandemic levels with 87.7% attendance in 2021-22 and 87.6% in 2018-19 (academic years). Compared to the average of all pupils (88.8%) the gap has narrowed. For children and young people in foster care attendance is on average better than for their peers. Going forwards, the service is focused on further improvements as a key priority, with a recent Zero-based Design project leading to the implementation of 10 further improvement actions.

There are currently 144 young people receiving aftercare support from the Throughcare and Aftercare Team (very close to last year's 148), including 28 in Continuing Care. This equates to 79% of all young people eligible (young people are under no obligation to continue receiving support from the team) and compares well to the national rate of 67%.

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5 Outcomes, Achievements and Service Improvements



Joint inspection of services for children and young people at risk of harm

The Council's Children and Families Social Work service was one of the core agencies praised by Inspectors in their recent "Joint Inspection of Services for Children at Risk of Harm", which was published in January 2022. The Inspectors reviewed 60 files relating to vulnerable children, all of whom had been supported by Children's Social Work teams. In addition, they also undertook various scrutiny activities, including staff focus groups, staff surveys, consideration of our supporting quality assurance evidence and interviews with Chief Officers. Much of the supporting evidence was provided by Social Work and other Council staff.

The overall finding of the Joint Inspection related to the impact of support and concluded that services were "Good", meaning that strengths clearly outweigh areas for improvement. In their conclusions they noted the strong culture of collaborative working throughout Dundee, with partners demonstrating that they can work together to make improvements to services. They also noted the commitment of staff and senior leaders to improve supports for children, young people and their families. Levels of support were seen to be consistent before and during the pandemic and relationships between families and staff were seen as overwhelmingly positive.

The inspection team also commented on significant investment in Children’s Social Work improvement activity and concluded that capacity for further improvement was good. They identified four areas for improvement in support for older young people at risk of harm; accessibility of supports for children and young people with mental and emotional wellbeing needs; participation of children, young people, parents and carers in child protection processes and service planning; and measurement of outcomes and impacts. As a key member of the CPC, the service is progressing these in partnership with others.

Quality assurance – Transforming Public Protection Audits (TPP)

The TPP audits, which focus on the quality of chronologies, assessments, plans and support, have now been completed over several cycles and are fully embedded as normal practice. The audits are undertaken by pairs of managers in the service focussing on key areas of practice and development to ensure appropriate service provision. Reports are completed on a quarterly basis highlighting themes and trends across these key areas.

It was reassuring to note that the strengths and areas for improvement identified in these internal audits were consistent with those of the Joint Inspection team. Considerable progress has been made in the quality of assessments and the workforce reported that they felt confident in this area. Whilst chronologies and plans were also improving, there was a shared recognition that they could improve further alongside an acknowledgement that systems are now in place to make progress here as well.

Review of adolescent service

The Joint Inspection similarly reinforced concerns identified through internal self-evaluation and the findings of Initial and Significant Case Reviews in relation to older young people aged 13-17 years. Whilst a number of improvement actions were already being progressed, it cemented a partnership commitment to review multi-agency support. The Children’s Social Work service has therefore since coordinated a collaborative review of approaches, which has highlighted a requirement to:

- reduce the number of case handover points
- maximise available resources within and between services
- target services to a high priority group of vulnerable young people
- develop consistent multi-agency approaches towards thresholds and proportionate support
- continue to develop highly skilled workforce, using a co-located/integrated model as far as possible
- promote improved outcomes for young people and young adults including employability

Proposals to deliver adolescent services within the context of an “integrated young people’s service”, with a core remit of “Young People at Risk of Harm” aged 14-21 years are being progressed through relevant channels with oversight from both the Children and Young People Executive Board and the CPC.

Adolescent multi-agency senior manager oversight meeting

As a more immediate measure in response to ICR/SCR findings and the areas for improvement confirmed in the Joint Inspection, Children’s Social Work has coordinated high-level meetings on

the 'critical few' young people considered by partners to present high risks of significant harm to themselves and/or others. This work has been particularly important in the post-pandemic period and includes a focus on young people in or at risk of entering secure care. It has proved to be extremely effective in the risk assessment and care planning of some of our most vulnerable young people.

Domestic abuse test of change

As over 50% of children on the Child Protection Register have experienced domestic abuse, the service is piloting a domestic abuse test of change. This involves a dedicated Team Manager appointed to lead on workforce capacity building in the field of Domestic Abuse, in order to enhance the service's ability to respond effectively to both perpetrators and victims. The post has initially focused on consistent cascading of the Safe and Together model, specialist risk assessment training, improvement to multi-agency risk management processes and full alignment with wider perpetrator programmes and victim support initiatives being progressed across the city.

Prevent multi-agency panel (PMAP)

PMAP is underpinned by UK legislation, the Counter Terrorism and Security Act 2015, in particular and other elements of legislation have a significant impact on PMAP delivery. The first Scottish PMAP duty guidance was published in February 2021 and sets out a comprehensive framework for PMAP delivery. In Dundee we have developed systems and processes to ensure we are well positioned to respond as and when required.

Development of a kinship care team

A dedicated team has been established to provide targeted support to kinship carers. These include not only carers for the 105 children looked after but also those carers with whom an additional 300 children are living with but are no longer on statutory orders or require direct social work support. Research shows that children who are unable to remain with their birth parents, benefit greatly when cared for by a family member or a close family friend.

This team therefore has a clear focus on all aspects of care-planning related to carers and children's journeys, including assessment; preparation; training; and ongoing support. This team are working in partnership with TCA Kith n Kin Kinship family service through a co-location model and with a focus on enhancing and developing the role of a Kinship Hub. There is a particular focus on separation, loss and other forms of trauma across the extended family, including the impact of substance use.

Children with disabilities

The conversion of Gillburn House from a short-break facility accessed by around 17 families progressed well, with the house presently caring for four young people who were at risk of or returned from external residential care. Whilst alternative short-breaks were disrupted during the pandemic, which had a particular impact of children with disabilities due to their increased vulnerability, home based support was provided and community-based support for around 140 families has now also resumed. For children with a disability at risk of harm, a dedicated team coordinates support.

⁷ Safe and Together is a model approach to domestic abuse and child welfare/protection. The key principles include keeping the child safe and together with the non-abusing parent, partnering with the non-abusing parent and holding perpetrators to account.

Secure care

Six young people required support in secure care during the reporting period which is the same as 2020/21. We have undertaken an internal audit of all secure care cases in order to apply best practice and Tayside Regional Improvement Collaborative (TRIC) partners are presently finalising a self-evaluation against the new national Secure Care Standards. These have been developed with the close involvement of young people with experience of secure care and place emphasis on the importance of pro-active engagement with at risk young people, including proper notification and explanation of these highly intrusive decisions.

Going forwards, other activity in relation to secure care involves participation in a national Care Inspectorate Thematic Review of the secure care pathway. We have submitted details of seven young people for possible deeper dive by inspectors, with five of these having been in secure care at some point between March and July 2022 and two where secure care had been considered. The inspection will last for a year into summer 2023 and the findings will inform further developments both nationally and locally.

Permanent alternative care and adoption

In respect of care experienced children and young people who cannot return to their birth parents/carers and require permanent alternative care or adoption, there was an increase from 14 to 22 new Permanence Orders in 2021-22, 10 of which included authority to adopt. This is again a return to pre-pandemic levels and is associated with the Children's Hearings returning to normal business and able to make decisions on more cases. In total, 110 children and young people were on Permanence Orders on 31st March 2021. It represents 27% of all care experienced children and young people.

Permanence and care excellence (PACE)

To promote appropriate and timely decision making in relation to care experienced children and young people, the PACE project continues into the fourth year with the focus of 2022-23 being the improvement of timescales for obtaining Court Orders to secure children in their permanent homes. The timescales for undertaking rehabilitation assessments has been maintained at over 80% meeting timescales despite the pandemic. The project has now been extended to children who are placed in kinship care with improvement work being undertaken alongside the development of the new Kinship Care Team

Unaccompanied Asylum Seeking Children/Ukraine response

In response to the National Transfer Scheme (NTS), a working group involving key partners from the Council, NHS Tayside, Further and Higher Education and the Third Sector was established to plan and coordinate a local approach. Building on the experience gained through the resettlement and integration of foreign nationals arriving in the city through different processes, the group is now well established and has extended its remit to include oversight of the response to the conflict in Ukraine.

In this context, Dundee was well positioned to take the first slot on the new NTS rota in October 2021. Since then, we have welcomed six young people through the scheme and accommodated another two young people over and above our requirement in order to assist other local authorities. We have also supported another young person who arrived through the spontaneous arrival route.

As all the young people are classed as looked after, they are allocated a case responsible Social Worker to coordinate their assessment and support. As this represents a significant additional requirement, a dedicated Social Worker and Support Worker model is currently being progressed to support individual young people and continue to strengthen the Council response to UASC overall.

Regarding our wider humanitarian support activities based around our temporary hotel accommodation for families, we are cognisant of the need to support and protect all children and young people, including those who are accompanied. If additional need is identified, staff will follow established processes. We are also developing opportunities for these children and young people, with a member of staff dedicating time to developing a programme of activities which reflect their needs.

The service has also worked in partnership with colleagues from the HSCP to develop a protocol which outlines arrangements for host families receiving Ukrainian children, young people and parents/carers into their homes. There is also a requirement for a home visit to any prospective host family to ensure the accommodation is suitable and an Enhanced Disclosure screening process for host families. A protocol has been put in place to follow up any concerns or issues arising out of this assessment process.

Following their arrival, to ensure that prospective host families can provide a safe and supportive home for refugees, the service is providing further assistance, including access to appropriate services. Equally, support is available to intervene in the event of any concerns which arise once the refugee has been placed with the host family.

Case review developments

Over the time period covered by this report Dundee CPC published a Significant Case Review relating to the death of Young Person K. The executive summary of this can be found [here](#). The learning from this review has informed single and multiagency improvement activity summarised in the report. Monitoring of this activity has continued to be provided to the CPC by way of the Case Review Oversight Group.

In addition, during the period covered by this report a further two cases were considered for review. Although these did not progress to a Learning Review a number of recommendations were made.

During 2021/22 the CPC's Case Review Oversight Group has continued to collectively manage the development of findings and recommendations from learning reviews to agree improvement actions and oversees implementation and evidence of impact. This includes matters relating to the distribution of learning to the workforce and other stakeholders. An integrated learning tracker format has been finalised and has been implemented from 1 April 2022 onwards. The Sub-group has also completed work to identify key themes from historic reviews (those undertaken from 2019/20 through to the end of 2021/22): quality of assessment and planning (12 findings), information sharing (9 findings), adverse experiences and trauma-informed responses (previously hostile and non-engaging families) (7 findings), Responses to young people (16+) (6 findings), lack of professional curiosity (5 findings). The next steps are to support partners to evidence improvement activity undertaken and the impact this has had.

We have also continued joint work with partners across Tayside throughout 2021/22 to review our approach to case reviews (including single and multi-agency approaches); this has focused on local processes as well as opportunities for joint working. In response to the publication of revised national guidance for child protection learning reviews Angus and Dundee partnered to procure additional resource to revise local protocols, procedures and supporting documentation and to develop a business case in relation to potential future areas of collaboration in the implementation of reviews. The revised local documents are now being shared with local stakeholders for further refinement before being ratified through local Chief Officer Groups.

NHS Tayside Child Protection Team

Over the past year, NHS Tayside's Child Protection (CP) Service continued to build on new ways of working and adapting service delivery to support the CP work of NHS staff and multi-agency partners. While as a service we remained vigilant in response to the COVID-19 pandemic and recovery phases, we also focused on improving CP practice through a culture of learning and self-evaluation. Core CP activities over the past year included: CP training and supervision; manning the CP Advice Line; supporting the Dundee Multi-Agency

Screening Hub (MASH) and coordinating and supporting the health contribution to multi-agency Inter-Agency Referral Discussions (IRDs).

Child Protection Learning and Development

A NHS Tayside CP Training Strategy is in place (established in 2010) for all NHS Tayside staff, including medical staff. The Strategy was updated in May 2020 and alongside its associated CP training programme supports workforce readiness, new ways of working and procedures following full implementation of the Children and Young People (Scotland) Act 2014. The CP Training Programme supports CP training at Level 1, which is mandatory for all staff and Levels 2 and 3 for staff identified by their area of practice; training content focuses on recognising and responding to CP in all levels of CP training delivered.

Face to face training from March 2020 onwards was suspended due to the COVID-19 situation. Level 1 training remained available to staff via an online module, while Levels 2 and 3 training continued to be delivered via Microsoft Teams in line with COVID-19 restrictions.

Over the past year, the following training was developed:

- A refreshed online module for mandatory Level 1 CP training was launched.
- In response to the COVID-19 situation, a Level 3 CP training resource was developed for staff to undertake training during 2020/21.
- In response to ICR/SCR findings, a new Level 3 module was developed on Chronologies: Supporting Assessment, Decision Making and Planning in Child Protection, which commenced in November 2020.

In partnership with Angus, Dundee and Perth and Kinross CPC colleagues, NHS Tayside shared and disseminated all ICR/SCR learning/findings to NHS Tayside staff via staff briefing events using, for example, the 7 Minute Briefings tool. ICR/SCR learning specifically for health services has been incorporated in the training content of the CP Training Programme.

Child Protection Supervision

CP case supervision remained a priority for NHS Tayside over the past year; all eligible Health Visitors and Family Nurses were offered a minimum of four CP supervision sessions per annum. In response to COVID-19, 1:1 supervision was delivered via telephone rather than face to face. Services in receipt of group supervision were advised to contact the CP Advice Line for support.

Child Protection Advice Line

NHS Tayside's CP Advice Line is available to all NHS Tayside staff and was manned by Nurse Advisors/Advisors Child Protection (NACP/ACPs), Monday to Friday from 09:00 to 16:30 hours (except public holidays) over the past year. A wide range of services contacted the Advice Line for CP advice and support; the most frequent contacts were with Health Visiting, Mental Health Services, Child and Adolescent Mental Health Services (CAMHS) and Maternity Services. Key themes of calls during 2020/21 related to mental health, domestic abuse, information sharing, substance use, neglect and physical abuse.

Dundee Multi-Agency Screening Hub (MASH)

The CP Nursing Service continued to support MASH regarding health information requests to share relevant and proportionate information and also to identify relevant health professionals such as Health Visitor/Family Nurse to support risk assessments for children/young people. Nurse Advisor Child Protection worked in partnership with MASH colleagues and played an important role in receiving Unborn Baby (UBB) Referrals, ensuring that these were actioned in an appropriate and timely manner.

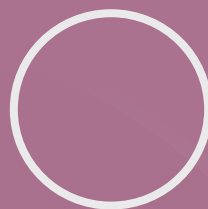
Inter-Agency Referral Discussions (IRDs)

The CP Service continued to work closely with Police and Local Authority CP Duty Teams and CP Paediatric colleagues to ensure appropriate and timely health representation at IRD meetings. In response to COVID-19, IRDs were held via teleconference with key health professionals continuing to engage in the process. The majority of children and young people discussed at an IRD were known to NHS Tayside services. NHS Tayside continues to work in partnership with CPC colleagues across Tayside on a Tayside wide IRD model.



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7. The Way Forward

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

Inputs

- Activity of partners within:
 - Dundee Child Protection Committee; and associated sub groups
 - Transforming Public Protection Programme
 - Tayside Regional Improvement Collaborative
 - GIRFEC delivery group;
 - Chief Officers Group (Care and Protection)
 - Dundee ADP, VAWP and ASPC
 - Our Promise Partnership
 - The Alliance
- Multi-agency funding
- Staff (Lead Officers and wider Protecting People Team)
- Intelligence/research base
- Legal / policy context

Sub groups

- Trauma Steering Group
- CPC Case Review Group
- CPC Quality Assurance Group
- CPC CYP Involvement Group
- CPC Data/Scrutiny Group
- CPC/VAWP CYPEDA working group
- ADP CYP working group

Outputs

- Strategic Leadership
- Strategic Planning and Improvement
- Delivery of Key Processes

A clear vision, commitment and direction provided by leaders is communicated regularly and effectively to a range of stakeholders

Increased Public Awareness of child protection and Community

Robust business processes in place to support the committee in scrutiny of key processes including QA, self evaluation, learning reviews and audits on both a single and multi-agency basis

A consistent understanding and approach to the use of improvement methodology is established for the committee

Local implementation of national CP guidance

Development of guidance, policies, tools, resources and learning and development opportunities

Meaningful involvement of young people in operational services, strategic planning and quality assurance is in place

Delivery and improvement of **key processes**

Year 1 Actions

Induction resource developed for CPC members

Develop workforce communication strategy

Development session/Input to committee on use of improvement methodology

Public communication strategy developed

Develop reporting schedule for CPC sub groups including Q&A, learning reviews and identified risks

Refined and develop dataset indicators including contribution from all partner agencies and with a focus on outcomes for young people

Update existing Protecting People Q&A Framework

Agree and implement revised local procedures for conducting learning reviews and implement learning review tracker

Complete retrospective review of findings and improvement actions / impact from learning reviews held since 2020/21

Review of partnership services for young people and Multi-agency senior operational management oversight group for high-risk, complex cases in place

Joint infrastructure and working groups under the CPC, ADP and VAWP developed to improve responses to CYP affected by parental substance use and domestic abuse

Tayside

- Tayside Regional Improvement Collaborative
- Tayside Plan for Children, Young People and Families
- Living Life Well
- CAMHS Continuous Improvement Plan
- Parenting Strategy
- Child Healthy Weight Strategy

Year 2/3 Actions

New indicators are developed that focus on interventions and impacts

Full implementation of national CP guidance

Approaches to workforce engagement that support dissemination of findings and identification of improvement actions are in place

Meaningful involvement of young people in operational services, strategic planning and improvement activities and quality assurance processes

Further enhanced use of follow-up in-depth data analysis to explore in greater detail exceptions / risks highlighted through the core dataset.

Transforming Public Protection Programme

- Specific focus on needs of young people in ongoing review of multi-agency screening processes across protecting people functions.
- Develop a partnership wide approach to the lead professional model for young people and adults.
- Develop a strategic framework and supporting resources /infrastructure to support the involvement of people with lived experience across the protecting people strategic and governance structure.
- Develop a strategic framework for the commissioning and provision of advocacy services to people at risk of harm (all ages), including planned work by Children and Families Service within Dundee City Council to review core, commissioned and non-commissioned advocacy provision.
- Enhance workforce understanding of independent advocacy provision through learning and development activities.
- Strengthening of quality assurance and improvement functions through revised Protecting People Strategic and Governance structure, including enhanced capacity within structures for triangulation of themes from data and quality assurance.
- Review of governance arrangements for Public Protection

Inspection Improvement Areas

- Inspection Improvement Areas
- Approaches to recognising and responding to concerns about risk of harm and providing support to young people were not as effective as those for younger children.
- Resources to support children and young people with mental health or emotional wellbeing issues were limited and staff were not confident that children's mental health needs were being fully met
- Children and young people at risk of harm and their parents or carers were not consistently being supported to participate in protective processes. Opportunities for children and young people at risk of harm to share their views and influence policy, planning and service deliver were limited.
- The partnership did not yet have in place arrangements for the joint and systematic review of outcomes data in order to evidence the difference it was making to the lives of children at risk of harm and their families.

Risk Register

- Operational business continuity is impacted (Covid and non-Covid related impacts)
- Adequate training and development opportunities/policies and procedures relating to CP are impacted
- CPC facing challenges in effectively planning and responding to CYP and parent's needs due to the unknown long term impact (trauma) of Covid-19 lockdown on CYP and parents/carers Impact of Poverty (actual and digital) on children and vulnerable families



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What I
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Dundee Child Protection Committee

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**Dundee
Child Protection
Committee**



Dundee
Adult Support &
Protection Committee



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**BIENNIAL
REPORT
2022**



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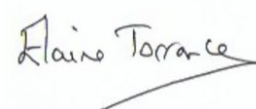
Introduction

Welcome to the Dundee Adult Support and Protection Committee Bi-annual report which covers the period April 2020 to April 2022. I hope you find the information in the report interesting and helpful. The report covers a range of areas including local data and trends relating to Adult Support and Protection, learning and development opportunities for staff, outcomes and improvements made during this period and future plans.

The report covers the period when all agencies were having to adapt their responses to deal with the COVID-19 pandemic. This was a particular concern to ensure support was provided to vulnerable people and their families when traditional support services such as local community lunch clubs or day centres were closed and social distancing was required. The Committee met more frequently during this time to share information and provide a joined up, partnership response. In my role as Independent Convenor I was impressed by the adaptability of all the agencies and the flexibility and commitment of all staff who worked together to offer ongoing support and keep people safe during the pandemic.

This work continues and the report sets out the achievements over the last 2 years as well as some areas identified where we are able to improve processes and practice, including learning from case reviews and implementation of new national guidance which has recently been published.

I would like to take this opportunity to thank all members of the Committee for their ongoing support and dedication and recognise the ongoing work and commitment of all staff across all the agencies – health, social care, police and the voluntary sector. Finally, thanks go to the people and communities of Dundee who look out for their families and neighbours and continue to provide support to keep adults safe and supported in the City.



Elaine Torrance
Independent Chair

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1. Protecting People



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

Key Principles of Protecting People

- The protection of people in Dundee is part of the overall provision of services that will deliver positive outcomes for people in Dundee.
- The people delivering those services will have the knowledge, skills and experience to deliver quality services.
- We will deliver our vision by working in partnership across the statutory (Dundee City Council, NHS Tayside, Police Scotland and Scottish Fire and Rescue Service) and voluntary sector.
- We will work with our partners in other local authority areas, both in Tayside and throughout Scotland, to improve services to protect people and work towards a consistent approach.

Governance Arrangements

The wider Protecting People strategic agenda in Dundee City is led by a number of key public protection partnerships. These include the Alcohol and Drug Partnership (ADP), the Adult Support and Protection Committee (ASP), the Child Protection Committee (CPC), the Violence Against Women Partnership (VAWP) and the Multi Agency Public Protection (MAPPA) Strategic Oversight Group. All report to the Chief Officers Group (COG).

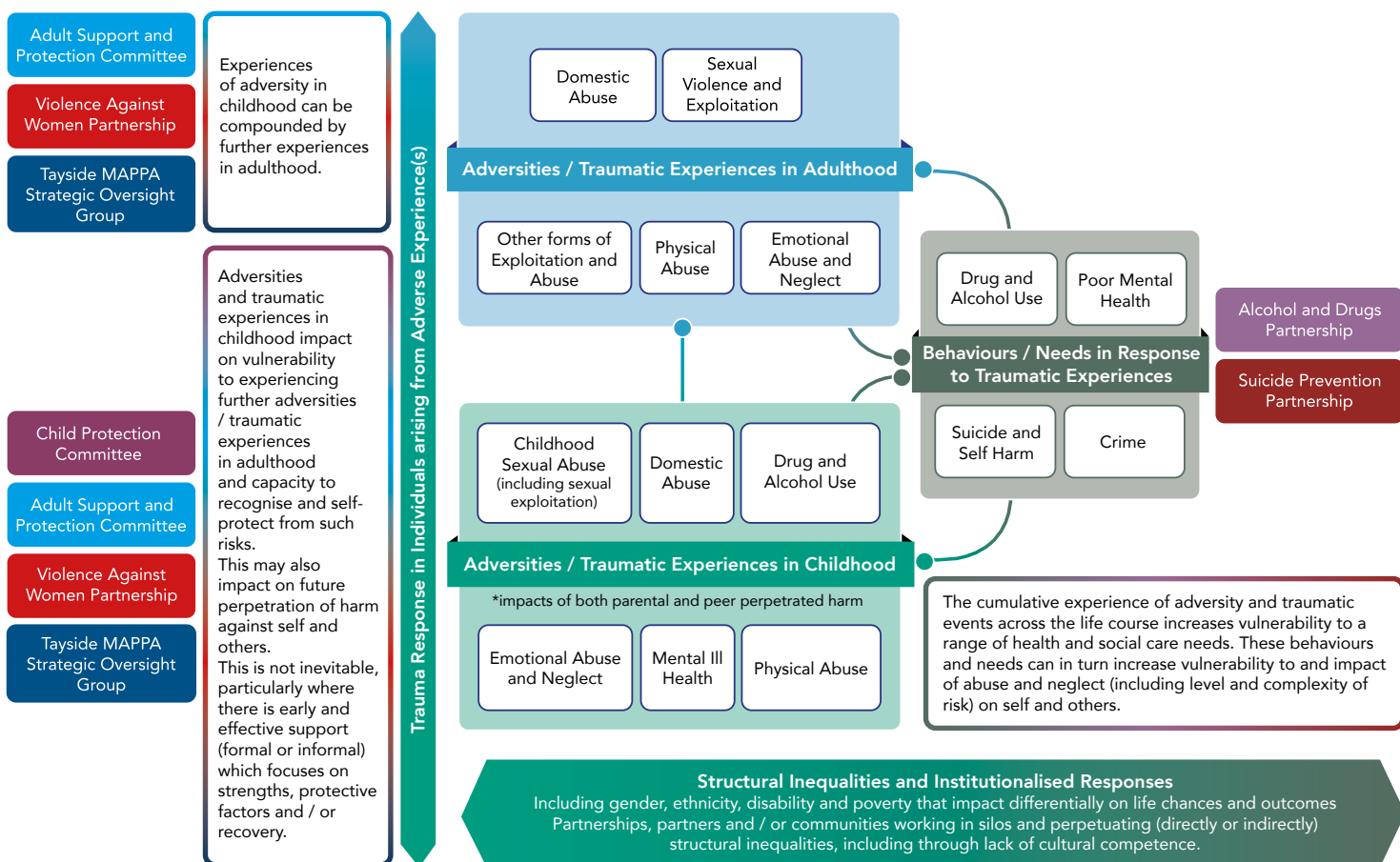
The COG oversees the strategic direction for overall public protection and seeks assurance from the ASP Committee. The COG is also helpful in providing solutions and resources if needed to improve local arrangements.



Integrated Public Protection Approach

In Dundee an integrated protecting people approach has been adopted and informs all of our work to protect people at risk of harm. Across all of the protecting people committees / partnerships we are committed to developing approaches that improve support to people with often multiple, complex and changing needs which typically arise from experiences of trauma, instead of individually and separately addressing specific themes.

To highlight the interconnected nature of Protecting People work and how experiences of trauma can impact life experiences and outcomes, the following diagram was produced to provide a visual rationale for our integrated protecting people approach.





Dundee Adult Support & Protection Committee

Dundee Adult Support and Protection Committee (ASPC) is responsible for monitoring and advising on adult protection procedures and practice, for ensuring appropriate cooperation between agencies and for improving the skills and knowledge of those with a responsibility for the protection of adults at risk.

In the light of the Adult Support and Protection (Scotland) Act 2007 (Section 44), the 2008 Scottish Government Guidance for Adult Protection Committees, and the revised Code of Practice, 2014, the Committee will establish and regulate its own procedures.

The ASPC is a body required by statute, locally, this reports to the COG which promotes clear lines of accountability between the Committee and local council, health board and police.

The functions of the Dundee Adult Support & Protection Committee as specified under the Adult Support & Protection (Scotland) Act 2007 (Section 42) are:

- To keep under review the procedures and practices of the Council, the Care Commission, NHS Tayside, Police Scotland which relate to the safeguarding of adults at-risk present in the Council's area (including, in particular, any such procedures and practices which involve co-operation between them);
- To give information or advice, or make proposals, to the Council, the Care Commission, NHS Tayside, Police Scotland on the exercise of functions which relate to the safeguarding of adults at-risk present in the Council's area;
- To make, or assist in or encourage the making of, arrangements for improving the skills and knowledge of officers or employees of the Council, the Care Commission, NHS Tayside, and Police Scotland who have responsibilities relating to the safeguarding of adults at-risk present in the Council's area;

This includes:

- Developing and introducing arrangements and protocols for interagency working, and auditing and evaluating the effectiveness of these arrangements;
 - Developing procedures, policies and strategies for protecting adults at risk and reviewing these;
 - Developing and introducing arrangements to monitor, review, disseminate and report activity data in relation to the protection of adults at risk;
 - Raising awareness and providing information and advice to the wider community and to professionals;
 - Training and development activities;
 - Improving local ways of working in light of knowledge gained through local and national experience, case review and research;
 - Publication of a strategic and business plan and the monitoring of its implementation;
 - Improving co-operation between each of the relevant public bodies and office holders, and
 - Undertaking any other functions relating to the safeguarding of individuals as the Scottish Ministers may specify by order.
-

If not
you?
...who!



2. Dundee at a Glance

Snapshot of Dundee

4th

highest prevalence of drug use in Scotland; with an estimated 2,300 problem drug users in Dundee². Alcohol related harm is also high both in terms of hospital attendances and alcohol-related deaths.

23,958

children and young people aged 0-15 years living in Dundee City (and a further 20,568 aged 16-24 years)¹.

HIGHEST

of the Dundee population live in the 20% most deprived SIMD data zones; including 10,506 children aged 0-15 years (43.8% of all children in that age group)⁴.

5th

highest rate in Scotland of adults (aged 16-64) who reported in the 2011 Census that they are living with a mental health condition.

36.6%

prevalence (per 100,000 population) of incidents of domestic abuse recorded by the police in Scotland³.

¹ National Records of Scotland, Mid-year Population Estimates 2020

² Public Health Scotland. Estimating the Prevalence of Problem Drug Use in Scotland 2015/16, published 2019.

³ Domestic abuse: statistics recorded by the police in Scotland 2019/20

⁴ Scottish Index of Multiple Deprivation, 2020

DUNDEE

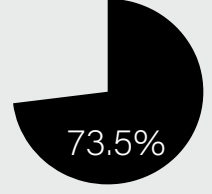
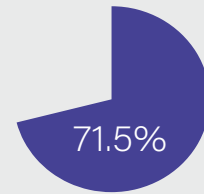
1/4 in POVERTY
2nd highest in Scotland



is **Scotland's** fourth largest city

Employment rate

January - December 2020
ONSS ANNUAL POPULATION SURVEY



Dundee

Scotland

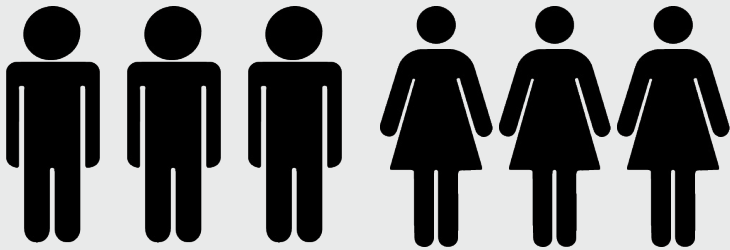
147,720

people as of June 2021*. Down from 148,820 in 2020
*NRS 2021 Mid-Year Population Estimate

ALCOHOL DEATHS

27.04 per **100,000**

5th highest in Scotland



71,220

76,500

73.8

 Male life expectancy

79.4

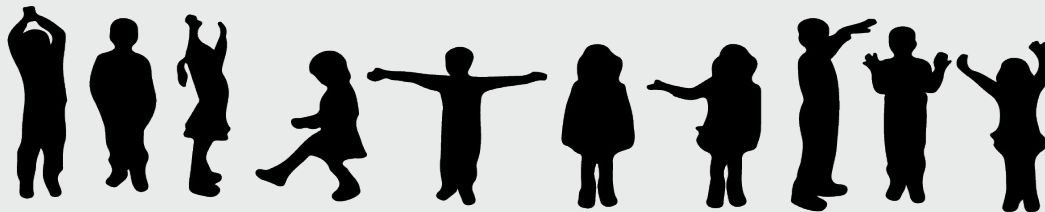
 Female life expectancy

0.23%

Imprisonment rate
1st highest in Scotland

DRUG USE Est **2,300** DEATHS **45.2/100,000**

(5 year average) 1st Highest in Scotland
Drug use: 4th highest in Scotland



CHILD PROTECTION

ORDERS **2.2** per **1000**
1st highest in Scotland

64 / 10000

16-64 living with mental health conditions
5th highest in Scotland

177 / 100000

DOMESTIC ABUSE

(5year average) 1st highest in Scotland

SUICIDE **22 PER 100,000**

1st highest in Scotland



Trauma Informed Implementation

The Dundee Trauma Steering Group have recently launched a local implementation plan for trauma informed practice across the workforce in Dundee.

Research tells us that while anyone is at risk of experiencing trauma, women are significantly more likely than men to experience trauma as a result of being a victim/ survivor of domestic abuse, rape and sexual assault, stalking and harassment, commercial sexual exploitation and other forms of gender-based violence. Women are also likely to face significant barriers to accessing support for violence and abuse as a result of experiencing feelings of stigma, blame and judgement around their traumatic experiences, not feeling believed by professionals if they disclose what has happened to them, and facing complex referral pathways to support, which can be re-traumatising. Without adequate support, women and children who have experienced Violence Against Women are at increased risk of experiencing other negative outcomes. It is therefore vital that trauma-informed systems and services are in place locally that take account of previous, current or ongoing experiences of violence, abuse and trauma, and ensure that women and children's voices are heard and their rights are respected.

Our commitment to tackling the challenges that people and families face is reflected in the activity undertaken by multi-agency partners across the city to tackle issues such as drug and alcohol use, mental health, domestic abuse and neglect at the earliest possible stage.

If not
you?
...who!

3. Response to COVID-19 Pandemic



The following summarises the impact of and response to COVID-19 on Adult Support and Protection Activity in Dundee during the period covered by this report. These have been broken down into strategic and governance functions, core statutory functions, prevention and communication and remobilisation. Much of this information has previously been provided to both the Scottish Government and Care Inspectorate in greater detail, at various times throughout the pandemic.

Strategic and Governance Functions

The frequency, duration and content of both the ASPC and COG (Protecting People) was adapted to better address both the strategic and operational risks identified. These took the form of fortnightly on line Conference Calls with the primary focus being a focus on hidden harm whilst support services such as day services were closed. The Committee focused on multi-agency partnership working and the Protecting People Risk Register was helpful in identifying risks but also mitigating actions that were being taken by partners. In addition, operational data was been made available relating to key processes on a weekly basis. Queries and good practice examples from both the national group and other local authority areas were considered and applied in a Dundee context.

A strategic risk register was already being developed prior to the pandemic, informed by multi-agency operational challenges. The introduction of COG and ASPC Executive Groups initially monitored and coordinated mitigating activity and latterly maintained the risk register as a current, relevant means of strategic overview.

Regular reporting was made to the Dundee COG enabling scrutiny of the risk register and mitigating actions. In addition, regular updates were provided to the Operational Leadership Team within NHS Tayside.

Whilst the frequency and duration of core strategic forums have returned to pre-COVID patterns, the content and supporting infrastructure has been informed by learning and improvement activity identified during the pandemic. Specifically, the ASPC Executive Group continues to meet to scrutinise risk and prioritise the committee agenda complimented by the Self Evaluation and Continuous Improvement subgroup which oversees many of the actions arising from the ASP business plan.

An example of this included oversight of the developing situation in Care Homes, the provision and use of Personal Protection Equipment and communication across this sector.

Core Statutory Functions

To mitigate risk of cross infection working environments and arrangements changed considerably in line with public health guidance, including testing and vaccination programmes. The multi-agency workforce demonstrated high levels of resilience, flexibility and commitment over this period; this has been acknowledged by the COG and ASPC.

Although the use of technology contributed greatly to the development and continuity of services this also presented challenges of access for the workforce. In addition, the pace of change and increase in evaluation activity, albeit understandable in response to pandemic risks, was identified as an issue for many staff.

The leadership and workforce responses to COVID-19 significantly increased the flexibility, speed, and impact of responses across the partnership to vulnerable groups. Informed by reflective sessions and workforce and community consultations. This approach was built upon and strengthened the ASPC Delivery Plan.

The ASPC was assured that actions around adults known to services and known to be vulnerable to harm were robust and defensible. Data was used extensively to benchmark against practice pre-pandemic. Some examples of this are explored in the next section of this report. All adults identified as most vulnerable were Red, Amber, Green (RAG) rated, triaged / prioritised and their support packages reviewed.

Additional staff were re-deployed to support the First Contact Team at the commencement of the COVID response in anticipation of an increase in the reporting of risk. Initially concern reports decreased but subsequently rose to levels higher than that for the same period in previous years. This was mitigated somewhat by dedicated COVID services provided elsewhere across the partnership.

Personnel shortages across key partners due to sickness, self-isolation or the need to provide childcare / carer provision did not manifest as initially anticipated. However, post pandemic these have had an impact on staffing levels with additional support being offered to our First Contact service from elsewhere in the partnership.

Initially, The Early Screening Group, met virtually. This was latterly replaced by a new screening protocol, piloted in March 2021 and adopted more widely by October the same year. Greater emphasis was placed upon reflective learning and scrutiny, evidenced by the increase in case reviews during this period.

Prevention and Communication

In addition to the platforms used by Police Scotland, Scottish Fire & Rescue, NHS Tayside, Dundee City Council and the Health and Social Care Partnership, the Protecting People Team developed and delivered a public awareness raising strategy targeting the recognition and reporting of people at risk in the wider community.

Each single agency utilised its own resources and networks to communicate operational and strategic messages to its workforce.

Where appropriate, single agency updates were shared both publicly and across the partnership by way of the ASP committee. Key national messages, questions, and best practice examples were also shared in this manner. Similarly, the Tayside ASP Lead Officers group have shared resources and expertise.

Local complimentary procedures based on updated national guidance for Adult Protection during the pandemic published by the Scottish Government were developed for staff in Dundee and distributed in the form of revised ASP protocols. This is explored in greater detail in subsequent sections of this report.

Remobilisation

Moving forward from the pandemic, the partnership has continued to build upon strategic and practice improvements developed as part of the COVID response. An example of this being, much of the infrastructure developed to deliver on the challenges of COVID have remained, strategic sub groups and interim meetings of the ASPC executive have continued as well as increasing use of the corporate risk register.

Many changes were accelerated and prioritised as a result of COVID and these have laid the foundation for the Dundee ASP delivery plan as well as single agency remobilisation activity. However, we also recognise the challenges facing the multi-agency workforce. Dundee HSCP is part way through a restructuring process and NHS Tayside continue to enhance and further develop their Protecting People provision to better address the challenges identified in the final sections of this report.

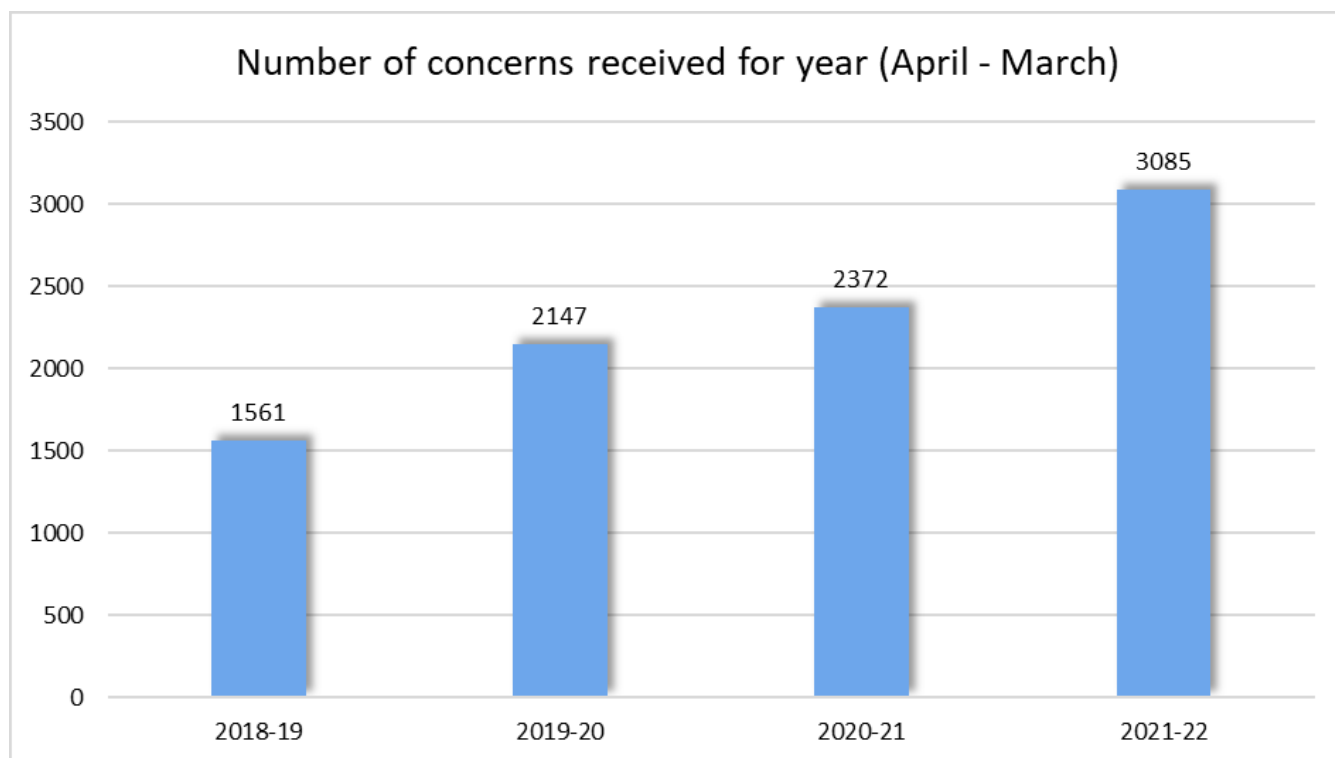
4. What Our Data is Telling Us



Improving the use of qualitative and quantitative multi-agency data to inform strategic decision making and the development and delivery of person-centred approaches to improving safety and well-being was identified as a priority for the partnership in the previous ASP delivery plan. Since then, the focus has shifted from the collation of single agency indicators to the synthesis of a wide variety of data inputs to better understand collective impact on outcomes for individuals and communities at risk.

Core data is shared across the partnership on a weekly basis. This is analysed in terms of operational practice and reporting exceptions escalated for further scrutiny. Data reports are presented quarterly to the committee with accompanying analysis, interpretation and recommendations. Most recently the Self Evaluation and Continuous Improvement sub group has offered wider interpretation of this data, generating further study, explanation and identifying both further areas for development, scrutiny and assurance.

What follows is a brief summary of key ASP data as well as examples of where this has been applied to multi-agency practice.



The number of adult concerns received have continued the recent year on year rise increasing by 47% during the period covered by this report. Dundee continues to be a national outlier in terms of the levels of adult concern reports that are recorded as being received by the HSCP from other partner agencies largely as a result of the current data recording processes.

Dundee has consistently been more than double the national average for Adult Concerns received but is significantly below average for those proceeding to investigation.

Whilst there is no evidence to suggest that adults in Dundee are at any greater risk than they would be across Scotland it has to be recognised that there are some key challenges including higher rates of drug deaths, mental health concerns and completed suicides. The high number of Adult Concerns recorded are reflective of how agencies in Dundee carries out and record their statutory duties and this is under review to try to bring this in line with other areas.

The vast majority of these adult concerns originate from Police Scotland Vulnerable Person Database reports and do not appear to meet the threshold (three-point test) to warrant a statutory response in respect of ASP processes. However, they do relate to adults who have a wider variety of needs and vulnerabilities. How we are improving our screening processes and how the Adult Support and Protection Committee is assured of the quality of screening activity is explored later in this report.

Detailed multi-agency analysis is regularly undertaken into how concerns are reported, screened, assessed and progressed. This is benchmarked against the other Tayside authority areas. Analysis was also completed into what happens to individuals who present concern but do not progress in respect of statutory intervention. The Committee were reassured that the majority of people referred were offered support in other ways than through the adult protection process.

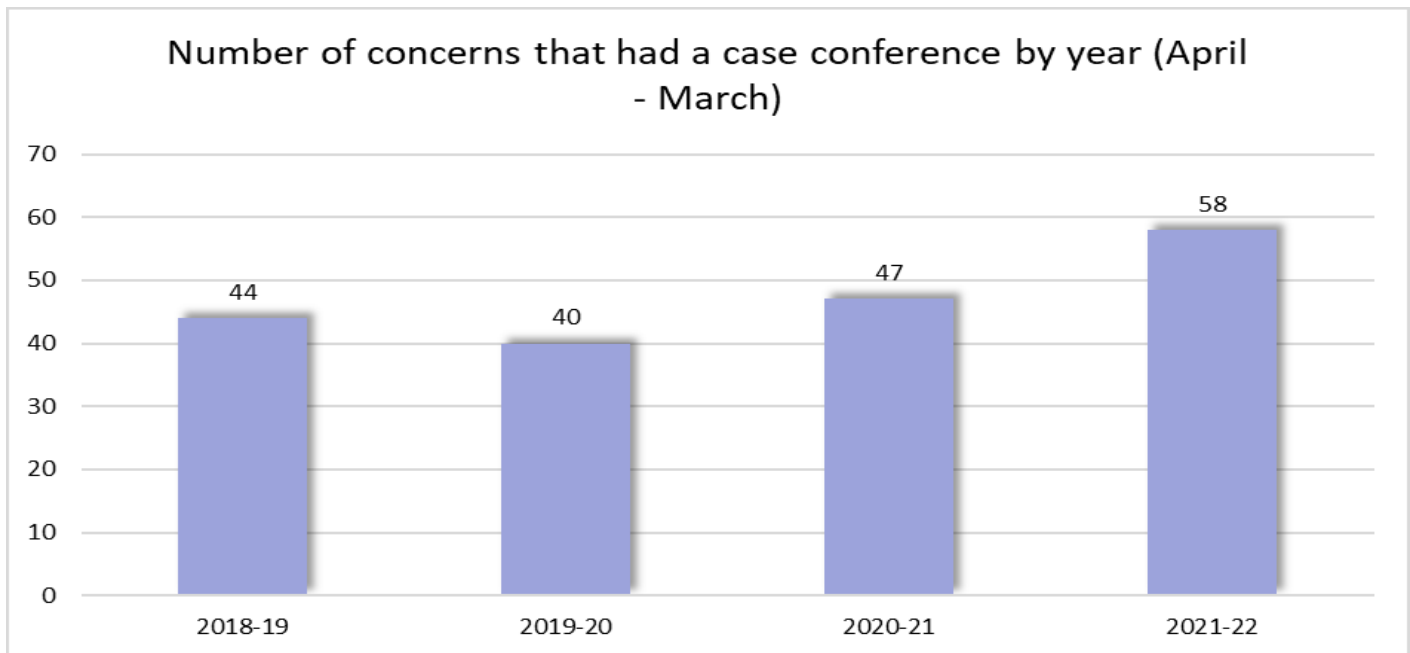
A pilot screening of Adult Concerns commenced in March 2021 resulting in a 61% reduction in recorded adult concern reports, which brings Dundee more in line with other areas. This was subsequently adopted across the partnership six months later. The primary reason given for not progressing with a statutory response is "Existing support services have been informed of the concern and will manage appropriately (least restrictive approach.)"

Although Police Scotland continue to be the major source of adult concern referrals, the past two years has seen a significant rise in concerns raised by staff in NHS Tayside. This is attributed largely to the effective work of our colleagues in the NHS Tayside Adult Protection Team in raising awareness and identifying areas for development across the NHS. Awareness raising and training has been a key factor in this increase.

Following the completion of a thematic review into fire deaths, concerns raised by Scottish Fire and Rescue Service doubled during the period covered by this report. This is reflective of focused work undertaken in respect of this particular risk factor as a result of the review and improvements made in communication and referral pathways.

Similarly, an Initial Case Review undertaken in 2021 raised issues relating to the Scottish Ambulance Service (SAS.) Assurances were received from the service that developments would continue in this area and subsequently, there was a tenfold increase in concerns raised by SAS from one during the previous year to ten in the next.

The number of Interagency referral discussions has increased by 26% over the past two years. In the year 2020/21 numbers actually decreased but it was recognised the consistent application and recording of IRD processes was an area for development and numbers have increased over the past year. Standardisation of IRD processes on a Tayside basis features in the current ASP delivery plan as a further area for development.



The number of concerns resulting in a Case Conference also increased by 22% during this period from 47 to 58 (See Table Two). Again, although the numbers are small it is significant to note that many conferences were convened without an IRD taking place. This is keeping with local guidance in so far as, in cases where initial information raises significant protection concerns, -“The IRD stage is escalated to conference where the nature and level of risk considers this to be necessary. During the pandemic period, both IRD’s and Case Conferences shifted to a virtual setting rather than face to face, which may have contributed to this increase.

Of the investigations undertaken 51 (44%) related to males and 65 (56%) concerned females. We have seen a significant decrease in the number of younger females being investigated. This had previously been an area of concern scrutinized by the committee which had sought assurance in relation to assessment of risk and provision for vulnerable young women. This has contributed to developments progressed by the Dundee VAWP relating to multi-agency trauma informed approaches to women and risk of harm.

Mental Health and Substance use feature as the primary causes of concern with most incidents of harm occurring in the individual’s home or a public place. Again, most of these referrals originate from police officers attending incidents in the community. The vast majority of these do not proceed beyond initial screening and are often referred to a service or team with whom there is an existing relationship.

The ASP committee sought assurances that these individuals were being protected from further incidents of abuse, harm and neglect and this has resulted in a number of practice improvements, for example the development of the non-fatal overdose pathway and the development of NHS Tayside Capacity Assessment pathway, both of which are explored in greater detail in the next section of this report.

Data was used extensively to help inform responses to risks identified by both the ASPC Executive Group and, latterly, the Self Evaluation and Continuous Improvement Group. Examples of these are provided as follows;

Care Homes

When benchmarking against national ASP data, Dundee City has been an outlier when it comes to “locations of harm” in so far as care homes and supported accommodation are significantly underrepresented in respect of progressing Adult Support and Protection Investigations. See Appendix One Chart 10.

This had been accounted for by the HSCP adopting a preventative rather than reactive approach to risk in a group care setting. Dundee maintains an early indicator of concern database (see next section), a care home team with dedicated key practitioners overseeing public protection responsibilities as well as robust contract monitoring and a providers' forum.

However, during the first lockdown periods, many of these preventative factors were unable to operate effectively due to the restrictions on visiting group care settings.

During the period March 2020 to April 2021 although 51 duty to enquires were undertaken in a care home setting only one progressed to an IRD and none to Case Conference. Whilst some of these concerns were subject to a Large-Scale Investigation the ASP executive group sought assurances from partners that such risks were being effectively recognised and responded to and individuals kept safe from abuse and harm. Multi-agency partners including NHS Tayside, Police Scotland Division D and Dundee Health and Social care Partnership were able to evidence that, in addition to risks arising from COVID issues, there were robust multi-agency risk management plans in place for risks identified of which the Care Inspectorate were aware of and contributed to response.

During the next period (March 2021 to April 2022) there were 66 reported Adult Concerns raised in a Care Home setting resulting in 63 Duty to Inquires, seven Investigations and four Case Conferences.

As a result of learning identified from case reviews, engagement with care homes and both residential and homecare providers is an identified area for development in the ASP delivery plan.

Financial Harm

The ASP committee sought assurances following Police and Trading standards colleagues raising concerns about an increase in targeted scam and financial harm activity during the pandemic. This was also being reported nationally. Consequently, current and historical data was scrutinised. In 2020/21 financial harm was the 6th most common principal type of harm record for all referrals. In 2021/22 it was the 7th most common. The percentage of referrals due to financial harm have remained stable during the majority of the period covered by this report. In terms of ASP statutory activity, Dundee was not experiencing such a significant increase in numbers of referrals compared to those reported by Trading Standards and Police Scotland. However, the two most recent quarters have shown an increase which will continue to be monitored to determine the significance of this.

As a result the Dundee partnership is developing a multi-agency financial abuse response to better recognise and respond to individuals at risk of financial harm who may not progress down a statutory ASP route.



5. Outcomes, Achievements and Service Improvements



Although the past two years have been challenging for all partners concerned with public protection it has also been an opportunity for innovation and improvement.

This section summarises some of the key achievements developed and delivered during the period covered by this report.

“Hidden Harm” during pandemic

During the Coronavirus pandemic, there was a recognition across all partners of the importance to help keep adults at risk safe from harm and neglect by sharing up to date information with the public and across the multiagency partnership. Throughout this time, there was an emerging picture from elsewhere of a number of potential safeguarding issues and areas of exploitation directly related to the pandemic.

A significant concern within the Dundee ASPC was that much of this harm may be hidden, particularly with people living in isolation, perhaps with perpetrators of abuse, those identified as 'shielding' and with the additional issue that professionals were not able to visit clients or patients as frequently or face to face. There was also recognition that individuals may be vulnerable to harm as others may seek to exploit disadvantages due to age, disability, mental or physical impairment or illness.

Such concerns and risks were identified as high in the Protecting People Risk Register across all areas regarding hidden harm for a number of reasons. These include the reduced ability across all agencies to carry out face to face contact with individuals and families due to staff absence and social distancing requirements, the impact of the closure of some support and care services, reduced operations of some community and third sector provisions and the potential for particular forms of harm to escalate during the current crisis e.g. domestic abuse and substance use. Early monitoring showed a drop in the number of referrals to First Contact Team, similar trends were reported by Police and third sector agencies across protecting people areas.

Between April and June 2020, Dundee ASPC completed a comprehensive "hidden harm" review which would go on to form the basis of much of it's work during the first full year of the pandemic and replacing the previous ASP development plan. Broadly, this covered;

- Governance and strategic planning
- Public communication
- Communication across the partnership
- Approach taken towards adults currently supported by Dundee health & social care partnership
- Approach taken towards new risks reported Dundee HSCP
- Response to COVID in care homes
- Approach taken to people affected by substance misuse
- Approach taken to refine work including provision & interrogation of data
- Approach taken towards the wider population not already supported or known
- Approach taken to hidden harm relating to violence against women issues

Subsequently, these areas were integrated into the ASP delivery plan which currently informs the work of the committee and broader partnership underpinned by closer working with other committees.

Committee processes and membership

The committee has taken the opportunity to develop new terms of reference and an induction pack for new members. Following a number of committee development events, membership has also been expanded in an effort to broaden the knowledge, skills and experience available across the partnership. In addition, the role, responsibilities and expectations of members is also clearly outlined.

Audit Activity

Dundee ASP committee completed a multi-agency case file audit in February 2020 and the learning from this informed our (then) ASP improvement plan. The onset of COVID impacted on the scope and pace of some of these changes as we adjusted to a COVID footing, specifically relating to the development of chronologies and risk assessment which were revisited as part of our post pandemic mobilisation. This is expanded on later in this section.

In addition, the Dundee HSCP were recently subject to an internal audit of progress of actions arising from the joint inspection undertaken in 2017. A separate single agency plan has been developed in response to this with regular updates provided to the committee alongside the Asp delivery plan

NHS Tayside Adult Protection Team

The Dundee partnership is fortunate to benefit from a dedicated Adult Protection Team within NHS Tayside. In addition to improving practice across the NHS, the team also contributes to core statutory ASP duties with the nurse advisors providing an invaluable service across a wide variety of protecting people fora. Key achievements delivered by the team have included.

- Developing NHS Chronology framework for use in adult services
- Focused work around Safeguarding with the NHS Tayside Forensic Service
- Developing guidance to support clinical teams around patients who have difficulty engaging with services and who may be vulnerable/at risk.
- Drafted NHS Tayside VAW/GBV Workplan for 2022 and presented this at NHS Tayside Public Protection Executive Group
- Progressing Values Based Reflective Practice within team to provide additional supervision support to staff who may be involved in adult protection work with a patient/family.
- Self-Evaluation and Continuous Improvement (SECI)

As part of activity designed to improve committee governance and oversight the Dundee partnership has developed a Self-Evaluation and Continuous Improvement sub group.

The purpose and priorities of the group are;

- Inspection preparation and follow up
- Performance data
- Improvement Plan monitoring and progress following ICRs/SCRs
- Self-Evaluation Activity

The SECI is the primary means by which the committee monitors progress of activities arising from the delivery plan and is proving to be effective with engagement and support from all key partners.

Case Review Activity

Dundee was already operating a Protecting People Case review protocol prior to the publication of the national interim framework for conducting Significant Case Reviews in November 2019.

During the period covered by this report seven Initial Case Reviews were undertaken in relation to adults at risk of abuse and harm. One of these has progressed to a Significant Case Review which is due to report in early 2023.

In addition, one Significant Case Review was published in respect of the death of a care experienced young adult and two further Initial Case Reviews were undertaken in partnership with Dundee Child Protection Committee concerning the deaths of two further young adults.

The multi-agency learning identified from this activity has informed single and multi-agency improvement plans broadly themed under the following areas.

**Information
Sharing**

**Professional
Curiosity**

Escalation

**Risk
Assessment
and Risk
Management**

**Transitions
from
Childhood to
Adulthood**

Capacity

Screening of initial concerns and responses to individuals potentially at risk who do not meet the three-point test were also identified as areas for development together with responses to mental health and substance use.

These themes run throughout our planned improvement activity and progress is monitored by way of the SECI sub group reporting to the ASP committee and COG respectively.

To help support staff with the increase in Case Review Activity, communities of practice and development sessions were delivered to a number of multi-agency practitioners and first line managers to raise awareness of the review process.

In addition, during the Autumn of 2021, four development sessions were delivered to groups of multi-agency managers entitled, "Embedding and Sharing Learning from Case Reviews in Dundee."

These specifically addressed:

- Introduction of a tool to help managers share and embed learning from case reviews within their teams and service
- Exploring existing learning identified from case reviews
- Find out how you can influence change and contribute to service improvement and development
- Further learning opportunities and engagement work with your workforce

Although well attended it became apparent that the capacity to implement some of the changes identified required significant investment in and development of redesigned workflows in order to embed and evaluate the impact of the learning identified. This, in turn, has informed various actions detailed in the ASP delivery plan, SECI, Transforming Public Protection (TPP) and HSCP Protecting People Oversight Group.

Thematic Fire Death Review

Following discussion with Chief Officers and as a result of three Initial Case Reviews undertaken in early 2021, the ASPC agreed that as an extension to the Learning Review process, a Thematic Case Review should be undertaken with a clear and focussed remit to consider the three cases simultaneously.

Andrew Beckett (ASP Lead Officer), Grace Gilling (NHS Tayside) and Graham Smart (Scottish Fire and Rescue Service) along with Paul Comely, National Adult Protection Co-Ordinator acting as a critical friend, were identified as the Lead Reviewers and were tasked with delivering a report in respect of the following themes as part of the remit;

1. Multiagency Risk Assessment and management of risk
2. Adult Support and Protection- processes and procedures
3. Co-operation, Co-ordination and Leadership
4. Professional involvement and relationships
5. Accommodation/ Housing issues
6. Hospital Discharge processes
7. Impact of COVID-19
8. Home Care Services

The thematic review was completed in early Summer 2021 and concluded with thirteen key recommendations. Partner agencies were requested to consider the final report and identify opportunities for learning within single agencies/services as well as undertake improvement actions in respect of these recommendations, with the ASP Self Evaluation and Continuous Improvement sub group seeking reassurance from partner agencies in relation to actions progressed. A briefing was provided for COG members on 28 October 2021 outlining elements of good practice identified within the review as well as opportunities for further learning. Improvement activity has continued in respect of the recommendations identified. A review of progress is scheduled for the Summer of 2022.

Early indicators of Concern in a residential setting

Part of the response to protecting people in Care Homes relied upon the consistent application of operational guidance relating to early indicators of concern. Although these have been in operation across Dundee for a number of years, the onset of COVID restrictions placed greater emphasis on their importance in safeguarding vulnerable adults.

There are six early indicators of concern which all staff members visiting/attending/working in care homes were required to consider:

1. Concerns about management, leadership and organisation
2. Concerns about staff skills, knowledge and practice
3. Behaviours, Interactions and Wellbeing of Residents
4. Concerns about the service resisting the involvement of external people, isolating individuals and lack of openness.
5. Concerns about the way services are planned and the delivery of commissioned support
6. Concerns about the quality of basic care and the environment.

The guidance and tool are designed to support, and not replace, professional judgement. Its use is expected to assist staff members to organise their thoughts so that they can act more confidently, consistently and effectively within the wider care context. This proved invaluable during the periods of limited access in assuring vulnerable adults in a residential setting were safeguarded from abuse and neglect.

Cumulative concerns recorded in the Early Indicator database contributed to preventative early intervention and identified both individuals for further investigation which in turn led to Large Scale Investigations involving multiple individuals in a group care setting in keeping with local protocols and procedures.

Hospital Discharge Management

Case Review Activity Identified Hospital Discharge as an area for particular development in terms of ASP. There was some evidence to suggest that protection from harm was not consistently applied as part of discharge planning and that multi-agency staff would benefit from specific training and development opportunities. This was delivered and subsequently evaluated and evidence identified which indicates improvement in the recognition of and response to risk.

Under the banner of “Home First”, the Partnership has developed a single point of referral for Enhanced Community Support and Dundee Enhanced Community Support Acute and are working to develop an Urgent Care Triage tool and common assessment documentation with Scottish Ambulance Service and advanced paramedics to contribute to avoidable admissions.

The redesign of urgent care and the implementation of the Flow and Navigation Centre (FNC) Model has improved decision making support from the Scottish Ambulance Service, Primary Care, Out-Of-Hours, NHS24 and other partners including ASP activity. This is increasingly ensuring that the most appropriate source of care, in the most appropriate place is used to respond to people's needs or that an appropriate digital solution, such as NearMe, is provided.

During 2021/22 all social care packages that were adjusted due to the COVID-19 response were re-started or adjusted back to normal arrangements. Work has progressed to remobilise both day support and respite services and a variety of short-break arrangements have been used in Community Mental Health and Learning Disability Services.

Supporting drug and alcohol recovery

Drug and alcohol issues continue to feature prominently as a risk factor in Adult Concern Reports but are also one of the client groups most likely to be “screened out” of statutory procedures. Consequently, harm reduction and recovery has been a focus of improvement activity.

During 2021/22 the HSCP Clinical, Care and Professional Governance Group has continued to maintain oversight of a range of risks associated with the Dundee Drug and Alcohol Recovery Service. Whilst some of these risks relate to clinical functions within the service others include demand in excess of resource and insufficient funding to undertake the redesign of Dundee Drug and Alcohol Recovery Service (DDARS) services. Staff recruitment and retention challenges have also had a significant impact on the service throughout the year.

Over the last two years considerable progress that has been made in key areas to reduce harm associated with drug use, including drug deaths. This has included:

- Development and evaluation of a multi-agency, rapid response to non-fatal overdose (recently recognised as a sector leading approach in the COSAL Excellence Awards 2022);
- Enhanced capacity to delivery assertive outreach services through collaboration with third sector services, DDARS and the SafeZone Bus;
- Establishing the Navigator Programme based in Ninewells Accident and Emergency to work alongside medical and nursing teams to offer support to people who have multiple and complex needs, including drug and alcohol use;

Community mental health services and supports

Mental health concerns and suicide ideation also feature highly in Adult Concern Reports received and investigations undertaken. Although more of these risks are managed by a statutory response there remains a significant number of adults at risk with mental health and wellbeing challenges supported in the community.

Partners have continued to work together to improve the range of services and supports for people with mental health and wellbeing challenges. During 2021/22 work began with stakeholders, including people with lived experience on mental health challenges, to develop the city centre Community Wellbeing Centre that is planned to open in Autumn 2022. This has included workstreams focused on developing pathways and connections, the building facilities and aesthetics and communications and engagement. Since November 2021 a Stakeholder Group has been in operation and has been fully involved in co-producing the service specification

for the Centre; with tendering activity to secure a suitable service provider commencing in 2022/23. Alongside the development of the Centre progress has been made in other areas to enhance supports that will ultimately be linked to the Centre once it is operational. This includes developments with the Scottish Ambulance Centre and the appointment of a manager within Penumbra for the distress brief intervention service.

A successful pilot has been undertaken with Scottish Ambulance Service (SAS) and Dundee HSCP to establish a Paramedic Mental Health Response Vehicle (PMHRV). The PMHRV is jointly staffed by a paramedic and an experienced mental health nurse meaning that they can attend to aspects of physical healthcare as well as conducting a specialist mental health assessment. Following the pilot period, the service is now operating seven nights a week and during weekend days. Early outcomes indicate that most people have been successfully helped in their own home environment without the need for more intensive mental health assistance. Data from the first few months shows that the number of mental health emergency admissions fell by 51%.

Advanced Nurse Prescribers and Specialist Mental Health Pharmacists have been a positive addition to Community Mental Health Teams, increasing the capacity to prescribe medication and attend to physical aspects of mental healthcare, which supports resources within General Practice. Mental Health and Learning Disability Teams have also benefitted from increased numbers of Social Workers and Support Workers. There are now also General Practitioner Leads for Mental Health in place for each of the three Tayside Partnerships with a role in ensuring that all mental health developments are 'whole system' and cognisant of the specific needs of, and contributions that can be made from, primary care and to contribute to primary care development work and more specialist mental health redesign work. A plan has been submitted to the Scottish Government describing how a share of the national pandemic recovery funding totalling £120m will be used to strengthen mental health and wellbeing responses across primary care.

Mental Health Act work has continued to be a priority for the Mental Health Officer (MHO) Service during the pandemic. The service has continued to undertake all assessments and provide applications in line with legislative requirements. There has been the occasional assessment that has been provided without direct contact with the person concerned. On these occasions, this has been determined by COVID-positive situations and governed by safe practice. The situations have been clarified from other professionals directly involved in the person's care and we have also sought advice and liaised with the Mental Welfare Commission. The service has coped well with the demands generally during the pandemic, however capacity was an issue during the Festive Period 20/21 and a sessional worker was employed by the service. Although the service has coped with the Mental Health Act demands, there is an overall reduction in the numbers of MHO's undertaking the role within Dundee. This has been for a number of reasons and is under review to consider the options we have for addressing this and ensuring the MHO service is sustainable.

Trauma informed practice

A significant amount of work has been undertaken around 'trauma informed practice' including a test of change in care homes, a test of change focused on embedding trauma informed principles, tools and models to existing learning and development activity across the city and a test of change focused on enhancing responses to domestic abuse. The Care Home Team test of change had a focus on trauma principles and aimed to collate stories on the impact of COVID for care homes, residents, next of kin and staff across the city. This work was underpinned by a request from the Care Home Safety Huddle and findings from a National Trauma Deep Dive event for Health and Social Care. A stakeholder engagement and feedback session took place in October 2021 with care homes across the city, followed by an accessible trauma informed survey. Survey data, stories and experiences were then analysed and findings shared with HSCP and the Care Home Safety Huddle. A Care Home Trauma Deep Dive learning exchange event was used to share local findings, stories, next steps, national and local trauma developments, improvements and resources as well as available supports and offers to the workforce.

Carers

Direct work has been undertaken with carers to raise awareness of Public protection in general and Adult Support and Protection specifically. Throughout 2021/22 the HSCP, working alongside Dundee Carers Partnership, has continued to prioritise services and supports to meet the needs of unpaid carers. Carers engagement activities have reinforced the significant impact the pandemic has had on the health and wellbeing of many unpaid carers, who have also been further affected by the cost of living crisis. Multi-agency work to understand these needs and reflect these in an updated Carers Strategy is described earlier in this report. The HSCP has continued to focus on enhance capacity to fully implement the duties contained within the Carers (Scotland) Act, including a focus on identification and assessment of unpaid carers and the use of Adult Carers Support Plans across Partnership services. The recently agreed Carers Investment Plan includes significant additional resource to support enhanced capacity across Care Management Teams to implement carers assessment and support planning duties. It is anticipated that this additional capacity will be recruited during 2022/23.

Chronologies

In response to learning identified through the case review process and earlier actions from the Care Inspection process in 2018, Dundee ASPC "Practitioner's Guidance: Chronologies" was developed to provide Health and Social Care practitioners involved with vulnerable adults, their families and carers across Dundee, with clear practice guidance on the effective use of Chronologies. It is complimented by a revised workflow on the MOSAIC computer system. The guidance provides minimum standards aimed at ensuring a consistent practice approach to Chronologies and is compatible with the Tayside Multi-Agency Adult Support and Protection Protocols.

Risk Assessment

In response to learning identified through the case review process, Dundee ASPC developed a safeguarding risk assessment tool and threshold matrix. This was designed to ensure that across the partnership a consistent and proportionate response is delivered, that safeguarding from risk of harm responses are proportionate to the abuse/neglect, and that formal ASP procedures are not the only way of addressing issues that arise. Actions taken must be proportionate to the level of presenting risk or harm and be driven by the desired outcomes of the adult or their representative. Partners and professional need to use their professional judgement, consider the views of the adult at risk and where appropriate, seek consent for sharing information on a multi-agency basis. The document consists of two parts;

Part one: Offers a risk assessment tool and threshold matrix to support anyone working with adults across Dundee to identify the level of risk and proportionality of response in respect of potential harm, abuse or neglect.

Part two: Introduces a risk assessment workflow to MOSAIC to support managers and council officers in evidencing defensible decision making and the consistent application of Adult Support & Protection processes.

The chronology and risk assessment guidance were developed in Dundee as part of the Transforming Public Protection Programme in Dundee and informed by improvement methodology and guidance from the Care Inspectorate. An evaluation of the uptake and impact of this will be completed towards the end of 2022.



If not
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6. Training and Workforce Development



Dundee's social work and social care workforce, alongside other public, third and private sector services have continued to respond to the unprecedented impact of the COVID-19 pandemic. Social work and social care employees have undertaken an invaluable role to deliver critical services to individuals, families, and communities across the city.

While responding to the COVID-19 pandemic, we have continued our commitment to ensure social work values and standards are promoted while maintaining safe practice within a challenging and changing context.

Protection

Delivering on programmes relating to the protection of children and adults has remained a priority as in previous years. The delivery of learning and training opportunities was significantly impacted by the COVID-19 pandemic. We have adapted, innovated and where appropriate developed interim digital resources to mitigate workforce risks, upskill and enhance protection learning and development activity throughout cross cutting protection themes.

Our enhanced and intensive multi-agency programme in ASP (Defensible Decision-making) was adapted to meet the complex challenges of remote delivery within the context of the COVID-19 Pandemic.

This programme was tested, thoroughly evaluated, and improved over three programme cohorts throughout 2020/21. This programme is now delivered on a Tayside wide multi-agency basis. Delivering the programme and best use of technology, has enabled us to increase capacity and accessibility of the programme to a much wider audience. The 2020/21 cohorts included social work and social care practitioners and managers from Perth and Kinross, Dundee and Angus as well as NHS Tayside employees. Participants have ranged from GP, nurses in various community and clinical settings, OT, Clinical Psychiatrist. Our enhanced multi-agency programme is innovative, engaging, interactive and underpinned by:

- A reflective and practical phased programme approach to embed and enhance learning
- Using best evidence and research, underpinned by learning from national and local case reviews
- Promoting ethically literate, critical practice in multi-agency adult support and protection while working with adults and young people
- Risk assessment and management (including chronologies) – challenging assumptions, thresholds, and best evidence
- A space to explore and share existing practice dilemmas and group case discussion
- Self-directed learning

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“This programme raised essential considerations for my practice, I liked and got of learning participants. It has helped to improve my confidence in SW role”

(Care Manager, ASP DD Cohort,
16 March 2021)

“My practice has been enlightened! I have shared the learning in my team and commit to using the 6 hat approach for complex case discussions and supervision”

(Senior Manager, ASP DD,
16 March 2021)

“The training was valuable in giving me an opportunity to refocus on issues/challenges inherent in ASP work. Brilliant course, I would like to explore things further”

March 2021 ASP DD

Council Officer Programme and Forum

Development work has continued with practitioners who have specific Council Officer functions under the Adult Support and Protection (S) Act 2007. The ASP forum was relaunched using digital tools and access via MS Teams August 2020 and continues to be a forum for practitioners and managers.

The Adult Support and Protection Council Officer training programme was redesigned and adapted. This statutory programme was co-created and tested with 16 practitioners from Dundee and Angus. Learning from this programme pilot, tools and resources were shared Nationally, with a dedicated development session delivered by Dundee to the ASP National Leads Meeting, L&D Network and ASP convenors. Our model to ASP Council Officer Training has been commended nationally as a best practice approach. Our programme has been endorsed and agreed delivery for a shared Tayside approach. Key elements of the programme include:

What difference has this made to your practice so far?

**Thinking differently
about risk and risk
assessment**

**Knowledge
and
confidence
boost**

**They will
understand
the pathway**

**Can offer a more
person-centered
and rights based
response to
concerns**

**Increased
confidence and
understanding
of the role and
responsibilities**

**More
knowledge
about the
legislation**

**Enabled greater
reflection on the
term capacity when
thinking about what
skills means and
opportunity**

**More
knowledge
built on
skills**

**Giving
background
and knowledge
to process**

**Increased
confidence**

**It has made me
feel more self
assured and that
everyone works to
their own styles**

**Increasing
confidence in
recognising and
responding to
ASP concerns**

What difference has this made to your practice so far?

More confident in undertaking my role and where it sits in wider processes

Things are clearer

How to ask the right questions

Enhanced knowledge and confidence

Adult Protection Awareness Day, 20 February 2022

Dundee ASPC hosted a series of workshops and events running across two weeks to raise awareness of National Adult Support and Protection Day. A range of opportunities were available for the multi-agency and Tayside workforce with all workshops well attended. Workshops and training included topics such as self-neglect and hoarding, manager briefings hosted by Mental Health Officers around safeguarding, Adults with Incapacity and Mental Health Care and Treatment legislation, workshop on financial harm and scams, learning from case reviews and a workshop on trauma informed practice and adult protection. A full list of calendar events is available on the following link [HERE](#).

TURASLearn

TURASLearn is NHS Education for Scotland's (NES) learning platform. It provides a wide range of educational resources for the health and social care workforce. Dundee City Council, in partnership with Angus and Perth and Kinross Council's, have worked with NES to develop a Tayside learning platform hosted on TURAS which focuses on protection resources.

The Tayside portal enables partners from a range of services across the city from including NHS Tayside employees, third and independent sector employees and volunteers' access to a range of protection learning resources previously unavailable to them.

TURASLearn has also been heavily promoted across all social work and social care services, both with the organisation and with those who deliver services on behalf of or as part of Dundee HSCP. It has proved to be an invaluable resource to allow the social care workforce to access additional learning and other resources designed to support their own and others health, psychological wellbeing and safety.

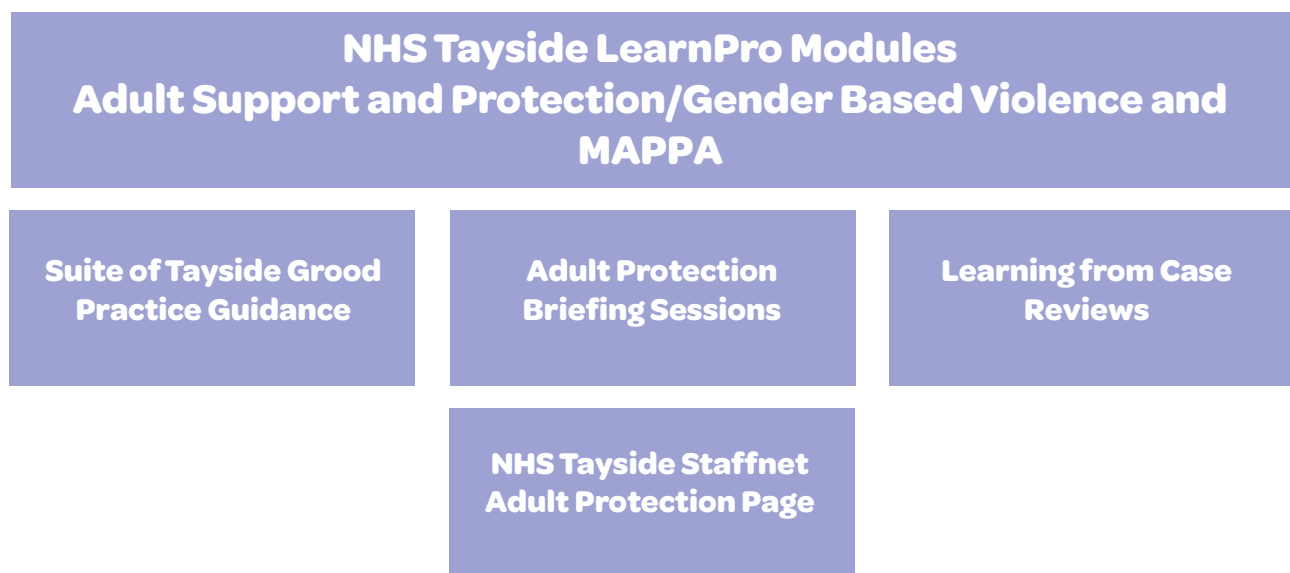
NHS Tayside Training

NHS Tayside requires its workforce to be competent, knowledgeable and have the required skills to actively recognise and respond to protect vulnerable adults at risk of harm.

In order to develop a competent and confident workforce, all NHS Tayside staff must have access to appropriate training, learning opportunities and support, to enable staff can execute their roles and responsibilities.

Online training is available for staff via Learn-Pro, however this should be supplemented by face to face training particularly for staff with specific roles such as those staff working in Acute and Mental Health services who require increased knowledge and competence in Adult/Public Protection issues.

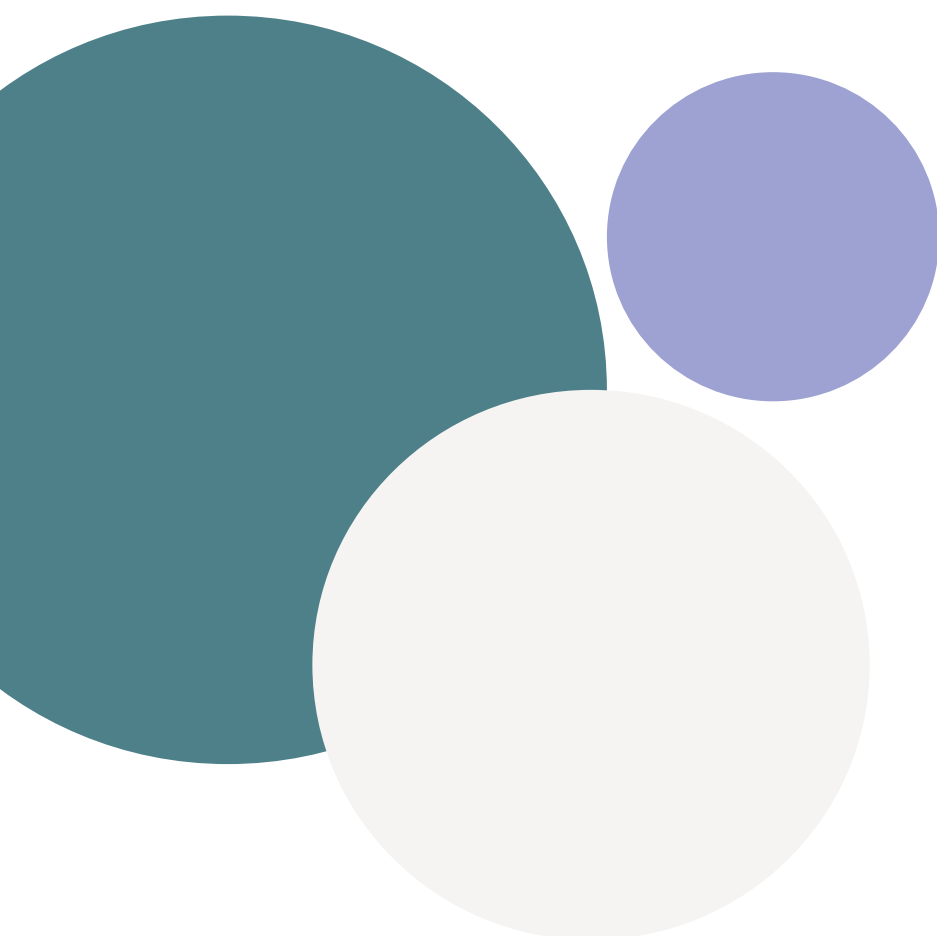
A range of learning opportunities are available and include:



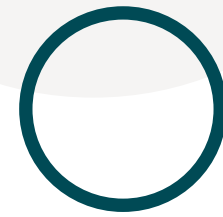
Key deliverables achieved during the period covered by this report include;

- NHS Staff Attending sessions on: Defensible Decision Making, Power of Attorney & Learning from case reviews.
- 16 Face to face ASP Briefing Sessions delivered between Aug-Dec 2021
- 11852 NHS Staff have completed Adult Support & Protection eLearning

As we move forward from the pandemic, Face to Face Briefing sessions are increasing. Training requests are tailored to the individual services where possible, though a core message runs throughout in terms of the legislation and responsibilities within health.



7. Engagement, Involvement & Communication



Engagement, involvement and communication has evolved throughout the period covered in this report moving from an initial COVID response focus to wider lived experience engagement.

Public communication activity arising from hidden harm report

During the first year of the pandemic and in addition to the platforms used by Police Scotland, Scottish Fire & Rescue, NHS Tayside, Dundee City Council and the HSCP, the Protecting People Team developed and delivered a public awareness raising strategy targeting the recognition and reporting of people at risk in the wider community.

- Key information providing details of how to raise concerns was widely distributed across social media by all partners as well as a focus on specific campaigns such as potential scams and fraud.
- 10,000 hard copy leaflets were distributed to households across Dundee to highlight how to report concerns about vulnerable adults.
- Local press have ran a number of articles raising public awareness.
- Information was also made available in BSL, easy read and video formats to ensure accessibility.
- A radio campaign ran throughout May 2020 on Wave 102 specifically focused on mental wellbeing.
- A public facing bulletin focussing specifically on Protecting People issues was regularly published throughout the period of COVID response.
- Specific support was provided for carers with a newsletter developed and distributed in association with Dundee Carers Centre.

Raising public awareness of how to recognize and respond to adults at risk was considered to mitigate somewhat against the risks posed by the potential gaps in the usual network of support and communication as a result of the COVID situation. The initial drop in adult protection referrals quickly increased back to the usual rates reassuring the Committee that concerns were being identified and reported. Additional support was provided where carer stress was identified. The take up of advocacy increased ensuring that people who need support and protection are able to access independent support.

As circumstances changed it became necessary to target specific groups and convey particular pieces of information. The ASP committee and Protecting People Team continued to develop and deliver this as well as monitoring the impact by way of performance data and regular updates from partners.

Partnership Communication arising from hidden harm report

Guidance and training for staff within Dundee Council, Dundee HSCP and NHS Tayside who were redeployed and volunteers was produced regarding Adult Support and Protection. This conveyed the message that staff require to remain vigilant in recognising and responding to potential additional safeguarding concerns and in particular, those arising as a result of the COVID-19 situation.

Guidance was also provided to the Community Support Centres and wider partnership outlining how to recognise and respond to people at risk.

An online module “COVID-19: Information to Support Those Temporarily Working in Health & Social Care Settings” was developed and delivered by Dundee City Learning and Workforce Development.

A dedicated email address was set up for HSCP providers with a regular bulletin distributed. This contained subjects such as national information sources, key messages, and actions for providers to consider, emerging risks and issues and key public health issues. Whilst this did not remove or replace the responsibility of individual providers to pro-actively seek out relevant information about the developing situation and to take action in response to this; it provided regular communication that summarised and signposted to official information and guidance that supported providers to undertake these responsibilities.

Ensuring that all partners were kept up to date with the development and delivery of services helped to ensure the recognition of and proportionate response to risk of harm. Clear, concise lines of communication contributed to informed and timeous assessment, best value and delivery of support and services.

There were early examples of conflicting information being provided from both the Scottish and UK governments and this together with the pace of change led to challenges in developing a local response which was mitigated somewhat by joint ventures such as the Tayside Oversight Group.

Engagement with People with Lived Experience

In Dundee we have been fortunate enough to have had lived experience representation on the committee for a number of years. Pre-COVID there were three lived experience committee members representing different groups, specifically older people, mental health and learning disabilities. Where required, these members were supported to actively participate in committee business in a variety of ways including;

- Direct input from advocacy services
- Provision of “easy read” executive summaries
- Pre-meetings with lead officer and independent convenor

Lived experience committee members have contributed to agenda setting, the development of public facing materials and the recruitment and selection of the independent convenor.

Unfortunately, following the pandemic, lived experience representation has reduced with one current member on the committee. This individual has been supported directly by Advocating Together to attend meetings virtually by way of MS Teams. More recently, this member has met with the Lead Officer, Protecting People, in person and been supported to participate in committee procedures in a hybrid manner.

Dundee ASP Citizen Engagement & Involvement Group

In late 2021 Dundee ASP convened a Citizen Engagement & Involvement sub Group. Fundamentally the purpose of the group was to support Dundee Public Protection partners to work towards the engagement of people with experience, and their inclusion in the strategic decision-making processes and linked strategic planning, improvement and development programmes and activities.

- Developing Citizen Led Approaches
- Creation of Citizen Led Practice Guidance
- Support for Citizen Led Ambassadors

An engagement and involvement plan was initially drafted based on 5 principles:

- Safety
- Trust
- Collaboration
- Empowerment
- Choice

Mapping activity commenced in March 2022, however, more recently Protecting People Dundee have partnered with the Authentic Voice Project and the work of the sub group is now linked to deliver on the following outcomes.

- **Professionals working across a wide range of policy areas are supported to embed survivor voice and lived experience into system and service design processes in a high quality, sustainable and trauma-informed way.**
- **Decision-makers are supported to see how meaningful change can be achieved, and compelled to act, through seeing living examples, having access to evidence & hearing diverse voices of people with lived experience.**

Project Background

In Dundee, we recognise we need to develop a robust approach to ensure lived experience has a meaningful contribution and influence within local multi-agency governance and strategic planning arrangements across our Public Protection Partnerships. We sought to review our inclusion of people with lived experience in strategic forums that led to the opportunity to work with the Authentic Voice Project. We have taken this opportunity to partner with Authentic Voice as the pilot area for their leadership workstream focused on embedding lived experience into strategic forums across Scotland. Authentic Voice is a national project aiming to support local authorities and other community planning organisations to develop the knowledge, confidence, and tools they need to embed survivor voices and lived experience into local systems and service design processes. They do this in a robust, trauma-informed and meaningful way. This project is in partnership with SafeLives UK, Improvement Service, Resilience Learning Partnership, and locally the Protecting People Strategic Support Team. Dundee Chief Officers Group (COG) have endorsed this with senior leadership and is committed to engaging in key activities with the Authentic Voice Project in Dundee as a priority to ensure locally we embed lived experience in our public protection strategic forums. While this review process is carried out in partnership with the Authentic Voice Project (which includes the Resilience Learning Partnership and the Authentic Voice Panel), it is led in collaboration with people who have lived experience and will very much be at the heart of the project.

Project Aims and Outcomes

Develop a better understanding of the lived experience strand of work across the public protection partners.

Gather and analyse current practices across the public protection partnerships regarding engagement with people with lived experience. Identify areas of good practice around co-production and engagement and areas for improvement to generate reflective leadership discussions on co-production, decision making and planning culture to develop a shared understanding of meaningful engagement and create positive change.

Professionals working across a wide range of policy areas are supported to embed survivors' voices and lived experiences into system and service design processes in a high-quality, sustainable and trauma-informed way.

Decision-makers are supported to see how meaningful change is achievable and compelled to act; through discussions, seeing living examples, having access to evidence & hearing diverse voices of people with lived experience.

This project will progress over the next twelve months.

8 Challenges & Areas for Improvement



Dundee ASPC has developed a three year delivery plan informed by self-evaluation and quality assurance activity, audits, learning identified from case reviews and national changes in guidance and protocols. It details our identified challenges and areas for improvement and is explored in greater detail in the last section of this report.

Our overarching challenges are detailed as part of the Protecting People Strategic Risk Register. This changes over time in response to the efforts of the ASPC and wider partnership. Recommendations are made to the COG in respect of Risk, Mitigating Controls, Planned Actions and the probability and impact of the identified risk.

At present, there are three identified risks associated with Adult Support and Protection.

Risk: Management & Leadership: Current infrastructure insufficient to lead, support, develop and implement practice consistently.

Risk: Workforce and core processes: Limited partnership ability to respond to changes of need post COVID / remobilization as services restart due to workforce capacity issues.

Risk: Current Recognition of and Response to individuals identified as vulnerable but who do not meet threshold for statutory intervention (3-point test) is not consistent enough to effectively respond to current individual and community needs.

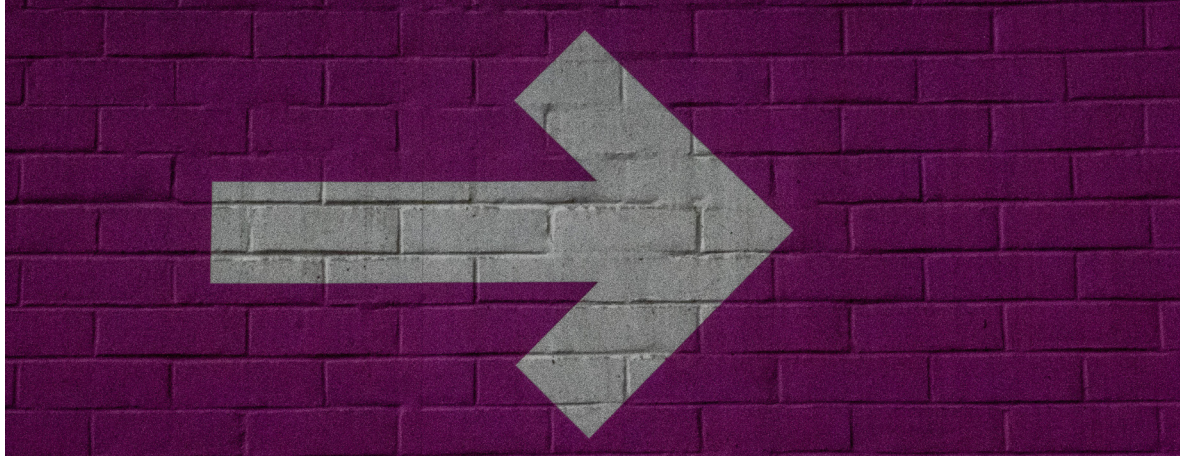
Adults with Incapacity and Welfare Guardianship

The requests for assessment of guardianship applications has not diminished due to the pandemic. The mental health officer (MHO) service has continued to allocate Court reports into MHO workloads, however the demand was restricted until the Courts re-opened following the first lockdown. Unfortunately, it is in this area that demand is not able to be met by the current capacity. Following the initial lockdown and the increase in the waiting list for Court reports, we provided the opportunity for MHO colleagues to undertake this work out with their contracted hours for additional payment to increase the number of reports being completed, however there was only a limited uptake of this. The waiting list continues to be high and we are actively seeking an increase in MHO capacity, both temporarily and permanently in order to address this statutory requirement.

Impact of National Care Service

At present, there are a significant number of unknown factors associated with the National Care Service proposals. It is unclear the extent to which this will impact upon Public Protection activity in general and ASP activity specifically.

9. The Way Forward



As mentioned throughout this document, Dundee ASPC has developed a three-year delivery plan (concluding March 2024.) The plan sets out a range of specific actions including reviewing the membership of the committee, developing an induction pack for new members, cross cutting work with the CP committee working with young people at risk of harm and developing the use of chronologies and risk assessments . A copy of this is available on request, however, it is summarised as follows with actions identified in each area.

Key Outcomes

- All adults are kept safe from harm and have improved wellbeing across a range of indicators
- Dundee has a confident and supported workforce delivering best practice to all adults in need of support and protection.
- The Dundee ASPC is assured and can provide assurance that key processes are delivered effectively and services are operating in line with up to date policies, procedures and guidance.

Key Actions

- Maintain focus on local, regional and national interfaces and how these inform all areas of our work
- Ensure provision of clear and up to date guidance, policies, procedures and learning opportunities
- Increase public awareness and stakeholder engagement through clear communication and participation processes
- Develop and improve scrutiny and assurance processes
- Develop and improve the use of the protecting people corporate risk register

Strategic Leadership

- There is a clear vision, commitment and direction provided by leaders which is communicated regularly and effectively to a range of stakeholders
- Increase Public Awareness of ASP and Community Engagement
- Maintain robust business processes to support the committee in scrutiny of key processes (both multi and single agency operations) and provide oversight of strategic risk for adult protection
- Ensure a consistent understanding and approach to the use of improvement methodology and develop committee capacity to support the use of this approach
- Participate in the transformative re-design of protection processes

Strategic Planning and Improvement

Drive Continuous Improvement of key processes and practice through:

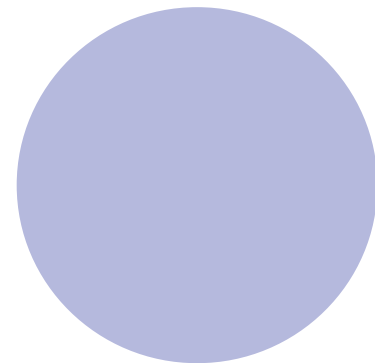
- Scrutiny of dataset
- Quality assurance processes
- Audit cycle and case review (both local and national)
- Increase the involvement of citizens in work of ASPC
- Delivery of Key Processes



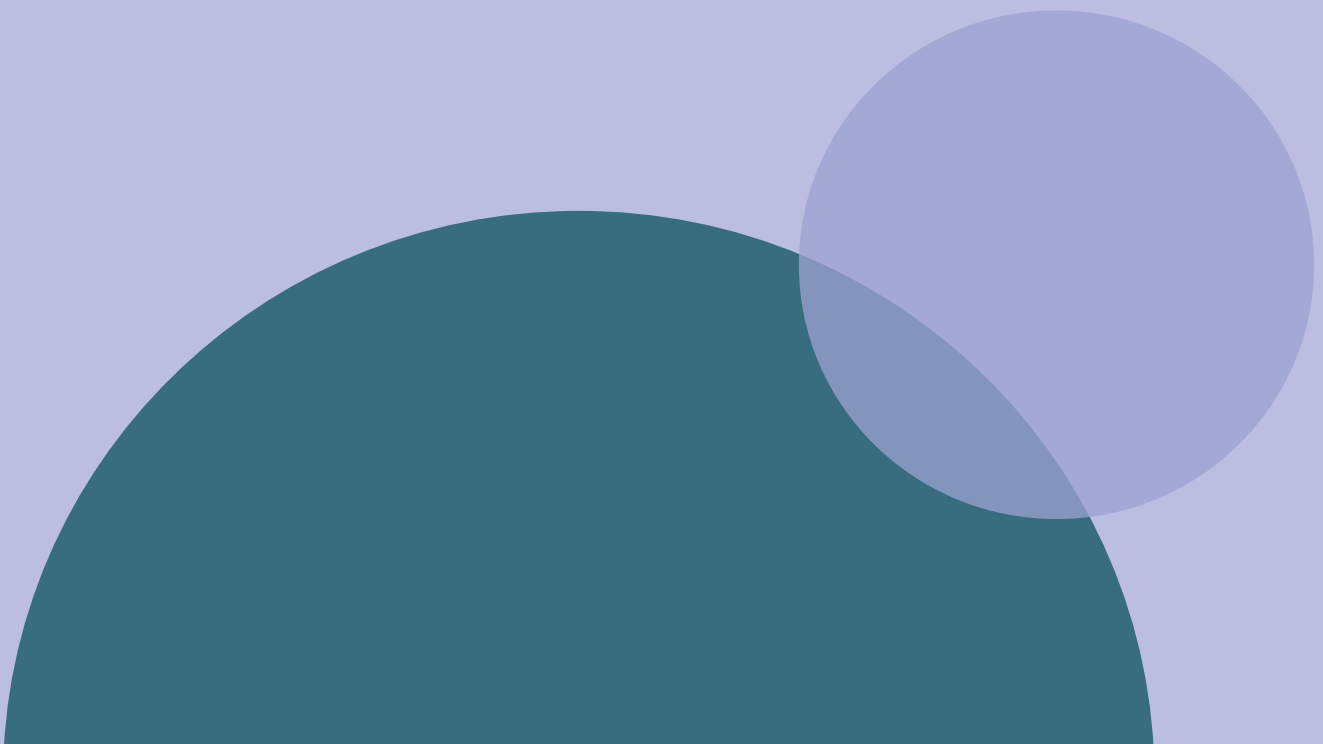
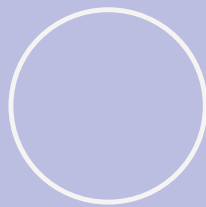
Development of guidance, policies, tools, resources and learning and development opportunities is focused on:

Delivery and improvement of key processes are focused on:

- Identified key risks in the risk register
- Learning from scrutiny/review activity
- Identified priorities at national and regional level.
- New national guidance for ASP
- Horizon scanning for new national care service.



If not
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What I
need!
from you!

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**Adult Support
& Protection**
Committee Dundee



MAPPA

Tayside Multi Agency
Public Protection Arrangements

Annual Report

2021-2022





INTRODUCTION

I am pleased to introduce the Tayside Multi Agency Public Protection Arrangements (MAPPA) Annual Report on behalf of the Tayside MAPPA Strategic Oversight Group (SOG).

The purpose of MAPPA is public protection and reducing the risk of serious harm. MAPPA brings together key partners to provide an integrated way of working and the SOG provides leadership of multi-agency arrangements across the region.

Our SOG has membership from Dundee City, Perth and Kinross and Angus Council Social Work and housing departments, NHS Tayside, Police Scotland and The Scottish Prison Service.

It is supported by an Operations Group which concentrates on operational delivery, training, development, self-evaluation, data analysis and continuous improvement. Members routinely reflect on arrangements with a focus on ensuring public safety is paramount.

Over the coming year the SOG will work with partners to formulate a communications and engagement strategy. The strategy will cover all forms of communication but in particular seek to improve the knowledge of MAPPA and its effectiveness across all sections of society. The management of sex offenders in the community relies on services being able to monitor offenders through effective engagement, visits and supports. MAPPA services risk assess offenders housing and their contacts with the community so that the risk to the public is minimised.



Alan Small

Tayside MAPPA SOG Independent Chair

TAYSIDE MAPPA

Multi Agency Public Protection Arrangements (MAPPA) are a set of arrangements to manage the risk posed by the most dangerous offenders under the provision of the Management of Offenders etc (Scotland) Act 2005.

In Tayside the Responsible Authorities continue to be committed to work together to prevent the public, residing in our communities becoming victims of serious harm.

The responsible authorities of Tayside are:

- Dundee City Council
- Perth & Kinross Council
- Angus Council
- Police Scotland
- Scottish Prison Service
- NHS Tayside

MAPPA

MAPPA is the process in which those who pose a significant risk are managed and it brings agencies together to help manage that risk.

To be managed under the auspices of MAPPA a person must be

- Registered Sex Offenders (RSOs) - are those individuals who are required to comply with the sex offender notification requirements (SONR) as set out in Part 2 of the Sexual Offences Act 2003.
- Restricted Patients, - are patients subject to a compulsion order with restriction order, a hospital direction or a transfer for treatment direction; that is patients who are subject to special restrictions under the Mental Health (Care and Treatment) (Scotland) Act 2003.
- Other Risk of Serious Harm Individuals - these are individuals who are not required to comply with the SONR or who are not Restricted Patients; but who by reason of their conviction; are considered by the Responsible Authorities to be
- persons who may cause serious harm to the public at large. These individuals are known as Category 3 offenders.



When a person becomes subject to MAPPA they will be managed within one of 3 levels,

- Level 1: Routine Risk Management; used in cases where the risk posed by the offender can be managed by one agency without actively or significantly involving other agencies,
- Level 2: Multi-Agency Risk Management; used where the active involvement of more than one agency is required to manage the offender and their risk is deemed high or very high.
- Level 3: Multi Agency Public Protection Panels (MAPPP); used for the management of the critical few where the plan requires close co-operation at a senior level due to the complexity of the case and/or because of the unusual resource commitment it requires, or the case is exceptional because of the likelihood of media scrutiny and/or public interest in the management of the case is high.

Cases should be managed based on the most current risk assessment, analysis of risk of serious harm and the Risk Management Plan (RMP). Risk assessments and Risk Management Plans are crucial to ensuring offenders are supervised effectively with the appropriate measures in place to manage the risk they pose.

More information on the management levels can be found in the MAPPA Guidance 2022.



DUNDEE CITY COUNCIL

During the pandemic in Dundee Friarfield House remained open with continued implementation of safe systems of work. Client interviews remained by appointment only with all clients seen on a face-to-face basis in accordance with National Outcomes and Standards and locally implemented Minimum Practice Requirements.

All people subject to MAPPA were supervised and supported through a combination of office appointments and announced and unannounced home visits. PPE was used as required and telephone contact was made with anyone testing positive and in isolation. In crisis situations, people were given an immediate appointment to attend the office.

Through the MAPPA case review process, monthly audits and monthly staff supervision, it has shown all people were supervised appropriately. In addition, all accredited programme work continued to be delivered without any extensions to Orders being required. The team worked creatively with other services to promote a holistic approach.

Compliance levels continued to be high, with people mostly attending appointments where required and few instances of re-offending. Breach reports are submitted promptly to allow the Parole Board to consider revocation of Licence.

Alongside staff supervision (both formal and informal), staff in the Public Protection Team also have the opportunity on a 3 monthly basis to attend supervision with an external counsellor. They can also take cases to the Complex Case Discussion with David Briggs, Forensic Clinical Psychologist.

Case Study

Peter was released on licence in Nov 2019. At that time, he was initially managed at MAPPA Level 3. Despite the pandemic, he was seen on a weekly basis for office appointments and home visits and engaged positively with his supervising officer and his Sex Offender Policing Unit officer. Through his engagement he evidenced his learning from the programmes completed in custody and continued to engage in an open and honest manner with the professionals involved.

In 2020 he secured his own tenancy, strengthened family relationships and got himself a dog. In 2021 he secured training through the Jobcentre and has accessed various temporary jobs in construction. He remains motivated to avoid offending and is now managed by MAPPA at Level 1.



Moving forward, all clients are now able to attend Friarfield House both with and without appointment. Following the introduction of hybrid working arrangements, staff work in the co-located office to promote an integrated approach with Police Scotland and NHST, whilst also carrying out key roles at home. Accredited groupwork programmes have also resumed with 5 people in each group.

PERTH & KINROSS COUNCIL

Access to services continued to be curtailed for clients during 2021/2022 because of the restrictions brought about by COVID-19. During 2021/2022 staff gradually returned to office working on certain days of the week. This was on a rota basis as we still had to ensure physical distancing measures and comply with other covid restrictions within the workplace. This did allow workers to gradually increase the frequency of face to face meetings with clients and we did also arrange office based appointments for some clients with the social worker in attendance "virtually" over a Microsoft Teams call. This was particularly useful when providing Tay Project or MFMC sessions whereby we did not have to have multiple workers in a room with a client. The service slowly transitioned to face to face appointments between lockdowns but had to be flexible and revert to more restrictive contact as guidance fluctuated and further restrictions were imposed. The final restrictions were lifted towards the end of the reporting year 2021/2022 and a greater proportion of appointments with clients resumed as face to face.

Microsoft Teams has proved to be a preferred method for facilitating meetings including Multi-Agency Public Protection Meetings (MAPPA) even after the end of the pandemic as it allows more effective use of resources in terms of staff time and travel.

Case Study

During this year we had a MAPPA level 3 offender released into the community at the end of his sentence and subject to an extended sentence supervision period. An Intensive Support Package was put in place with 24-hour monitoring and supervision. This arrangement worked well from the release date in November 2021 until the end of the reporting year. The arrangement demonstrated good interagency working and communication. The outcome was disappointing in that the offender breached his licence conditions in May 2022 and was recalled to custody but this also proved that the package was necessary for public protection and did serve that purpose and minimise the effect and nature of the breach.



ANGUS COUNCIL

This past year has seen on-going challenges due to COVID, however all service users were seen on a face to face basis as per their risk management plans. COVID saw MAPPA meetings being held online and new processes were established and embedded very quickly. All involved have found this a much more efficient and effective way (reduction in travel and time) of carrying out such meetings and all parties seem keen for this to continue. MAPPA partnerships remain strong in Angus with all agencies working well together. Four workers from the Public Protection Team have undertaken and passed the CPORT training for men who commit indecent images offences. Initial thoughts are this may lead to a more proportionate response. Partners have attempted to streamline ERA processes and this appears to be working well. We will continue to monitor this and Housing, Police and Justice services will continue to meet to review this.

TAY PROJECT

The Tay Project is made up of specially trained Social Workers who are responsible for the delivery of assessments and interventions for men who commit sexual offences and are subject to a Community Payback Order or License Conditions across Tayside.

The interventions are delivered through an accredited programme called Moving Forward Making Changes (MFMC). MFMC is designed to meet the treatment needs of male sexual offenders who have committed either sexual offences, or offences with a clear sexual element. The programme is for medium to very high risk offenders over the age of 18 years.

The MFMC programme is a cognitive behavioural programme that utilises an integrated theory of change approach. The aim of the programme is to reduce reoffending of men convicted of sexual/sexual motivated offences. The length of time an offender will spend in treatment will depend upon their risk and needs which will inform the treatment formulation. This will be individualised for each offender. The programme is delivered in a group setting or on a 2:1 with the individual requiring treatment.



HOUSING

Housing partners have continued to operate effectively and continued to secure housing when needed despite pressures experienced as a result of the pandemic, workforce issues, increasing costs and material shortages impacting on repairs services and increasing void and turnover times. However identifying suitable accommodation is likely to become increasingly more challenging in a context of the cost of living crisis, constrained resources, the humanitarian efforts to accommodate refugees and deliver the more recent Ukrainian schemes, as well as the risks surrounding the potential increase in homelessness presentations when the schemes come to an end.

New statutory requirements are also expected to be implemented in 2023 on all public bodies and landlords to prevent homelessness, particularly by asking and acting on a risk of homelessness, as well as responsibilities relating to strategic and joint planning. The proposed Prevention of Homelessness duties are based on the following overarching 'foundational principles':

- Responsibility to prevent homelessness should be a shared public responsibility and not rely solely or primarily on the homelessness service.
- Intervention to prevent homelessness should start as early as possible. In many cases this will be before issues have escalated to a point where homelessness appears imminent.
- People facing homelessness should have choice in where they live and access to the same range of housing outcomes as members of the general public, with appropriate protections to mitigate further risk of homelessness. Housing outcomes should be comparable across the prevention and homelessness duties.

The MOG and SOG will respond to any requirements arising from the implementation of the new Housing Bill and potential pressures arising from the cost of living crisis and humanitarian schemes and respond appropriately to mitigate any risks that arise.



POLICE SCOTLAND

During the reporting period, the impact of the pandemic continued to be felt, however face to face offender home visits continued, with appropriate Covid 19 risk assessment.

Professional meetings were held almost exclusively online. This process was embedded quickly and worked well with the positive outcome of eradicating travelling and freeing up valuable time.

We are aware that online crime increased during the pandemic and with that, online sexual abuse and cases involving the possession of indecent images of children. It is anticipated that demand on policing will continue to increase in complexity in terms of cyber enabled crime, however our cyber strategy aims to ensure specialist officers and staff have the skills, tools and support to respond to this threat.

The Criminal Justice System slowed, with courts unable to operate at normal capacity, however other measures are available to mitigate risk prior to sentencing including remand, bail conditions and civil orders.

Protecting vulnerable people from harm and the management of registered sex offenders continues to be a national policing priority. Police Scotland will closely monitor this critical area of business to ensure that resourcing levels are maintained in accordance with the nationally recognised Lead Investigator / Offender ratios.

NHS TAYSIDE

As with all organisations that are within the MAPPA portfolio, this has remained a challenging year due to the ongoing COVID-19 pandemic and remobilisation of services as a result of this.

NHS Tayside has been at the forefront of care delivery locally and the Public Protection agenda has remained a priority for the organisation. Over the last year, NHS Tayside has continued to build on the foundations laid in the previous year in relation to the Public Protection framework which has seen all aspects of this business progress and prioritised with the ongoing strengthening of the Public Protection Executive Group which is chaired by the Executive Nurse Director. MAPPA falls within this framework and is part of the core public protection agenda within NHS Tayside.



NHS Tayside contributes to a range of oversight activities as a member of the MAPPA Strategic Oversight Group and continues to work with our partners to enhance the operation of MAPPA.

The MAPPA Health Liaison Officer (MHLO) role has remained an essential post throughout COVID-19 which has ensured that NHS Tayside has been able to support joint working with our key partners and fulfil our duty to co-operate with a focus on risk management and continued protection of the public.

The MHLO has continued to provide support and advice across NHS Tayside in relation to risk assessment and risk management of MAPPA clients as well as supporting learning and developing activities and the broader adult / public protection agenda within NHS Tayside as part of our multiagency responsibilities.

HMP CASTLE HUNTLY

HMP Castle Huntly was affected in many ways by the Covid pandemic. However, a recovery plan is in place and the prison is starting to make progress in ensuring opportunities are once again available for those in our care. This includes outside activities with the PEI's which include cycling and football in the community.

Although admissions ceased for a number of months, they have started to rise again slowly, and we are seeing the positive outcomes for people, such as the connections with the community, and the benefits this brings.

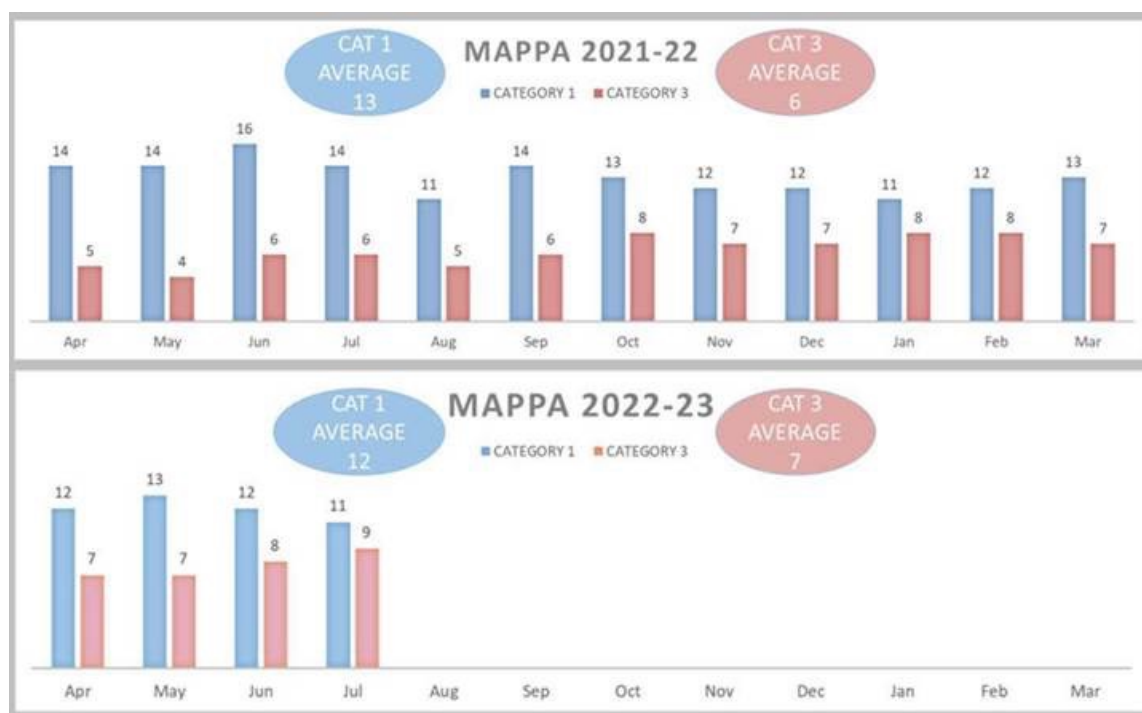
During 2020, normal monthly multi-disciplinary MAPPA meetings to oversee each case were suspended due to a lack of community access and movement, and Risk Management Team (RMT) meetings remained the platform to manage them.

The HMP Castle Huntly monthly MAPPA meeting recommenced in March 2021.

Meetings were held on 4 May and 2 August, 2022. This meeting remains a good practice piece of work to ensure HMP Castle Huntly manages and reviews all aspects of the MAPPA prisoners plan, and is not a decision-making forum.

This chart shows the total of MAPPA RSO's and Category 3 people within HMP Castle Huntly at present.





HMP PERTH

HMP Perth has continued to operate with very few interruptions to regular MAPPA business during the period of the pandemic and this has continued as we emerge from the COVID restrictions. The Integrated Case Management (ICM) team continue to enjoy regular correspondence and assistance from the MAPPA Co-ordinator, the local Sex Offender Policing Units (SOPU) and Community based Social Work within Tayside.

The introduction of MAPPA meetings by Teams continues to have a positive impact to the process. This has allowed senior staff at Unit Manager Level and above to attend meetings without any major disruption to their working day. The virtual platform has been positive and has not disrupted the ability of sharing information.

SOPU staff have continued to be involved in pre-release ICM case conferences and again the use of telephone case conferences has aided this process.

Numbers within custody from Tayside have remained relatively constant throughout the report year, between August 2021 and August 2022, the numbers have averaged between 54 and 64.

An emerging issue, which has brought some challenges, are individuals returning to the community when the court backdates their sentence due to time served on remand. There have been a number of instances recently where those individuals who have spent a longer than usual period on remand are released within days, weeks or even immediately on return from court.

This has proven to be challenging over this report year and in order to mitigate the associated risks this has posed, we have provided the proposed court dates to MAPPA administration for their information and action. The sharing of this information has worked well over the report period and has allowed the necessary planning to take place prior to release.

MAPPA CO-ORDINATION

As the challenges of Covid continued throughout 2021 and into 2022 MAPPA meetings remained to be held via MS Teams across the three local authorities. By using MS Teams members have been able to join meetings without travel and it has been excellent for time management. It has been noted that greater attendance of all agencies has occurred by using MS Teams. As we go forward MS Teams will continue to be utilised for future MAPPA meetings.

The MAPPA Co-ordinator and Chair of the Strategic Oversight Group (SOG) have continued to attend national meetings and each local authority Chief Officer Group meetings allowing for national themes to be shared locally.

The formation of SOG sub groups, Self-Evaluation Group, MOG and Training Group, SCR review group, has allowed for the examination of MAPPA activity throughout the year.



STATISTICAL INFORMATION

As of 31 March, 22, there were **356** Registered Sex Offenders managed in the community in Tayside, a decrease of **8** offenders on the previous year. Of the **356** there were **112 (31%)** subject to statutory supervision requirement with Community Justice Social Work and managed jointly with Police Scotland, Sex Offender Policing Unit.

The number of offenders managed in each local authority area is detailed below;

ANGUS	95 (a decrease of 3 on the previous year)
DUNDEE	140 (the same as the previous year)
PERTH & KINROSS	121 (an decrease of 5 on the previous year)

In March 2016, MAPPAs were extended to include Category 3 offenders, who are considered to be High risk individuals subject to a statutory order and require multi-agency management. This year **3** individuals have been considered and managed under the Category 3 process.

In this reporting year there has been **75** new offenders convicted and made subject to MAPPAs managements. With Dundee seeing the biggest increase.

ANGUS	22
DUNDEE	32
PERTH & KINROSS	21

However, during the same reporting period there has been **64** offenders archived. Archiving occurs when an offender has reached the end of their term of registration or they have died.

ANGUS	17
DUNDEE	25
PERTH & KINROSS	22

Throughout this past year we have continued to utilise MS Teams for MAPPAs meetings **369** Level 1 meetings, **108** level 2 meetings and **6** Level 3 meetings were held, thus ensuring business as usual for the management of the offenders within our communities.



WHAT WE SAID WE WOULD DO IN 2021/2022

The following priorities were identified for 2021/2022:

Communication plan to be agreed and implemented

The Scottish Government has updated the MAPPA Engagement Strategy, the Tayside SOG will examine this to ensure that the strategies in Tayside match that designed by the Government.

Progression of training programme

A Training Group has been identified and are currently examining the revised MAPPA Guidance and putting together a training programme for the operational staff involved in MAPPA. Training events will occur across the three local authorities with the focus initially being on MAPPA Chair training

On publication of the reviewed MAPPA Guidance ensure local practice is up to date the Self Evaluation group will look to extend self-evaluation work, build a calendar and consider appropriate audits.

The Self Evaluation group continue to meet and the performance report has now become routine business and statistical information is produced monthly, the calendar of audits has also begun with each agency carrying out their respective audits with the results being shared to develop any learning outcome.

GOING FORWARD 2022/2023

The Tayside MAPPA SOG Strategic Plan 2020-2023 sets out that we will monitor and review the Tayside MAPPA Environmental Risk Assessment (ERA) process and ensure that risk assessments are completed within the Scottish Government's National Accommodation for Sex Offender's minimum standards. The Tayside MAPPA housing leads agreed a monitoring framework in April 2022 and will report to the Tayside MAPPA MOG and SOG at the end of each quarter on:

- a. Number of initial and renewal ERAs requested each month
 - b. % of ERAs completed in timescale
 - c. % of ERA's completed out with timescale
 - d. % of ERAs assessed as suitable
- Examine National communication strategy and develop a Tayside document
 - Maintain links with the National MAPPA groups ensuring that any new practice is delivered and embedded locally
 - Work with partners to agree a revised information sharing agreement following recent national discussions between the Responsible Authorities. This will include which systems and other means of information sharing are used and the potential to implement a new information management system MAPPS being developed by the Home Office.









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MAPPA
Tayside Multi Agency
Public Protection Arrangements



Dundee
Violence Against Women
Partnership



If not
you?
...who?

**ANNUAL
REPORT
2022**



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Introduction

I am very pleased, as Chair of the Dundee Violence Against Women Partnership to present this annual report which covers 2021-2022. There has been a large volume of work undertaken by our partners during this time and the commitment to closer multi-agency working and cooperation which arose during the height of COVID continues to be demonstrated and prioritised.

This report contains a large amount of data in regards to the prevalence of Violence Against Women and Girls, the demand on services and the complex nature of women's experience and needs. Services have reported women and children requiring longer periods of support in order for them to create and sustain positive changes and address the trauma experienced. Mental health, isolation, substance use and homelessness are commonly reported. I hope that the data is useful to all those involved in public protection work in Dundee and reflects our commitment to develop a more joined up approach to all aspects of public protection.

The report describes the approach and some of the work undertaken by partners including the development of our gendered services group and project. This has been hugely successful in terms of giving a voice to those with lived experience and thereby improving service responses for women and children. One of the main objectives is to make generic statutory services more aware of the needs of those who have experienced male violence and more able to provide the support required, thereby taking some of the pressure from the specialist services.

Funding and availability of resources remains a huge challenge. The nature of funding particularly of the specialist organisations is generally time limited, project based and comes from a range of sources creating an unhelpful administrative burden and duplication. We have committed time and effort to identifying the issues and highlighting these at both city level and nationally. We are actively looking to resolve these in the medium and long term.

Despite concerns regarding the core funding of specialist services we have made significant progress in attracting funding for new and exciting services to the city. Partners made successful bids for Children Experiencing Domestic Abuse Recovery (CEDAR), an integrated Specialised Domestic Abuse Court Advocacy Service (Dundee ASSIST), a Women's hub, Deaflinks domestic abuse project and a Learning and Organisational Development post to focus on Violence Against Women and Girls. We are also grateful that the ASPEN project has been mainstreamed by the Health and Social Care Partnership, a new psychologist service has been established at Dundee Women's Aid and a one-year extension to the Gendered Services project has been secured from the Alcohol and Drug Partnership.

Tackling all forms of violence against women requires the commitment and co-operation of a wide range of partner organisations from the statutory and voluntary sector. Our partners have demonstrated their dedication to tackling these issues and I know that they will continue to work with us in addressing our key agreed strategic priorities for the coming years

- **Increasing support for women with complex needs**
- **Increasing investment in prevention activities, particularly primary prevention**
- **Ensuring we are involved and influence the national review of VAW funding**

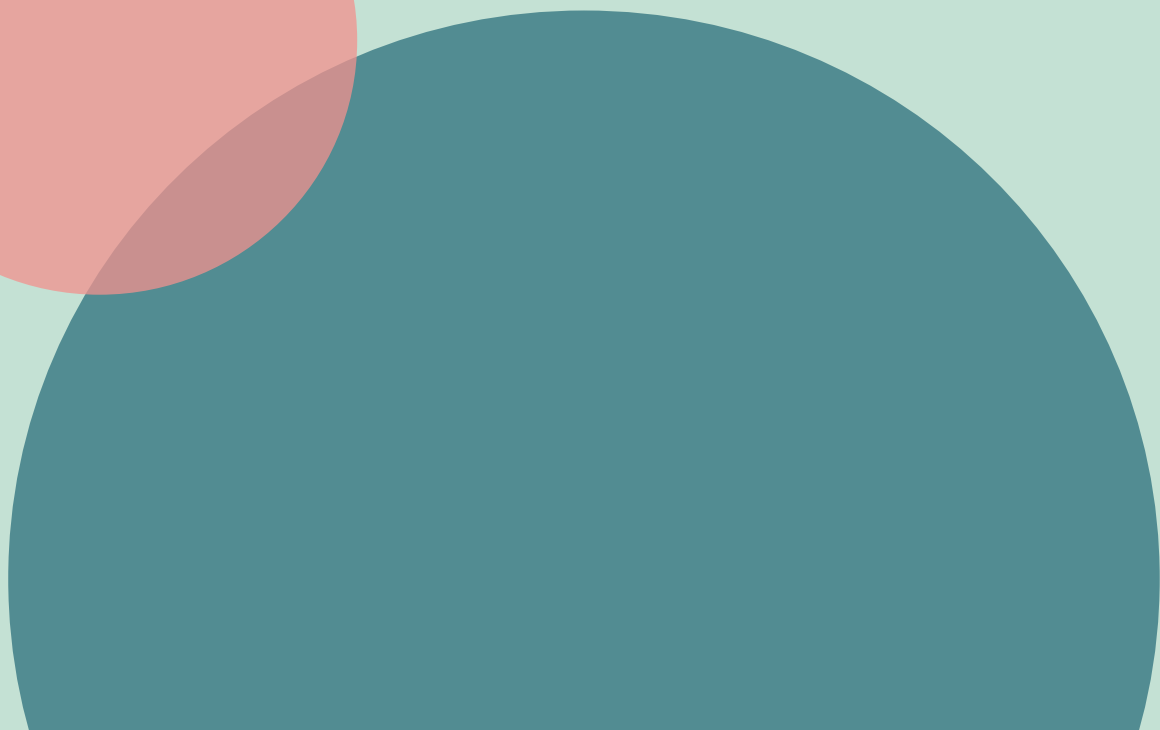
I want to acknowledge and thank all those who strive, particularly during the times of COVID, to ensure that women and children in Dundee are safe and supported. I also want to thank everyone involved in drawing up this important, informative and useful report.

Yours,
Ann Hamilton

Independent Chair Dundee Violence Against Women Partnership



If not
you?
...who!



1. Protecting People



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

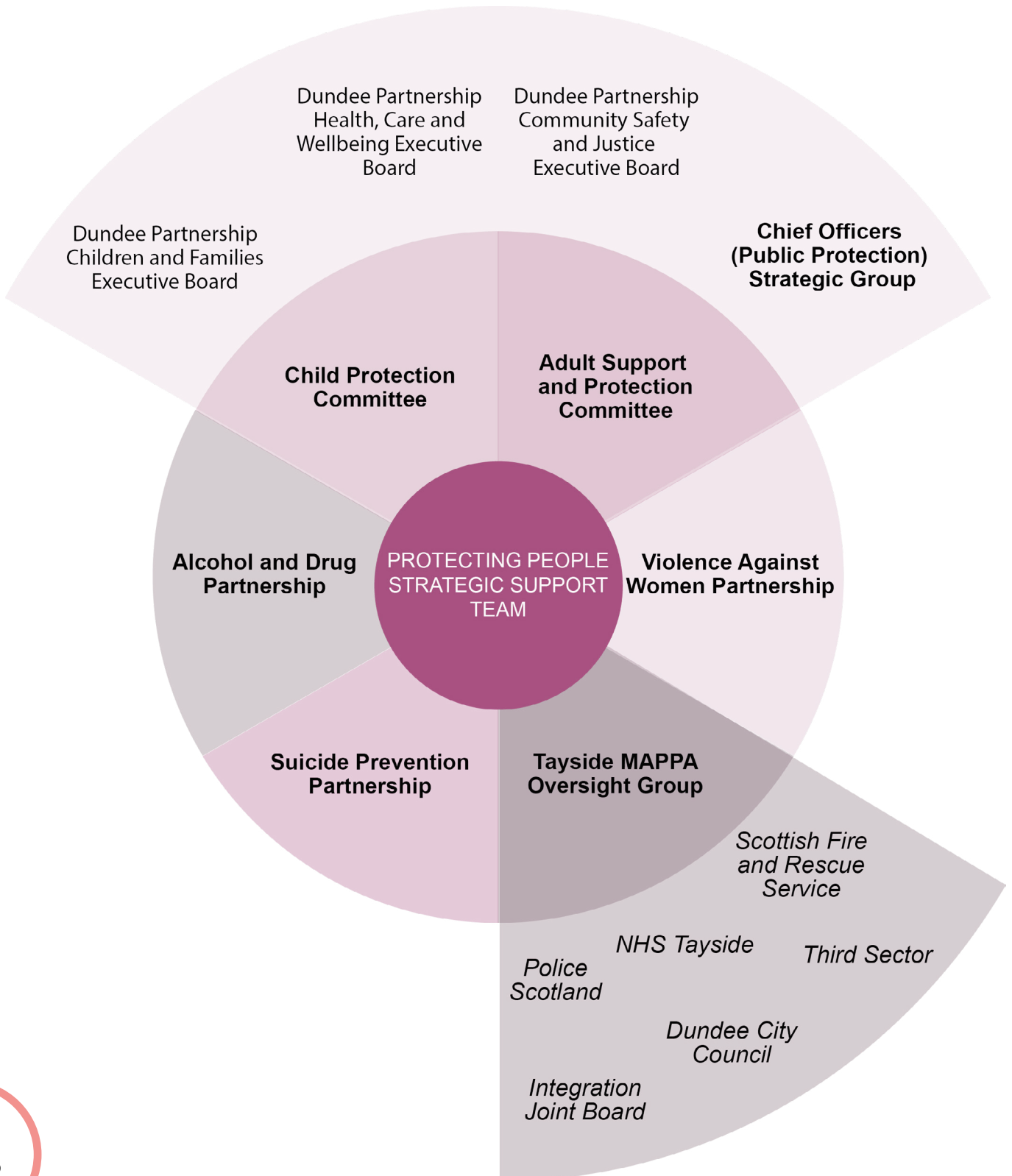
Key Principles of Protecting People

- The protection of people in Dundee is part of the overall provision of services that will deliver positive outcomes for people in Dundee.
- The people delivering those services will have the knowledge, skills and experience to deliver quality services.
- We will deliver our vision by working in partnership across the statutory (Dundee City Council, NHS Tayside, Police Scotland and Scottish Fire and Rescue Service) and voluntary sector.
- We will work with our partners in other local authority areas, both in Tayside and throughout Scotland, to improve services to protect people and work towards a consistent approach.

Governance Arrangements

The wider Protecting People strategic agenda in Dundee City is led by a number of key public protection partnerships. These include the Alcohol and Drug Partnership (ADP), the Adult Support and Protection Committee (ASP), the Child Protection Committee (CPC), the Violence Against Women Partnership (VAWP) and the Multi Agency Public Protection (MAPPA) Strategic Oversight Group. All report to the Chief Officers Group (COG).

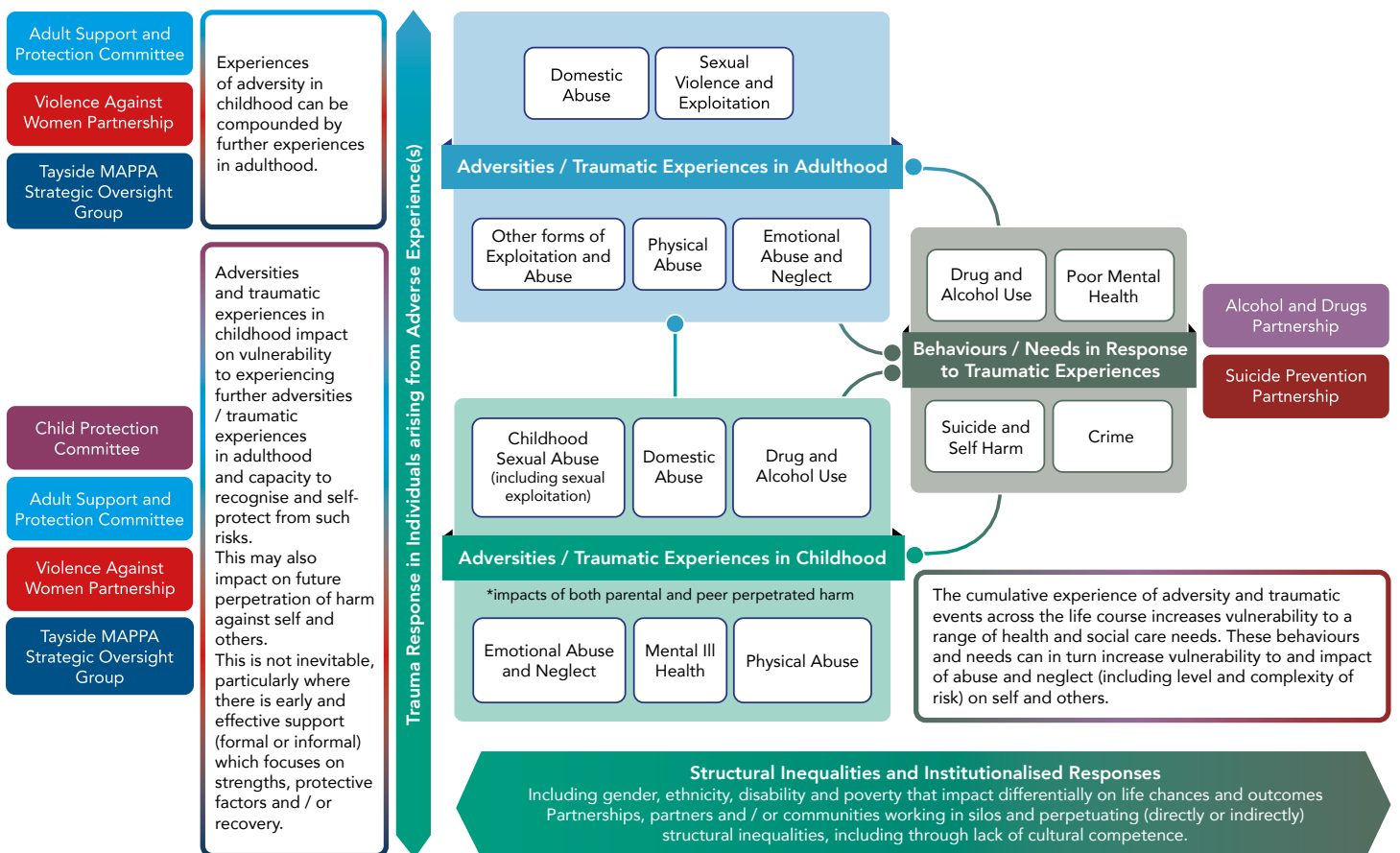
The COG is the strategic forum for public protection in Dundee with responsibility for setting the strategic direction for the improvement public protection arrangements. It is attended by all Chairs of Protecting People Committees and partnerships, along with representatives from all key services and senior officers who play a key coordinating role. The image below illustrates the relationship between the various bodies and groups to protect the people of Dundee.



Integrated Public Protection Approach

In Dundee an integrated Protecting People approach has been adopted and informs all of our work to protect people at risk of harm. Across all of the Protecting People committees / partnerships we are committed to developing approaches that improve support to people with often multiple, complex and changing needs which typically arise from experiences of trauma, instead of individually and separately addressing specific themes.

To highlight the interconnected nature of Protecting People work and how experiences of trauma can impact life experiences and outcomes, the following diagram was produced to provide a visual rationale for our integrated protecting people approach.



DUNDEE

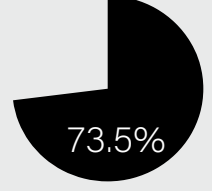
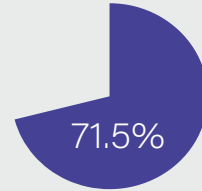
1/4 in POVERTY
2nd highest in Scotland



is **Scotland's** fourth largest city

Employment rate

January - December 2020
ONSS ANNUAL POPULATION SURVEY

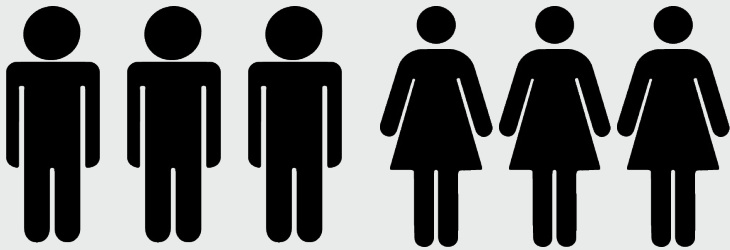


Dundee

Scotland

147,720

people as of June 2021*. Down from 148,820 in 2020
*NRS 2021 Mid-Year Population Estimate



71,220

73.8

 Male life expectancy

76,500

79.4

 Female life expectancy

ALCOHOL DEATHS

27.04

 per **100,000**

5th highest in Scotland

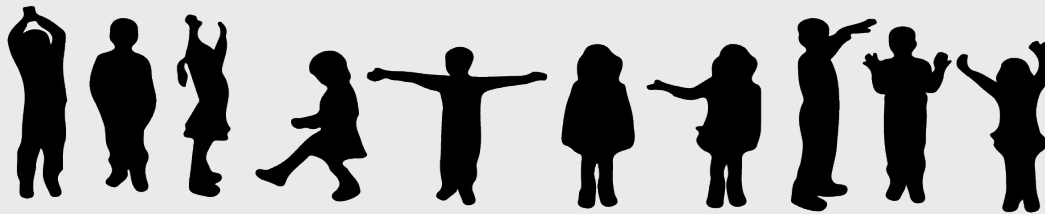


0.23%

Imprisonment rate
1st highest in Scotland

DRUG USE Est **2,300** DEATHS **45.2/100,000**

(5 year average) 1st Highest in Scotland
Drug use: 4th highest in Scotland



CHILD PROTECTION

2.2

 per **1000**
1st highest in Scotland

64

 / **10000**

16-64 living with mental health conditions
5th highest in Scotland

177

 / **100000**

DOMESTIC ABUSE

(5year average) 1st highest in Scotland



SUICIDE **22 PER 100,000**

1st highest in Scotland

Equally Safe

In 2014 the Scottish Government published Equally Safe: Scotland's strategy for preventing and eradicating violence against women and girls. The national strategy was updated in 2016 and a framework providing guidance for implementation was included. Equally Safe provides strategic direction to tackle all forms of gender-based violence and abusive behaviour.

The aim of Equally Safe is: To work collaboratively with key partners in the public, private and third sectors to prevent and eradicate all forms of violence against women and girls.

Equally Safe has four key priorities, including:

- **Scottish society embraces equality and mutual respect, and rejects all forms of violence against women and girls**
- **Women and girls thrive as equal citizens – socially, culturally, economically and politically**
- **Interventions are early and effective, preventing violence and maximising the safety and wellbeing of women, children and young people**
- **Men desist from all forms of violence against women and girls, and perpetrators of such violence receive a robust and effective response**

Based on the United Nations Declaration on the Elimination of Violence Against Women, Equally Safe adopted the following definition of gender-based violence:

'Gender based violence is a function of gender inequality, and an abuse of male power and privilege. It takes the form of actions that result in physical, sexual and psychological harm or suffering to women and children, or affront to their human dignity, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life. It is men who predominantly carry out such violence, and women who are predominantly the victims of such violence. By referring to violence as 'gender based' this definition highlights the need to understand violence within the context of women's and girl's subordinate status in society. Such violence cannot be understood, therefore, in isolation from the norms, social structure and gender roles within the community, which greatly influence women's vulnerability to violence.'

A gendered analysis does not exclude men, but rather recognises that women and girls are disproportionately affected by particular forms of violence that they experience because they are women and girls. Men, boys and non-binary individuals may also be victims of violence and abuse and the Dundee VAWP is committed to ensure there are appropriate services responding to the needs of all victims of such violence.

National Drivers

The national guidance developed in 2016 is designed to promote an effective and strategic approach to reducing violence against women and its negative impact on individuals and communities. It supports VAW Partnership chairs and supporting officers to promote this priority and integrate planning into broader multi-agency work at a local level. It also helps ensure that partnerships are working in line with the priorities set out in Equally Safe and help them to develop effective local strategies and activities to tackle violence against women and girls in all its forms.

Specifically, the guidance introduces 6 'minimum standards' that the Scottish Government and COSLA expect VAW Partnerships to work towards and identifies the core activities that all VAW Partners will be expected to undertake.

Trauma Informed Implementation

Research tells us that while anyone is at risk of experiencing trauma, women are significantly more likely than men to experience trauma as a result of being a victim/ survivor of domestic abuse, rape and sexual assault, stalking and harassment, commercial sexual exploitation and other forms of gender-based violence. Women are also likely to face significant barriers to accessing support for violence and abuse as a result of experiencing feelings of stigma, blame and judgement around their traumatic experiences, not feeling believed by professionals if they disclose what has happened to them, and facing complex referral pathways to support, which can be re-traumatising. Without adequate support, women and children who have experienced VAW are at increased risk of experiencing other negative outcomes. It is therefore vital that trauma-informed systems and services are in place locally that take account of previous, current or ongoing experiences of violence, abuse and trauma, and ensure that women and children's voices are heard and their rights are respected.

Annual Report 2021/22

The 2021/22 Annual Report is the first to be published by the Violence Against Women Partnership. Through this report we aim to highlight key activity and achievements from the last year, whilst also identifying challenges we have encountered and priorities for the upcoming year. The Annual Report sits within the context of the VAWP Strategic Plan and we hope that through this report we can demonstrate our progress against our overarching strategic aims. Moving forward, we aim to undertake Annual Reports every year in order to update key stakeholders on the work the Partnership is undertaking to reduce GBV within our local community of Dundee.



If not
you?
...**who!**

3. COVID-19: Impact, Response and Recovery



With Scotland entering lockdown on the 23rd March 2020 due to COVID-19, and the pandemic persisting throughout 2020 and 2021, this undoubtedly had an impact on VAW services and vulnerable women in Dundee. When the pandemic began, domestic abuse was identified as a high concern across the Protecting People Risk Registers. Reasons for this included:

- the reduced ability to provide face-to-face contact with service users due to social distancing;
- the closure of some support services;
- and the potential for hidden harm to escalate.

It was anticipated that the government-imposed restrictions could potentially increase the perpetrators' ability to control and restrict their partners ability to access support, especially with the victim and children unable to leave the home for respite during lockdown. With these concerns raised, data was collated by the VAWP in order to understand the true impact of COVID-19 on vulnerable women and Dundee VAW services.

The following data is for financial years (April to March)

COVID 2020/21

- In 2020/21 there were 1,437 referrals to Dundee VAW services. This was a 3% decrease compared to the previous year pre-COVID.
- Referrals to VAW services increased as Scotland entered the 'Phases' of restrictions easing following the first lockdown. Services attributed this to women no longer being confined to their homes and being able to seek support.
- Self-referrals and the Police were the most common sources of referrals to VAW services.
- Refuge requests increased dramatically compared to pre-COVID levels, following the first and second lockdown.

COVID 2021/22

- In 2021/22 there was a 33% increase in referrals to VAW services compared to the previous year.
- Referrals to VAW services were predominately through self-referrals. This was again attributed to women having the ability to now seek support. Services also believed that through high-profile cases of gender-based violence being covered by the media, this resulted in women feeling more confident to reach out to services for support.
- Refuge referrals also experienced a decrease of 31% compared to 2020/21. This was attributed to the pressures of COVID-19 reducing and life beginning to return to 'normal'.

Women's Experience's During COVID-19

Throughout 2020/21 women with increased complexities presented to VAW services. This resulted in the women requiring support for extended periods of time, ultimately increasing demand on services. All services reported the pandemic's negative impact on women's mental health and wellbeing. Other complexities women presented with during this time were substance use and homelessness.

In 2021/22, VAW specialist services continued to report the complex cases presenting and as a consequence, women also continued to require longer periods of support in order for them to create and sustain positive changes. Women continued to report poor mental health and wellbeing attributed to isolation, reduction in social support and financial impacts as a consequence of the pandemic. Other commonly cited complexities that women reported for the financial year were substance use, homelessness and alcohol use as a means of self medicating to cope with abuse. Services also highlighted that during 2021/22 some women seeking support were reporting historic domestic abuse. This may have been attributable to the nature of the pandemic and being confined to their homes, thus wishing to leave abusive partners. Due to the media coverage of high-profile cases, some women may have also felt encouraged to seek support. Services also reported that overall, there was an intensification in the level of violence and abuse experienced during the pandemic.

Support Delivery During COVID-19

During the height of the pandemic in 2020/21, face-to-face support was halted with all services delivering support remotely via telephone or video call. This was difficult due to the living circumstances of some women seeking support, especially if the woman was still residing with their perpetrator. As restrictions eased, services were able to resume in-person support. Some women, however, appreciated the flexibility remote support offered as they were able to fit appointments around their personal schedules. As a result, some women opted to continue with this form of support delivery. Many services expressed this blended model of support delivery was also much more efficient in terms of maximising staff capacity and is a model that some services plan to continue operating.

Services Experiences During COVID-19

Staffing issues persisted throughout the pandemic with huge challenges presenting for services at operational level. Initially the impact of home working, COVID restrictions and health risk to staff were the main concerns. As the pandemic endured, services continued to be impacted by staff contracting COVID, infection control measures and isolation rules. This was especially the case during the outbreak of the Omicron variant (November 2021), with services experiencing high levels of staff absences. Although they were unable to deliver face-to-face support, most were well enough to continue working from home.

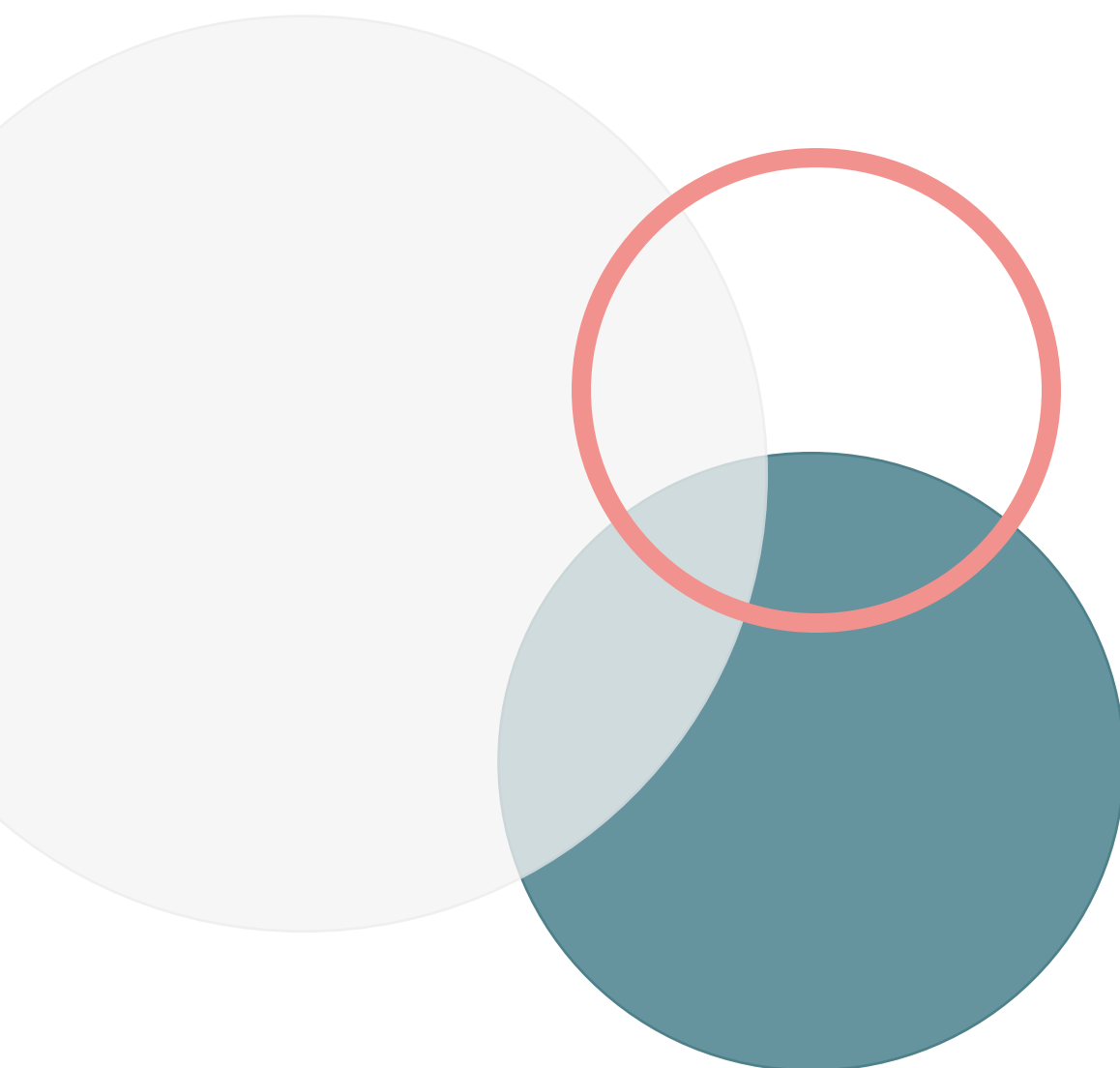
Most services throughout the pandemic, voiced concerns surrounding the negative impact on staff's wellbeing due to increased workload, complex cases and continued client safety risk. This was further compounded with recruitment problems due to the pandemic which further impacted service delivery and capacity of workers.

Positive Outcomes of COVID-19

One of the positive impacts of the pandemic was the increased focus on VAW both locally and nationally. There seemed to be a better recognition of issues and more cross-sector working e.g. child protection, housing etc and the use of the integrated risk register increased this recognition. Our 16 Days activities in 2021 saw engagement from varying sectors of the community and workforce on a previously unseen scale. We attribute this partly to the pandemic increasing the focus but also on high profile VAW cases which were reported in the mainstream media.

Lasting Impact of COVID-19

As a Partnership, we still do not know the long-term impact of COVID-19 will be in terms of VAW but we predict trauma related issues will become prevalent for both staff and service users. Some of the data we have seen around increase in levels of violence, complexity, coping strategies like alcohol consolidates this prediction.



MARAC

- In 2021/22 there were 202 cases discussed at Multi-Agency Risk Assessment Conference (MARAC).
- In Dundee we know we have a high level of domestic abuse cases with added complexity relating to alcohol and drug issues, homelessness, mental health and suicide risk.

In the past year Tayside Division has doubled its cadre of Domestic Abuse Liaison Officers who assess risk and implement effective safety planning/risk mitigation for all incidents of Domestic Abuse, ensuring victims are offered and fully understand access to advocacy services. All domestic crimes and incidents are subject to a robust quality assurance process to ensure that Domestic Abuse (Scotland) Act 2018 offences are correctly identified and robustly investigated in accordance with national standards.

In Tayside, Police Scotland resource the provision of a full-time Police Officer MARAC co-ordinator, and a Police Staff MARAC administrator while a Detective Inspector chairs the MARAC Steering Group.

All reports of potential Honour Based Violence result in an emergency stand-alone MARAC. Risk assessments and investigations are conducted in accordance with national Honour Based Abuse and Forced Marriage guidance.

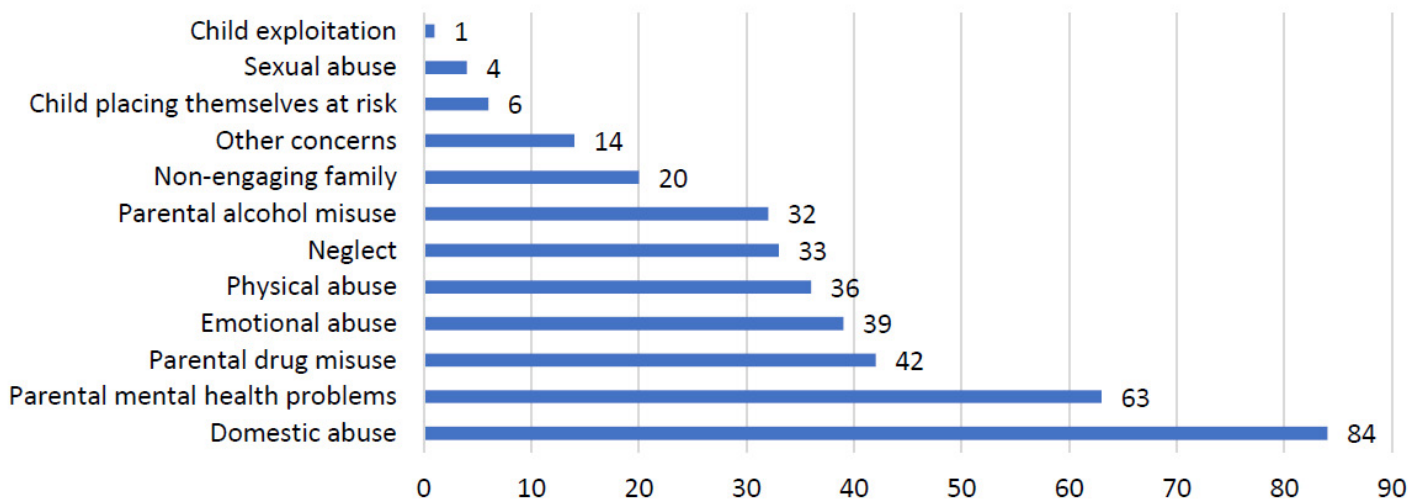
The Tayside MARAC Steering group has carried out many improvement activities over the past year including the development of a performance framework, MARAC Chair training and MARAC representative training. This has seen improvements in the functioning of MARAC meetings.

The logo for MARAC Tayside features the word 'MARAC' in large, bold, sans-serif capital letters. The 'M' is blue, the 'A' is green, the 'R' is blue, the 'A' is orange, and the 'C' is blue. Below 'MARAC', the word 'Tayside' is written in a smaller, blue, sans-serif font.

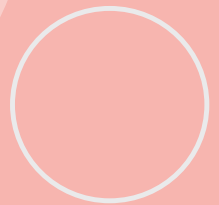
Dundee Child Protection Committee

The Dundee Child Protection Committee annual data also shows that domestic abuse has remained the most common concern with 56% of children registered under this heading during 2021-22 (financial year used).

Initial Harm category for children placed on the Child Protection Register in 2021/22 out of 149 Children



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where there was a history of concerns relating to domestic abuse or those which did not open to social work but were dealt with at Team Around the Child (TATC) level. This provided some assurance that potentially risky family circumstances were being monitored by professionals and the opportunities for hidden harm were reduced.

Key activity to try and address concerns around hidden harm were also focused around public communications both nationally and locally. The Protecting People team took a lead, with Dundee City Council communications team (alongside NHS and Police Scotland communications teams) to ensure key messages were reaching the public. National domestic abuse campaigns were shared widely and dedicated leaflets on a range of protection issues (including domestic abuse) were shared on social media and 1600 were distributed directly to families through 'lunch drops'.

Scrutiny Group

Following the establishment of the Hidden Harm approach described above, the VAWP in Dundee continued to gather and analyse data on a very regular basis and this has continued into the recovery phase.

The Scrutiny Group is in place to contribute to the delivery of continuous improvement of key processes and practice as outlined in the Dundee VAW Partnership Strategic Plan.

The group ensures the VAWP is able to monitor trends, characteristics and profiles of women, children and young people involved in VAW services and processes. Through this, the VAW Partnership is assured of the effective delivery of key processes. Its main activities are to:

- **Ensure sufficient representation on VAW Partnership from key partners –monitoring process for this action.**
- **Develop scrutiny and Quality Assurance processes for the following areas:**
 - **Collection and scrutiny of data**
 - **Map QA processes which are currently in place (single agency and multi-agency)**
 - **Consider case review opportunities (including Initial Case Reviews/Serious Case Reviews)**
 - **Assist with completion of annual return and Quality Standards Framework**
 - **Self -Assessments**

The data gathered and analysed by the group has played a key part in some of successful funding work we have done through the VAW Partnership and Chief Officer's Group. It has allowed us to target our approach and identify priorities. One direct action that has come from Scrutiny Group discussions has been addressing the lack of young women accessing services for support with domestic abuse within their own relationships. This was clear from few referrals being for women under 26. Through this the VAW Partnership now operates a Young People and VAW Intel Group to gather information on issues facing young people and how to appropriately address and support such concerns.

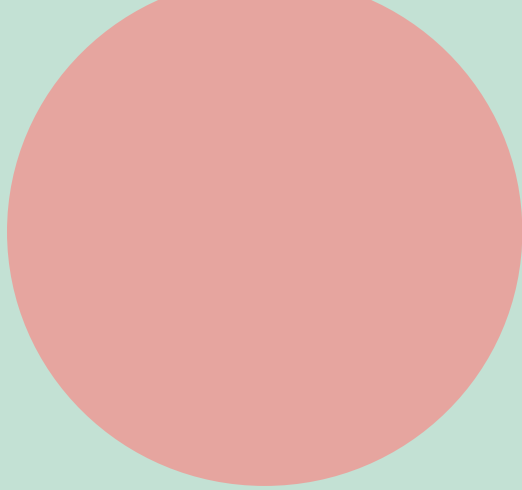
Protecting People Risk Register

During the pandemic, all Protecting People committees and partnerships developed a COVID-19 Strategic Risk Register and this will develop into a broader integrated strategic risk register to support business as usual activity across the protecting people structure.

This integrated risk register ensures we are focused on the key risks relating to VAW in Dundee and forms the basis for our VAW Partnership meeting agendas as well as our reporting into the Chief Officers Group.

Key risks identified currently are:

- **Operational capacity**
 - **MARAC Capacity**
 - **Funding for specialist services**
 - **Court delays/backlog**
 - **Equalities infrastructure**
 - **Staff wellbeing**
-



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6 Outcomes, Achievements and Service Improvements



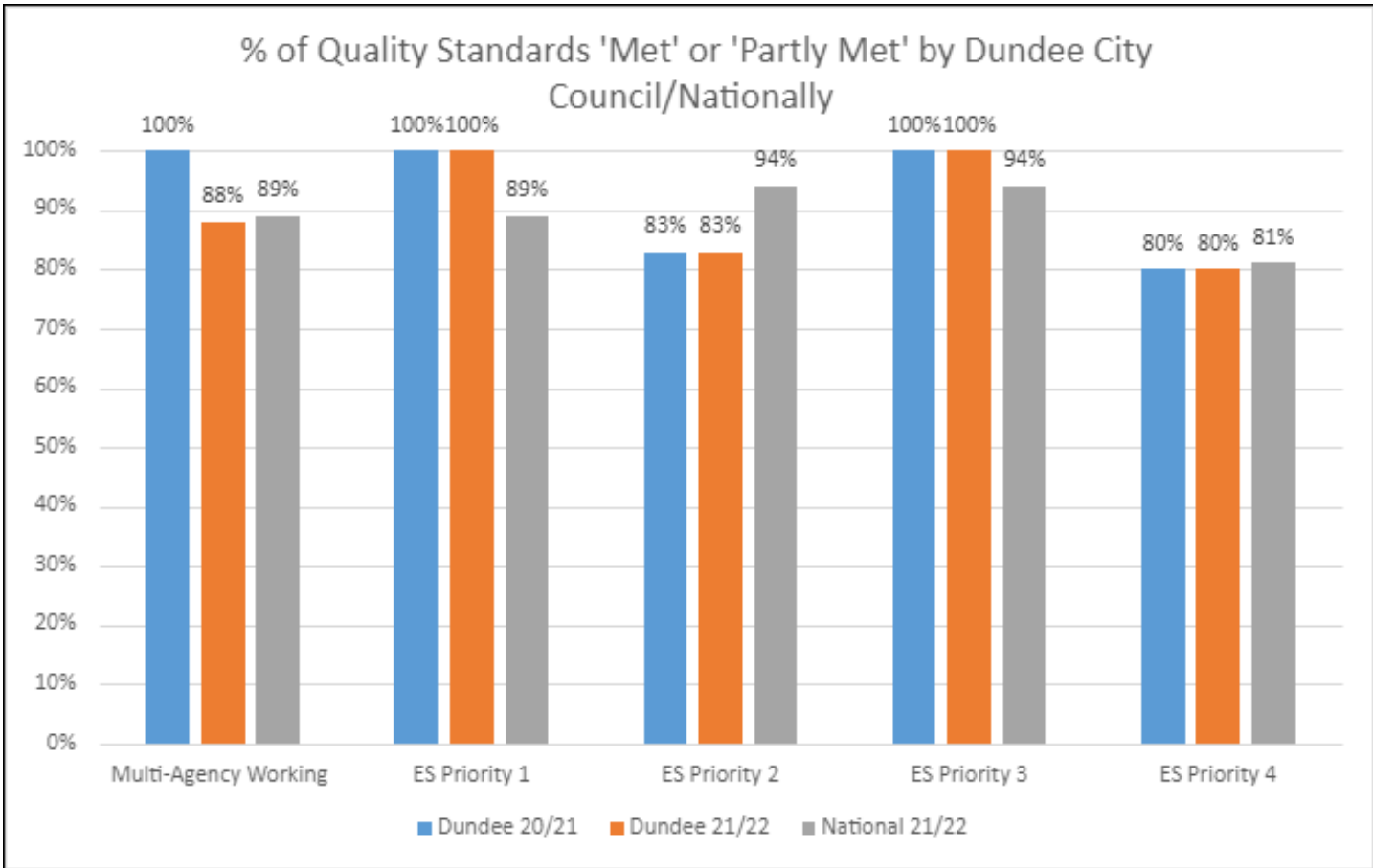
For the last 10 years in Dundee, we have been pursuing an integrated Protecting People approach that responds to the lived experience of people at risk of harm. Dundee were one of the first partnerships in Scotland to formally adopt this approach and only in recent years has this become a more common feature across Scotland. We believe this approach reflects the lived experience of children, young people and adults, responds to complexity of need and focuses on underpinning root causes rather than presenting issues alone. We take a whole systems response and that allows us to focus on smaller number of strategically important issues and make greater gains in these areas. This approach has allowed us to develop a collective leadership and shared responsibility for tackling the issues of VAWG. Several of our initiatives in Dundee have been identified as being shareable/transferable and we are regularly asked to present on the following key areas in different local authority areas and at national level:

Functioning of the Dundee VAW Partnership

The Equally Safe Quality Standards and Performance Framework respond to the expectations set out in Equally Safe and in the Violence Against Women Partnership Guidance, in relation to effective performance management.

The Quality Standards aim to raise awareness of the types of services, policies and processes that are most effective in tackling VAWG and capture data on the extent to which they are currently being delivered across Scotland. The Performance Framework aims to measure the impact that these services, policies and processes are having on the lives of people and communities affected by VAWG. Collectively, the two resources aim to support VAW Partnerships to capture key performance data and facilitate a consistent approach to measuring and reporting on the progress being made to achieve the ambitions set out in Equally Safe at a local level.

The graph below details how Dundee has performed against its own reported figures from 2021-22 and the national average. The figures show that Dundee meets or partly meets 100% in two of the Priority areas, and reports meeting or partly meeting at least 80% of Quality Standards in the other three Priority areas. Multi-Agency Working standard experienced a percentage decrease from the previous year due to the latest self-assessment now being over three old.



Gendered Services Group and Project

This area of development has been both deliberate and organic in its evolution. It was and still is a journey which is far from complete but hopefully demonstrates how collective leadership using a gendered approach can bring about huge benefits and positive change.

In 2018, Dundee Violence Against Women Partnership began to review pathways for women affected by violence and multiple disadvantage in the city from a 'whole systems perspective'. This focused on women affected by VAWG but also a wider focus on any woman who was vulnerable or disadvantaged in the city. The group undertook a review and redesign of existing pathways and a diagram which had been developed in 2011 to reflect the evolution of services and responses over that time period. Some of the key issues we identified were:

- a lack of resources to provide consultation for wider non-specialist services;
- difficulty meeting the needs of women with multiple and complex needs;
- lack of structured VAW training and workforce development opportunities;
- and all of these leading to increased pressure on specialist services and strain on their resources.

After lengthy discussions it was agreed that consultancy and capacity building in mainstream, statutory services were the areas of work which could bring about the most lasting and impactful change as well as reducing the pressure on specialist services.

At the same time as the review process was happening a number of other transformation activities were ongoing in Dundee (including substance use and homeless services) and a separate working group was set up under the ADP and the homelessness strategic planning groups to look at the needs of vulnerable women more broadly. Simultaneously, at the end of 2019 the Dundee Drug Commission was published. The Commission report gave a clear message and recommendations about the importance of gendered approaches.

Recommendation 15: Ensure that the needs of women who experience problems with drugs are assessed and addressed via adoption of gender-mainstreaming and gender-sensitive approaches to service planning.

The action plan for change, Dundee's response to the commission contained clear actions and priorities in relation to this recommendation and these were then discussed with and delegated to a violence against women partnership sub group. Also, at this time, research was commissioned to look at the needs of women in Dundee. It was funded by the Scottish Government Challenge Fund, with the funding secured by Dundee Women's Aid.

Clear recommendations were made around services and responses to women and changes that needed to happen in order to meet their needs more effectively.

So, what we had at this point was the VAW Partnership pathways group identifying the need to upskill and build capacity in universal, mainstream, statutory and non-specialist services, the Alcohol and Drug Partnership and homelessness sector recognising the need to improve their response to women and the Commission and the research also making the same recommendations.

This all came together in the creation of the gendered services group which reports directly to the VAW Partnership and the ADP.

The collective leadership flowing from the VAWP and the ADP expanded our ability to tackle the issues faced by the most vulnerable women in our city and opened up huge possibilities for collaborative working at a strategic and operational level.

The main aim of the group is:

- 1. To Lead the strategic and operational planning for gender sensitive and trauma informed services in Dundee (e.g. for women experiencing VAW, substance use, homelessness and a range of other complex issues) and this involves a strong focus on women with lived experience directing our work.**

Some key achievements of the GSG to date:

- **Development of Women's Services directory (currently in review) – following a mapping of services - this includes all specialist services for women and also those which are not VAW specialist but have an element of women only service and who represent the gendered approach we hope to achieve**
- **Development of VAW Overview Training by a multi- agency consortium**
- **Successful funding bid to secure a 2-year post to develop a gendered approach across mainstream services in Dundee (see more info below)**
- **Gendered services communications for the workforce**
- **Inclusion of gendered approach in ADP Strategic Plan and Adult Support and Protection delivery Plan**
- **Strategic oversight of key gendered services in Dundee – Gendered Service Project, PAUSE, New Beginnings**
- **Successful funding bid for women's hub**
- **Collaborative approach to CORRA funding opportunities with a clear gendered approach**
- **Observations of the success of this group are around the bringing together of VAWG specialist agencies and those who have a broader remit or a different focus – for example substance use services. As we have worked together we have built a sense of team work and a shared vision. At times it could be that the VAWG world can feel like something of a scary and very specialised club which other services may not feel they have a place within. This group has seen that change and there is a strong motivation, commitment and drive to work together to improve the lives of the most vulnerable women in our city.**

The Gendered services project is aiming to improve services responses to women who experience gender-based violence (GBV), homelessness, substance use and other multiple complex needs that require support from a wide range of services. We aim for services to become more gendered in the design, delivery and ethos.

In Dundee there was an identified lack of understanding around gender and the specific needs that women may have that can prevent them from accessing appropriate care and support or where they do engage with services, engagement being successful. Consequently Dundee Women's Aid applied for funding from CORRA to research this and capture what training and support agencies require and what changes to services women would find useful. The research carried out in 2019 obtained the views of women who are service users in Dundee and the ideas of staff working in this sector about improving future service delivery.

Based on the research and the drugs commission an application was submitted to CORRA for the Gendered Services Project. The post has been in place since late 2020. The ADP has also funded the post for another year for 2023.

The project currently delivers training and support for services to embedded gendered approaches across Dundee. 7 key elements of gendered approach. Part of the project is also about engaging women with lived experience to ensure we are getting it right and they able to influence design and delivery.

Approach to Funding

The long standing VAW picture we operated within in Dundee included very high rates of domestic abuse and sexual crimes alongside many complexities such as:

- **substance use and deprivation;**
- **significant capacity versus demand issues for specialist services;**
- **over reliance on third sector specialist agencies and lack of capacity to upskill and provide consultancy to non-specialist services;**
- **a lack of learning and development opportunities relating to VAWG and;**
- **challenges meeting the needs of women with multiple and complex issues.**

The approach we have taken in recent years has tried to balance these issues by increasing the capacity of non-specialist services and addressing the needs of women with complex issues alongside a focus on capacity versus demand issues for specialist services. We took our focus away from just trying to sticking plaster on the gaps in specialist services (although always continuing to try and strengthen their capacity and funding arrangements) and focused instead on all services and how they could better share the load. This approach included the development of learning and development opportunities (see training section below) as well as an expanded focus on our response to women with complex issues.

The establishment of the Gendered Services Group and Project (described below) was one way we looked to increasing capacity of mainstream services and addressing the needs of women with complex needs.

In terms of capacity and demand issues, in mid-2021, for a woman to access outreach support at the main domestic abuse support service in Dundee they had to wait an average of 6 months. For a woman who had been raped or sexually assaulted either recently or historically the average wait to access specialist support was 2 months. We had several key funding streams coming to an end, clear gaps such as domestic abuse court advocacy and services for CYP and disjointed domestic abuse services. In light of these challenges The VAWP took a paper to the Chief Officers Group (COG) late 2020 which resulted in them making the commitment to the actions shown below:

- **Reallocating capacity within mainstream services and making a real and tangible commitment to upskilling mainstream services to effectively tackle VAW**
- **Progressing work through local strategic commissioning and procurement routes to enhance efficiency and sustainability within the third sector specialist services.**

A COG VAWG champions group was established with representatives nominated from within the council, Police, Health & Social Care Partnership (HSCP) and NHS and a real and tangible commitment to improving the situation around VAWG and the funding around it. We also took a partnership approach to DES bids and CORRA bids in recent applications and focused on capacity building as well as service provision.

The development of an integrated protecting people risk register enabled us to understand the shared risks across the protecting people committees and also work collectively on our responses to these risks. COVID-19 brought the risks around VAWG and particularly domestic abuse to the fore and this is reflected in the risk register with highlighted risks around DA in the CPC, VAWP, ADP and ASP sections of the document. This has assisted us greatly in how we approach VAWG and funding related to it.

The result of this approach, the work of the COG VAW group and the approach to DES funds we have been able to achieve the following:

- **We were able to secure COVID recovery funding for DWA and Women's Rape and Sexual Abuse Centre (WRASAC). Both services used the additional funds to address waiting times. The waiting time for DWA outreach is now 2 weeks. WRASAC saw a 70% reduction in waiting times and secured match funding for a further 12 months.**
- **The Assessing and Supporting Psychological and Emotional Needs of Women (ASPEN) project (Clinical Psychologist for VAW Services) has been mainstreamed – HSCP**
- **The Dundee Women's Aid Children and Young People Psychology Service was established through community mental health and wellbeing fund**
- **The ADP extended the lifespan of Gendered Services project by another year**
- **Social Work Children & Families have established a temporary Domestic Abuse Manager post through COVID-recovery funds**
- **The Victim Centred Approach fund has enabled us to develop Dundee ASSIST (domestic abuse court advocacy)**
- **Through Delivering Equally Safe fund we were successful with 3 partnership bids - bringing CEDAR to Dundee, establishing a GBV Learning and Organisational Development advisor post and the Deaflinks domestic abuse project.**
- **Recently we secured funding from CORRA to develop a Women's hub in Dundee for women with substance use and complex needs.**

Despite these successes the landscape of VAW funding is challenging and feeding into the National Strategic Review of VAWG funding is a priority action for the Dundee VAWP over the coming 2 years.

Lived Experience

The majority of the VAWP Lived Experience engagement activity comes through the Gendered Services Project. Lived experience has been a core element of the project from the very beginning and the coordinator regularly meets and engages with women in various services across Dundee. This has been successful due to a dynamic and flexible approach, dedicated funding/budget and constant feedback. Some of ways women have been involved are as follows:

- **Identifying Barriers to Access**
- **Visualise components of perfect service (which we use in the gendered services training)**
- **Self-Assessment Form**
- **Empathy Map**
- **Animation**
- **HIS Pathfinder lived experience**
- **Illustrate the experience of women in Dundee**
- **Chartermark Development**
- **VAW Summit**
- **Neuro Diversity Conference –walk through to ensure it was accessible.**
- **Women’s Hub**
- **Gendered Walkthrough**
- **Safe Space Cartoon**
- **Project feedback**
- **Champion Group**

A key element of our local trauma implementation plan is that as both a cause and consequence of culture change, professionals within the workforce with lived experience of trauma are able to contribute and co-produce services and strategy.

From the start of our work around trauma we included a focus on lived experience and more specifically, professionals with lived experience. We know that the safe and effective use of lived experience expertise is a powerful tool for strategy, service design and service delivery and evidence has shown that lived experience workers can bridge the gaps between strategy, services and communities, influencing the culture and practices of their organisations. Traditionally we think of those with ‘lived experience’ or ‘experts by experience’ as being separate from us as professionals. By thinking in this way, we are missing the opportunity to utilise the knowledge and experience that exists within our own workforce and to validate this.

According to statistics we know that within a team of 10 staff at least 2 are highly likely to be professionals with lived experience. Within a staff group of 100 at least 20 will be professionals with lived experience. When we think about the broad range of experiences which can contribute to an individual experiencing trauma those figures are likely to be much higher. By becoming a trauma informed culture with trauma informed leaders, we were more likely to create a culture where this untapped professional resource is valued and can be utilised effectively. One area of interest with this strand of our work is that of post traumatic growth (PTG) - positive psychological change experienced as the result of the struggle with highly challenging life circumstances.

What we have done:

- **Secured leadership and manager buy-in**
- **Exploring safety – clinical psychology input, discussions with HR and Trade Unions**
- **Developed a process – initial interest, more detailed information, screening discussion and consent**
- **Launch event and manager briefings**

Trauma Implementation

In Dundee the Steering Group for Trauma Informed Practice Implementation has been firmly located alongside the VAWP. It is chaired by the VAWP lead officer and the links between VAW and Trauma are explicit. VAW specialist agencies have provided input around their trauma informed journey as it is recognised that they are at a more advanced stage and the gendered services project, model and training has trauma informed practice as a key element of a gendered service. The Steering Group is progressing a multi-agency approach to addressing trauma and held a launch event for our Implementation Plan on 30th March 2022 with 88 people in attendance. Feedback has been good and there have been notes of interest for all the ways to get involved. The event was recorded as a webinar, with 200+ people viewing this so far.

Since the launch we have run 4 Manager Briefings with a total of 141 attendees and positive feedback. Three new sessions are set for coming months.

In Dundee we have also pulled together and expanded several of the national resources developed by NHS Education Scotland into local toolkits. Within these toolkits we have tried to make it clear what resources are available to implement level 1 and 2 training.

We have designed a menu of ways that individuals or teams/services could get involved in the implementation of this approach to complement the training. This includes:

- **Becoming an ambassador**
- **Trying out a test of change and joining the trauma collaborative programme**
- **Getting involved with our workforce lived experience group**

7. Training, Learning and Development



The level of demand for training and information around VAW has increased dramatically since the beginning of the pandemic. The VAWP has a training consortium established and a VAW Overview training day which was rolled out online during 2020-2022.

A coordinated multi-level VAW training programme is a priority for the future.

GBV Advisor post

The project is a partnership with Dundee & Angus WRASAC, and Dundee City Council (DCC). The worker is employed by WRASAC with much of the work coming from DCC – namely Protecting People and L&OD.

The benefits of the partnership are that the worker has expert knowledge around GBV, and access to frontline knowledge through WRASAC colleagues, data and survivor testimony. It is vitally important that the worker of the project has in depth knowledge of the needs of survivors, as well as theoretical understanding of gender and GBV. Due to the nature of this work, passion for improving understanding and services for survivors is important. GBV is complex and intersects with all other social issues.

Overall aim of the project is to ensure a co-ordinated approach to GBV learning, training and development across Dundee City Council and their partners, and the multi-agency workforce in Dundee. By improving the understanding of GBV and practical application of trauma-informed, survivor focused, gendered approaches, we hope that survivors in Dundee will have consistently positive interactions with all services.

GBV is still misunderstood amongst many workforces and services, we aim to have long lasting cultural change whereby survivors (both employees and service users) feel heard, believed and supported. There are many misconceptions surrounding GBV due to millennia of misogyny and gender inequality. This project aims to support agencies and staff in learning and unlearning around these ingrained views surrounding GBV.

There are many exciting pieces of work going on in Dundee, and in general the workforce is keen to learn and improve their practice around GBV. However, a key issue has been the lack of co-ordination and capacity surrounding the VAWP Training Framework, and the individual pieces of GBV work going on in the city. This project will be a dedicated co-ordinating link for the VAWP and GBV work, allowing for oversight where previously there was none. In the past, good work has fallen away due to lack of co-ordination – this was a key reason for the funding bid.

Another key element of the role is capacity building, this is to increase longevity of the project and create a sustainable model of development.

To build capacity, without diluting the quality of delivery, the project hopes to build into the VAWP Training Framework a network of trainers that can deliver input to a high quality. A network of experts from different agencies, alongside a train the trainer model would help build capacity. GBV training benefits from in person delivery (rather than e-learning) due to the complexities surrounding it. Whilst e-learning modules have its place, the reality of engagement and retainment of information is low. It is essential that any GBV learning is not a tick-box exercise, as this does not improve services for survivors.

8 Challenges and Areas for Improvement



Opportunities

- There is an abundance of good work taking place in Dundee in relation to VAWG, however, this needs to be sustained in order for continued progression. A focus on embedding current practices across all policy areas and maintaining the current momentum is viewed as important.
- A focus on prevention work is necessary to ensure the VAWP continues to advance towards the ultimate goal of eradicating VAWG.
- With the Equally Safe funding stream potentially becoming more strategic and long-term, the Partnership will be able to utilise this to further current projects.
- With the development of a new action plan for Dundee, it can be ensured that intersectionality is explicitly incorporated throughout in order to better represent specific groups affected by VAWG.
- The additional funding that has been provided offers potential for increased work to tackle VAWG, however, this could create additional work for the VAWP where capacity is already limited. This needs to be considered when discussing what these additional resources will be used for.

Priority Areas for Improvement

1. Increase Support for Women with Complex Needs

The VAW Partnership has made much progress in this area but recognise the need to continue being more responsive to the support required for survivors with multiple and/or complex needs. It was noted that this approach could be incorporated throughout work across all areas of Dundee's Protecting People agenda in order to ensure that the needs of these women are considered in all relevant systems and services. Additionally, the need to promote an intersectional approach, that recognises the additional barriers that women with protected characteristics may face, was highlighted as an approach that needs to be explicitly referred to throughout the VAW Delivery Plan to ensure this is addressed.

2. Increase Investment in Prevention Activities

Early intervention/prevention activities need to be scaled up in order to assist the VAWG agenda. It was specified that this approach should be promoted in a variety of different settings, including schools, colleges, universities, and the wider community. To achieve this, it was noted that the Partnership needs to build a compelling case for increased investment in order to broaden the audience that participates in these activities. In addition, it was noted that the links between adopting a preventative approach and achieving other strategic priorities across Dundee should be highlighted to wider partners.

3. Ensure Dundee VAWP is Involved in the National Review of VAWG Funding

A priority is to ensure that future national funding streams to support the delivery of Equally Safe are fit for purpose and respond to the needs and priorities identified by Dundee VAW Partnership. It was noted that short-term, competitive funding cycles are not conducive to supporting a strategic, joined-up approach to be embedded to tackling VAWG in Dundee and there is an opportunity for Dundee VAW Partnership to use its learning about "what works" to help inform and improve future approaches to funding.

Other Potential Areas for Improvement

In addition to the above priority areas, the following areas of work have been identified and are in progress:

Protecting People Lived Experience Review

There have been a lot of different types of engagement across the PP partnerships with genuine effort. There is also pressure and a focus on the value of lived experience nationally. This is important but it needs the time and resource to make sure it's meaningful, which in the current systems can be difficult. There is a risk that the pressure on strategic forums to include lived experience lends itself to tokenism, only a single voice having a say, individuals feeling used or let down, people being retraumatized, and or an environment of 'us and them' if it is not done in a meaningful and trauma informed way.

We have recognised previous efforts within our partnerships that have not had the desired results to engage people with lived experience in the design and delivery of services on more strategic level. There can be a disconnect between good engagement and the voices reaching/having an influence on strategic decisions. This is why we are looking at addressing these barriers through working with leadership and developing a shared understanding of meaningful involvement and have established this review process.

Whole systems look at lived experience engagement, and their inclusion in the strategic decision-making processes and linked strategic planning, improvement and development programmes and activities.

- **Break down barriers / challenges to connecting lived experience voices with strategic planning and development**
- **Develop a shared understanding of meaningful involvement in a safe and trauma informed way.**

Social Media

Following the discussions on the development day, it was agreed that the VAW Partnership would launch a collective social media presence on Instagram. The aim of this account is to educate the public on aspects of gender-based violence (GBV) and to aid prevention of GBV. Through key themes being highlighted through the Scrutiny Group's data interrogation, the social media will also be reactive to issues impacting Dundee on a local level.

Engagement data can be collated from the social media account which will further inform the VAW Partnership on the ages and gender of individuals engaging with the account. Although this account is for everyone, we particularly hope to reach young women as they are currently underrepresented in referrals presenting to local VAW services.

This social media presence will not act as a support account, however information on local services will be clearly signposted.

Challenges: Cost of living

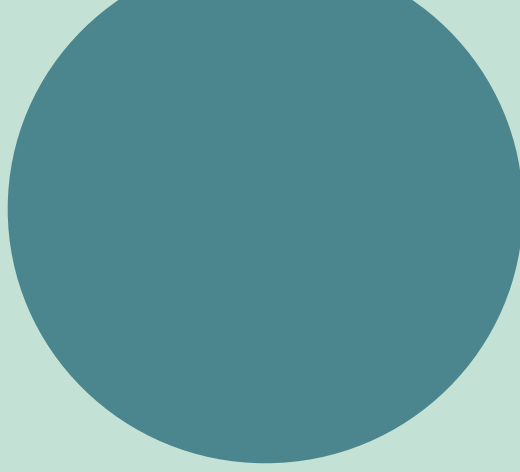
One of the key challenges and concerns for the VAWP looking forward, alongside all the PP committees, is the impact of the cost of living crisis. We know that poverty and gender-based violence are intrinsically linked, and in complex, far reaching ways and that poverty impacts both perpetration and victimhood, as well as barriers to leaving violent situations.

Whilst gender-based violence can impact all people in society, women in poverty are a group at much greater risk, and will experience specific risks and challenges related to GBV and accessing services.

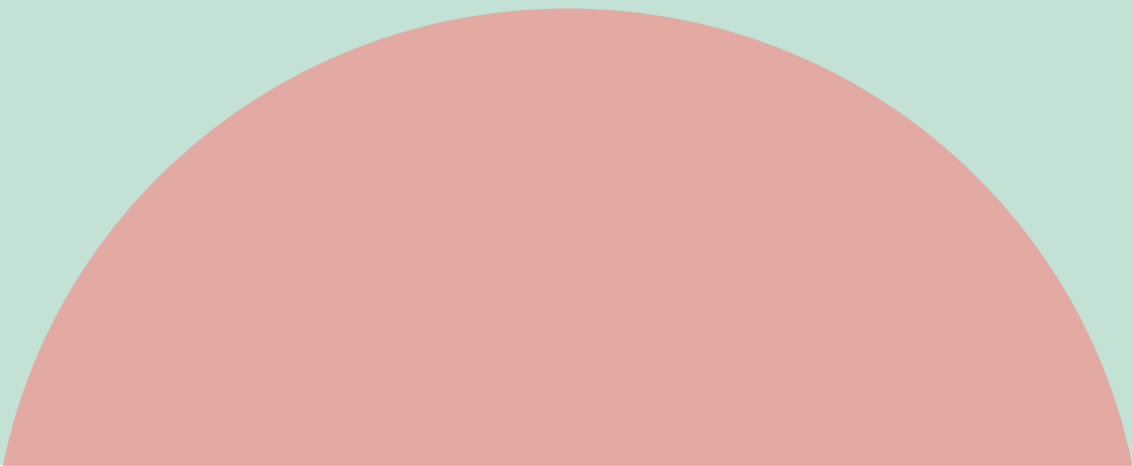
In Scotland, women are already more likely than men to be in poverty, to experience in-work poverty and to experience persistent poverty and more likely to be reliant on social security system. Women are more likely to be in low paid, insecure work – 62% of those earning less than the real living wage are women, more affected by household debt and have fewer savings.

The impact of this picture being exacerbated by the cost of living crisis is concerning. We have seen a growing number of women being pushed into selling sex as a result of the economic impact of COVID-19. Whilst the pandemic itself is coming to an end, the long-term economic impact is here to stay. In addition, from the extensive literature around domestic abuse we know that methods of coercive control often centre around money. We are likely to see the fuel crisis as a trend in experiences of domestic abuse. For example, women not being allowed access to the car with cost of petrol used as reasoning, women being blamed for increase in utility bills, women having to cut their personal spending (eating, toiletries etc) in order to pay for household. We also know that one of the biggest barriers to leave an abusive relationship is financial dependency on the perpetrator.

Alongside the other PP Committees, we have identified this as a high risk in our risk register and will be monitoring closely and developing mitigations to address issues wherever possible.



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REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD –
22 FEBRUARY 2023

REPORT ON: DUNDEE ALCOHOL AND DRUGS PARTNERSHIP STRATEGIC
FRAMEWORK AND DELIVERY PLAN

REPORT BY: CHIEF OFFICER

REPORT NO: DIJB4-2023

1.0 PURPOSE OF REPORT

To submit to the Integration Joint Board for noting the Dundee Alcohol and Drug Partnership Strategic Framework 2023-2028 and supporting delivery plan, and to provide an overview of recent developments in the provision of drug and alcohol services and supports.

2.0 RECOMMENDATIONS

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

- 2.1 Note the content of this report and the Dundee Alcohol and Drug Partnership's Strategic Framework 2023-2028, *Working Together to Prevent Harm and Support Recovery*, and supporting delivery plan (section 4.1 and appendices 1 and 2).
- 2.2 Note the intention for the Alcohol and Drug Partnership to develop a performance management framework, investment plan and strategic risk register to support the implementation of the strategic framework and delivery plan (section 4.2.6).
- 2.3 Note the key areas of progress achieved over the last six months in reducing harm associated with drug and alcohol use (section 4.3).
- 2.4 Instruct the Chief Officer to bring forward further updates regarding progress in implementing the strategic framework and delivery plan in-line with the Alcohol and Drug Partnership's future public reporting schedules.

3.0 FINANCIAL IMPLICATIONS

- 3.1 Delegated resources to the Dundee Integration Joint Board (IJB) provide funding for statutory and commissioned drug and alcohol services. These resources are managed within the overall Dundee IJB Financial position. Additional funding is allocated annually from the Scottish Government to manage developments to support national drug and alcohol priorities. The specific utilisation of these funds is managed via Dundee Alcohol and Drug Partnership to meet local priorities within these national guidelines.
- 3.2 The value of anticipated Scottish Government funding for drug and alcohol services in addition to funding allocated for statutory services provided by Dundee Health and Social Care Partnership for 2023/24 is approximately £2.6m. The totality of this funding will be used to support the implementation of the delivery plan with direction of spend provided through the publication of the Alcohol and Drug Partnership's Strategic Framework.

- 3.3 The total funding available to the Alcohol and Drug Partnership in 2023/24 will also include external funding, such as from the CORRA foundation, and from permitted carry forwards from previous years uncommitted funding allocations. This includes carry forward of unspent additional funding made available for investment in drug and alcohol and mental health services by Dundee City Council. Dundee City Council has provided an additional investment of £1.660m over the period 2021/22 to 2022/23.

4.0 MAIN TEXT

4.1 Background

- 4.1.1 In June 2022, following the publication of the update report from the Dundee Drugs Commission in March 2022, leaders from across the Dundee Partnership published an initial statement of intent asserting their commitment to providing a comprehensive, accessible, trauma-informed and compassionate response to drug related harm. At that time leaders also noted that a detailed response to the recommendations made by the Commission would be contained within a replacement strategic framework and delivery plan developed by the Dundee Alcohol and Drugs Partnership. The replacement plan was to be developed to not only to respond to recommendations made by the Commission over their two reports, but to provide a single, prioritised framework that addresses national policy priorities and local needs. Importantly, the revised framework was also to be extended to cover alcohol related harm, as well as drugs.
- 4.1.2 On 22 December 2022 the Dundee Chief Officers Group, the multi-agency governance group for the strategic Protecting People Partnerships in Dundee (including the Dundee Alcohol and Drugs Partnership), approved the replacement Strategic Framework 2023-2028: Working together to prevent harm and support recovery, and a supporting rolling two-year delivery plan. At the point of submission to the Chief Officers Group, the framework and delivery plan were accompanied by a full Integrated Impact Assessment (covering both statutory equality and fairness duties). The strategic framework and delivery plan were published on 17 January 2023 following a range of briefing activities, including for members of the Integration Joint Board, and supported by communications activity. The strategic framework and delivery plan are attached as appendices 1 and 2.
- 4.1.3 The strategic framework sets out the Alcohol and Drug Partnership's vision that "*People in Dundee thrive within safe, nurturing and inclusive communities, supported by accessible and effective alcohol and drug services that focus on prevention, protection, harm-reduction, resilience and recovery.*" This vision is underpinned by 5 key priorities:
- Reducing significant harms linked to drug and alcohol use by delivering the right care in the right place at the right time.
 - Reducing the enduring impact of drug and alcohol use through an increased focus on prevention.
 - Empowering people with lived experience to participate in and influence decision-making, commissioning, planning and improvement.
 - Promoting cultures of kindness, compassion and hope, tackling stigma and discrimination and embedding trauma-informed approaches.
 - Ensuring appropriate and effective governance arrangements and strengthening communications with stakeholders.

In each priority area the strategic framework sets out short (by 31 March 2024), medium (by 31 March 2025) and long-term (by 31 March 2028) ambitions. The whole framework is underpinned by a statement of values that will inform the work of the Alcohol and Drug Partnership as they move forward with implementation: human rights; person-centred; trauma-informed; kindness and compassion; innovation; collaboration; transparency and evidence-based.

- 4.1.4 Overall, the revised strategic framework and delivery plan have been developed to sit within a wider planning context that recognises poverty and deprivation and the range of trauma and adversities present across the population that contribute to high levels of drug and alcohol related harm. The framework and delivery plan reflect the high priority given by all local partner agencies to tackling harm caused by drugs and alcohol, and recognise the need to continue to work at pace to improve responses to people currently affected alongside preventing future harm.

4.2 Strategy Development Process

- 4.2.1 From the outset the strategy development process has focused on collaboration with relevant stakeholders, including people with lived experience and the workforce. This has been crucial to ensuring shared ownership of the strategy. There has also been a focus on ensuring that the strategy responds to local need and priorities, whilst considering other sources of evidence and information. This has included local commitments to implementing a whole-system protecting people approach, reducing stigma, tackling health inequalities, and implementing gendered approaches. Local intelligence and data were provided by NHS Tayside Public Health Directorate and consideration was given to priorities within Dundee's City Plan, as well as recommendations made by the Dundee Drugs Commission. From a national perspective, the strategy responds at a local level to the priorities set out in the Scotland's National Strategy: Rights, Respect and Recovery, that National Mission on Drug Deaths and the National Alcohol Framework: Preventing Harm, Changing Scotland's relationship with alcohol. Overall, this approach has supported the Alcohol and Drugs Partnership to maintain a strong focus on the needs of at-risk people and communities in Dundee, prioritising those things that matter most to Dundee and will make the biggest difference to the safety, wellbeing and recovery of people who use drugs and alcohol.
- 4.2.2 Work to develop the strategic framework and delivery plan began in July 2022 with a consultation process that included individuals affected by drug and alcohol use, local communities and frontline staff. An on-line consultation took place supplemented by focus groups; this generated just over 100 submissions, some from individuals and some that represented the input of several people who had participated in focus group discussions. Contributions made directly informed the content of both the strategic framework and the delivery plan, with many highlighted throughout the final published documents. A separate report detailing the contributions made through this consultation exercise has been compiled and will be published by the Alcohol and Drugs Partnership in due course (following thorough checking in relation to information governance requirements). However, key themes that emerged from the consultation were the importance of the work of the Alcohol and Drugs Partnership being informed by lived experience in a meaningful way, strong support for same day access to treatment and outreach services, as well as for out-of-hours services and the closure of Constitution House as a site for service delivery. There was also a significant level of support for trauma-informed responses, actions to tackle stigma and improve access to mental health supports.
- 4.2.3 A dedicated development session took place with a wide group of frontline staff in October 2022 to inform and progress the development of the delivery plan and to ensure that all the key partners could influence the actions being committed to. This session built on the draft action commitments previously submitted to the Dundee Partnership (in June 2022), allowing partners to further refine these to reflect current circumstances, policy direction (national and local) and available resources. The strategy and delivery plan incorporate:
- areas of work partners have already committed to (including a focus on non-fatal overdose, improving access to mental health services, a focus on the gendered approach and trauma-informed work, and tackling stigma);
 - key national priorities outlined within the Scottish Government National Mission and Alcohol Framework which we are expected to implement locally (including the implementation of MAT standards; extending access to residential rehabilitation,

implementing the whole family approach, extending Alcohol Brief Interventions and revising the alcohol over-provision policy for Dundee); and,

- new aspirations focusing on progressing the prevention approach (specifically Planet Youth) and work with lived and living experience.

Further development sessions were held with Alcohol and Drug Partnership members, and additional colleagues, with a focus on the interface with the third sector and arrangements for the operation and governance of the Alcohol and Drugs Partnership.

- 4.2.4 The rolling two-year delivery plan is considered to be a working document which the ADP will monitor and adjust as actions are progressed and implemented and as policy direction and other contextual factors change. To align the plan with the financial year cycle, year one of the delivery plan will commence in January 2023 and will end at the end of March 2024. The delivery plan will be subject to a detailed review at the end of each financial year and updated to reflect the actions planned over the next two years. The annual review of the delivery plan will continue to take an approach that enables all partners, including people with lived / living experience, to inform the process.
- 4.2.5 Significant effort has been made to present the strategic framework and delivery plan as accessible, public facing documents. This has included clear prioritisation of ambitions and aims, alongside supporting actions. The approach taken has helped to declutter the landscape, focusing resources effectively to support an increased pace of change, and enhancing transparency and accountability (by having a simple, clear and transparent plan against which progress can be measured and publicly reported). Both documents have also been formatted to make better use of graphics and other supporting information highlights.
- 4.2.6 The framework and delivery plan note some important areas of work that are to be completed by the end of April 2023 to support the implementation of the plan moving forward. This includes:
- development of a full performance management framework. This will then be followed by the publication of an annual report from the end of 2023/24 onwards detailing progress against the framework, delivery plan and indicators identified within the performance framework.
 - Working in partnership with the Integration Joint Board, Dundee City Council and NHS Tayside to approve a rolling two-year investment plan to support the implementation of the rolling delivery plan. Subsequently the investment plan will be reviewed and an update published on an annual basis.
 - Updating the ADP's strategic risk register to reflect the current risks that impact on their ability to support and lead the full implementation of the delivery plan. This approach has been successful the other Protecting People Partnerships, helping leaders to identify risks to delivery at an earlier stage and work together to overcome barriers and challenges.

Progress has already been made in the early weeks of 2023 in developing these supporting documents through focused work at ADP meetings and through dedicated working groups.

4.3 Other Developments in Drug and Alcohol Services

- 4.3.1 As well as the significant effort that has been directed towards the development of the strategic framework and delivery plan, partners across drug and alcohol services in the city have continued to focus on a number of priority improvement activities since the summer of 2022. In particular, sustained commitment across partner agencies has seen good progress in relation to implementation to the Medication Assisted Treatment (MAT) Standards and residential rehabilitation pathway despite many services also dealing with extraordinary winter pressures associated with COVID and the flu. A summary of key areas of progress is provided below:

- **MAT (Medication Assisted Treatment) Standards and waiting times** – work has continued within Dundee Drug and Alcohol Recovery Service (DDARS) to support and progress direct-access clinics (established mid-September 2022). Two full day drop-in clinics are being offered from two locations, with a further bookable clinic available one day per week. During October 2022, the second month of operation, 53 people attended clinics, with 28 identifying their attendance as relating to drug use; Opioid Substitution Treatment was put in place for 16 people. Advocacy support is now being offered at the point of assessment, including information leaflets being provided to people to take away and consider.

DDARS Buvidal clinics have increased from 2.5 to 4.5 days per week. Options for further increases in the number of clinics are being explored, including additional support from pharmacy.

Dundee has now moved from scoring RED on the national RAG assessment for MAT 1 (same-day prescribing) to scoring AMBER, with a view to full implementation (GREEN) of MAT 1 by April 2023.

- **The Service Manager post within Dundee Health and Social Care Partnership** with responsibility for drug and alcohol services expected to take up post in March 2023, bringing with them a wealth of experience in drug and alcohol services.
- **Dedicated support for the non-fatal overdose daily response** – progress is being made with recruiting two members of staff that will provide dedicated support on a Tayside basis for this project. Due to delays with recruitment, additional hours have been secured from a community pharmacy technician who will cover this role for Dundee until staff are appointed.
- **Dundee's residential rehabilitation pathway** is now live and We Are With You (WRWY) are leading implementation. Information about how to access residential rehabilitation spaces and undergo the preparation process has been circulated to all the relevant organisations. Key workers have been appointed (by WRWY) to support individuals (and their families) access and return from residential rehabilitation. Specific collaboration between We Are With You and the Dundee Independent Advocacy Service ensures all individuals have access to independent advocacy to support holistic recovery. Since 1 October 2022, 24 people have been referred to Dundee's residential rehabilitation pathway, with 17 people currently being supported at different stages of the pathway (for some this will include a period of time in residential rehabilitation while for others access to services in the community will be more appropriate).
- **Shared Care with Primary Care** – work has been progressed with Primary Care practices to support and enable GPs to sign up to the service level agreement (SLA). This has included the project progressing with Third Sector key worker recruitment, exploring how DDARS nursing colleagues can provide clinical support and options for involvement of the Sources of Support Service. Progress is being made in reviewing the Information Sharing Agreement between the Third Sector and General Practice and agreeing the key steps enabling a person to transition from DDARS to Shared Care, including targeted support to sustain engagement with people transition to receive support under Shared Care.
- **Transition of Services from Constitution House** – a short-life working group has been established to work with NHS Tayside Estates leads to identify new service model, property requirements and other support required to relocate from Constitution House. Work has been progressed to set out the detailed property requirements for the different elements of service currently delivered from Constitution House. Site visits have been conducted to alternative service delivery sites. One site has been identified as potentially suitable for the clinical aspects of the service; early discussions are taking place regarding future use of this site.

- **Working Better Together and HIS Pathfinder Projects** - the ADP has approved a proposal that will bring together the Working Better Together Project and HIS Pathfinder to focus on the implementation of MAT standard 9 (Mental Health – people with co-occurring drug use and mental health difficulties can receive mental health care at the point of MAT delivery) and progress work on recommendation 14 from ‘Trust and Respect’ (Consider developing a model of integrated substance use and mental health services). The following deliverables have been identified for the revised project:

1. Development of an Implementation Plan for MAT Standard 9.
2. Development of specific support to the workforce (including implementing the recommendations from the Staff Burnout Report published in 2022).
3. Creation of an Interface Agreement describing how Services work collaboratively to meet the needs of clients with both a Mental Health and a Substance Use service need.

To support this shift, Dundee Health and Social Care Partnership are exploring options for increasing capacity within operational management structures to lead this work.

- **Intelligence-led approach** - A multi-agency needs assessment steering group has been convened, chaired by a Public Health Consultant. This is a Tayside wide group and the work plan focuses on ensuring that The Tayside ADPs (and other stakeholders) have access to on-going needs assessment information (rather than one-off assessments). Under the direction of this group a Public Health trainee is currently progressing work in relation to the impact of cocaine use and it has been agreed the focus for the next six-month period will be on alcohol related harm.

The collection of experiential data to evidence MAT implementation has begun in Dundee. Following the submission of the first thematic report to the Scottish Government local leads have received excellent feedback on the approach taken in Dundee and progress made to date. Dundee is significantly further forward than other partnership areas across Scotland, with many requesting further information about the approach that has been developed in Dundee.

- **City Year of Kindness** – Community Learning and Development, as part of their building stronger, resilient and supportive community-activities and work on health inequalities, have continued to progress work with local communities tackling stigma and highlighting the language matters campaign. Funding allocated by the ADP to each LCPP area has been utilised for anti-stigma work and a formal proposal for the extension of this funding is currently being developed. The language matters campaign is currently being evaluated. Partners have continued to deliver trauma-informed training to frontline staff and are supporting services to develop trauma-informed approaches to delivering services and supports to vulnerable people.

A multi-agency working group has been convened to develop an approach to delivering the City Year of Kindness.

- **Prevention** - the ADP Prevention Framework is complete with further activity planned to promote and implement the framework, as it is an evolving resource. In December 2022 an informal briefing session on the ADP prevention framework and associated work (specifically developments within the Planet Youth project) was provided to members of the Integration Joint Board, Dundee City Council and NHS Tayside Board (non-executive members).

The ADP is also planning to develop specific preventative measures focusing on the impact of alcohol use, including extending the delivery of Alcohol Brief Interventions and refreshing the Dundee overprovision report and implementation by the Licensing board.

- **Governance and Strategic Planning** - The Dundee ADP Partnership Delivery Framework self-assessment has been submitted to the Scottish Government and approved by the Chief Officers Group. A local development session focused on areas for improvement identified through this assessment took place on 22nd November 2022 and focused on the identified gaps within the self-assessment, specifically within the broad areas of: quality improvement work; governance and oversight; and joint work between the ADP and the IJB. A further development session, held on 20 December 2022, focused on approaches to strengthening membership of the Alcohol and Drugs Partnership and its governance structures.

John Wyllie has been appointed as the new Independent Chair of the Dundee Alcohol and Drugs Partnership, for an initial period of 2 years, starting November 2022.

- **Communications (Workforce and Public)** - through the Substance Use Services Group a short life working group with a mix of partners has been set up to develop the content for the new ADP website. There is a focus on ensuring a positive approach and using non-stigmatising language and images along with space for highlighting community action.

- 4.3.2 Since the publication of the original Commission report in 2019 Scotland experienced a 5% increase in drug-related deaths (1,339 deaths recorded) in 2020. In 2021, this was followed by the first year-on-year reduction in deaths since 2013 (9 fewer than 2020). In Dundee, there has been a reduction in drug-related deaths for two consecutive years; drug-related deaths reduced from 72 in 2019 to 57 in 2020 and then to 52 in 2021. There is a continued determination across all ADP members to prioritise the implementation of the framework and delivery plan in order to further reduce drug-related deaths in future years whilst also enhancing the focus on addressing harm related to increasing levels of alcohol consumption.

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.
- 5.2 As described at section 4.1.2, please note that the strategic framework and delivery plan were subject to a full Integrated Impact Assessment at the point of consideration and approval by the Chief Officers Group.

6.0 RISK ASSESSMENT

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

7.0 CONSULTATIONS

- 7.1 Members of the Dundee Partnership, members of the Chief Officers (Public Protection) Strategic Group, members of the Alcohol and Drug Partnership, Dundee City Council Leadership Team, the Chief Finance Officer, Heads of Service, Health and Community Care and the Clerk have been consulted in the preparation of this report.

8.0 DIRECTIONS

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

Direction Required to	Direction to:	
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Dundee City Council, NHS Tayside or Both		
	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.

Vicky Irons
Chief Officer

DATE: 24 January 2023

Kathryn Sharp
Service Manager, Strategy and Performance

Vered Hopkins
Lead Officer, Protecting People

Melanie Hyatt
Development Officer, Protecting People

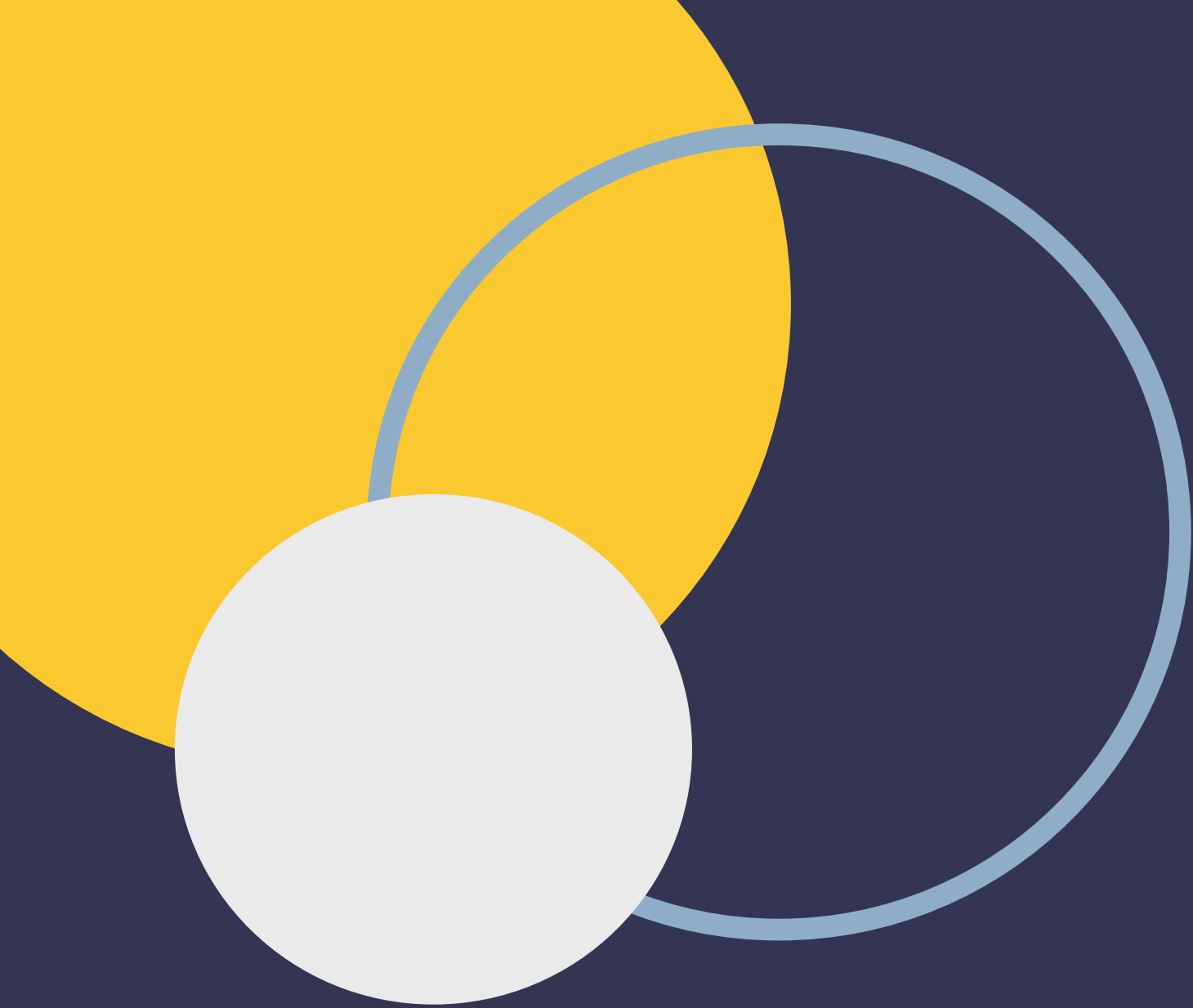
Eibhlin Milne
Development Worker, Protecting People

Naomi Cairns, Graduate Trainee, Protecting People / Communications

Dundee Alcohol and Drug Partnership Strategic Framework 2023-2028

Working together to prevent harm and
support recovery





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ADP Chair Person Forward

The number of alcohol and drug deaths, and level of harm caused by alcohol and drugs use in Dundee are unacceptable. Every life lost to drugs and alcohol is a tragedy, and I offer my sincere condolences to everyone who has been impacted, especially those who have lost loved ones. The aim of this strategic framework is to set out how we will reduce the number of deaths, reduce the harm caused by substance use and improve lives.

The Dundee Alcohol and Drug Partnership (ADP) is absolutely committed to preventing the escalation of harm and supporting individuals to full recovery, including working as part of an integrated protecting people approach to prevent and respond to vulnerability and trauma experienced by people across their lifetime. People are the reason for the ADP's existence - we are people, from a huge variety of backgrounds, working hard to help other people – that is, and will always be our focus.

Over the past two years, the Dundee ADP has joined the national efforts to shift away from tackling drugs as a criminal justice issue and towards a public health approach. We have focused on improving the treatment and care for those affected by alcohol and drug use, addressing the wider complex needs that people experience and addressing the underlying social determinants of health. To achieve this, we have strengthened the focus on Public Protection and are developing stronger links with mental health services. We recognise such links as key to ensure that we are providing support which is truly person-centred and this approach will continue to underpin everything we do.

Dundee is fully embracing the roll out of the national Medication Assisted Treatment (MAT) Standards, with a clear focus on the experiences and feedback from those who receive MAT. We have developed a process to support more individuals to access residential rehabilitation and are implementing a joint project with local GPs helping them to support more individuals within Primary Care. Working with the Children & Families Service, the ADP is contributing to the development of the Whole Family Approach

with a focus on supporting Kinship Carers. We have supported local communities in the city by providing each local area funding to develop their own grassroot solutions to improve the lives of their residents.

Focusing on the impact of alcohol use, we have appointed a new co-ordinator to lead on the delivery of the Alcohol Brief Interventions aiming to prevent people from developing harmful consumption patterns. However, we recognise that over the past two years we have focused on those affected by drug use and that more should be done to support those affected by alcohol use. This strategic plan includes a commitment to extend the focus on the harm caused by alcohol use. This will include a focus on the population-wide approach through our commitment to update the alcohol overprovision report and support the Dundee Licensing Board to implement an overprovision policy.

Our aim is to do everything possible to prevent people from overdosing. But on the occasions when people are experiencing a non-fatal overdose we have developed a multi-agency team of highly skilled staff to provide immediate support and fast access to services. The drop-in clinics have now been reinstated (post COVID-19) and individuals can receive a treatment of substitute prescribing on the same day they approach such clinics. In 2021 a number of local organisations in the city successfully applied for additional Scottish Government funding for the development of new projects. These include developing a gendered approach and a focus on the specific needs of women; a new community recovery service; support for bereaved families; and independent advocacy.

While there is still a lot to do, much progress has been made supported by a truly multi-agency effort and my thanks go to partners across the city who are rising to this challenge on a daily basis. Our frontline staff have demonstrated outstanding commitment during the COVID-19 pandemic and this strategic plan includes a commitment to provide them the support to continue delivering high quality services and support. They are committed

and caring individuals who deserve our respect, support and care as they deliver critical services to those in our communities in most need of support and compassion. It is important that we listen to, understand and act on the needs of people using our services and those delivering them – we are delivering services for people by people and needs and service provision require to be matched as closely as we can.

It is also important that we tackle the undoubted challenges we face positively, with determination and resilience. The ADP will need everyone's support, whatever their individual circumstances are if we are to make a sustained and lasting difference. As Independent Chair I ask on behalf of the ADP for your help and ask that your care and compassion extend to action, in whatever way you are able, to assist us to improve people's lives across Dundee.

It is important as we move forward that we deliver on our plans if we are to achieve better outcomes for people. Determined focus will be key to delivery and we have set out a range of areas we wish to tackle in the short, medium and long term, over the lifetime of the plan. The areas that we will focus on have been the result of wide consultation with a range of partners and stakeholders, including individuals with lived and living experience and I wish to thank each and every person who has shared their views for their valuable contribution and guidance.

In closing, this strategic plan focusses on the outcomes we want to achieve, and which are necessary to progress our aim of reducing deaths and improving lives. Let us move forward together with determination, kindness and compassion focussing on the things we can all do to tackle addiction and harm caused by alcohol and drug use. By doing this we can and will make things better for everyone who lives in, works in or is otherwise linked to Dundee.



John Wyllie
On behalf of the Dundee
Alcohol and Drug Partnership

1. INTRODUCTION AND BACKGROUND

1.1 WHO ARE WE AND WHAT WE DO

The Dundee Alcohol & Drug Partnership (ADP) brings together partners from a range of local organisations including NHS Tayside, Dundee City Council, Dundee Health & Social Care Partnership (HSCP), Police Scotland and third sector services. The ADP also has representation from two local Councillors and a representative from the Lifeline Carers' Group. The chair of the ADP is an independent person that is not connected to any of the partner organisations.

The ADP is responsible for developing a local strategic framework for reducing the harms from alcohol and drug use and supporting wellbeing and recovery of people who experience longer-term challenges from drug and alcohol use. A strategic framework is an overall plan of action which sets out what we will do to achieve this.

This new strategic framework covers a 5-year period, and considers:

- the recommendations from the Dundee Drug Commission;
- national policy (this is what the Scottish Government asks all ADPs across Scotland to include in their plans);
- information we have about how drugs and alcohol affect the health and wellbeing of people in Dundee;
- and importantly the views of local communities and people with lived experience in Dundee.

The ADP will use this framework to decide where funding will be spent and to regularly check that progress is being made. The framework will be available to the public so that anyone who wishes to do so can share their thoughts and ideas about what is being done and the progress made.

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Our vision

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

Our mission

To deliver effective, accessible and trauma-informed services that focus on prevention, protection, harm-reduction and resilience, informed by evidence and lived experience.

Our Values

Human rights:

Ensuring everything we do promotes and protects the human rights of everyone in Dundee.

Person-centred:

Ensuring that everything we do and all the services we deliver focus on the needs of individuals.

Trauma-informed:

Ensuring that everything we do takes into account experiences of childhood and on-going trauma of everyone involved.

Kindness and compassion:

Ensuring that all our actions and services are delivered with kindness and compassion without stigma, judgement or punitive approach.

Innovation:

We will always search for new, different, improved, better approaches to preventing harm and supporting recovery.

Collaboration:

Ensuring that all the relevant organisations work together with people who have lived / living experience to achieve best outcomes.

Transparency:

Ensuring we consult regularly, communicate effectively and clear information is available on how we are accountable for our work.

Evidence-based:

Ensuring the availability of reliable and objective evidence to inform decisions and policy directions.

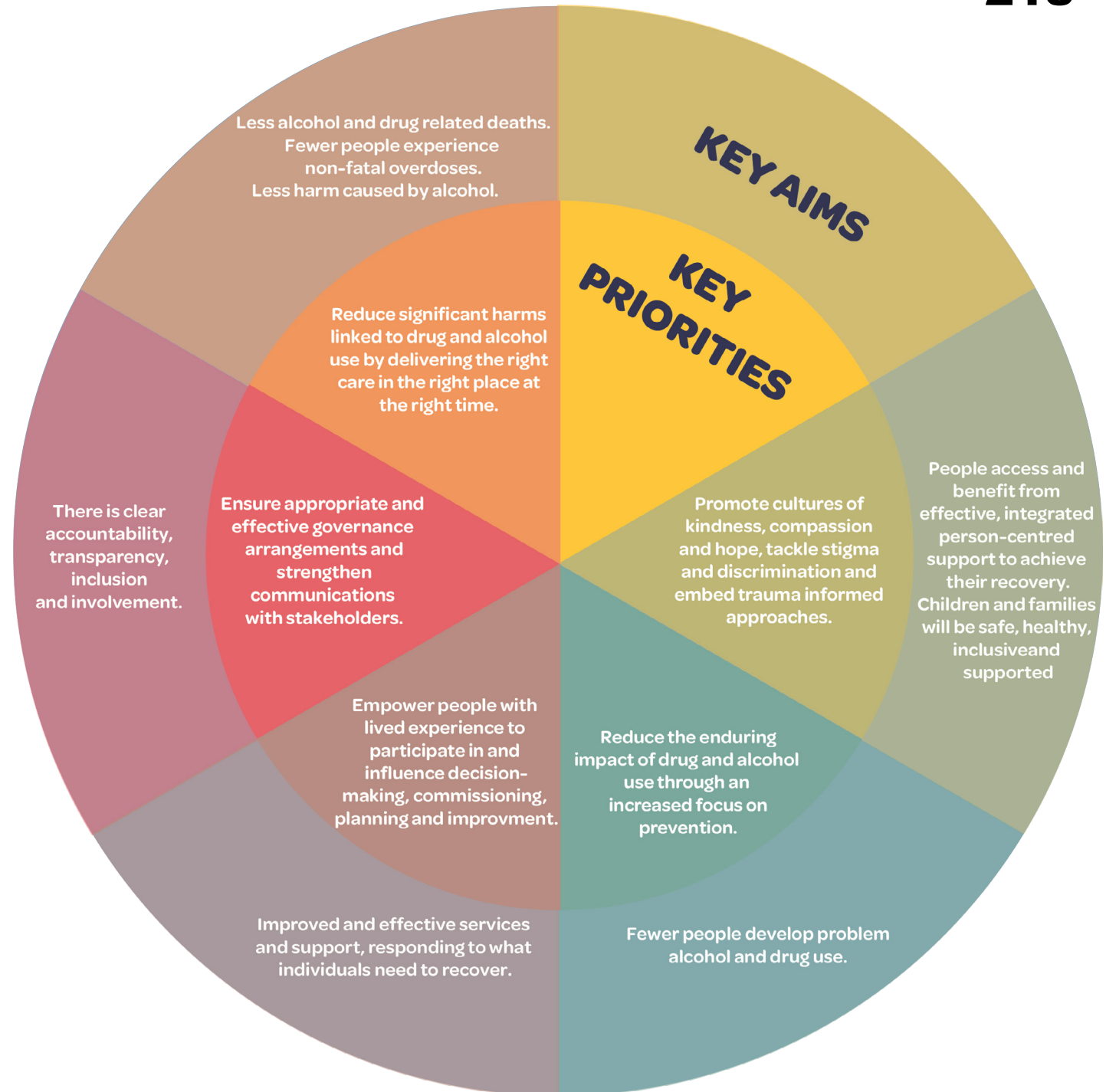
¹Please note that throughout this document, the text in quotation marks represents feedback from our consultation, including the voices of individuals with lived / living experience, carers and frontline staff. Please note that where quotes have been included these are in the language used by the person who provided them. We recognise that some quotes include stigmatising language. This highlights the need to continue to prioritise work to tackle stigma and promote a trauma-informed approach to supporting people affected by drug and alcohol use, which has been included as a key priority within this strategic framework.

“Making help available when asked - waiting lists are not good for people with addictions that have asked for help they're ready now... anything can happen in the 3 months plus that they're waiting for help after they initially ask”

Staff member¹

Our Priorities and Outcomes

This Strategic Framework follows the national approach outlined within Rights Respect & Recovery, and the Scottish Government’s National Mission focusing on improving health by preventing and reducing alcohol and drug use, harm and related deaths. It also reflects Dundee’s Community Planning priorities and local arrangements to prevent and reduce the impact of harm to vulnerable people as part of our integrated Protecting People approach. You can read more about the local and national context for our strategic framework in the next sections of this framework.



The scope of this strategic framework, and the priorities and outcomes within it, extends to the following:

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

1.2 LOCAL CONTEXT THAT HAS INFORMED OUR STRATEGIC FRAMEWORK

Protecting People in Dundee and a Whole Systems Approach

The work of the ADP is part of a wider Protecting People approach that responds to the lived experience of people at risk of harm. Dundee is one of the first areas in Scotland to formally adopt this approach and only in recent years has this become a more common feature across Scotland. We believe this approach reflects the lived experience of children, young people and adults, it responds to complexity of need and focuses on underpinning root causes rather than presenting issues alone.

To help us achieve a whole-system approach, membership of the Dundee ADP has been extended to ensure links are made with other policy areas, including mental health, housing, education and Community Justice.

Responding to the growing awareness that those affected by alcohol and drug use often experience other issues in their lives the ADP is committed to progress with a Whole System Approach. This approach includes the treatment, care and support available in Dundee, the prevention efforts where we will develop a partnership response addressing the root cause of vulnerabilities, including childhood trauma and a focus on minimising harm.

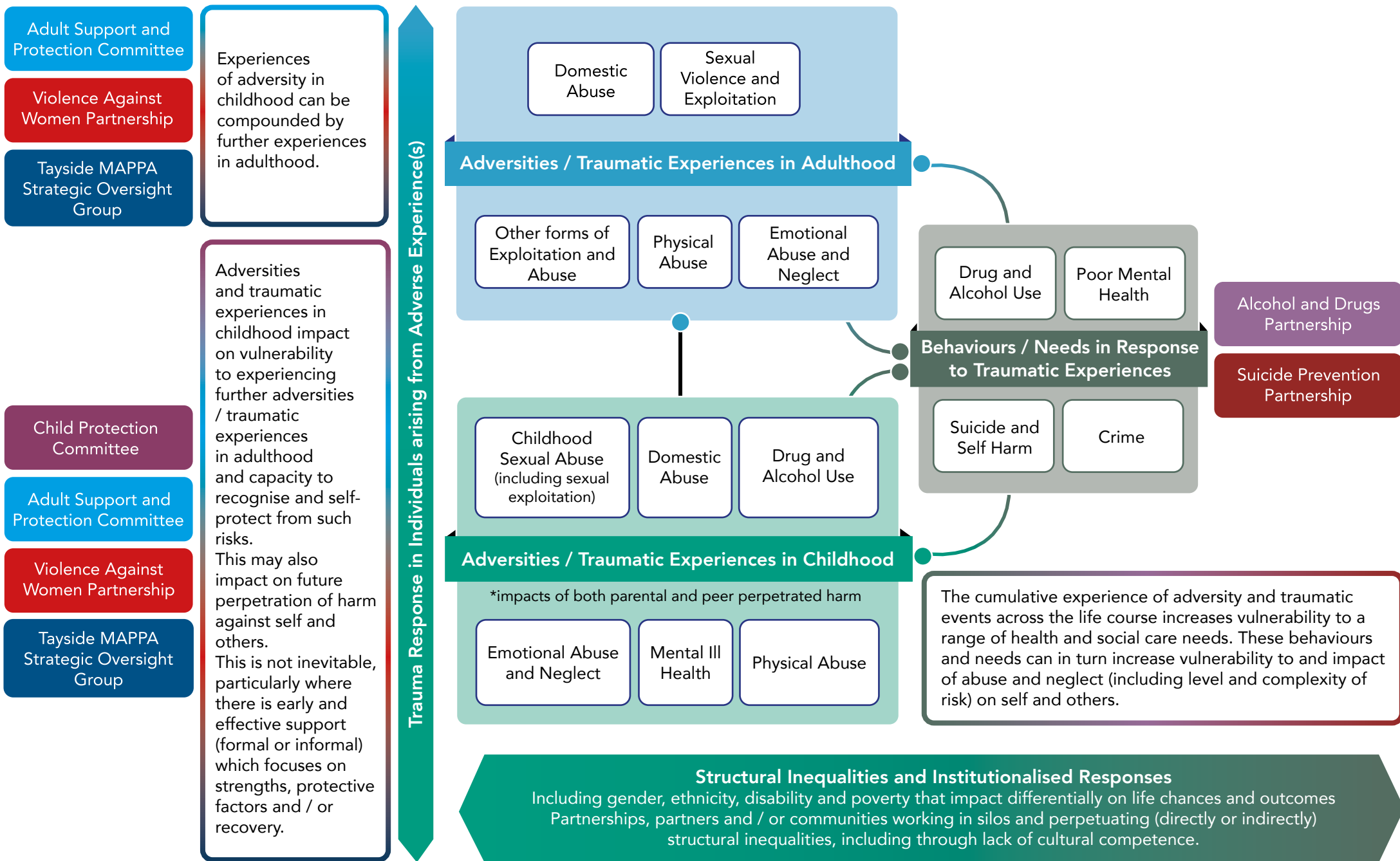
“Don't give people Methadone without real support being in place: Support being regular one-to-one meetings focussed around psychosocial support, counselling, and help to address the underlying problems that predispose people to drug use”

Staff member

“Culture change within recovery service [...] towards supportive collaborative engagement with service users. More regular training and increased availability of support for staff within recovery services. Considerably smaller caseloads that allow for the delivery of regular intensive individualised support without compromising the health and well-being of those working in the services. Skills sharing through peer review groups, joint working, case reviews of successful outcomes, celebrating achievements as opposed focusing on case reviews only where something went wrong”

Community member

The graphic below illustrates the reasoning behind our approach:



Reducing Stigma in Dundee

“Stop shaming people by making them access services that reveal why they are there”

Carer with lived experience

Tackling the issues of stigma and discrimination affecting individuals, their family members and staff forms a key focus within this strategic plan. As a partnership, we will achieve this by implementing the Language Matters campaign, proactive engagement with the local media and work with local communities. Focused work responding to and tackling stigma also takes place within the health and care system, including work with local communities and services to reduce stigma.

The Dundee ADP is committed to strengthening the Public Health Approach to Justice, supporting individuals and families affected by substance use in their recovery. This means we will focus on:

- prevention and early intervention;
- the underlying factors affecting the lives of vulnerable people and families; and
- evidence-based decision making.

“Safe places for people to be involved without judgement, having service users involved is a great idea but not if they feel judged by the wider community if they are labelled as the lived experience user”

Carer with lived experience

Substance Use and Health Inequalities

Risk of substance use overlaps with the social determinants of health inequalities in general. Health inequalities are the avoidable and unfair differences in health outcomes for certain population groups particularly those who experience poverty and other forms of social disadvantage. Dundee city has high levels of deprivation concentrated in the city's Community Regeneration Areas with associated disproportionate effects on health and wellbeing including increased likelihood of harms from drug and alcohol use. An Engage Dundee survey in August 2020 asked a specific question about access to services which showed that 98 respondents had tried to access support from substance use services during lockdown. These respondents had the lowest rate of satisfaction by some margin compared to those who had accessed other types of services.

“Activities and drop in hubs that look at reducing isolation, meeting others, forming relationships, giving people a purpose. This needs to be the centre that other services link in with to reach in to the people needing support instead of having to be referred on to outside services. Make the services be available when they are needed right at the start”

Carer with LE

Gendered Approach

The Dundee Drugs Commission (2018) included clear recommendations to ensure that the needs of women affected by drug use are assessed and addressed via the adoption of gender-mainstreaming and gender-sensitive approaches to service planning. At the same time, research was commissioned in Dundee to look at the needs of women affected by a range of issues. In summary, this research project provided evidence suggesting that vulnerable women in Dundee experiencing a range of complex issues are not receiving the services they need to support recovery. Developing a gendered approach is also part of the Public Sector Equality Duty, and as such it is a statutory responsibility.

Barriers highlighted by women with lived experience included:

- being stigmatised and therefore not receiving appropriate care;
- being subjected to dangerous situations while vulnerable; and
- facing barriers of 'conditionality'.

Women reported that their accounts were often not believed by staff, or that staff were reluctant to work with them once they had opened up and told their full stories. This makes it difficult to maintain engagement with the support available. Specific issues were highlighted around accessing mental health support when also experiencing Gender-Based Violence (GBV) and / or substance use issues and being placed in mixed sex accommodation.

The Gendered Service Group was developed to lead the development of the gendered approach. It reports to both the ADP and to the Violence Against Women Partnership (VAWP).

Dundee's City Plan 2022 – 2032

The Dundee City Plan sets out the outcomes that community planning partners in Dundee (known as the Dundee Partnership) will seek to deliver to improve the wellbeing and quality of life of the residents of Dundee. The City Plan focuses on three key priority areas: reducing inequality and poverty; improving the city's economy; and tackling climate change.

The ADP's strategic framework directly contributes to the strategic priority aiming to reduce inequality and poverty ('reduce child poverty and inequalities in income, education & health'). Evidence presented below, (within section 2 of this strategic framework) demonstrate a clear link between the impact of substance use and deprivation, with people living in the most deprived areas being more vulnerable to, and much more likely to experience the negative impact of substance use.

The ADP's strategic framework includes a commitment to respond to pressures and capacity issues within treatment services, accelerate progress with the whole system change, improve treatment options, eliminate stigma, enhance the focus on prevention and improve communication with the workforce and other stakeholders. All of these commitments directly support the aims of the Dundee City Plan.

The ADP plans to link its work on lived and living experience with the Fairness Leadership Panel which is leading the efforts to reduce poverty for children, families and communities. With many vulnerable families and individuals in recovery impacted by the costs of food and fuel, access to benefit and debt advice, such collaboration will help to improve outcomes.

“Address fear and shame issues of asking for support before reaching crisis point, especially women who may fear social work involvement/child removal.”

staff member

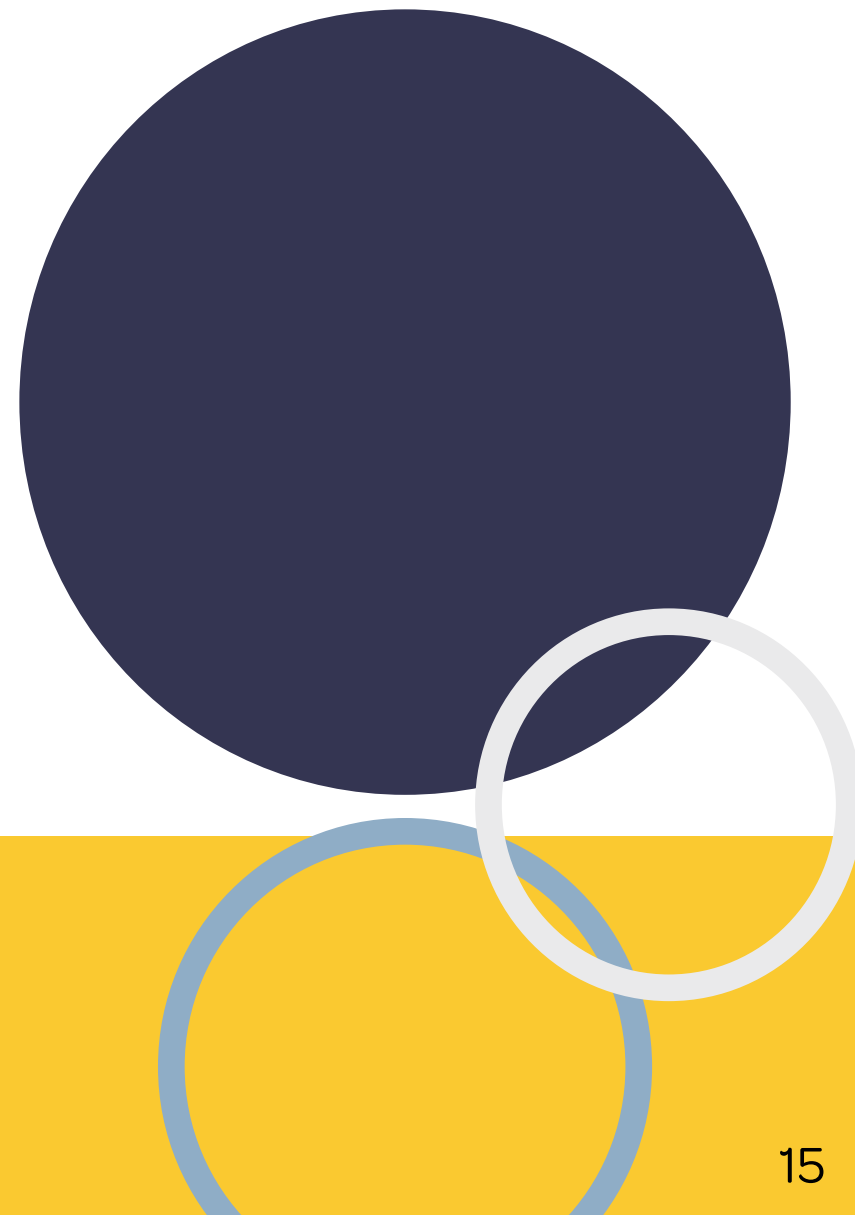
Reports from the Dundee Drugs Commission

The original report of the Dundee Drugs Commission (the Commission) was published in August 2019 and included 16 recommendations for reducing drug deaths and responding to the impact of drug use in the city.

In response to the 16 recommendations, an action plan was developed on behalf of the Dundee Partnership which has been implemented and monitored by the ADP. In February 2021, the Dundee Partnership invited the Commission to conduct a two-year review of progress against the recommendations made in their original report. The Commission was also asked to consider the impact of COVID-19, present new findings, including additional recommendations where required.

The Commission update report was published by the Dundee Partnership on 22 March 2022.

The update report adds a further 12 recommendations for the Dundee Partnership to consider. Following the publication of the Commission reports, leaders from across the Dundee Partnership published a statement of intent reasserting their commitment to providing a comprehensive, accessible, trauma-informed and compassionate response. This commitment and the recommendations made by the Commission are reflected within this strategic framework.



1.3 NATIONAL CONTEXT THAT HAS INFORMED OUR STRATEGIC FRAMEWORK

Scotland's National Strategy: Rights, Respect and Recovery

Published in 2018, this strategy outlines a commitment to a Human Rights-based, person-centred response to individuals and families experiencing alcohol and drug related harm, and to ensuring a focus on those who are most at risk. The strategy focusses on taking an improved public health approach in justice settings - reducing use and harm - and taking vulnerable people out of the justice system. This strategy also includes a focus on prevention, and specifically a reduction in the individual, family and societal factors which increase the likelihood of alcohol and drug use and related harm.

The National Mission on Drug Deaths: Plan 2022-2026

Scotland's National Mission on Drug Deaths was developed in 2021 with a new Minister appointed to lead the implementation of the National Mission. The plan was published in August 2022 and reflects a commitment to progress the shift away from tackling drugs as a criminal justice issue and put it firmly in the space of public health. It focusses on improving the treatment and care provided for people affected by drugs, addressing the wider complex needs that people experience and the underlying social determinants of health.

“Change takes too long and the frustration of not being listened to has a lot to do with this, example is people asked for a 24/7 centre years ago. Even if change can't take place overnight, there should be regular progress updates for community groups re. what the ADP is doing - being transparent about the reasons for any delays”

Lived Experience Focus Group

National Alcohol Framework: Preventing Harm, Changing Scotland's relationship with alcohol

Published in 2018, this Framework adopts a population-wide approach to change Scotland's relationship with alcohol and improve health and well-being. Outlining bold measures, including the minimum unit price for alcohol, restrictions on alcohol sales and focus on supporting families affected by alcohol consumption, this Framework aims to turn around the harm associated with high-risk alcohol consumption.

This Framework sets out the national prevention aims on alcohol, outlines the activities that will reduce consumption and minimise alcohol-related harm arising in the first place. It commits to updating the guidance on the Licencing (Scotland) Act 2005 to provide local Licencing Boards additional clarity. It also calls on local areas to improve Licencing Policy Statements, including the development of a local overprovision body of evidence and policies.

With a focus on prevention, the Framework commits to the development of an education-based, person-centred approaches delivered in line with evidence-based practice to aim to reach all children and young people including those not present in traditional settings, such as Youth Groups, Community Learning and Development, looked after and accommodated children, excluded children and those in touch with services.

You can read more about the National context in Appendix 1 on page 38.

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2. IMPACT, SOLUTIONS AND AMBITIONS

In this section, for each of the 5 key priorities identified, we present the evidence (where available) about the impact of drug and alcohol use. This includes feedback from the consultation process held during July and August 2022.

We then outline the ambitions we plan to achieve within each priority. Ambitions have been separated into their anticipated timescale for achievement: short, medium and long-term. We will begin work to implement some of the longer-term ambitions within the next one to three years, but acknowledge they will take longer to fully achieve.

More details on the actions we will take to achieve our ambitions, including how actions will be monitored and who has responsibility for implementation of each action, are provided in our rolling 2-year delivery plan. The 2-year delivery plan will be fully updated and published by the ADP on an annual basis, with the first update being published in April 2024.

Short Term

Delivery within one year
(by 31 March 2024)

Medium Term

Delivery within one to two
years (by 31 March 2025)

Long Term

Delivery within three
years or more

227

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

2.1.1 Why Is This Important?

Below we present a selection of the evidence available to highlight the harm caused by both alcohol and drug use, and show numbers accessing services.

Impact of Alcohol use and harm

- **Alcohol deaths** – In Dundee, there were 43 deaths in 2020 (an increase of 43% from 2019), and in 2021, 46 alcohol deaths were recorded (an increase of 53.3% from 2019).
- **Alcohol-related hospital discharges** - 2021-22 saw the highest ever number for Dundee of 1069 individuals, with men age 65-69 and women age 40-44 being the highest groups.
- **Alcohol and deprivation** – during 2021-22, individuals living in the most deprived areas of Dundee were 5 times more likely to have an alcohol-related hospital stay. National figures show those living in the most deprived areas as 5.5 times more likely to have an alcohol related death than those living in the least deprived areas.

Treatment numbers for alcohol

- During 2021-22 specialist services in Dundee received 619 new referrals for alcohol treatment, an increase of 10.5% on the previous year.
- The overall numbers of people receiving treatment for alcohol use vary on a daily basis, and during 2021 averaged on 294 individuals in treatment each month.

Impact of Drug use

- **Drug deaths** - there were 52 drug related deaths recorded in Dundee for 2021, a reduction of 8.7% from 2020 (57 individuals). This is also a reduction of 27.7% on the peak number recorded in 2019 (72 individuals).
- **Drug-related hospital admissions** for 2021-22 was 380 individuals, with the majority (63%) age 25-45.
- **Individuals experiencing a non-fatal overdose (NFOD)** have been declining since 2019 – during 2019-20, 636 NFOD were recorded; in 2020-21 418 NFOD recorded; and in 2021-22 319 NFODs were recorded.
- **Impact of drug use and deprivation** - Nationally during 2021, people in the most deprived areas were 15.3 times as likely to die from drug use as those in the least deprived areas. In Dundee, in 2021 more than half the deaths occurred in areas of greatest socioeconomic deprivation.

Number of individuals in treatment for drug use

- During 2021/22 specialist drug services in Dundee received 601 new referrals for drug treatment, a decrease of 15% on the previous year. There is an overall reduction in the number of individuals presenting to specialist drug services over the past years.
- Numbers of people in Dundee receiving Medication Assisted Treatment (MAT) vary on a daily basis, during 2021 on average there were 1208 people in receipt of MAT each month.

Feedback from consultation

“The provision of providing safe places for use - whilst this does not necessarily reduce 'use' it significantly reduces harm (not needing to hide use etc). A safe environment with supportive and trained staff, may be able to start to address use and trauma” Member of the Community

“After care for people, what do they do if they fail? What support available [...] Number of people who take more than one attempt to get clean are high - but no one ever talks about the struggle”

Carer with lived experience

“Have the staff work together more out in the city not all at the DPC (DDARS), hate the DPC building. Can they work in other places please? I feel too judged going to that building. I don't even go sometimes because it feels horrible”

Individual with lived experience

2.1.2 What Have We Already Been Doing?

Non-Fatal Overdose Rapid Response

In 2019 we have established a multi-agency team to provide a rapid response to all known non-fatal overdoses (NFOD) and support individuals who have experienced a NFOD to access services quickly. The team meets virtually every week day and contacts each individual who has experienced a NFOD within 72 hours. Outreach workers connected to the team reach people in their own home and support them to engage with treatment services.

Naloxone

We have made naloxone widely available in the city, both as part of the 'take-home' scheme and within a wide range of services and professionals.

Ambitions

Short Term

- Significant increase in the number of individuals receiving same-day prescribing.
- Individuals report they have choice over medication and feel supported to access and remain in treatment.
- Increasing number of people (including those affected by alcohol use) are supported by Primary Care, with third sector key working arrangements.
- More people access residential rehab through the Dundee Pathway.

Medium Term

- Significant progress has been made with all MAT standards (including the Shared Care model).
- The Residential Rehab pathway is fully implemented, progress has been made with community rehabilitation and plan are in place for evaluation.
- Key services have secured funding.
- There is an increased access to community-based behaviour change tools (including CBT tool kit for public to access).

Long Term

- Reduction in the number of Non-Fatal Overdoses (NFOD) and drug-related deaths.
- Reduce the harm caused by alcohol use, and the number of alcohol related deaths.
- Improved the quality of life and wellbeing for individuals affected by substance use, including 'out of hours' support.
- Reduction in the number of children and young people significantly affected by parental, or their own substance use.
- There is less injecting related harm (BBVs, wounds and infections) and support for those affected by cocaine and benzodiazepines use.

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

2.2.1 Why is this important?

Tackling Stigma

- People affected by alcohol and drug use often report experiencing stigma and judgemental language, as well as blame and shame for their efforts to survive their traumatic experiences.
- A range of research has found that children and wider family members affected by drug and alcohol use of their parent / family member often feel unable to access support through stigma, shame and secrecy.

Discrimination and Inequality

- The NHS Health Scotland Burden of Disease study highlights that alcohol and drug dependence are major contributors to absolute inequalities.
 - The disease burden of drug use disorders is 17 times higher and alcohol dependence 8.4 times higher in the most deprived areas of Scotland when compared with the least deprived areas.
 - Across Scotland 54% of drug-related and 41% of alcohol-related hospital admissions were for people living in the 20% most deprived areas.
 - 29% of people living in Scotland's 10% most deprived neighbourhoods felt that drug 'misuse' was a 'very' or 'fairly' common local problem compared with 12% overall.

Trauma

- Trauma is common across the entire population, but evidence shows that many people using alcohol and drugs have experienced particularly high levels of trauma and adversity in their lives:
 - The World Health Organisation has highlighted that 75% of women and men attending drug or alcohol services report having experienced trauma and adversity.
 - The Hard Edges Scotland report evidences that, for many people interviewed their experiences of multiple and severe disadvantages, such as trauma, had contributed to their route into using drugs and / or alcohol.
- Many people assume that people who use alcohol and drugs have made poor decisions, or that it is a 'lifestyle choice'. Working in a trauma-informed way means recognising the strengths or people affected by alcohol and drug use and trauma, and supporting their resilience

Feedback from consultation:

“Another campaign to try and challenge stigma on the tv/radio, but no “correct” language is ever advertised through this forum. The language matters campaign is targeting the audience who already work with this population but is not reaching the wider demographic who need the education most”

Staff member

“Make the positive link between substance use and mental health and the impact of underlying trauma, in attitude and service provision and delivery. Move away from judgemental attitudes that drug and alcohol use are a lifestyle choice”

Member of Community

“Consider the barriers to engagement and literacy skills of target audiences and the format for information sharing”

Carer with LE

“The mental health and aftercare element is missing (or not obvious throughout the aims). There's getting 'clean' or 'sober' but then what? How do people re-build their lives, tackle their mental health and keep them on the recovery journey”

Staff member.

2.2.2 What Have We Already Been Doing?

By working across the Protecting People Partnerships, we have focused on delivering a range of learning and development opportunities to our workforce. This has included people working in drug and alcohol services but also the wider workforce who support people who have experienced drug and alcohol related harm. Over the last 2 years there has been a focus on both trauma and gendered services. Trauma training has been offered to frontline staff and managers, as well as strategic leaders. Through our Gendered Services Project, 17 training sessions have been delivered to almost 200 participants, with additional sessions also been provided to ADPs in Glasgow and Dumfries and Galloway.

The Dundee Anti-Stigma Language Matters advertising campaign ran from May – June 2022 on social media and YouTube. It is anticipated that the campaign has potentially reached 22,000 followers through Dundee City Council social media channels and 54,000 followers through NHS Tayside social media channels. The local campaign aligns to the Scottish Government’s Challenging Drug and Alcohol Stigma campaign.

“The media need to be held accountable for how they report on stories that involve substance use. The language used is always damaging. If the media are convinced to make some small word and phrase changes, it could go a very long way. The media holds a huge role in how the rest of the community view substance use”
Staff Member

“We need to create more empathy and understanding within the wider community towards people in addiction. This requires a cultural shift involving the press, the way we educate young people and also adults in the community who have a very low tolerance towards people in addiction”
Staff member

Ambitions

Short Term

- Individuals and families report some reduction in the stigma they experience.
- Front line staff report to feeling less burnout and better support.
- Training and development sessions around poverty, health inequalities and the impact of substance use are delivered.
- More people present to services, and there is an increase in the number of vulnerable women accessing and being supported by services.

Medium Term

- A tiered-approach to tackling commercial sexual exploitation is in place.
- There is successful collaboration with other partnerships (including VAWP and suicide prevention) to tackle stigma.
- Services no longer include references to 'substance, drug or alcohol' in their names.
- Trauma-informed work is embedded within secondary education, university and professional courses, and on-line training on trauma and stigma is available.

Long Term

- People in Dundee benefit from effective, integrated person-centred support to achieve their recovery.
- People affected by substance use report being treated with dignity, respect and without stigma.
- The workforce across all services report feeling valued and supported to adequately fulfil their role.
- All organisations in Dundee adopt a trauma-informed focus and practices.

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

2.3.1 Why Is This Important?

- One in three adults say they have been negatively affected by the alcohol or drug use of someone they know.
- In Scotland, it is estimated, that up to 60,000 children are affected by parental drug use and up to 51,000 children by parental alcohol use.
- In Dundee, over the previous 5 years there has been an overall reduction in the number of children assessed as being at risk of significant harm from parental drug use. However, the number of children assessed as being at significant risk due to alcohol use has remained the same.
- Dundee's Planet Youth survey, carried out in two Secondary Schools, found that:
 - Alcohol (37%), tobacco (27%) and cannabis (9%) are the substances of greatest use of those young people surveyed in the 30 days previous to them taking part.
 - 2/3 of young people who have tried alcohol did so for the first time by the age of 13.
 - One quarter of young people who have tried alcohol received it from a family member.
 - The average age of first-time experiences of trying alcohol, being drunk, smoking, using cannabis, vaping and using illegal drugs was 12/13 years old for the participants of the survey.

Feedback from consultation

"Deprivation needs addressed. It is one of the main factors in drug and alcohol harm. If people have hope and aspirations they have fewer reasons to 'get out their heads'. If their future looks bleak, why bother"

Staff member

"Prevention and intervention must start young. Education should start in primary school. Often high school is too late"

Individual with lived experience

"There is a lack of activities for young people in the community and the resulting boredom leading to young people using drugs"

Community member

"Mental health waiting lists need to be reduced."

Member of the Workforce

2.3.2 What Have We Already Been Doing?

Planet youth – Prevention approach

Working in partnership with Winning Scotland, a national charity which acts as a catalyst for change, Dundee Children and Families Service and the ADP are part of a Scottish Planet Youth pilot. The pilot involves a number of other areas in Scotland, including a totality of thirteen secondary schools, two of which are in Dundee; Baldrigon Academy and St Paul's RC Academy.

Over 500 pupils from Scotland participated in a questionnaire covering:

- mental and physical wellbeing,
- levels of sleep,
- attitudes to school / their own future,
- adverse childhood experiences,
- social behaviours / interests in their local neighbourhood / community,
- sexual behaviours / attitudes to sex,
- self-harm / suicide and exposure to and use of substances including alcohol, drugs, tobacco, vaping, caffeine.

Dundee had a high response rate of 84%.

The questionnaires identified key focus areas for prevention work, including promoting healthy, positive relationships and developing social and learning opportunities in the community for young people. An action plan encompassing these key areas and the four domains of the Planet Youth approach will be developed with a focus on using improvement methodology.

Ambitions

Short Term

- Non fatal overdoses (NFOD) response (including outreach work) is supported by dedicated staff.
- The Kinship-Carers' team within C&Fs is fully established and operating.
- Harm reduction approach is adequately implemented (including MAT4).
- The Dundee Prevention Framework is live and beginning to be used.
- Improvement plan for whole families and family inclusive practice is developed.

Medium Term

- Planet Youth approach is available to all schools in Dundee.
- The NFOD response is extended to include and support a wider group of high-risk individuals.
- The Whole Families Approach is fully embedded, and the Dundee Family Support Hubs are developed.
- Communities are supported to develop local responses.

Long Term

- Fewer people develop problem alcohol and drug use.
- Individuals, children and families supported at lower /earlier levels of intervention, and families report feeling appropriately supported.
- Reduction in the incidence of violence related to drug and/or alcohol use.
- All partners accept equal responsibility for implementing our prevention and intervention strategies.

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

2.4.1 Why Is This Important?

- According to Research carried out by Baljeet Sandhu in 2017, there are many identified benefits of working with and involving those with lived experience in service design and delivery in the social sector. This includes benefits for those with lived experience (Experts by experience, of gaining a voice, a sense of purpose and influence and developing new skills) and to service providers (including ensuring change reflects true need, improve effectiveness, maximise impact) and more.²
- Scottish Health Action on Alcohol Problems Report published in 2020³ includes an overview of literature about the potential benefits of the involvement of people with lived / living experience in developing policy and practice. This includes: providing a platform for people who are marginalised to be heard; ensuring that policy making is not based on stereotype or assumption and leads to more realistic, responsive and effective policy; innovation; and supporting public acceptance of policy. The report also suggested that unlike policy discussions in relation to mental health, lived experience from individuals with drug and alcohol related challenges is not yet fully valued in planning and policy making.

²The Value of Lived Experience in Social Change: The Need for Leadership and Organisational Development in the Social Sector - Research Report By: Baljeet Sandhu (scottishrecoveryconsortium.org)

³Stand up and tell me your story' Meanings and importance of lived and living experiences for alcohol and drug policy: findings from a qualitative study SHAAP, 2020 (<https://www.shaap.org.uk/downloads/reports-and-briefings/224-stand-up-and-tell-me-your-story-new-shaap-report-on-lived-experience.html>)

Feedback from consultation

“Just empower people. Separating those with lived experience from other people means that the individual is required to declare their life history to have support to be empowered. If the atmosphere is inclusive then there will be no barriers to those with lived experience”
staff member

“Can’t say it enough. Community Community Community. Individuals in recovery don’t want to be thrown back onto circles of people actively using, there has to be a pathway for progression after the addiction is under control. Clubs, universities, work opportunities”
Staff member

“Comes back to community centres. Can there be somewhere that families that are affected can go for support? I worry for young children being subjected to being brought up by people with addiction. That this is seen as the norm. As someone who was raised by an alcoholic, I know what that is like. I just assumed that everyone’s parents were like mine”

Carer with lived experience

“Lack of community activities are evident throughout Dundee to engage young people in the prevention of alcohol/drug taking which also can result in antisocial behaviour within communities”

Member of the Community

2.4.2 What We Have Already Been Doing?

- As part of a national initiative and the introduction of Medically Assisted Treatment (MAT) Standards, gaining direct feedback from the individuals who receive MAT is key measure of the impact of our work. Dundee has established an on-going process to allow regular access to the experiences and views of individuals receiving MAT. The data collected is qualitative in type and we are including individuals who have been receiving MAT for between 6 months and 30 years. A survey designed to gain feedback from both carers and staff is being developed and will be rolled out the early new year. NHS Tayside Public Health are also rolling out a survey to gain feedback from individuals receiving harm reduction supports across services.
- The Community Health Team (CHT) has the key aim of tackling health inequalities at a local level by using a community-led approach. Local Health and Wellbeing networks have been set up to bring those responsible for making decisions closer to the communities and ensure that the health priorities expressed by communities are focused on. To support and develop this approach, the ADP allocated funding to each electoral ward to support Local Community Planning Partnerships to priorities recovery and develop innovative local projects. This is being done through the establishment of dedicated sub-groups and the development of specific local projects / activities.

Ambitions

Short Term

- Peer Recovery Network / mutual aid groups become more established.
- Opportunities are available for individuals with lived experience to become involved and influence strategic decision-making, planning, service development processes.
- Opportunities are in place for workforce with lived experience to influence wider organisational culture.

Medium Term

- People in recovery have opportunities to participate in their local community, and in the work of partnerships, including the work of the ADP.
- Advocacy support is fully available.
- The contribution of people with lived / living experience is remunerated.
- The extent and impact of culture change and meaningful involvement are measured and evaluated.
- The ADP participatory budgeting Test of Change (ToC) is evaluated and mainstreamed.

Long Term

- Individuals and communities will be supported by improved and effective interventions, directly responding to the needs of individuals in recovery and their communities.
- People affected feeling listened to, believed, understood and there is a culture of listening, inclusion and power sharing that support meaningful contribution of people with lived and living experience, and the communities in which they live.
- Strategic planning and commissioning are meaningfully informed and directed by the skills, knowledge and experience of lived and living experience and the wider communities in which they live.

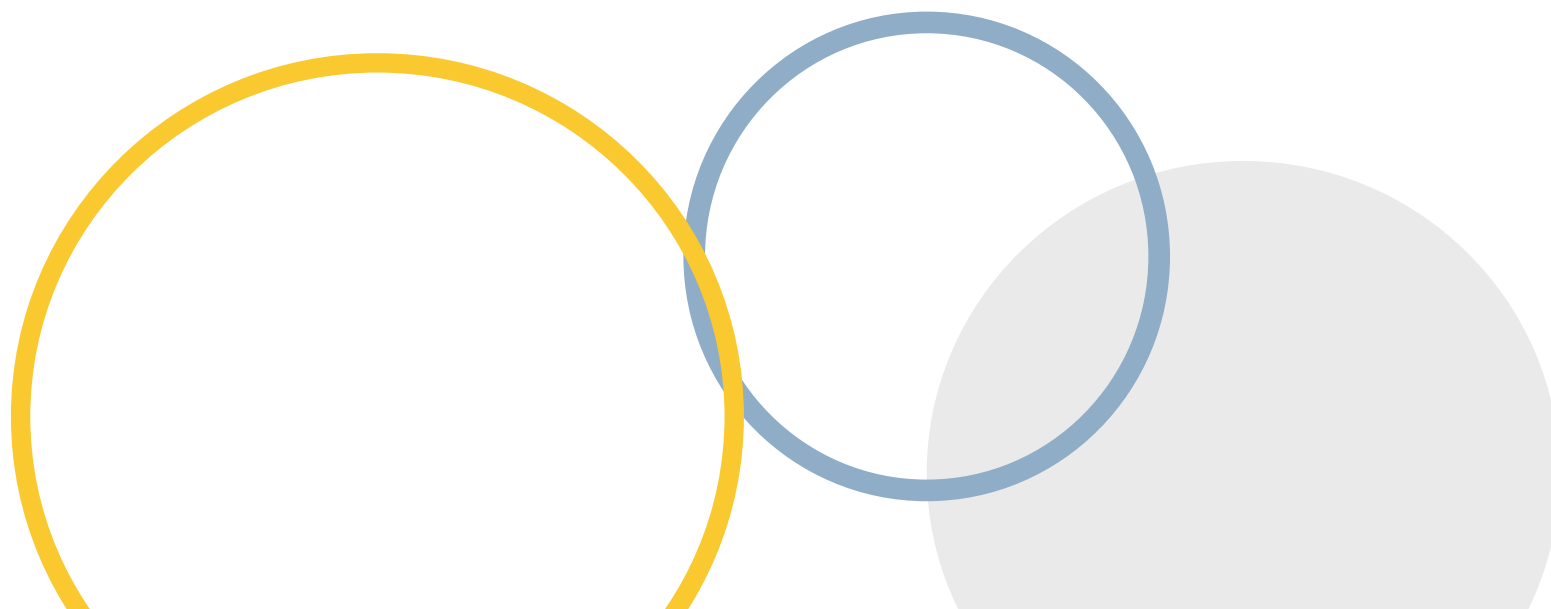
2.5 Ensure appropriate and effective governance arrangements and strengthen communications with stakeholders

2.5.1 Why is this important?

- The ADP has identified from its own self-assessment, as well as from the findings of the Drug Commission, that improvements are required to the way that partners work together through the ADP to reduce harm and support recovery.
- The ADP directs the investment of a significant amount of public money, it is therefore important that we are transparent, fair and accountable in our work.
- We know from feedback we have received historically from the public and from our workforce that we need to be better at communicating the priorities, work and impact of the ADP. This is important so that people know what is happening but also have more chances to influence our work.

2.5.2 What have we already been doing?

As part of a national initiative the Dundee ADP has undertaken a self-assessment against the Partnership Delivery Framework for ADPs. The framework includes 5 quality standards focused on: strategic planning, demonstrating how public money is used to maximise benefit and deliver measurable outcomes; demonstrating quality improvement; appropriate governance and oversight; and, how the ADP and the Integration Joint Board (IJB) work together. The self-assessment found the main strengths of the ADP currently related to the quality outcomes for strategic plan and use of public money. Areas for improvement, however, were identified in all aspects and have informed the strategic framework and delivery plan. The new Independent Chair of the ADP has used reviewed the self-assessment and the ADP has undertaken two development sessions focusing on improving governance and arrangements for partnership working.



Ambitions

Short Term

- Decisions / recommendations made by the ADP are more fully informed by individuals with lived experience and available evidence.
- There is a new governance structure, firmly embedded in the Protecting People structure with clear links to all areas of vulnerabilities, to support the work of the ADP.
- The ADP has a clear and transparent joint commissioning and investment plan.
- The ADP has a clear and transparent performance framework.
- Membership of the ADP has been revised to ensure all the required skills and expertise are included.
- The work of the ADP is more fully informed by an understanding of strategic risks and their potential impact on the population.
- The ADP has a clear plan about how it will work as part of a wider partnership to support workforce wellbeing and provide learning and development input to enable change.

Medium Term

- The ADP's joint commissioning and investment plan is implemented.
- Communication Pathways have been refreshed to ensure staff and communities are aware of the available services and how to access them.
- There is a joint approach with other Public Protection Partnerships and Committees.
- The ADP commissions services in a way that is fair, open, transparent and collaborative.
- The work and decision of the ADP is more fully informed by evidence of impact on outcomes for vulnerable people.
- An increased proportion of the ADP budget is invested through participatory budgeting processes.
- The multi-agency workforce feels better supported in implementing change and improvement across drug and alcohol services.

Long Term

- There is clear accountability, transparency, inclusion and involvement.
- Clarity about the resources required, commissioning arrangements and evidence the effectiveness of investments.
- Key stakeholders, including those with lived experience, the workforce and communities, are confident that their views are listened to, respected, understood and contribute to positive change.
- There is clear and regular communication with local communities.

3. GOVERNANCE STRUCTURE AND ACCOUNTABILITY



The Dundee ADP is one of the groups that forms part of our Protecting People approach. The ADP is accountable to the Dundee Chief Officers (Public Protection) Strategic Group. This group is made up of the Chief Officers from Dundee City Council, Police Scotland (D Division) and NHS Tayside, supported by a range of other senior officers from across the public and third sector. The Chief Officers Group is the strategic forum with responsibility for identifying strategic risks, priorities and performance targets as part of a whole systems approach to the leadership of public protection responses.

The ADP also informs the Dundee Partnership of progress related to priorities in the City Plan that relate to drug and alcohol use. This includes contributing to their ongoing performance management and reporting arrangements.

In addition to these collective, multi-agency governance arrangements, each individual member organisation of the ADP is accountable within their own, single agency governance structures for the specific services and supports they provide. For example, the Health and Social Care Partnership is accountable to the Integration Joint Board (IJB) for its performance in delivering drug and alcohol treatment and support services. Work will continue throughout the first year of this strategic framework to strengthen and better co-ordinate the way that our multi-agency and single agency governance arrangements work together to provide assurance, including to the public, about our progress in reducing harm and supporting recovery.

The IJB has an important role in hosting the funding provided to the ADP; the IJB provides financial management and is accountable, on behalf of the ADP, for the proper governance of financial resources direct by the ADP.

The ADP is committed to enhancing public reporting regarding its work and the impact this is having on outcomes for people who use drugs and alcohol and prevention of harm. A full performance management framework that identifies how the outcomes set out in the framework will be evidenced is currently being developed and will be published by end March 2023. From the end of 2023/24 onwards, the ADP will also publish an annual report

detailing progress against this framework, our delivery plan and indicators identified within the performance framework. The ADP will also continue to contribute to public performance reports from Dundee City Council, NHS Tayside, the Integration Joint Board and the Dundee Partnership.

As well as local governance arrangements the ADP also actively participates in national reporting, oversight and support arrangements. Some examples of this include:

- Annual return to the Scottish Government detailing financial expenditure, activity and impact;
- Support to local organisations to meet reporting requirements associated with MAT standards, currently involving monthly returns with overview of progress;
- Participation in support networks for ADP Chairs and Lead Officers;
- A quarterly report on waiting times for specialist substance use services and on the number of individuals accessing treatment (part of the new national 'Treatment Targets');
- A quarterly report on the number of alcohol screenings and brief-interventions; and,
- A quarterly report on the number of individuals from Dundee accessing residential rehabilitation establishments.

4. COMMISSIONING AND FINANCE AMBITIONS

Commissioning Ambitions

The ADP has established a Commissioning Group, chaired by the Dundee Integration Joint Board Chief Finance Officer and with representation from all other local commissioning partners. The Commissioning Group's responsibilities include:

- Developing a finance and commissioning framework;
- Ensuring it has access to sound evidence of need/ impact and outcomes to inform finance and commissioning recommendations;
- Managing the ADP ring-fenced funding allocation from Scottish Government; and,
- Considering the totality of funding available for drug and alcohol services and providing recommendations to the ADP.

The Commissioning Group, and the wider ADP, also receives support from the Health and Social Care Partnerships Social Care Contracts Team to ensure that where the ADP is commissioning services this is done in a fair, open and transparent way. The Team also provide support to the ADP to monitor the value and effectiveness of the investments they have made.

Where does funding for the ADP come from?

ADP BASELINE FUNDING

A recurring amount provided by the Scottish Government to the ADP.

This money is held and managed on behalf of the ADP by Dundee IJB however the ADP directs its use.

ADP NON-RECURRING FUNDING

Non-recurring amounts provided by the Scottish Government to the ADP, normally targeted to be spent on specific priorities (such as those within the National Mission)

This money is held and managed on behalf of the ADP by Dundee IJB however the ADP directs its use.

OTHER FUNDING SOURCES (OUTWITH THE ADP)

Individual partners or collaborations between partners may receive or apply for funds that support the delivery and development of drugs and alcohol services.

In statutory services in this will include the investment of funds from baseline budgets to deliver services and supports, for example drug and alcohol treatment services delivered by the Dundee Health and Social Care Partnership.

A range of partners might apply for additional funds from charitable trusts or national funding programmes run on a bidding basis, for example drug and alcohol funding available from CORRA. The ADP is often asked to endorse these applications.

For 2022-23 baseline funding to support ADP funding was £1,637K. This funding allocation must be spent on the provision of projects and services that deliver locally agreed outcomes in relation to reducing the use of, and harm from, alcohol and drugs. The funding allocation is the minimum that should be spent on these services. This funding is also supplemented with recurring funding from Dundee IJB's delegated budgets which are utilised to support core teams and statutory services.

In 2022-23 the baseline allocation has been supplemented by additional non-recurring funding allocated for specific priorities within the National Mission of £1,591K and Scottish Government Programme for Government funding of £486K.

During 2022, 13 projects were successful in securing additional investment from funds managed by CORRA on behalf of the Scottish Government to support the delivery of priorities in the National Mission. Funds awarded vary in size and duration but over the coming years represent an additional investment of over £2.5 million.

ADP Financial Ambitions

All ADP areas in Scotland currently face financial uncertainty, with an increasing amount of funding being allocated on a non-recurring (or temporary) basis. This means that often new investments require consideration of how to adapt to any future funding constraints and continue work once temporary funding has ended. At the point that we are publishing this strategic framework there is not yet confirmation of funding available to the ADP for 2023/24 as both national and local annual budget processes are in progress. However, the ADP anticipates that wider public sector financial pressures will have a challenging impact on ADP budgets as well as on the ability of all partner organisations to continue to invest and attract additional money in drug and alcohol services.

At this point, it is the ADP's intention to work in partnership with the IJB, Dundee Council and NHS Tayside to approve a rolling two-year investment plan to support the implementation of the rolling two-year delivery plan. We expect that the first investment plan will be published in April 2023.

The ADP's investment plan will set out how baseline and non-recurring funding available to the ADP will be invested to support the priorities and outcomes set out within this strategic framework and actions within the delivery plan.

This investment plan will be regularly reviewed and an annual update will be published starting in April 2024.

5. TWO YEAR ROLLING DELIVERY PLAN

Preventing Harm and Supporting Recovery

Please see Delivery Plan document



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6. Appendices

APPENDIX 1: National context

National Mission and Medication Assisted Treatment (MAT) Standards

In 2020 the Scottish Government announced the formation of the National Mission to escalate the implementation of the national strategies, and address the impact of drug use. The Government appointed a national Drug Death Task Force (DDTF) to lead the implementation process. The National Mission involved work across a range of key areas, including housing mental health and the justice system. The areas of focus for the Mission included Whole Family Approach/ access to Residential Rehab/ MAT standards (specifically appropriate access to treatment)/ and tackling stigma.

The key aims of national mission include:

- providing fast and appropriate access to treatment and support through all services improving frontline drugs services (including the third sector);
- ensuring services are in place and working together to react immediately to people who need support and maintain that support for as long as is needed;
- increasing capacity in and use of residential rehabilitation;
- implementing a more joined-up approach across policy and practice to address underlying issues.

National Mission Plan: 2022-26

Specific measures focused on within the national plan include:

- Implementation of all the MAT Standards (see details below);
- Improving access to Residential Rehabilitation;
- Focus on being informed by those with lived experience, community and grass-roots organisations; and,
- Examining options for safe drug consumption facilities.

The Dundee ADP is committed to the local implementation of the National Mission to save lives, reduce harm, promote recovery, and specifically to ensure:

- Fast and appropriate access to high quality treatment and support services, including access to residential rehabilitation where individuals are treated with respect and dignity;
- Creation of a more joined-up approach that supports people affected by drugs and alcohol to address all the underlying challenges they face;
- Acknowledgement that alcohol and drug use is often a symptom of other underlying issues and adopt a person-centred, trauma-informed and family-aware approaches;
- Better support after non-fatal overdoses and focusses on overdose-prevention; and
- Support for the vital role of front-line staff and organisations.

MAT Standards

Published in 2021, the MAT Standards are ten evidence-based standards to enable the consistent delivery of safe, accessible, high-quality drug treatment across Scotland. They focus on how treatment is offered and take a person-centred approach contributing to a number of the National Mission's outcomes. The ten standards reinforce a rights-based approach for people who use drugs and the treatment they should expect, regardless of their circumstances or where they are.

The standards of care for Medication Assisted Treatment (MAT)

1. All people accessing services have the option to start MAT from the same day of presentation.
2. All people are supported to make an informed choice on what medication to use for MAT, and the appropriate dose.
3. All people at high risk of drug-related harm are proactively identified and offered support to commence, re-commence or continue MAT.
4. All people are offered evidence-based harm reduction at the point of MAT delivery.
5. All people will receive support to remain in treatment for as long as requested.
6. The system that provides MAT is psychologically and trauma informed (Tier 1); routinely delivers evidence based low intensity psychosocial interventions (Tier 2); and supports the development of social networks.
7. All people have the option of MAT shared with Primary Care.
8. All people have access to advocacy and support for housing, welfare and income needs.
9. All people with co-occurring drug use and mental health difficulties can receive mental health care at the point of MAT delivery.
10. All people receive trauma informed care.



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



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

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

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

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

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

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



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





**OVERALL HIGH-LEVEL
PRIORITIES FOR DUNDEE**

1

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

2

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

3

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

4

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

5

Ensure appropriate and effective governance arrangements and strengthen communications with stakeholders

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HIGH LEVEL OUTCOMES FOR THE DELIVERY PLAN

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

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

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

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

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

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

Support for those affected by cocaine and benzodiazepines use.

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

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

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

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

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

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

Fewer people develop problem alcohol and drug use.

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

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

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

HIGH LEVEL OUTCOMES FOR THE DELIVERY PLAN

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

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

People affected feeling listened to, believed and understood.

There is a culture of inclusion that supports meaningful contributions from people with lived and living experience, and the communities in which they live.

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

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

There is clear accountability, transparency, inclusion and involvement.

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

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

There is clear and regular communication with local communities.



YEAR ONE OF DELIVERY COMMITMENTS 2023-24

OUTCOME ONE

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

ACTIONS WE ARE COMMITTED TO UNDERTAKE

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

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

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

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

Review the Alcohol Treatment and Support pathways.

Improved targeted responses to cocaine and benzodiazepines use.

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

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

Progress the development of the shared care / key working

programme with 3rd sector partners.

Implement and monitor the Residential Rehab Pathway.

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

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

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

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

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

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

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

More people access residential rehab through the Dundee Pathway.

OUTCOME TWO

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

ACTIONS WE ARE COMMITTED TO UNDERTAKE

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

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

Develop support to bereaved families and children.

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

Progress the recommendations and learning from the Staff Burnout report, with specific focus on staff trauma and experiences of stigma.

Consider the findings of the evaluation of the pilot of 'Responding to Poverty and Health Inequalities Training' and build in learning to work around substance use and recovery.

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

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

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

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

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

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

OUTCOME THREE

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

ACTIONS WE ARE COMMITTED TO UNDERTAKE

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

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

Map Services and programs against Whole Families Approach

Framework to identify gaps. Support and monitor the multi-agency Kinship-Carers work (within C&Fs and third sector).

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

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

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

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

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

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

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

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

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

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

At least two of Dundee's schools progress the Planet Youth approach.

The Dundee Prevention Framework is live and beginning to be used.

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

OUTCOME FOUR

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

ACTIONS WE ARE COMMITTED TO UNDERTAKE

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

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

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

should include mechanisms for sharing themes with the workforce.

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

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

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

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

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

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

Peer Recovery Network / mutual aid groups become more established.

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

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

OUTCOME FIVE

Ensure appropriate and effective governance arrangements and strengthen communications with stakeholders

ACTIONS WE ARE COMMITTED TO UNDERTAKE

Review ADP governance, within the broader Protecting People approach.

Develop a clear and transparent joint commissioning and investment plan.

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

Improve communications with local communities.

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

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

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

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

Develop and publish a performance framework.

Develop and publish a public facing annual report.

Fully refresh the ADP's strategic risk register.

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

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

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

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

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

The ADP has a clear and transparent performance framework.

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

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

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

YEAR TWO OF DELIVERY COMMITMENTS 2024-25

OUTCOME ONE

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

OUTCOMES WILL BE ACHIEVED THROUGH THE FOLLOWING ACTIONS

Progress the implementation of MAT standards 6-10.

for key services.

Evaluate the residential rehabilitation pathway.

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

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

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

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

Address issue of short-term funding

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

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

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

Key services have secured funding.

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

OUTCOME TWO

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

OUTCOMES WILL BE ACHIEVED THROUGH THE FOLLOWING ACTIONS

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

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

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

Develop online training on trauma and stigma.

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

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

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

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

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

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

OUTCOME THREE

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

OUTCOMES WILL BE ACHIEVED THROUGH THE FOLLOWING ACTIONS

Expand Planet Youth to further schools in Dundee.

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

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

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

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

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

Planet Youth approach is available to all schools in Dundee.

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

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

Communities are supported to develop local responses.

OUTCOME FOUR

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

OUTCOMES WILL BE ACHIEVED THROUGH THE FOLLOWING ACTIONS

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

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

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

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

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

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

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

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

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

Advocacy support is fully available.

The contribution of people with lived / living experience is remunerated.

The extent and impact of culture change and meaningful involvement are measured and evaluated.

The ADP participatory budgeting ToC is evaluated.

OUTCOME FIVE

Ensure appropriate and effective governance arrangements and strengthen communications with stakeholders

OUTCOMES WILL BE ACHIEVED THROUGH THE FOLLOWING ACTIONS

Implement the ADP's joint commissioning and investment plan.

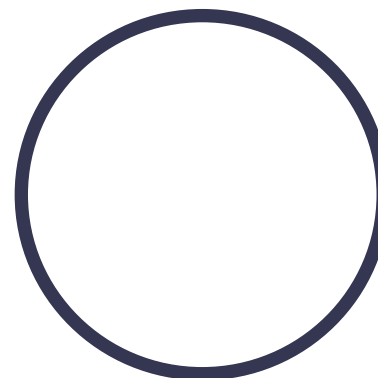
Develop approaches to support the collation, analysis and reporting of outcome information.

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

Develop a sustainable approach to participatory budgeting for the ADP.

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

Progress joint approaches with other Protecting People Partnerships and Committees to public and workforce communications.



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

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

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

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

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

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

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

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



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REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 22 FEBRUARY 2023

REPORT ON: MENTAL HEALTH AND WELLBEING STRATEGIC UPDATE

REPORT BY: CHIEF OFFICER

REPORT NO: DIJB6-2023

1.0 PURPOSE OF REPORT

1.1 To brief the Integration Joint Board about local and Tayside strategic mental health and wellbeing developments.

2.0 RECOMMENDATIONS

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

2.1 Notes the contents of this Report.

2.2 Notes that a further briefing session will be convened in March once the draft improvement plan referred to in 4.1.7 is completed, and that the IJB delegate authority to the Chief Officer to sign off the final action plan.

3.0 FINANCIAL IMPLICATIONS

3.1 The costs associated with the developments outlined in this report will be funded through a combination of a reconfiguration of existing budgets held by the IJB and other partners and through accessing additional funding where appropriate. The Finance teams across NHS Tayside and IJBs are working with Mental Health operational leads to develop high level strategic financial plans for MH services. These plans will be expected to provide a high level description of current financial resources in the system, describe current commitments and to map out further potential investment priorities identified to deliver the Mental Health Strategy. The plans would be expected to describe any shift of resources within the system. They will also note financial deficits in the system and highlight the need to address as part of the strategy.

4.0 MAIN TEXT

4.1.1 The final report of the Independent Oversight and Assurance Group (IOAG) on Tayside's Mental Health Services was released on Wednesday 11 January 2023. The release followed a 12-month period of IOAG involvement with a range of key stakeholders across Tayside. The IOAG's remit was to provide assurance to the Minister for Mental Wellbeing and Social Care about progress being made in Tayside against the 49 recommendations made within Trust and Respect, the Independent Inquiry into Mental Health Services in Dundee, Dr David Strang, February 2020. Progress since 2020 has been tracked through an action plan covering all recommendations i.e. Listen.Learn.Change.

4.1.2 Included within the report is the final self-assessment/ submission by Tayside Executive Partners (TEP), which was submitted to the IOAG in early October 2022. A RAG assessment

has been used in Tayside to track progress against the 49 recommendations of the Independent Inquiry into Mental Health Services in Tayside and the final report provides a RAG assessment by Tayside Executive Partners, and one by the IOAG.

- 4.1.3 The IOAG reflect positively within their report that, whilst there remain areas where the respective RAG assessments differ, there is now more of a shared view about some of the fundamental areas that require further improvement/ attention. These include cultural shifts and engagement / co-production with key stakeholders and with the workforce.
- 4.1.4 The IOAG met many individuals and groups within Dundee within the course of their work. Their approach within discussions with the workforce, local organisations and people with lived experience was commented upon positively in terms of their keenness to listen and understand, offer constructive challenge and share experience. One important consequence of this has been the willingness of people to participate and share experiences openly and transparently.
- 4.1.5 From both a Tayside and a Dundee perspective, the final report evidences progress in a number of areas. Particular credit is given to the development of Distress Brief Intervention (DBI) in Tayside, led by colleagues within Dundee. The Mental Health Discharge Hub in Dundee and the work to understand and provide appropriate autism support in universities were also noted. Equally, the final report (and TEP's submission) highlight that despite progress having been made, there is much still to do.
- 4.1.6 The final report sets out 6 key areas for increased strategic attention within Tayside. These are;
- Progress on 'Single Site' for general adult psychiatry beds; Strathmartine environment; delayed discharges
 - Streamline and prioritise the change programme in support of Living Life Well
 - Making Integration work i.e. collaborative working
 - Engaging the workforce
 - Engaging with patients, families, partners and communities
 - Continued focus on patient safety
- 4.1.7 A detailed improvement plan is required to be submitted to the Minister for Mental Wellbeing and Social Care by Friday 31 March 2023. A draft of the plan will be completed by the end of February, and final sign off will be required by TEP, Chief Officers and the 3 IJBs in Tayside prior to submission to the Minister by 31 March.
- 4.2.1 Following the review of Integration Schemes in 2022, it was agreed that Perth and Kinross IJB would assume Lead Partner responsibilities for strategic planning in relation to inpatient services across adult mental health, learning disability and substance use. In addition to this, Perth and Kinross are Lead Partner for the co-ordination of workstreams within Living Life Well, Tayside's Mental Health and Wellbeing Strategy.
- 4.2.2 A permanent programme team have been appointed to support the delivery of Living Life Well; the team includes a Programme Manager and 2 Project Support Officers. The team have supported efforts to revise governance structures related to Living Life Well and Listen Learn Change, and have been involved in the process of reviewing existing workstreams to identify key priorities and streamline the overall Programme.
- 4.2.3 The following priority workstreams have been identified; Crisis and Urgent Care Pathway, Integrated Substance Use/ Mental Health, Specialist Community Mental Health Redesign, Adult Mental health Inpatient Redesign and Whole System Learning Disability. A further 7 areas have remained as part of the Programme; Communication and Engagement, Personality Disorder, Early Intervention in Psychosis, Transitions, Workforce, Adult Neurodevelopmental Pathway and Medicines in Mental Health. It is anticipated that some of these areas will require less Programme support, either generally or as different milestones are reached.
- 4.2.4 The revised workstream priority areas are in the process of remobilising, supported by the Programme team.

- 4.3.1 Hillcrest Homes have confirmed that the development of the Community Wellbeing Centre (CWC) at South Ward Road will be formally handed back to them by the developer week commencing 30th January 2023. The capital contribution to the development from Dundee City Council has been increased from the anticipated £200,000 to £244,248. This, in the main is due to the increased cost of materials and some unexpected work required as the development progressed.
- 4.3.2 It is anticipated that the building will be accessible from this date and the process of fitting this out with the required furniture and fittings will commence. All furniture for the designated interview rooms and office spaces has been sourced and ordered via Dundee City Council's procurement process. An initial delivery of office furniture will arrive at the centre week commencing 6th February 2023. This will be followed by the installation of the IT equipment already sourced by Dundee City Council. The lead in times for the remaining furniture and fittings for the interview rooms has still to be confirmed, however, it is anticipated that this will arrive by early March.
- 4.3.3 A draft lease agreement for the Community Wellbeing Centre has been received from Hillcrest Homes, this is for a ten year term and includes a mutual break option, at year 5. The draft lease is currently being reviewed by relevant colleagues' including our legal team and City Development. It should be noted that there has been a significant increase to the rental charge from what was originally presented to us. This is following a rent review by Hillcrest Homes and based on inflation the annual charge is now £44,002.
- 4.3.4 Following a formal tender process Penumbra Mental Health, a charity offering a range of support services across Scotland, have been appointed as the successful provider. Start up discussions have commenced and work continues to formalise the initial stages of service provision, put in place a supporting framework and contractual documentation.
- 4.3.5 Penumbra have made recruitment a priority since being awarded the contract and have involved stakeholders/ people with lived experience as part of this process. A Senior Service Manager has been appointed and is in post. Interviews for the Service Manager posts took place week commencing 23rd January 2023. Two Mental Health & Wellbeing Practitioners (Peer role) have been recruited and are currently undergoing pre-employment checks. Interview dates are scheduled for early February for the Mental Health & Wellbeing Worker posts (both peer & non-peer). Penumbra received an excellent response to their recruitment, in particular with the posts that have a peer role. This is extremely positive given the current crisis within social care recruitment nationally. A robust induction and training plan are in place for staff once they commence in post following satisfactory pre-employment checks. Penumbra are involved in the steering group, stakeholder group and workstream meetings to progress the development of the CWC and build positive working relationships with key stakeholders and partners. They are currently exploring the use of OutNav, which is an innovative cloud-based software, developed by Matter of Focus that underpins approaches to outcome monitoring and evaluation. It provides a platform to manage a service's outcome evaluation, acts as a single place to hold outcome maps and can be used for collecting, collating and analysing data. This is an area Penumbra plan to explore in collaboration with stakeholders.
- 4.3.6 There will be an incremental approach to service delivery at the CWC as staff are recruited, inducted and become operational in their posts. Initial plans include the provision of a 24-hour freephone number for calls from people in distress in order to provide a first response and assessment by trained staff. There will be the opportunity for video call appointments at a pre-arranged time for individuals who have access to the required technology and for others face to face appointments will be arranged. As the service develops individuals will be able to have face to face meetings as a first response.
- 4.3.7 Dundee Volunteer and Voluntary Action (DVVA) continue to chair the CWC stakeholder group meetings every 3 weeks. Both stakeholder and steering group meetings are scheduled to run concurrently every three weeks and have a standing agenda.

- 4.3.8 A visual representation of the CWC's journey and timeline detailing the background, planning, and the progress made so far in the development of the centre has now been completed. This is being reviewed by the steering group prior to distributing this city wide for information.
- 4.3.9 Workstream leads have now met with Penumbra and it was agreed only one workstream will be necessary for the next phase of the development, this being Pathways and Engagement. The purpose of this new workstream group is to build on progress already achieved by earlier workstreams and support Penumbra in preparing for the launch and initial operating stage of the CWC. The scope of work will include:
- Pathways in to the CWC
 - Promotion and communication relating to the CWC (including access to/ language/ messaging/ progress)
 - Scenario planning and protocols for onward referral
 - Evaluation systems
- 4.3.10 The Pathways and Engagement workstream have had an initial meeting and will continue to meet every two weeks to progress this work. In preparation, Dundee City Council's, Learning and Organisational Development Team have supported this group by facilitating scenario planning discussions. The Pathways and Engagement workstream aim to review the scope of work and change focus based on greatest priorities at the time.
- 4.4 The DBI service continues to develop and provide essential support to people across Tayside experiencing distress. Run by Penumbra, between April and December 2022 they have supported 67 people across Tayside; 27 from Dundee, 27 from Angus and 13 from P&K. Of those 67 referrals, 36 of them were between 1st October 22 and 31st December 2022. 52% of the people referred identify as female and the most prevalent age group is 31 to 35. The 2 referral pathways established thus far are through Police Scotland and Primary Care. Both of these routes require further roll out and Police Scotland have introduced DBI Champions to support this process. There are currently 56 officers across Tayside fully trained, of which 21 are based in Dundee. The impact of the service is proving to make a difference for people and evaluation identifies an average reduction of distress levels from 8.1 to 2. An Implementation Steering Group has been established and members continue to collaborate to extend the availability of DBI and problem solve where challenges arise.
- 4.5.1 The MH Response Vehicle is fully staffed and now operational 7 days per week. Evaluation of the project is being undertaken by Scottish Ambulance Service and covers the three pilot sites across Scotland: West (Greater Glasgow & Clyde); North (Inverness) and East (Dundee). All three sites have been affected by the availability of staff and the preliminary evaluation has focused on data from the West site as they were the first to become fully operational.
- 4.5.2 Data shows that where a MH Response Unit attended a call identified as related to mental health issues, the average weekly percentage of people taken to hospital was 22.5%. As a comparison, the average weekly percentage of people taken to hospital where a standard ambulance (that is, staffed solely by paramedic/technician staff) responded to mental health issues, 56.8% of people were taken to hospital. Further benefits were described as: Increased collaboration reduced the time taken for people to access mental health assessment and access to onward mental health referrals; Feedback from the MHPRU paramedics identified the value of access to EMIS patient notes system in allowing for greater continuity of care across services; and MH Response Vehicle paramedics highlighted an improvement in their confidence in supporting people in mental health crisis and distress.
- 4.5.3 Further evaluation will allow analysis of data from the East site and this will be shared with IJB when available.
- 4.6.1 In 2020, 2 Navigators joined the team within the Emergency Department of Ninewells Hospital. Navigators strive to establish a supportive role with people who present at the Emergency Department with a range of challenges eg with addiction, mental health, as a result of violence, including domestic violence. The Navigators can enable a connection with a range of

community supports that can help to address the impact of disadvantage, whether through health inequalities, poverty, unemployment, homelessness.

- 4.6.2 During 2022 the Navigators supported 161 patients who attended Ninewells Hospital. Of the 161, 92 patients identified that Mental Health issues contributed to them attending the Emergency Department. Other significant factors included substance/alcohol use, violence, sexual violence and homelessness. Poor physical health was also reported as a factor. The service is in the process of preparing more detailed data in order to advise and inform any decision making, DHSCP will ensure that any information provided by the Navigators is shared through relevant SPG's.
- 4.7.1 The Communities and Inequalities workstream of the MHWSCG ensures that strategic mental health and wellbeing priorities are implemented at a local level and that communities influence and are involved in developing these priorities. The focus for this work in the past year has been:
- Locality health and wellbeing profiling
 - Linking with targeted interventions in deprived communities
 - Exploring how to improve access to information
 - Coordinating training and capacity building around health inequalities
- 4.7.2 Locality profiling has contributed to the development of new Local Community Plans and stimulated action in electoral wards. It has provided communities with a rich picture of the needs and behaviours of residents including specific age groups and genders. This work continues to develop as Public Health and local officers take a deeper dive into data and complement this with information gathered through qualitative engagement exercises.
- 4.7.3 Targeted interventions that contribute to tackling health inequalities include the local Fairness Initiatives (LFIs) in Linlathen and Stobswell West and the Employability Pathfinder in Linlathen. LFIs led by the Dundee Partnership Team and the Council's Community Learning and Development service have been undertaking narrative inquiry to identify issues that residents living in poverty feel are important to them. A number of tests of change are being developed as a result including flexible childcare, housing improvements and social opportunities.
- 4.7.4 The Employability Pathfinder in Linlathen is a partnership between the Scottish Government, Dundee City Council, the Department for Work and Pensions and Social Security Scotland to test ways of working that contribute to the Child Poverty Delivery Plan; Bright Start, Bright Futures. A data mine identified 97 families in the area without a working adult who were targeted by local staff. Findings show that 68% of the 74 families that engaged, physical and mental health were barriers to employment. Further engagement is planned in February to aid the development of a test of change. This is likely to pull in third sector and community wellbeing organisations in the first instance with discussions with health service providers if required.
- 4.7.5 Improving access to service information has been the subject of a wide range of local discussions. Whilst the challenges of working across a range of platforms have been well articulated there remains an issue of how to address this and where leadership for this agenda should lie. The Communities and Inequalities workstream has a role to play in contributing to discussions and promoting the landscape of community groups and interventions that protect and promote positive mental and physical health.
- 4.7.6 Workstream discussions have resulted in the Directorate of Public Health training team, the HSCP/ DCC Community Health Inequalities Manager, and the Community Health Team establishing a short life working group to develop a sustainable model of training for mental health promotion and inequalities sensitive practice. This will result in a new programme that builds the capacity of the public, volunteers and professionals to be part of the wider public mental health workforce.
- 4.7.7 The cost of living crisis is now on the agenda for the Communities and Inequalities workstream and information about the city's response over the winter months was publicised widely across the HSCP and NHS Tayside. Intelligence from our communities shows that the crisis is having a profound effect particularly those living in the more deprived areas who were already

struggling to make ends meet. Interventions such as food vouchers, no-cost family activities, and free hot meals were organised quickly and appear to be having a positive and protective effect.

- 4.7.8 Public Health Scotland is providing support to Dundee as one of the localities identified for its Partnership Pathfinder Programme to evaluate the city's response to the cost of living crisis. All pathfinders report progress and learning to the PHS & Scottish Directors of Public Health Localised Working Programme Oversight Group and involvement locally has been agreed by the Director of Public Health and DCC Chief Executive with support and leadership from a number of strategic and operational officers. Discussion on how support will look are in the relatively early stages but is likely to include data linkage and collection, public surveys, and focus groups and interviews with those involved in delivering and using cost of living interventions.
- 4.8.1 Progress continues to be made to further develop local mental health and wellbeing in primary care support. The current context for people's lives has increased stress and anxiety as we know, and people are dealing with complexity in their lives. The Listening Service, social prescribing Link Workers and (PALMS) team are linking with practices to support individuals as early in their pathway as possible. The PALMS team have successfully recruited to their posts with the revised model and staff in the team are working closely with practices, and their colleagues in social prescribing and the listening service, to support pathways of care at initial presentation. All practices now have support from the 3 teams in place.
- 4.8.2 There are early discussions around ensuring equity of access across the age spectrum for those with mental health and wellbeing issues. The anticipated demand is to be scoped and a review of funding required to support an extension of available support is being undertaken.
- 4.8.3 Distress Brief Intervention support is now being rolled out to practices with work underway in the first cluster, with a plan to expand this over the coming months.
- 4.8.4 The GP lead post for mental health and wellbeing is being advertised to cover the maternity leave of the current post holder. The role is valuable and is supporting how we review pathways of care, including for children and young people.
- 4.8.5 To date there is no confirmation of funding for the Mental Health and Wellbeing in Primary Care funding expected from the Scottish Government.
- 4.8.6 A Programme Manager has been appointed to support the further development of Mental Health and Wellbeing in Primary Care and will start in post late February.
- 4.9.1 Tayside work focussing on integrated substance use/ mental health pathways has to date been supported by Healthcare Improvement Scotland (HIS) as a Pathfinder Workstream. At a Dundee level both HIS and the CORRA funded programme were developing tests of change. For Dundee, this included a test of change in relation to woman with complex needs.
- 4.9.2 Prior to the release of the IOAG final report, and in discussion with HIS, a redefinition of the Dundee programme of work was agreed to reflect the service deliverables aligned to Medication Assisted Treatment (MAT) Standard 9 (Mental Health – All people with co-occurring drug use and mental health difficulties can receive mental health care at the point of MAT delivery). This shift in approach was approved by the Alcohol and Drug Partnership (ADP) and included the use of CORRA funding to secure clinical input to the development of training, pathways and protocols for integrated approaches for those with co-occurring needs.
- 4.9.3 Subsequent early discussions have been held at a Tayside level to consider how the focus of the MAT 9 framework, supported by the HIS Pathfinder work, would facilitate Tayside agreements on fundamental policy and procedures while enabling local implementation. A new action plan will be developed to support this redesigned workstream.
- 4.9.4 In order to provide a stronger clinical focus to co-production between mental health and drug & alcohol recovery teams, a new Consultant Clinical Psychologist post (0.5 wte) has been

created. A formal job offer has been made and the candidate expected to be in post by April 2023. This individual will work closely with both services and across Tayside to define a model or models for test-of-change and oversee the operationalisation and evaluation of these.

- 4.10.1 In September 2022, Scotland's new 10-year Suicide Prevention Strategy was published, titled 'Creating Hope Together'. This is accompanied by a 3-year action plan to deliver on the strategy's vision and target outcomes. The strategy replaces the previous Suicide Prevention Action Plan: Every Life Matters which was published in 2018. It aims to build on the good work already happening across Scotland to prevent suicide.
- 4.10.2 A summary of the new strategy is provided in Appendix 1 an accompanying presentation at Appendix 2.
- 4.10.3 Locally, we continue to build on the strong work already underway ensuring this aligns with the newly published National Strategy, other national policies including the Mental Health Strategy 2017-2027 and the priorities outlined in the HSCP's Strategic Plan.
- 4.10.4 Suicide is a complex issue for Dundee, and the 'Whole of Government' and 'Whole Society' approach of 'Creating Hope Together' is welcomed. The previous local Every Life Matters strategy reported annually to the IJB as part of the wider mental health governance arrangements. To align with the new strategy's whole society approach one of our short-term strategic priorities in Dundee is to consider how we align with public protection guidance, ensuring local leadership and accountability for suicide prevention will sit with Chief Officers, who in turn will connect into the Community Planning Partnerships.
- 4.10.5 Implementation planning in Dundee is being supported by Public Health Scotland by way of their Health Improvement Manager - Suicide Prevention Implementation Support. A Suicide Prevention Co-ordinator post is being recruited to in Dundee. Meantime, some of the relevant duties are delivered by Lead Officer, Protecting People. Specifically;
- Targeted work around locations of concern (Tay Bridge and Broughty Ferry Station)
 - Development and delivery of local (Dundee) suicide prevention training programme.
 - Membership of and contribution to Tayside suicide death review group
 - Development and delivery of Tayside suicide prevention training programme.
 - Direct support to multi-agency workforce (post suicide response).
 - Specific work with children and family services on both a Tayside and Dundee basis
 - Direct engagement with third Sector Mental Health Forum/Suicide Prevention
- 4.10.6 The Lead Officer, Protecting People, represents the Dundee HSCP at monthly local suicide prevention leads session as well as National Suicide Prevention Network meetings.
- 4.10.7 The Lead Officer, Protecting People, receives real time alerts and data from partners which allows prompt responses to both support individuals and communities effected by suicide but also the review of cases to identify potential learning.
- 4.10.8. The local Suicide? Help! App is currently being refreshed to better represent local support.
- 4.10.9 Work is ongoing to embed a variety of training and awareness raising options within the trauma informed learning framework for Dundee. During September and October 2021, Dundee supported Suicide Safety Plan Training for Trainers (SIPP) which is now being cascaded across both Dundee and Tayside. Dundee was one of the first local authority areas in Scotland to return to face to face training in February 2022 when ASIST workshops were delivered at the Improvement Academy, Ninewells Hospital. In 2022 over 100 individuals completed Living

Works training courses either commissioned or delivered by the Dundee partnership. During the Summer of 2022, in response to identified need, staff in Dundee Children's Houses were provided with Applied Suicide Intervention Skills Training.

4.10.10 The creation of a service for people bereaved by suicide is a priority locally and initial discussions have taken place to start to determine how best to introduce this within available resources. There are National resources in place for this, with people directed towards these within information given to families by Police Scotland when suicide is identified or suspected. However, it is likely that a specialist resource would be able to contribute to further improvements like the establishment of peer support groups and strengthen governance in 'lessons learned' where people are not known to mental health services (where the Adverse Event Review process allows a more in-depth analysis of events).

4.11 In summary, significant effort both locally and pan Tayside continues to be made to positively impact the mental health and wellbeing of citizens.

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	Evidence demonstrates that the ability to predict completed suicide, even where assessment is undertaken by skilled professionals, is limited. There is a risk that the development of an "always open" Community Wellbeing Centre (CWC) and associated supports does not result in a demonstrable reduction in the number of people engaging in serious or fatal self-harm.
Risk Category	Operational, Reputational
Inherent Risk Level	Likelihood (3) x Impact (3) = Risk Scoring (9) (High Risk)
Mitigating Actions (including timescales and resources)	Models of best practice from elsewhere have been considered in developing the model of care; levels of care can be stepped up where necessary; the provision of brief interventions (or equivalent) should assist people in addressing some of the core psycho-social factors fuelling their distress
Residual Risk Level	Likelihood (3) x Impact (1) = Risk Scoring (3) (Low Risk)
Planned Risk Level	Likelihood (3) x Impact (1) = Risk Scoring (3) (Low Risk)
Approval recommendation	Given the mitigating actions to bring down the level of risk the risk should be accepted.

7.0 CONSULTATIONS

7.1 The Chief (Finance) 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	X
	2. Dundee City Council	
	3. NHS Tayside	
	4. Dundee City Council and NHS Tayside	

9.0 BACKGROUND PAPERS

9.1 None.

Vicky Irons
Chief Officer

DATE: 30 January 2023

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DIJB6-2023 Appendix One

National Suicide Prevention Strategy 2022/23 – ‘Creating Hope Together’

Scotland’s new national strategy sets out the Scottish Government and COSLA’s vision for suicide prevention over the next ten years, to reduce the number of suicide deaths in Scotland, whilst tackling the inequalities which contribute to suicide. The aim is for any child, young person or adult who has thoughts of taking their own life, or are affected by suicide, to get the help they need and feel a sense of hope.

The strategy outlines a collaborative whole of Government and whole society approach across all sectors to support communities, so they become safe, compassionate, inclusive and free of stigma.

The strategy aims to deliver on four key outcomes:

- Outcome 1 – The environment we live in promotes conditions which protect against suicide risk – this includes our psychological, social, cultural, economic, and physical environment.
- Outcome 2 – Our communities have a clear understanding of suicide, risk factors and its prevention – so that people and organisations are more able to respond in helpful and informed ways when they, or others need support.
- Outcome 3 – Everyone affected by suicide is able to access high quality, compassionate, appropriate, and timely support – which promotes wellbeing and recovery. This applies to all children, young people and adults who experience suicidal thoughts and behaviour, anyone who cares for them, and anyone affected by suicide in other ways.
- Outcome 4 – Our approach to suicide prevention is well planned and delivered, through close collaboration between national, local, and sectoral partners.

In addition; Our work is designed with lived experience insight, practice, data, research, and intelligence. We improve our approach through regular monitoring, evaluation, and review.

The outcomes are based on four priority areas:

- Build a whole of Government and whole society approach to address the social determinants which have the greatest link to suicide risk.
- Strengthen Scotland’s awareness and responsiveness to suicide and people who are suicidal.
- Promote & provide effective, timely, compassionate support – that promotes wellbeing and recovery.
- Embed a coordinated, collaborative, and integrated approach.

The delivery of the Strategy is directed by seven guiding principles:

- We will consider inequalities and diversity – to ensure we meet the suicide prevention needs of the whole population whilst taking into account key risk factors such as poverty, and social isolation.
- We will co-develop our work alongside people with lived and living experience (ensuring that experience reflects the diversity of our communities and suicidal experiences). We will also ensure safeguarding measures are in place across our work.
- We will ensure the principles of Time, Space, Compassion are central to our work to support people’s wellbeing and recovery. This includes people at risk of suicide, their families/carers and the wider community, respectful of their human rights.
- We will ensure the voices of children and young people are central to work to address their needs and co-develop solutions with them.
- We will provide opportunities for people across different sectors at local and national levels to come together, learn and connect – inspiring them to play their part in preventing suicide.
- We will take every opportunity to reduce the stigma of suicide through our own work.

- We will ensure our work is evidence informed, and continue to build the evidence base through evaluation, data, and research. We will also use quality improvement approaches, creativity, and innovation to drive change – this includes using digital solutions.

In the 2021-22 Programme for Government, the Scottish Government committed to double the specific annual funding available for suicide prevention from £1.4million to £2.8million. The funding aims to directly support the ambition of the strategy. The whole of Government and society approach also draws upon non-mental health funding and resource to support suicide prevention including policies aimed at child poverty, substance use and debt.

The previous suicide prevention strategy, 'Every Life Matters' generated local area suicide prevention action plan guidance, development of new digital learning resources, raising awareness through the 'United to Prevent Suicide' campaign, pilot programmes in 'Supporting People Bereaved by Suicide'; and reviews of deaths by suicide. In addition to this, provision of "more timely data" has commenced, as well as work to ensure that "lived experience" and the needs of children and young people are included in this work.

It should be noted that Scottish Government will be consulting on and drafting a Self-Harm Prevention Strategy early in 2023.

Creating Hope Together: A Brief Introduction



Creating Hope Together

Scotland's Suicide Prevention Strategy 2022-2032



Creating Hope Together

Scotland's Suicide Prevention Action Plan 2022-2025

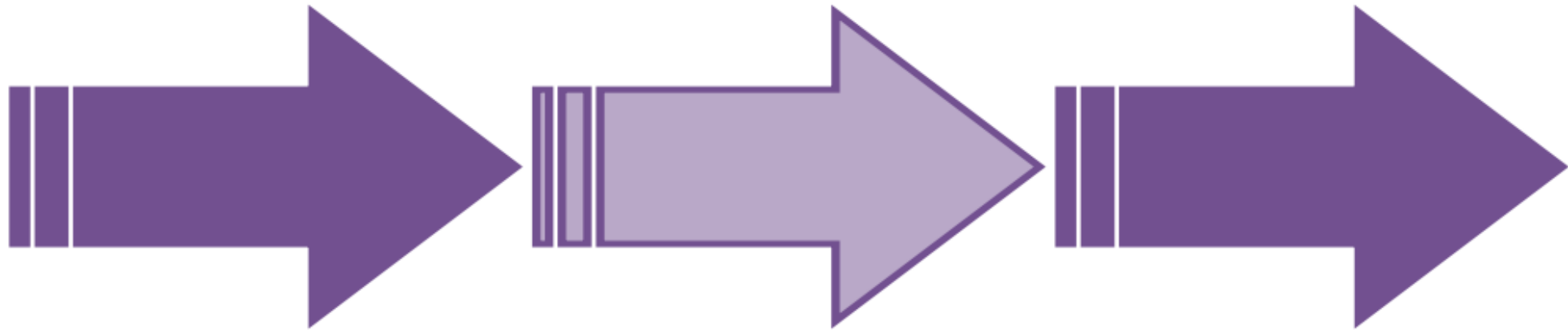
Scotland's Suicide Prevention Strategy 2022-2032

Creating Hope Together

Scotland's Suicide Prevention Action Plan 2022-2025

Creating Hope Together

Where we've come from



Choose Life Strategy
and Action Plan

2003 - 2013

Suicide Prevention
Strategy

2013 - 2016

Every Life Matters
Action Plan

2018 - 2022

Creating Hope Together

- Published 29 September 2022
- Strategy long-term 2022 – 2032
- Dynamic Action Plans, initial one for 3 years: 2022 – 2025
- The Scottish Government & COSLA hold joint ownership for delivering the strategy

Vision

Our vision is to reduce the number of suicide deaths in Scotland, whilst tackling the inequalities which contribute to suicide.

To achieve this, all sectors must come together in partnership, and we must support our communities so they become safe, compassionate, inclusive, and free of stigma.

Our aim is for any child, young person or adult who has thoughts of taking their own life, or are affected by suicide, to get the help they need and feel a sense of hope.

How we are going to work – our guiding principles

- **Inequalities & diversity** addressed
- **Co-develop** alongside people with **lived, and living, experience**
- **Time, Space and Compassion** principles central to support people's **wellbeing and recovery**
- Voices of **children and young people** sought to address their needs
- Increase opportunities for people **across sectors** at **local and national** levels to **come together, learn and connect**
- **Reduce the stigma** of suicide through our work
- **Evidence informed** activities build the evidence base through **evaluation, data and research** – use quality improvement approaches, creativity and innovation to drive change

Outcomes

Outcome 1:

The environment we live in promotes conditions which protect against suicide risk – this includes our psychological, social, cultural, economic and physical environment.

Outcome 2:

Our communities have a clear understanding of suicide, risk factors and its prevention – so that people and organisations are more able to respond in helpful and informed ways when they, or others, need support.

Outcome 3:

Everyone affected by suicide is able to access high quality, compassionate, appropriate and timely support – which promotes wellbeing and recovery. This applies to all children, young people and adults who experience suicidal thoughts and behaviour, anyone who cares for them, and anyone affected by suicide in other ways.

Outcome 4:

Our approach to suicide prevention is well planned and delivered, through close collaboration between national, local and sectoral partners. Our work is designed with lived experience insight, practice, data, research and intelligence. We improve our approach through regular monitoring, evaluation and review.

Priority Areas

Build a whole of Government and whole society approach to address the social determinants which have the greatest link to suicide risk

Strengthen Scotland's awareness and responsiveness to suicide and people who are suicidal

Promote & provide effective, timely, compassionate support – that promotes wellbeing and recovery

Embed a coordinated, collaborative, and integrated approach

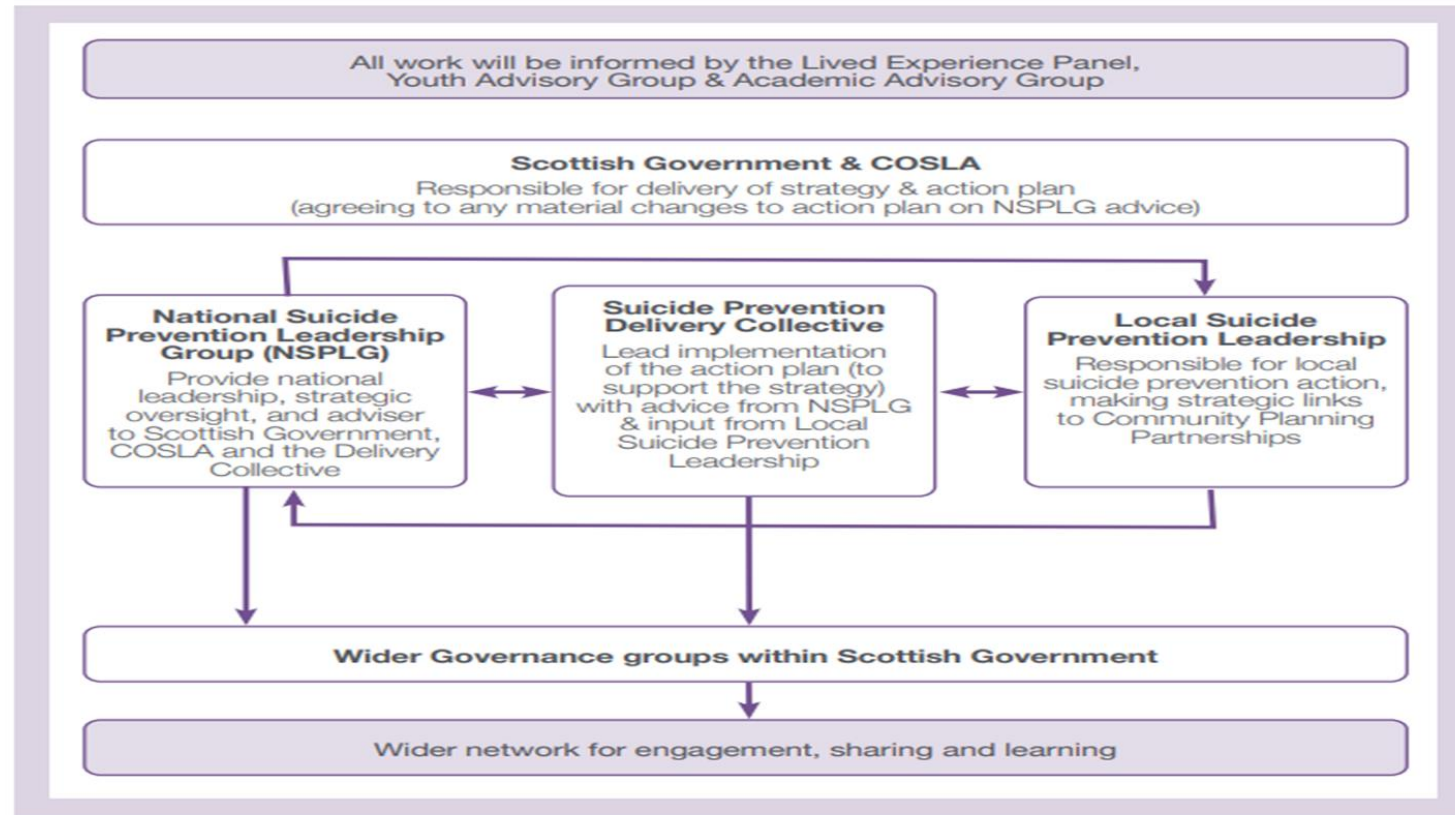
Highlights of new strategy

- Support for anyone affected by suicide
- Whole population work – incl. stigma, awareness raising
- Targeted approach based on groups at higher risk, and key settings
- Whole of Government and society approach - to tackle social determinants & take every oppy
- Role of communities, statutory services, multi-sectors, and key settings / workforce. Everyone's Business!
- Support for communities via peer support & building capability to respond – Time, Space, Compassion
- Better use of safety planning (anticipatory planning for crisis situations)
- Improving media reporting of suicide

Implementing the Strategy

- Outcomes framework to underpin planning/ evaluation
- Workplan to activate Action Plan
- New governance & delivery structures and ways of working. NSPLG advisory role; creation of Delivery Collective – with key links across local and sectoral suicide prevention activity
- Embedding national support – Implementation Leads & Learning & Capacity Building Leads, National Delivery Leads
- Making wider strategic connections – self-harm & mental health & wellbeing strategies in 2023

Governance and delivery approach





REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD –
22 FEBRUARY 2023

REPORT ON: DUNDEE IJB 2023/24 BUDGET DEVELOPMENT UPDATE

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: DIJB11-2023

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 2023/24 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 2023/24 for consideration by the IJB at its meeting on 29th March 2023.

3.0 FINANCIAL IMPLICATIONS

3.1 The range of anticipated additional cost pressures likely to impact on the IJB's delegated budget for 2023/24 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 29th March 2023 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 2023/24 at its meeting of the 14th December 2022 (Article XIII 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 15th December 2022. The draft 2023/24 Scottish Budget was debated by the Scottish Parliament during January and February 2023, with the Budget (Scotland) (No.2) Bill presented to the Scottish Parliament in early February 2023. Dundee City Council plans to set its budget on the 23rd February 2023. 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 2023. 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 11/2022, issued by the Scottish Government on 20 December 2022. 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 7/2023 (Local Government Financial Settlement 2023/24 and Financial Implications for the City Council) to the Council's Policy & Resources Committee, Dundee City Council will require to identify budget savings totalling around £18.1 million in order to achieve a balanced budget in 2023/24. 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 23rd February 2023.

NHS Tayside

- 4.2.3 Compared to 2022/23 budgets, NHS Boards will receive a total increase of 5.9% for 2023/24. This includes recurring funding for pay in 2022/23 and a baseline uplift of 2% for 2023/24. This results in an increase in funding for NHS Tayside of £29.1m for 2022/23 pay and £17.9m for the 2% baseline uplift. NHS Boards have been instructed by the Scottish Government to deliver an uplift of at least 2.0% over 2022/23 agreed recurring budgets to Integration Authorities in relation to delegated health functions.

Health and Social Care Integration

- 4.2.4 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 £95m.
- 4.2.5 The overall transfer to Local Government includes additional funding of £100 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 £10.90 minimum pay settlement for adult social care workers in commissioned services, in line with the Real Living Wage Foundation rate. The additional funding will also support uprating of Free Personal and Nursing Care with additional funding of £15m provided nationally. This is partly offset however by the ending of the non-recurring Interim Care funding of £20m.
- 4.2.6 The funding allocated to Integration Authorities should be additional and not substitutional to each Council's 2022/23 recurring budgets for social care services delegated to IJB; and therefore, Local Authority social care budgets for allocation to IJB's must be at least £95m greater than 2022/23 recurring budgets.

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 £10.50 which was implemented from April 2022 to £10.90 per hour from April 2023. Increases in Free Personal and Nursing Care Rates are also expected to be delivered by the IJB by the Scottish Government. The loss of additional funding to support interim care placements is likely to lead to reduced capacity for interim care. 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 4.2.3 and 4.2.4 of this report is also expected to provide a number of challenges to the availability of funding to the IJB for 2023/24, 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 23rd February 2023 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. The IJB's Five Year Financial Framework (Report DIJB17-2022) presented to the IJB on the 22 June 2022 (Article XV of the Minute refers) set out the level of anticipated financial challenges over 2023/24 and beyond and the impact of the 2023/24 Scottish Government budget on the IJB is unlikely to significantly change the anticipated gap between funding and expenditure.
- 4.3.3 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 25th March 2022 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 4 x Impact 4 = 16 (Extreme)
Mitigating Actions (including timescales and resources)	Developing a robust and deliverable Transformation Programme Negotiations with Dundee City Council and NHS Tayside to agree the most advantageous funding package as part of the development of the IJB's delegated budget.
Residual Risk Level	Likelihood 3 x Impact 4 = 12 (High)
Planned Risk Level	Likelihood 3 x Impact 4 = 12 (High)
Approval recommendation	Despite the high level of risk, it is recommended that this should be accepted at this stage of the budget process with a reviewed position set out as the proposed budget is set out to the IJB in March 2023.

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: 02 February 2023



REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD –
22 FEBRUARY 2023

REPORT ON: FINANCIAL MONITORING POSITION AS AT DECEMBER 2022

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: DIJB12-2023

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 financial monitoring position for delegated health and social care services for 2022/23 including an overview of the costs and financial risks associated with Dundee Health and Social Care Partnership's response to the COVID-19 crisis.

2.0 RECOMMENDATIONS

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

- 2.1 Notes the content of this report including the overall projected financial position for delegated services to the 2022/23 financial year end as at 31st December 2022 as outlined in Appendices 1, 2, and 3 of this report.
- 2.2 Notes the costs and financial risks associated with Dundee Health and Social Care Partnership's continued response to the COVID-19 crisis as set out in section 4.5 of this report.
- 2.3 Notes that officers within the Health and Social Care Partnership will continue to carefully monitor expenditure throughout the remainder of the financial year.

3.0 FINANCIAL IMPLICATIONS

3.1 The underlying financial monitoring position for Dundee Health and Social Care Partnership based on expenditure to 31st December 2022 (excluding any implications of additional COVID-19 spend) shows a net projected underspend position for 2022/23 of (£2,870k).

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 25th March 2022 (Article IV of the minute of the 25 March refers). This set out the cost pressures and funding available to ensure the IJB had a balanced budget position going into the 2022/23 financial year. The 2022/23 budget did not require to stipulate any additional savings plan to achieve a balanced budget position, therefore the financial monitoring reports

will not need to include an updated assessment of the status of the savings plan during this year.

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. These figures exclude the projected cost implications of responding to the COVID-19 crisis.

4.3 Services Delegated from NHS Tayside

4.3.1 The financial projection for services delegated from NHS Tayside to the IJB indicates a projected underspend of around (£574k) by the end of the financial year. Throughout the year, the figures have assumed all additional Covid-19 costs will be covered by additional funding, community-based health services managed directly by Dundee Health and Social Care Partnership are projected to be underspent by approximately (£542k), impact of Lead Partner Service (formerly referred to as Hosted Services) risk sharing adjustment is indicating an additional cost of £605k, prescribing is projected to be underspend by (£1,032k) and other Primary Care services are expected to be overspent by £396k.

4.3.2 Key drivers of underspends across various services continues to be staffing vacancies, with ongoing challenges to recruit staff. This is similar across a number of medical, nursing, AHP and other staffing groups and across various bands.

4.3.3 Key drivers of overspends tends to be as a result of reliance on bank, agency or locum staff (with premium costs) to fill vacancies where patient acuity and / or safe-staffing levels necessitate the use of these additional staff.

4.3.4 GP and Other FHS Prescribing continues to contribute a projected underspend to the overall financial position. This is predominantly as a result of prescription volumes being lower than Plan, with pricing being marginally higher than expected. Ongoing regular monitoring of the local and regional Prescribing financial position is undertaken within multi-disciplinary meetings. Nationally, a step-change in pricing and volume activity was identified in August figures and this continues to be closely monitored to understand any longer-term implications.

4.3.5 Other Primary Care Service projected overspend is mainly driven by the share of cost pressure relating to GP 2C practices.

4.3.6 NHS Agenda for Change 2022/23 Pay Award has now been implemented and the updated financial implications are incorporated into the projected position.

4.3.7 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 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 £605k which mainly relates to higher spend within Out of Hours and Forensic Medical Services led by Angus IJB.

4.3.8 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. Discussions continue with NHS Tayside around financial risk sharing arrangements for these services however there is unlikely to be any resultant financial risk to Dundee IJB in 2022/23.

4.4 Services Delegated from Dundee City Council

- 4.4.1 The financial projection for services delegated from Dundee City Council to the IJB shows an anticipated underspend of (£2,297k).
- 4.4.2 Key drivers of underspend include vacancies across various teams and grades, and also lower activity in some areas as services continue to return pre-pandemic levels.
- 4.4.3 The current year forecast also includes £1,400k of returned unspent 21/22 funding from social care providers contractual obligations. This is a non-recurring financial benefit this year and will not be received in future years.
- 4.4.4 Key drivers of overspend includes ongoing lower income levels (due to lower activity levels), and an additional cost pressure against increased pay award agreement.
- 4.4.5 The IJB's 2022/23 Budget included an assumption of 2% pay award against a flat-cash settlement from Dundee City Council, with this cost pressure being incorporated into the overall financial plan. Following national negotiations, the pay award has been settled at a rate above the 2% provision and Council-employed staff have now received uplifted and back-dated salaries. This additional cost was incorporated into financial monitoring position from October.

4.5 Financial Impact of the COVID-19 Response

- 4.5.1 Dundee Health and Social Care Partnership continues to incur additional expenditure associated with the response to the Covid19 pandemic and the Scottish Government provided additional funding throughout 2020/21 and 2021/22 to support these additional costs which included provision for unforeseen additional expenditure at the year-end period due to the uncertainty of a range of costs. The Scottish Government instructed that any surplus funding at the year-end would sit as earmarked for Covid-19 in IJB's reserve balances. Dundee IJB currently has a total of £15.6m of Covid19 reserves, which must be drawn down to meet additional ongoing Covid19 related demands on delegated services in 2022/23. The Scottish Government has confirmed that no further additional funding will be made available.

- 4.5.2 The latest financial summary as submitted to the Scottish Government in November 2022 (after Month 7 2022/23) is as follows:

Table 1

Mobilisation Expenditure Area	2022/23 Projected COVID-19 Additional Spend (As at Dec) £000	2021/22 COVID-19 Additional Expenditure £000	2020/21 COVID-19 Additional Expenditure £000
Additional Care Home Placements	0	0	336
PPE	73	192	157
Additional Staff Cover / Temporary Staff	3,138	2,659	2,817
Provider Sustainability Payments	1,171	2,538	4,379
IT / Telephony	35	0	50
Additional Family Health Services Contractor Costs	0	143	678
Additional Family Health Services Prescribing Costs	0	226	0
Loss of Charging Income	0	1,028	1,350
Additional Equipment and Maintenance	0	336	189
Primary Care	583	197	0
Additional Services within Remobilisation Plan	0	484	0
Other Costs	233	119	114
Anticipated Underachievement of Savings	0	0	200
Total Mobilisation Costs	5,233	7,922	10,271

*Includes share of additional Covid19 costs for regional In-Patient Mental Health (£1,063k)

- 4.5.3 Based on the current financial information and projected spend profile, the available Covid-19 Reserves balance will be sufficient to fully cover the anticipated additional expenditure during 2022/23
- 4.5.4 The Scottish Government ended the full financial support offered to social care providers throughout the pandemic funded through IJB remobilisation funding on 30 June 2022. However, some ongoing support under the Social Care Staff Support fund remains in place along with financial support arrangements for testing and vaccinations until 31 March 2023 and these costs continue to be factored into financial projections.
- 4.5.5 The providers financial support claim process involves assessment and scrutiny as well as benchmarking where possible by contracts officers and commissioning leads with a recommendation made to the Chief Finance Officer of Dundee IJB as to the reasonableness of the request. The Chief Finance Officer considers these recommendations and other considerations prior to authorising additional provider payments.
- 4.5.6 Any future year or ongoing financial implications relating to additional Covid-19 costs continues to be reviewed and funding options considered. Where expenditure relates to new ways of working or other strategic priorities, this will be considered during the annual financial planning and budget setting process with a view to identifying recurring funding. Any appropriate reports will be presented to the IJB.
- 4.5.7 There have been a number of significant changes to Public Health policies in relation to Covid19 over the summer, which has resulted in the profile of Covid19 spend reducing significantly compared to when funding was provided to IJBs for Covid19 purposes. In response to this, the

Scottish Government wrote to IJB Chief Officers and Chief Finance Officers during 2022/23 to intimate their intention to reclaim surplus Covid19 reserves to be redistributed across the sector to meet current year Covid19 priorities. Correspondence has been received from the Scottish Government dated 16th January 2023 confirming this will be processed through a reduced (negative) allocation via NHS Board funding, with Dundee IJB anticipating returning a surplus uncommitted Covid19 reserve balance of £10,349k.

4.6 Reserves Position

- 4.6.1 The IJB's reserves position significantly improved at the year ended 31st March 2022 as a result of the IJB generating an operational surplus of £7,839k during 2021/22 and the impact of the release of significant funding to all IJB's by the Scottish Government for specific initiatives to be held as earmarked reserves. This resulted in the IJB having total committed reserves of £29,065k and uncommitted reserves of £9,933k. This leaves 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	Reserves Balance @ 31/3/22	Updated Reserves Balances	Anticipated closing 22/23 Reserves
	£k	£k	£k
Mental Health	1,825	1,825	480
Primary Care	4,995	4,995	720
Service specific	1,947	1,947	628
Community Living Change Fund	613	613	613
NHST - shifting balance of care	1,600	1,600	0
ADP	1,220	1,220	714
Covid-19	15,595	15,595	0
Analogue to Digital Project	876	876	876
Other Staffing	394	394	60
Additional GP Capacity *		132	132
GP Premises Programme Manager**		150	150
Interim Care Funding***		893	0
Winter Pressures***		1,000	750
Transformation Support***		1,000	1,000
Infrastructure Support***		500	500
Non-Recurring Budget Support***		2,500	2,500
Total Committed Reserves	29,065	35,240	9,123
General Reserves (Uncommitted)	9,933	3,758	6,628
TOTAL RESERVES	38,998	38,998	15,751

*Per DIJB62-2022

**Per DIJB76-2022

***Per DIJB90-2022

- 4.6.2 As agreed at the IJB meeting on 24 August 2022, per Agenda Note DIJB62-2022 (Article XIII of the minute refers), an additional Committed Reserve has now been created to fund additional GP capacity during the next 2 years.
- 4.6.3 As agreed at the IJB meeting on 26 October 2022, per Report DIJB76-2022 (Article XI of the minute refers), an additional Committed Reserve has been created to fund GP Premises Programme Manager during the next 2 years.

- 4.6.4 As agreed at the IJB meeting on 14 December 2022, per Report DIJB90-2022 (Article XIV of the minute refers), additional Committed Reserves were created for short term targeted investment in supporting transformation, supporting necessary infrastructure and to reduce waiting times which will support the delivery of the IJB's Strategic and Commissioning Plan.
- 4.6.5 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 will be taken into consideration for these funds by the Scottish Government when releasing further in-year funding.
- 4.6.6 In relation to Primary Care Improvement funding, the Scottish Government has recently confirmed that the total value of the earmarked reserves for this purpose held by IJBs across the country has now been considered as part of the overall available funding and therefore IJBs must use their reserves and will only receive additional funding for their investment programme once this has been fully utilised. Overall funding will therefore be restricted to the reserves plus the difference between the original annual funding allocation and those reserve balances, nb an overall reduction in this year's assumed available funding. This has had an impact on the IJB's ability to fully implement the Primary Care Improvement Plan.
- 4.6.7 Given the confirmed reclaim of Covid19 unused reserves, the Scottish Government's funding changes to Primary Care Improvement Funding and anticipated restrictions in Mental Health Action 15 and Alcohol and Drug Partnership funding, a significant portion of Committed Reserves will be utilised during 2022/23.
- 4.6.8 The anticipated Reserves balances at Year End are now incorporated into Table 2 to reflect these known and anticipated adjustments that will (or may) occur during 2022/23, both in terms of in-year utilisation of these funds and return of uncommitted surplus balances to Scottish Government. The increase in General Reserves reflects the projected Operational underspend for the current financial year.

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: 31st January 2023

Christine Jones
Partnership Finance Manager

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							Appendix 1
DUNDEE INTEGRATED JOINT BOARD - HEALTH & SOCIAL CARE PARTNERSHIP - FINANCE REPORT 2022/23							Dec-22
	Dundee City Council Delegated Services		NHST Dundee Delegated		Partnership Total		
	Net Budget £,000	Forecast Overspend / (Underspend) £,000	Net Budget £,000	Forecast Overspend / (Underspend) £,000	Net Budget £,000	Forecast Overspend / (Underspend) £,000	
Older Peoples Services	47,369	(1,101)	17,268	97	64,638	(1,005)	
Mental Health	5,701	555	4,216	63	9,918	618	
Learning Disability	31,118	(825)	1,522	(125)	32,640	(950)	
Physical Disabilities	8,223	(612)	0	0	8,223	(612)	
Drug and Alcohol Recovery Service	1,372	(378)	4,170	149	5,542	(229)	
Community Nurse Services/AHP/Other Adult	22	(97)	16,293	(498)	16,315	(595)	
Lead Partner Services			23,223	(1,274)	23,223	(1,274)	
Other Dundee Services / Support / Mgmt	5,547	162	31,139	(873)	36,685	(710)	
Centrally Managed Budgets			-3,018	1,919	(3,018)	1,919	
Total Health and Community Care Services	99,352	(2,297)	94,812	(542)	194,164	(2,839)	
Prescribing (FHS)			33,102	(688)	33,102	(688)	
Other FHS Prescribing			-811	(344)	(811)	(344)	
General Medical Services			29,165	396	29,165	396	
FHS - Cash Limited & Non Cash Limited			23,894	0	23,894	0	
Large Hospital Set Aside			18,200	0	18,200	0	
Total	99,352	(2,297)	198,362	(1,178)	297,713	(3,475)	
Net Effect of Lead Partner Services*			(3,994)	605	(3,994)	605	
Grand Total	99,352	(2,297)	194,367	(574)	293,719	(2,870)	

*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 2022/23						Dec-22
	Dundee City Council Delegated Services		NHST Dundee Delegated Services		Partnership Total	
	Annual Budget £,000	Forecast Overspend / (Underspend) £,000	Annual Budget £,000	Forecast Overspend / (Underspend) £,000	Annual Budget £,000	Forecast Overspend / (Underspend) £,000
1						
Psych Of Old Age (In Pat)			4,772	290	4,772	290
Older People Serv. - Ecs			275	-8	275	-8
Older Peoples Serv. -Community			778	95	778	95
Ijb Medicine for Elderly			5,895	4	5,895	4
Medical (P.O.A)			772	150	772	150
Psy Of Old Age - Community			2,397	-325	2,397	-325
Medical (MFE)			2,380	-110	2,380	-110
Care at Home	23,573	-77			23,573	-77
Care Homes	27,708	-288			27,708	-288
Day Services	1,240	103			1,240	103
Respite	562	-99			562	-99
Accommodation with Support	307	76			307	76
Other	-6,021	-816			-6,021	-816
Older Peoples Services	47,369	-1,101	17,268	97	64,638	-1,005
2						
Community Mental Health Team			4,216	63	4,216	63
Care at Home	922	-18			922	-18
Care Homes	411	328			411	328
Day Services	63	-2			63	-2
Respite	0	37			0	37
Accommodation with Support	4,515	474			4,515	474
Other	-209	-264			-209	-264
Mental Health	5,701	555	4,216	63	9,918	618
3						
Learning Disability (Dundee)			1,522	-125	1,522	-125
Care at Home	-401	14			-401	14
Care Homes	3,092	-266			3,092	-266
Day Services	8,441	966			8,441	966
Respite	570	178			570	178
Accommodation with Support	22,162	-931			22,162	-931
Other	-2,745	-787			-2,745	-787
Learning Disability	31,118	-825	1,522	-125	32,640	-950
4						
Care at Home	1,205	-177			1,205	-177
Care Homes	2,107	-133			2,107	-133
Day Services	1,058	75			1,058	75
Respite	-17	-27			-17	-27
Accommodation with Support	740	38			740	38
Other	3,129	-388			3,129	-388
Physical Disabilities	8,223	-612	0	0	8,223	-612
5						
Dundee Drug Alcohol Recovery			4,170	149	4,170	149
Care at Home	0	0			0	0
Care Homes	271	69			271	69
Day Services	62	1			62	1
Respite	387	0			387	0
Accommodation with Support	0	-89			0	-89
Other	652	-358			652	-358
Drug and Alcohol Recovery Service	1,372	-378	4,170	149	5,542	-229

	Dundee City Council Delegated Services		NHST Dundee Delegated Services		Partnership Total	
	Annual Budget £,000	Forecast Overspend / (Underspend) £,000	Annual Budget £,000	Forecast Overspend / (Underspend) £,000	Annual Budget £,000	Forecast Overspend / (Underspend) £,000
6						
A.H.P.S Admin			460	20	460	20
Physio + Occupational Therapy			6,785	-294	6,785	-294
Nursing Services (Adult)			8,243	-105	8,243	-105
Community Supplies - Adult			344	26	344	26
Anticoagulation			460	-145	460	-145
Other Adult Services	22	-97			22	-97
Adult Services	22	-97	16,293	-498	16,315	-595
7						
Palliative Care - Dundee			3,154	-35	3,154	-35
Palliative Care - Medical			1,522	70	1,522	70
Palliative Care - Angus			399	25	399	25
Palliative Care - Perth			1,871	-86	1,871	-86
Brain Injury			1,666	-113	1,666	-113
Dietetics (Tayside)			3,580	-1	3,580	-1
Sexual & Reproductive Health			2,380	-230	2,380	-230
Medical Advisory Service			173	-100	173	-100
Homeopathy			31	8	31	8
Tayside Health Arts Trust			75	0	75	0
Psychological Therapies			5,833	-488	5,833	-488
Psychotherapy (Tayside)			1,226	-145	1,226	-145
Perinatal Infant Mental Health			467	0	467	0
Learning Disability (Tay Ahp)			847	-180	847	-180
Lead Partner Services	0	0	23,223	-1,274	23,223	-1,274
8						
Working Health Services			0	25	0	25
The Corner			542	-7	542	-7
Ijb Management			792	-150	792	-150
Partnership Funding			25,575	0	25,575	0
Urgent Care			1,641	-181	1,641	-181
Health Inequalities			888	-150	888	-150
Keep Well			611	-225	611	-225
Primary Care			1,091	-185	1,091	-185
Support Services / Management Costs	5,547	162			5,547	162
Other Dundee Services / Support / Mgmt	5,547	162	31,139	-873	36,685	-710
Centrally Managed Budget			-3,018	1,919	-3,018	1,919
Total Health and Community Care Services	99,352	-2,297	94,812	-542	194,164	-2,839
Other Contractors						
FHS Drugs Prescribing			33,102	-688	33,102	-688
Other FHS Prescribing			-811	-344	-811	-344
General Medical Services			29,165	396	29,165	396
FHS - Cash Limited & Non Cash Limited			23,894	0	23,894	0
Large Hospital Set Aside			18,200	0	18,200	0
Grand H&SCP	99,352	-2,297	198,362	-1,178	297,713	-3,475
Lead Partner Services Recharges Out			-14,007	339	-14,007	339
Lead Partner Services Recharges In			10,013	266	10,013	266
Adjustment			-3,994	605	-3,994	605
Grand Total	99,352	-2,297	194,367	-574	293,719	-2,870

NHS Tayside - Lead Partner Services Hosted by Integrated Joint Boards			Appendix 3
Recharge to Dundee IJB			
Risk Sharing Agreement - December 2022			
	Annual Budget £000s	Forecast Over / (Underspend) £000s	Dundee Share of Variance £000s
Lead Partner Services - Angus			
Forensic Service	1,083	230	91
Out of Hours	8,671	1,000	394
Locality Pharmacy	1,544	71	28
Tayside Continence Service	2,886	0	0
Speech Therapy (Tayside)	1,246	(41)	(16)
Sub-total	15,430	1,260	496
Apprenticeship Levy & Balance of Savings Target	(51)	6	2
Total Lead Partner Services - Angus	15,379	1,265	498
Lead Partner Services - Perth & Kinross			
Prison Health Services	4,396	(211)	(83)
Public Dental Service	2,384	(213)	(84)
Podiatry (Tayside)	3,340	(415)	(164)
Sub-total	10,121	(839)	(330)
Apprenticeship Levy & Balance of Savings Target	(87)	248	98
Total Lead Partner Services - Perth&Kinross	10,034	(591)	(233)
Total Lead Partner Services from Angus and P&K	10,013		266

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DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD - ATTENDANCES - JANUARY 2022 TO DECEMBER 2022

Organisation	Member	Meeting Dates January 2022 to December 2022						
		23/2	25/3	20/4	22/6	24/8	26/10	14/12
Dundee City Council (Elected Member)	Cllr Ken Lynn	✓	✓	✓	✓	✓	✓	✓
Dundee City Council (Elected Member)	Cllr Lynne Short	✓	✓	✓				
Dundee City Council (Elected Member)	Cllr Siobhan Tolland				✓	✓	✓	✓
Dundee City Council (Elected Member)	Bailie Helen Wright	✓	✓	✓				
Dundee City Council (Elected Member)	Cllr Dorothy McHugh				✓	✓	✓	✓
NHS Tayside (Non Executive Member)	Trudy McLeay	✓	✓					
NHS Tayside (Non Executive Member)	Pat Kilpatrick			✓	A/S	✓	✓	✓
NHS Tayside (Non Executive Member)	Anne Buchanan	✓	✓	✓	A	✓	✓	✓
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	✓	✓	✓	✓	✓	✓	A
NHS Tayside (Registered Nurse)	Sarah Dickie	✓	✓	✓	✓	✓	✓	✓
NHS Tayside (Registered Medical Practitioner (not providing primary medical services))	Dr James Cotton	A	✓	A	A	A	✓	✓
Trade Union Representative	Jim McFarlane	✓	✓	✓	✓	✓	✓	✓
NHS Tayside (Staff Partnership Representative)	Raymond Marshall	✓	A	A	✓	A	A	✓
Voluntary Sector Representative	Eric Knox	✓	A/S					
Voluntary Sector	Christina Cooper			A	A	A	✓	A/S
Service User Representative	Vacant	✓						
Person Providing unpaid care in the area of the local authority	Martyn Sloan	✓	✓	✓	✓	A	✓	✓
NHS Tayside (Director of Public Health)	Dr Emma Fletcher	✓	A	✓	✓	A	✓	A
Clinical Director	Dr David Shaw	✓	A	✓	✓	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