

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

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

City Chambers  
DUNDEE  
DD1 3BY

18th April, 2019

Dear Sir or Madam

**DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD**

I refer to the agenda of business issued in relation to the meeting of the Integration Joint Board to be held on Tuesday, 23rd April, 2019 and now enclose the undernoted item of business which was not received at time of issue.

Yours faithfully

DAVID W LYNCH

Chief Officer

**AGENDA**

**4 PERFORMANCE AND AUDIT COMMITTEE Page 1**

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

(Report No DIJB23-2019 by the Chairperson of the Performance and Audit Committee, copy attached).



# **DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** **DISTRIBUTION LIST**

## **(a) DISTRIBUTION - INTEGRATION JOINT BOARD MEMBERS**

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

## **(b) DISTRIBUTION – FOR INFORMATION ONLY**

<b><u>Organisation</u></b>	<b><u>Recipient</u></b>
NHS Tayside (Chief Executive)	Chief Executive
Dundee City Council (Chief Executive)	David R Martin
Dundee City Council (Head of Democratic and Legal Services)	Roger Mennie
Dundee City Council (Members' Support)	Jayne McConnachie
Dundee City Council (Members' Support)	Dawn Clarke
Dundee City Council (Members' Support)	Fiona Barty
Dundee City Council (Communications rep)	Steven Bell
Dundee Health and Social Care Partnership (Secretary to Chief Officer and Chief Finance Officer)	Kathleen Sharkey
NHS Tayside (Communications rep)	Jane Duncan
NHS Tayside (PA to Director of Public Health)	Linda Rodger
NHS Fife (Internal Audit) (Principal Auditor)	Judith Triebs
Audit Scotland (Senior Audit Manager)	Bruce Crosbie
Dundee University (PA to Professor Nic Beech)	Lynsey Mcirvine
NHS Tayside (PA to Dr James Cotton)	Jodi Lyon





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



**REPORT TO:** HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD -  
23 APRIL 2019

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

**REPORT BY:** CHAIR, PERFORMANCE AND AUDIT COMMITTEE

**REPORT NO:** DIJB23-2019

#### Instructions Issued by the Committee

The committee issued the following instructions and made the following decisions in relation to the business laid before it:

- **Item IV Readmissions Performance Analysis** – *requested that the Unscheduled Care Board consider the findings of the analysis with a view to further informing operational decision making and improvement actions: requested that the Home and Hospital Transitions Group further considers the local variation in readmission rates with a view to developing targeted responses to reduce variation: requested that further analysis using available benchmarking information would be reported back to the PAC in July 2019.*
- **Item V Standardised Locality Performance Analysis** – *instructed the Chief Finance Officer to provide an update on locality performance no later than 30<sup>th</sup> September 2019: remitted to the Chief Finance Officer to arrange for the analysis of the report to be shared with Local Community Planning Partnership's and Chairs of the Dundee Partnership Executive Boards*
- **Item VI Local Government Benchmarking Framework 2017/18 Performance** – *approved the proposed targets for future rankings against Dundee's "family" grouping*
- **Item VIII Governance Action Plan** – *remitted to the Chief Finance Officer to present an update progress report to each PAC meeting*
- **Item IX Audit Scotland Annual Audit Plan 2018/19** – *approved the proposed Audit Plan for 2018/19 as submitted by Audit Scotland*

#### Issues to highlight to the Board

- The Committee welcomed the submission of the Readmissions Performance Analysis and Standardised Locality Performance Analysis reports which provided further in-depth analysis of areas the Committee had previously noted concerns about in relation to performance over recent periods. The additional information provided a better understanding of the factors impacting on both of these performance areas and the Committee was assured that this information will be shared and used by other groups in order to better inform responses in service delivery to meet these challenges. In particular, the Committee welcomed the sharing of this information with Local Community Planning Partnership's around the factors impacting on localities. In relation to the Standardised Locality Performance analysis, the Committee noted the difference in performance across each of the locality areas once the information had been standardised for deprivation, age and sex with 3 of the 4 most deprived localities demonstrating improved performance against the Dundee average.

- The Committee also discussed the “social care” performance indicators as set out in the Local Government Benchmarking Framework and noted the current ranking against the benchmarking family group (of 8 authority areas). This showed that Dundee had met or exceeded its target group ranking in 2017/18 in 3 of the indicators with 2 indicators target ranking not being met. This information was used to set out the target group ranking for 2018/19.
- A Governance Action Plan was presented as a follow up recommendation to the Annual Internal Audit Report 2017/18, setting out progress against each of the actions. Members of the PAC noted some concerns around some of these target actions having slipped and were given assurance that these would be closely monitored based on the action plan with an update progress report to be provided to each PAC.
- The Committee were also presented with the proposed Audit Scotland Annual Audit Plan for 2018/19. Anne Marie Machan from Audit Scotland talked through the main focus of the plan and responded to questions from the Committee accordingly.

**Councillor Ken Lynn**  
**Chair**

**18 April 2019**



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

(See Distribution List attached)

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

City Chambers  
DUNDEE  
DD1 3BY

16th April, 2019

Dear Sir or Madam

**DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD**

I would like to invite you to attend a meeting of the above Integration Joint Board which is to be held in Committee Room 1, 14 City Square, Dundee on Tuesday, 23rd April, 2019 at 2.00 pm.

Apologies for absence should be submitted to Willie Waddell, Committee Services Officer, on telephone 01382 434228 or by e-mail [willie.waddell@dundeecity.gov.uk](mailto:willie.waddell@dundeecity.gov.uk).

Yours faithfully

DAVID W LYNCH  
Chief Officer



## **A G E N D A**

### **1 APOLOGIES/SUBSTITUTIONS**

### **2 DECLARATIONS 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**

The minute of previous meeting of the Integration Joint Board held on 29th March, 2019 is attached for approval.

### **4 PERFORMANCE AND AUDIT COMMITTEE**

#### **(a) MINUTE OF PREVIOUS MEETING OF 25TH MARCH, 2019 - Page 7**

(Copy attached).

#### **(b) CHAIR'S ASSURANCE REPORT**

(Report No DIJB24-2019 by the Chairperson of the Performance and Audit Committee, copy to follow).

### **5 SCHEME OF DELEGATION - REVISED 2019 - Page 11**

(Report No DIJB16-2019 by the Chief Finance Officer, copy attached).

### **6 HEALTH AND SOCIAL CARE INTEGRATION – PRINCIPLES OF GOVERNANCE - Page 17**

(Report No DIJB17-2019 by the Chief Finance Officer, copy attached).

### **7 SCOTTISH CARE LEAVERS' COVENANT - Page 21**

(Report No DIJB18-2019 by the Chief Social Work Officer, copy attached).

### **8 RESHAPING NON ACUTE CARE IN DUNDEE UPDATE - Page 79**

(Report No DIJB19-2019 by the Chief Officer, copy attached).

### **9 FINANCIAL MONITORING POSITION AS AT FEBRUARY 2019 - Page 85**

(Report No DIJB20-2019 by the Chief Finance Officer, copy attached).

### **10 FREE PERSONAL CARE FOR ADULTS AGED UNDER 65 YEARS - Page 99**

(Report No DIJB22-2018 by the Chief Officer, copy attached).

### **11 MEETINGS OF THE INTEGRATION JOINT BOARD 2019 – ATTENDANCES - Page 103**

(A copy of the Attendance Return for meetings of the Integration Joint Board held to date over 2019 is attached for information and record purposes).

### **12 DATE OF NEXT MEETING**

The next meeting of the Integration Joint Board will be held in Committee Room 1, 14 City Square, Dundee on Tuesday, 25th June, 2019 at 2.00 pm.



# **DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** **DISTRIBUTION LIST**

## **(a) DISTRIBUTION - INTEGRATION JOINT BOARD MEMBERS**

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

## **(b) DISTRIBUTION – FOR INFORMATION ONLY**

<b><u>Organisation</u></b>	<b><u>Recipient</u></b>
NHS Tayside (Chief Executive)	Chief Executive
Dundee City Council (Chief Executive)	David R Martin
Dundee City Council (Head of Democratic and Legal Services)	Roger Mennie
Dundee City Council (Members' Support)	Jayne McConnachie
Dundee City Council (Members' Support)	Dawn Clarke
Dundee City Council (Members' Support)	Fiona Barty
Dundee City Council (Communications rep)	Steven Bell
Dundee Health and Social Care Partnership (Secretary to Chief Officer and Chief Finance Officer)	Kathleen Sharkey
NHS Tayside (Communications rep)	Jane Duncan
NHS Tayside (PA to Director of Public Health)	Linda Rodger
NHS Fife (Internal Audit) (Principal Auditor)	Judith Triebs
Audit Scotland (Senior Audit Manager)	Bruce Crosbie
Dundee University (PA to Professor Nic Beech)	Lynsey Mcirvine
NHS Tayside (PA to Dr James Cotton)	Jodi Lyon







At a MEETING of the **DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** held at Dundee on 29th March, 2019.

Present:-

<b><u>Members</u></b>	<b><u>Role</u></b>
Trudy McLEAY ( <i>Chairperson</i> )	Nominated by Health Board (Non-Executive Member)
Ken LYNN ( <i>Vice Chairperson</i> )	Nominated by Dundee City Council (Elected Member)
Roisin SMITH	Nominated by Dundee City Council (Elected Member)
Helen WRIGHT	Nominated by Dundee City Council (Elected Member)
Jenny ALEXANDER	Nominated by Health Board (Non-Executive Member)
Norman PRATT	Nominated by Health Board (Non-Executive Member)
David W LYNCH	Chief Officer
Dave BERRY	Chief Finance Officer
Sarah DICKIE	Registered Nurse
Cesar RODRIGUEZ	Registered medical practitioner (not providing primary medical services)
Jane MARTIN	Chief Social Work Officer
Raymond MARSHALL	Staff Partnership Representative
Christine LOWDEN	Third Sector Representative
Linda GRAY	Service User residing in the area of the local authority
Martyn SLOAN	Person providing unpaid care in the area of the local authority

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

Diane McCULLOCH	Dundee Health and Social Care Partnership
Kathryn SHARP	Dundee Health and Social Care Partnership
Joyce BARCLAY	Dundee Health and Social Care Partnership

Trudy McLEAY, Chairperson, in the Chair.

## **I APOLOGIES FOR ABSENCE**

Apologies for absence were submitted on behalf of:-

<b><u>Members</u></b>	<b><u>Role</u></b>
Drew WALKER	Director of Public Health
Jim McFARLANE	Trade Union Representative
Frank WEBER	Registered Medical Practitioner (whose name is included in the list of primary performers)

## **II DECLARATIONS OF INTEREST**

Councillor Ken Lynn declared a non-financial interest in relation to the item of business at Article VI of this minute by virtue of being a Director of Dundee Survival Group in a personal capacity.

Christine Lowden declared a non-financial interest in the item of business at Article VI of this minute by virtue of Dundee Voluntary Action receiving funding through the Integrated Care Fund.

### **III MINUTE OF PREVIOUS MEETING**

The minute of previous meeting of the Integration Joint Board held on 26th February, 2019 was submitted and approved.

### **IV MEMBERSHIP OF DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD**

#### **(a) REGISTERED MEDICAL PRACTITIONER NOT PROVIDING PRIMARY MEDICAL CARE SERVICES**

Reference was made to Article III(c) of the minute of meeting of this Integration Joint Board held on 30th October, 2018, wherein it was noted that Dr Cesar Rodriguez had been nominated by NHS Tayside to be a member of the Integration Joint Board in the capacity of registered medical practitioner not providing primary medical services.

It was reported that Dr Rodriguez, who was a member of the Integration Joint Board, was to retire from NHS Tayside on 31st March, 2020 and that to allow for transitional arrangements in this regard NHS Tayside had advised that Dr James Cotton had been nominated as his replacement to the position of registered medical practitioner not providing primary medical services.

The Integration Joint Board agreed to note the position.

#### **(b) NHS TAYSIDE NOMINATION – VOTING MEMBER**

Reference was made to Article III(a) of the minute of meeting of this Integration Joint Board held on 30th October, 2018 wherein it was noted that Dr Norman Pratt had been nominated by NHS Tayside to be a member of the Integration Joint Board in the capacity of voting member.

It was reported that, at the meeting of NHS Tayside Board held on 28th February, 2019, it had been agreed that Dr Norman Pratt be replaced and that, as such, NHS Tayside had now nominated Professor Nic Beech to be a member of the Integration Joint Board in the capacity of voting member and that this be effective from 1st April, 2019.

The Integration Joint Board agreed to note the position.

### **V MEMBERSHIP OF PERFORMANCE AND AUDIT COMMITTEE**

#### **(a) REGISTERED MEDICAL PRACTITIONER NOT PROVIDING PRIMARY MEDICAL CARE SERVICES**

Reference was made to Article IV of this minute wherein it was noted that Dr James Cotton had replaced Dr Cesar Rodriguez as a member of the Integration Joint Board.

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

It was reported that Dr Rodriguez, who was a member of the Performance and Audit Committee, was to retire from NHS Tayside on 31st March, 2020 and that to allow for transitional arrangements Dr James Cotton had replaced Dr Cesar Rodriguez as a member of the Integration Joint Board and that as such Dr Rodriguez would cease to be a member of the Performance and Audit Committee.

The Integration Joint Board agreed that Dr James Cotton be appointed to the vacant position on the Committee as a result of the retiral of Dr Rodriguez.

#### **(b) VOTING MEMBER**

Reference was made to Article IV(b) of this minute wherein it was noted that Professor Nic Beech had replaced Dr Norman Pratt as a member of the Integration Joint Board.

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

It was reported that Dr Norman Pratt, who was a member of the Performance and Audit Committee, would cease to be a member of the Integration Joint Board as of 31st March, 2019.

The Integration Joint Board agreed that Professor Nic Beech be appointed to the vacant position on the Committee as a result of Dr Pratt no longer being a member of the Integration Joint Board as of 31st March, 2019.

(c) **REQUEST FOR MEMBERSHIP APPOINTMENT – CARERS REPRESENTATIVE**

It was reported that Martyn Sloan, who was a member of the Integration Joint Board in the capacity of carers representative, had requested that he be appointed to the membership of the Performance and Audit Committee in that capacity also.

The Integration Joint Board agreed to appoint Martyn Sloan as a member of the Committee in the capacity of carers representative.

**VI DUNDEE INTEGRATION JOINT BOARD 2019/2020 BUDGET**

There was submitted Report No KIJB14-2019 by the Chief Finance Officer advising of the implications of the proposed delegated budget for 2019/20 from Dundee City Council and indicative budget from Tayside NHS Board and to seek approval for the range of savings required to set a balanced budget for Dundee Health and Social Care Partnership for 2019/20.

The Integration Joint Board agreed:-

- (i) to note the implications of the proposed delegated budget to Dundee Health and Social Care Partnership from Dundee City Council and indicative delegated budget from Tayside NHS Board for 2019/20;
- (ii) to approve the delegated budget proposed by Dundee City Council as set out in section 4.7 and Table 4 within the report;
- (iii) to instruct the Chief Finance Officer to report back to the Integration Joint Board following receipt of formal notification from Tayside NHS Board of the budget offer with associated recommendations including any implications of the finalisation of hosted services budgets, additional prescribing allocations and the Large Hospital Set Aside on the Integration Joint Board's net budget position and associated savings;
- (iv) to approve an uplift of 1.85% for 2019/20 to rolling contractual arrangements with the third sector for the provision of health and social care services as outlined in paragraph 4.8.2 of the report inclusive of uplifts to implement the Scottish Living Wage and Sleepover payments at the Scottish Living Wage;
- (v) to approve the mainstreaming of services funded by the Integrated Care Fund and Delayed Discharge Funding as set out in the Consolidation of Change Projects report (SBAR6) as set out within the Savings Proposals Report attached as Appendix 2 to the report;
- (vi) to approve the range of savings set out in the Savings Proposals Report which was attached to the report as Appendix 2 in order to bring the projected budget position closer to balance;
- (vii) to instruct the Chief Finance Officer to progress the Transformation Programmes as outlined in the Savings Proposals report to the next stage in partnership with relevant stakeholders including Trade Union and Staff Side representatives; and

- (viii) to instruct the Chief Officer to issue directions to NHS Tayside and Dundee City Council as outlined in the report.

The Integration Joint Board further agreed to note that as advised by the Chief Finance Officer the Scottish Government had confirmed that the allocation of funding for free personal care for under 65 year olds would be £834,000.

## **VII STRATEGIC AND COMMISSIONING PLAN 2019/2022**

***The Chairperson agreed that the undernoted item of business be considered as a matter of urgency in terms of Standing Order No 5.3 in view of the timescales involved.***

- (a) NHS TAYSIDE – REVIEW OF DUNDEE INTEGRATION JOINT BOARD STRATEGIC PLAN

There was submitted a copy of a minute of a meeting of NHS Tayside Board members held on 28th March, 2019.

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

- (b) STRATEGIC AND COMMISSIONING PLAN 2019/2022

There was submitted Report No DIJB12-2019 by the Chief Officer seeking approval of the Partnership's Strategic and Commissioning Plan 2019-2022 which was attached to the report as Appendix 1.

The Integration Joint Board agreed:-

- (i) to note the work undertaken to revise the Strategic and Commissioning Plan, including the contributions made by a range of stakeholders as outlined in Sections 4.2 and 4.3 of the report;
- (ii) to note the key themes from the public consultation exercise and steps taken to incorporate these into the final version of the strategic and Commissioning Plan as outlined in Sections 4.4 and 4.5 of the report;
- (iii) to note the progress made in revising the suite of companion documents to the Strategic and Commissioning Plan as outlined in Section 4.6 of the report and instruct the Chief Officer to submit the Workforce and Organisational Development Strategy to the Integration Joint Board for approval on 25th June, 2019 and the housing Contribution Statement for approval at the earliest available date as outlined in Section 4.6 of the report;
- (iv) to note the Integrated Strategic Planning Group would oversee the implementation of the Strategic and Commissioning Plan, reporting progress to the Performance and Audit Committee through mid-year and annual performance reports as outlined in Section 4.7 of the report;
- (v) to approve the Strategic and Commissioning Plan 2019-2022;
- (vi) to instruct the Chief Officer to submit the approved Strategic and Commissioning Plan 2019-2022 to NHS Tayside Board; and
- (vii) to instruct the Chief Officer to issue directions to NHS Tayside and Dundee City Council as outlined in the report.

## **VIII EQUALITY OUTCOMES AND MAINSTREAMING FRAMEWORK 2019/2021**

There was submitted Report No DIJB13-2019 by the Chief Officer seeking approval of the Partnership's Equality Outcomes and Mainstreaming Framework 2019-2022.

The Integration Joint Board agreed:-

- (i) to note the process undertaken to develop the proposed Equality Outcomes and Mainstreaming Framework, including involvement of people with protected characteristics as outlined in Sections 4.2 and 4.3 of the report;
- (ii) approve the Mainstreaming Framework which was attached to the report as Appendix 1, including adopting the Equality Outcomes contained within this;
- (iii) to approve the intended approach to publication and dissemination as outlined in Section 4.4 of the report; and
- (iv) to instruct the Chief Officer to issue directions to NHS Tayside and Dundee City Council as outlined in the report.

#### **IX MEETINGS OF THE INTEGRATION JOINT BOARD 2019 - ATTENDANCE**

There was submitted a copy of the attendance return for meetings of the Integration Joint Board held to date over 2019.

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

#### **X DATE OF NEXT MEETING**

The Integration Joint Board agreed to note that the next meeting of the Integration Joint Board would be held in Committee Room1, 14 City Square, Dundee on Tuesday, 23rd April, 2019 at 2.00 pm.

Trudy McLEAY, Chairperson.



<b>ITEM No ...4(a).....</b>
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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 at Dundee on 25th March, 2019.

Present:-

<u>Members</u>	<u>Role</u>
Ken LYNN (Chairperson)	Nominated by Dundee City Council (Elected Member)
Helen WRIGHT	Nominated by Dundee City Council (Elected Member)
Dave BERRY	Chief Finance Officer
David W LYNCH	Chief Officer
Jane MARTIN	Chief Social Work Officer
Tony GASKIN	Chief Internal Auditor

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

Stephen HALCROW	Dundee Health and Social Care Partnership
Clare HARPER	Dundee Health and Social Care Partnership
Diane McCULLOCH	Dundee Health and Social Care Partnership
Kathryn SHARP	Dundee Health and Social Care Partnership
Sheila WEIR	Dundee Health and Social Care Partnership
Anne Marie MACHAN	Audit Scotland
Ewan ROBERTSON	Audit Scotland

Councillor Ken LYNN, Chairperson, in the Chair.

#### **I APOLOGIES FOR ABSENCE**

Apologies for absence were submitted on behalf of:-

Jenny ALEXANDER, Nominated by Health Board (Non Executive Member)  
 Norman PRATT, Nominated by Health Board (Non Executive Member)  
 Raymond MARSHALL, Staff Partnership Representative  
 Cesar RODRIGUEZ, Registered Medical Practitioner (not providing primary medical services).

#### **II DECLARATION OF INTEREST**

No declarations of interest were made.

#### **III MINUTE OF PREVIOUS MEETING**

The minute of meeting of the Committee held on 12th February, 2019 was submitted and approved.

#### **IV READMISSIONS PERFORMANCE ANALYSIS**

There was submitted Report No PAC10-2019 by the Chief Finance Officer providing assurance to Committee that in-depth analysis of readmissions performance had been provided to relevant professionals and groups in order to support improvement.

The Committee agreed:-

- (i) to note the content of the report and the analysis of readmissions as outlined in Section 5 and Appendix 1 of the report;
- (ii) to request that the Unscheduled Care Board consider the findings of the analysis with a view to further informing operational decision making and improvement actions;
- (iii) to request that the Home and Hospital Transitions Group further considers the local variation in readmission rates with a view to developing targeted responses to reduce variation; and

- (iv) that further analysis would be carried out using available benchmarking information and be reported back to Committee in July.

## **V STANDARDISED LOCALITY PERFORMANCE ANALYSIS**

There was submitted Report No PAC12-2019 by the Chief Finance Officer providing assurance to Committee that analytical work was being undertaken to better understand variation in performance against the National Health and Wellbeing Indicators across Local Community Planning Partnerships (LCPP) and to share emerging findings for initial analytical work.

The Committee agreed:

- (i) to note the content of the report and the analysis of locality performance which was attached as an Appendix to the report;
- (ii) to note the findings of initial analysis of LCPP performance when standardised for deprivations, sex and age as outlined in Sections 4.7, 4.8 and Appendix 1 of the report;
- (iii) to note the next steps to be undertaken to better understand and build upon the initial analysis outlined at Section 4.9 of the report;
- (iv) to instruct the Chief Finance Officer to provide an update on locality performance to Committee no later than 30th September, 2019; and
- (v) to remit the Chief Finance Officer to arrange for the analysis to be shared with LCPPs and Chairs of the Dundee Partnership Executive Boards.

## **VI LOCAL GOVERNMENT BENCHMARKING FRAMEWORK – 2017/18 PERFORMANCE**

There was submitted Report No PAC13-2019 by the Chief Finance Officer informing Committee of the Performance of Dundee Health and Social Care Partnership towards the social care indicators in the Local Government Benchmarking Framework (LGBF) for the financial year 2017/2018 and to approve the proposed targets for future ranking.

The Committee agreed:-

- (i) to note the performance detailed in the report and Appendix 1 of the report;
- (ii) to approve the proposed targets for future rank set out in Table 1 – Appendix 1 and described in Section 4.6 of the report; and
- (iii) to note that the LGBF performance information would be published on the Dundee City Council website.

## **VII DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP SUMMARY PERFORMANCE REPORT – 2018/19 QUARTER 3**

There was submitted Report No PAC14-2019 by the Chief Finance Officer updating the Committee on 2018/19 Quarter 3 Performance against the National Health and Wellbeing Indicators and 'Measuring Performance Under Integration' interim targets.

The Committee agreed:-

- (i) to note the content of the report;



- (ii) to note the performance of Dundee Health and Social Care Partnership, at both Dundee and locality levels, against the National Health and Wellbeing Indicators as summarised in Appendix 1 – Tables 1, 3 and 4 and Section 6 of the report; and
- (iii) to note the performance of Dundee Health and Social Care Partnership against the 'Measuring Performance Under Integration' interim targets as summarised in Appendix 1 – Table 2.

## **VIII GOVERNANCE ACTION PLAN**

There was submitted Report No PAC15-2019 by the Chief Finance Officer considering a proposed Governance Action Plan to enable the Committee to regularly monitor progress in implementing agreed actions arising from internal and external audit recommendations.

The Committee agreed:-

- (i) to note and approve the proposed Governance Action Plan as outlined in Appendix 1 of the report; and
- (ii) to remit the Chief Finance Officer to present an update progress report to each Committee meeting.

## **IX AUDIT SCOTLAND – ANNUAL AUDIT PLAN 2018/19**

There was submitted Report No PAC16-2019 by the Chief Finance Officer noting and approving the proposed Dundee Integration Joint Board (IJB) Annual Audit Plan 2018/2019 as submitted by the IJB's appointed External Auditor (Audit Scotland).

The Committee agreed:-

- (i) to note the content of the report; and
- (ii) to approve the proposed Audit Plan for 2018/2019 as submitted by Audit Scotland attached as Appendix 1 to the report.

## **X DUNDEE INTEGRATION JOINT BOARD INTERNAL AUDIT PLAN PROGRESS REPORT**

There was submitted Report No PAC18-2019 by the Chief Finance Officer providing the Committee with a progress update in relation to the current Internal Audit Plan.

The Committee agreed to note the continuing delivery of the 2018/2019 plan as outlined in the report.

## **XI MEETING OF PERFORMANCE AND AUDIT COMMITTEE 2019 – ATTENDANCES**

There was submitted Agenda Note PAC17-2019 providing a copy of the attendance return for meetings of the Performance and Audit Committee held over 2019.

The Committee noted the position as outlined.

## **XII DATE OF NEXT MEETING**

The Committee noted that the next meeting would be held in Committee Room 1, 14 City Square, Dundee on Tuesday, 28th May, 2019 at 2.00 pm.

Ken LYNN, Chairperson.





**REPORT TO:** HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD –  
23 APRIL 2019

**REPORT ON:** SCHEME OF DELEGATION - REVISED 2019

**REPORT BY:** CHIEF FINANCE OFFICER

**REPORT NO:** DIJB16-2019

## **1.0 PURPOSE OF REPORT**

The purpose of this report is to present the revised Scheme of Delegation for officers of the Integration Joint Board for consideration and requests that this is adopted as a key element of the Integration Joint Board's governance arrangements.

## **2.0 RECOMMENDATIONS**

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

- 2.1 Notes the content of the Report and adopts the updated Scheme of Delegation for officers which is detailed in Appendix 1.

## **3.0 FINANCIAL IMPLICATIONS**

None.

## **4.0 MAIN TEXT**

- 4.1 The legislation requires the IJB to direct the Council and Health Board to deliver services pursuant to the delegated functions in a manner consistent with the Strategic Plan. The IJB transfers financial allocations to the Council and Health Board to permit the discharge of these directions. The IJB also places the Chief Officer at the disposal of the Chief Executives of the Council and Health Board to operationally manage these services and the employees engaged in their delivery. It is this element which forms the basis of the delegation to Officers.

- 4.2 The scheme of Delegation was approved by the IJB at its meeting of the 25<sup>th</sup> April 2017 on submission of report DIJB17-2017 (Article X of the minute of the meeting refers). It was noted that Dundee City Council were reviewing their Scheme of Delegation and that any wording required in relation to the position of the Chief Social Work Officer would be reported to a meeting of the IJB. This is reflected in the updated Scheme of Delegation which is attached as Appendix 1.

An action identified within the Annual Internal Audit Report 2017/18 Action Plan presented to the Performance and Audit Committee held on the 25<sup>th</sup> September 2018 (PAC57-2018) (Article XII of the minute refers) was to develop the scheme of delegation in relation to delegated functions to the IJB. The revisions to the Scheme of Delegation as set out within the Appendix 1 provide further transparency to the specific delegated powers to IJB officers and the role of the Chief Social Work Officer.

## **5.0 POLICY IMPLICATIONS**

None.

## 6.0 RISK ASSESSMENT

<b>Risk 1 Description</b>	Failure to have adequate Scheme of Delegation will undermine the IJB's governance arrangements
<b>Risk Category</b>	Governance risk
<b>Inherent Risk Level</b>	Likelihood 3 x Impact 4 = Risk Scoring 12 (which is a High Risk Level)
<b>Mitigating Actions</b> (including timescales and resources )	Regular update of Scheme of Delegation to reflect the current organisational structure.
<b>Residual Risk Level</b>	Likelihood 2 x Impact 3 = Risk Scoring 6 (which is a Moderate Risk Level)
<b>Planned Risk Level</b>	Likelihood 1 x Impact 2 = Risk Scoring 2 (which is a Low Risk Level)
<b>Assessment of Risk Level</b>	The mitigating actions set out above will ensure the Scheme of Delegation remains relevant and appropriate and therefore the risk to poor governance is low.

## 7.0 CONSULTATIONS

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

## 8.0 DIRECTIONS

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

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

## 9.0 BACKGROUND PAPERS

None.

DAVE BERRY  
CHIEF FINANCE OFFICER

DATE: 27 March 2019

SHEILA WEIR  
SECTION LEADER

## SCHEME OF DELEGATION

### 1 INTRODUCTION AND INTERPRETATION

#### 1.1 Introduction

*The Scheme of Delegation was approved by Dundee City Integration Joint Board (hereinafter referred to as the "IJB") on 25<sup>th</sup> April 2017. The scheme clarifies the remit and responsibilities of the Chief Officer and the Chief Finance Officer in respect of the operational management and deliverability of the integrated services as set out in the Integration Scheme for Dundee, which was approved by Scottish Ministers in September 2015.*

*This scheme of delegation sets out the powers conferred on the Integration Authority (the Dundee City Integration Joint Board) by the Public Bodies (Joint Working) (Scotland) Act 2014 ("the Act") and what is delegated to the IJB from the Partners and clarifies the remit and responsibilities of the Chief Officer and the Chief Finance Officer in respect of the operational management and deliverability of the integrated services.*

#### 1.2 Interpretation and Definitions

The Interpretation Act 1978 shall apply to the interpretation of the Scheme as it would apply to the interpretation of an Act of Parliament. In this Scheme the following words shall have the meanings assigned to them, that is to say:

"the Act" means the Public Bodies (Joint Working) (Scotland) Act 2014;

"the Board" means Dundee City Integration Joint Board;

"Chief Officer" means the Chief Officer of the Integration Joint Board;

"Chief Finance Officer" means the chief financial officer of the Board appointed by the Board in terms of section 95 of the 1973 Act.

"Clerk" means the Head of Democratic and Legal Services of Dundee City Council

"Integration Scheme" means the Dundee Integration Scheme made between the Partners under the 2014 Act and approved by Scottish Ministers;

#### 1.3 Alteration of Scheme

1.3.1 The Board shall be entitled to amend, vary or revoke the Scheme from time to time.

1.3.2 The Clerk shall have the power to alter the Scheme to correct any textual or minor errors, or to make any consequential amendments required as a result of a decision of the Board.

### 2 CORE PRINCIPLES

2.1 *Dundee City Council and NHS Tayside (hereinafter referred to as "the Partners") delegated various functions to the IJB on 1st April 2016 under the Dundee City Integration Scheme. The Partners retain overall statutory responsibility for their respective functions delegated to the IJB, as the IJB are responsible for the strategic planning and resources provision for the functions set out in the Scheme.*

2.2 *The matters reserved to the IJB or its committees, sub-committees or working groups are mainly the strategic policy, the making of Directions and financial or regulatory issues requiring to be decided by the IJB, while the day to day operational matters are assigned to officers. The remit of officers of the IJB detailed in the Scheme are not exhaustive.*

### 3 GENERAL POWERS RESERVED FOR THE INTEGRATION JOINT BOARD

3.1 Delegated powers should not be exercised by officers where any decision would represent:

- (i) a departure from Board policy or procedure;
- (ii) a departure from the Strategic and Commissioning Plan;
- (iii) a significant development of policy or procedure.

### 4 SPECIFIC POWERS RESERVED FOR THE INTEGRATION JOINT BOARD

4.1 *The powers which are reserved to the IJB or its committees, sub-committees and working groups are comprised of those which must, in terms of statute, be reserved, and those which the IJB has, itself, chosen to reserve. Powers which are not reserved are delegated, in accordance with the provisions of the Integration Scheme and this Scheme.*

4.2 *The following is a list of what powers are reserved to the IJB or any of its committees, sub-committees or working groups - this list is exhaustive:*

- a) *Any other functions or remit which is, in terms of statute or legal requirement bound to be undertaken by the IJB itself;*
- b) *To establish such committees, sub-committees and working groups, as may be considered appropriate to conduct business and to appoint and remove Chairperson and Vice Chairperson, members of committees, sub-committees, working groups and outside bodies;*
- c) *The approval of the Annual Budget;*
- d) *The approval of the Financial Strategy;*
- e) *The approval of the IJBs Accounts;*
- f) *The approval or amendment of the Standing Orders regulating meetings proceedings and business of the IJB and committees, sub-committees and working groups and contracts in so far as it relates to business services, the engagement of consultants, or external advisors for specialist advice, subject to necessary approvals through the Partners Procurement Standing Orders, Schemes of Delegation and Procurement Regulations;*
- g) *The approval or amendment of the Scheme of Delegation detailing those functions delegated by the IJB to its officers;*
- h) *The decision to co-operate or combine with other Integration Joint Boards in the provision of services other than by way of collaborative agreement;*
- i) *The approval or amendment of the Strategic and Commissioning Plan and associated Financial Framework;*
- j) *To deal with matters reserved to the IJB by Standing Orders, Financial Regulations and other schemes approved by the IJB;*
- k) *To issue Directions to the Partners under sections 26 and 27 of the 2014 Act, in line with the Integration Scheme and legislative framework sitting around the Chief Executive Officers (CEO's) of the Partners, and;*
- l) *The approval of the Clinical and Care Governance Framework.*

## 5 DELEGATION TO OFFICERS

### 5.1 Chief Officer

- 4.1.1 The Chief Officer will have delegated responsibility for all matters in respect of the operational management and delivery of integrated functions of the Board, as set out in the Integration Scheme, except where
- (i) *generally or* specifically reserved to the Board; or
  - (ii) where the Board determines that a particular power should be exercised by the Board, notwithstanding the delegation permitted by this clause.
  - (iii) *specifically reserved to the Chief Finance Officer in section 4.2 of this Scheme*
- 4.1.2 The Chief Officer is ~~or where appropriate the Chief Finance Officer are~~ authorised to take, or make arrangements for, any action required to implement any decision of the Board or any decision taken in the exercise of delegated powers.
- 4.1.3 The Chief Officer may in urgent circumstances and after consultation with the Chairperson and Vice Chairperson of the Board and the Chief Finance Officer and Clerk take such measures as may be required in which case a report will be submitted to the next appropriate meeting of the Board for noting.
- 4.1.4 If any decision proposed under delegated powers might lead to a budget being exceeded, the Chief Officer ~~or where appropriate the Chief Finance Officer~~ must consult with the Chairperson and Vice Chairperson of the Board before exercising the delegated power.
- 4.1.5 The Chief Officer whom failing the Chief Finance Officer or Clerk is authorised to execute or sign any deed or document to which the Board is a party.
- 4.1.6 Any deputy of the Chief Officer ~~or where appropriate the Chief Finance Officer~~ is authorised to exercise all powers delegated to the Chief Officer ~~or where appropriate the Chief Finance Officer~~ in the absence of the Chief Officer ~~or the Chief Finance Officer~~.

### 4.2 Chief Finance Officer

- 4.2.1 *The Chief Finance Officer has overall responsibility for Finance including Audit and Financial Management.*
- 4.2.2 *The Chief Finance Officer shall discharge their duties in accordance with the powers as delegated to them by the Partners under their respective approved Schemes of Delegation. In discharging their duties and in making any recommendation to the IJB, the Chief Finance Officer will demonstrate to the IJB that they have followed relevant Partner procedures and sought approval, where this is required.*
- 4.2.3 *The Chief Finance Officer shall:-*
- a) *act as the Proper Officer responsible for the administration of the financial affairs of the IJB in terms of section 95 of the Local Government (Scotland ) Act 1973;*
  - b) *adhere to IJB and Partner Financial Regulations and relevant Codes of Practice of the Board for the control of all expenditure and income;*
  - c) *monitor the IJB's capital and revenue budgets during the course of each financial year and report thereon to the IJB;*
  - d) *determine all accounting procedures and financial record keeping of the IJB, to ensure the IJB is fully compliant with the Chartered Institute of Public Finance and Accountancy (CIPFA) Statement of Recommended Practice;*

- e) *subject to the approval of the Chief Officer and in conformity with any Financial Regulations and any approved policy, authorise the transfer of approved estimates from one head of expenditure to another, within a Service estimate, unless it is considered to materially affect the approved budget, in which case authorisation of the IJB will be sought. The Financial Regulations of the Partners set out the rules in Virement;*
- f) *any deputy of the Chief Finance Officer is authorised to exercise all powers delegated to the Chief Finance Officer in the absence of the Chief Finance Officer*

#### **4.3 Chief Social Work Officer**

- 4.3.1 *The Chief Officer and Chief Finance Officer will support the Chief Social Work Officer in the discharge of their duties as a statutory appointment by virtue of section 3 of the Social Work (Scotland) Act 1968. The Council Management Team of Dundee City Council will ensure appropriate experienced and qualified cover for the post of Chief Social Work Officer during the absence of the Chief Social Work Officer.*





**REPORT TO:** HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD –  
23 APRIL 2019

**REPORT ON:** HEALTH AND SOCIAL CARE INTEGRATION - PRINCIPLES OF  
GOVERNANCE

**REPORT BY:** CHIEF FINANCE OFFICER

**REPORT NO:** DIJB17-2019

## **1.0 PURPOSE OF REPORT**

The purpose of this report is to advise the IJB of work being undertaken to strengthen the governance arrangements around health and social care integration within Tayside through the development of a range of governance principles and to request that Dundee City Council and NHS Tayside work collaboratively to develop these principles as they would apply to Dundee Integration Joint Board.

## **2.0 RECOMMENDATIONS**

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

- 2.1 Notes that work has been undertaken to develop a range of governance principles to strengthen the governance arrangements associated with health and social care integration across Tayside
- 2.2 Requests through the Chief Officer that Dundee City Council and NHS Tayside work collaboratively to develop a set of governance principles as they would apply to the integration of health and social care through Dundee Integration Joint Board.

## **3.0 FINANCIAL IMPLICATIONS**

There are no direct financial implications arising as a result of this report.

## **4.0 MAIN TEXT**

- 4.1 The governance arrangements to support Health and Social Care Integration are complex and therefore there needs to be a clear framework for each of the partnership bodies to work within. Following the establishment of Integration Joint Boards, local authorities Standing Orders and Schemes of Regulation were amended to reflect the change in responsibilities through delegated services to the IJB's. For NHS Tayside, the delegation of services to IJB's on a pan Tayside basis, including the impact of hosted services, has required further dialogue and agreement between the relevant parties in relation to the appropriate governance structures to be put in place, recognising that different IJB models are in place across Tayside.
- 4.2 In recognition of these challenges and in order to provide a strong governance framework going forward, the Chief Internal Auditor of NHS Tayside and officers from the three Tayside IJB's have lead on developing a framework of a range of governance principles to further support the interface between the IJB's, local councils and NHS Tayside. Once applied, these will further strengthen the assurance that can be given to all parties that governance arrangements are sufficient.

4.3 The governance principles framework will cover the following areas and will provide better clarity around roles and responsibilities and the governance arrangements which should be in place within each of the parties governance structures as they relate to the IJB:

- Code of Corporate Governance
- Strategy
- Risk Management
- Performance Reporting
- Care Governance
- Staff Governance
- Financial Governance
- Information Governance

4.4 In order to ensure the governance principles to be applied reflect the Dundee health and social care environment, it is recommended that Dundee City Council and NHS Tayside work together and agree on these principles as they apply to their relationship with Dundee Integration Joint Board. A further paper will be presented to the IJB in due course to confirm these principles once agreed.

## 5.0 POLICY IMPLICATIONS

None.

## 6.0 RISK ASSESSMENT

<b>Risk 1 Description</b>	Failure to have adequate governance principles to work within will undermine the IJB's governance arrangements
<b>Risk Category</b>	Governance risk
<b>Inherent Risk Level</b>	Likelihood 3 x Impact 4 = Risk Scoring 12 (which is a High Risk Level)
<b>Mitigating Actions</b> (including timescales and resources )	Regular review of the effectiveness of the application of the governance principles will be undertaken through the annual governance self – assessment, annual internal audit review and external audit plan
<b>Residual Risk Level</b>	Likelihood 2 x Impact 3 = Risk Scoring 6 (which is a Moderate Risk Level)
<b>Planned Risk Level</b>	Likelihood 1 x Impact 2 = Risk Scoring 2 (which is a Low Risk Level)
<b>Assessment of Risk Level</b>	The level of residual risk following the application of the governance principles is low therefore there are no risk concerns arising.

## 7.0 CONSULTATIONS

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

## 8.0 DIRECTIONS

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

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

## 9.0 BACKGROUND PAPERS

None.

DAVE BERRY  
CHIEF FINANCE OFFICER

DATE: 28 March 2019

SHEILA WEIR  
SECTION LEADER





**REPORT TO:** HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD –  
23 APRIL 2019

**REPORT ON:** SCOTTISH CARE LEAVERS COVENANT

**REPORT BY:** CHIEF SOCIAL WORK OFFICER

**REPORT NO:** DIJB18-2019

## **1.0 PURPOSE OF REPORT**

- 1.1 The report seeks approval for the Dundee Integration Joint Board (IJB) to become a signatory to the Scottish Care Leavers Covenant (attached as Appendix 1).

## **2.0 RECOMMENDATIONS**

It is recommended that the IJB:

- 2.1 Notes the content of this report
- 2.2 Adopts and therefore becomes a signatory to, the Scottish Care Leavers Covenant and the priorities, actions and intended outcomes proposed within it, particularly in relation to pillars on health and wellbeing, housing and employment where adult health and social care services of Dundee Health and Social Care Partnership provide support, as set out in Appendix 1.

## **3.0 FINANCIAL IMPLICATIONS**

- 3.1 In relation to the care leavers covenant there are no adverse financial implications and signing up to this creates opportunities for potential future savings across many areas of service delivery, such as a more co-ordinated approach to preventing rent arrears, failed tenancies, poverty and the development and escalation of health and wellbeing issues.

## **4.0 MAIN TEXT**

- 4.1 The Care Leavers Covenant offers an agenda for change that is both aspirational and rooted in practice, drawing on research evidence, practice wisdom and the voices of young people.
- 4.2 If implemented fully and consistently, the Covenant will transform the way care leavers are supported as they transition into adulthood. It asks Corporate Parents to fully integrate its principles and actions into their Corporate Parenting Plans, through Champions Boards, Community Planning Partnerships and Health and Social Care Partnerships to ensure consistency of entitlement and support to care leavers.
- 4.3 It recommends providing greater consistency in support and opportunity for all care leavers, regardless of where they live and sets out the position that poor outcomes for Care Leavers should not be accepted as the norm.

4.4 The Covenant sets out key 'pillars' and highlights challenges that need addressed to make the changes required to improve outcomes for Care Leavers. Many of these areas are already delivered in Dundee but further work is required to support the transition of care experienced children and young people into early adulthood and maintain relevant support.

- **Health and wellbeing** – increased understanding about the impact of Adverse Childhood Experiences (ACE's) added to awareness of trauma and attachment issues for care leavers has led to development in this area. A psychotherapy service specifically for care leavers is under development along with a dedicated worker based in the Throughcare and Aftercare Team to enhance the pathways into the appropriate health service. *There may be further opportunities to improve access to mental health and substance misuse support in particular through joint working with adult services.*
- **Housing and accommodation** – in Dundee we have an established Care Leavers Housing Protocol. There is work currently ongoing to expand the accommodation and support options available for Care Leavers as they are ready to move on to independence. *There may be more opportunities to improve access to and the sustainability of appropriate accommodation through joint working with adult services*
- **Education and Training** – the Throughcare and Aftercare Team have developed links with Dundee and Angus College, Dundee University and Abertay University to ensure Care Leavers receive the support that they need. Of the 130 young people currently receiving an Aftercare service we have 30 in Further Education and 7 in Higher Education.
- **Employment** – Care Leavers under the age of 29 who meet the criteria for employment with Dundee City Council are now guaranteed an interview. Through the LAC attainment funding provided by the Scottish Government an employability post is being established, this post will help to develop an integrated vocational training and progression pathway for care leavers and help to reduce barriers to employment. Of the 130 young people currently receiving an Aftercare service we have 1 young person doing an apprenticeship, 3 young people doing Modern Apprenticeships, 9 young people in employment (5 of these are Community Jobs Scotland posts) and 5 young people on training courses. Commitment to the covenant will also help to build on the work undertaken by NHS Tayside through its Employability Services and ensure that suitably supported work experience placements for looked after children are provided in conjunction with third sector partners. *There may be further opportunities to extend this approach within the Health and Social Care Partnership and NHS Tayside.*
- **Youth and Criminal Justice** – Dundee has a strong track record in working with young people who offend in a holistic manner and is committed to the principles of the Whole System Approach. We operate a successful Early and Effective Intervention (EEI) process and have increased the number of young people diverted from prosecution. The practice of continuing to support young people on Compulsory Supervision Orders is embedded and this has resulted in an increase in the number of young people being dealt with by the hearing system. Numbers of young people sentenced to custody has also reduced.
- **Rights and participation** – During 2018 increased consultation has taken place with Care Leavers and the 4Change Group has been established as a way of ensuring the experience of leaving care is shaped by young people with a view to this experience shaping future policy and practice. 4Change meet regularly as a group to share positive and negative experiences of being Looked After and Care Leavers. This helps to identify issues for young people leaving care so that this can be shared with Corporate Parents and decision makers with the aim of improving services.

## 5.0 NEEDS OF CARE LEAVERS

- 5.1 Part 9 of the Children and Young People (Scotland) Act 2014 requires local authorities and 23 other public bodies listed in the Act as statutory corporate parents to develop Corporate Parenting Plans. Part 10 of the Act extends eligibility of Aftercare for Young People up until their 26<sup>th</sup> birthday and reaffirms that Aftercare is -

“Advice, guidance and assistance” which can include but is not restricted to helping a Young Person to secure accommodation, education and employment opportunities and financial support.

Part 11 of the Act has introduced Continuing Care and has thus brought increased stability and support to a small number of LAC young people.

- 5.2 The Needs of Care Leavers are currently highlighted as part of the ongoing root and branch Independent Care Review commissioned nationally by the Scottish Government. Moving on from care too early, too abruptly and too often without the safety nets of support which most of us take for granted is a serious issue. The Covenant’s agenda for change sets out some of the changes that need to happen to make sure care leavers get the help and support that they need.

- 5.3 WhoCares publish information about the outcomes for care leavers  
<https://www.whocaresscotland.org/who-we-are/media-centre/statistics/>

The outcomes reported here reflect the situation for Care Leavers in Dundee. It is also of note that the Centre of Excellence for Looked After Children (known as CELCIS) report states that in Scotland, the average age for leaving care is between 16 and 18 years old, compared to an average age for leaving home of 25.

- 5.4 Building on the principles of *Getting it Right for Every Child* (GIRFEC), the Covenant takes a holistic, person-centered approach by focusing on the long-term wellbeing needs of young people as they transition out of care. Aligning the Covenant with GIRFEC makes sure that the ‘One Child - One Plan - One Care Journey’ principle continues beyond the young person’s care setting. It outlines high standards of cooperation, joint working and communication between agencies locally and across Scotland.

## 6.0 POLICY IMPLICATIONS

- 6.1 This report has been screened for any policy implications in respect of Sustainable Development, Strategic Environmental Assessment, Anti-Poverty, Integrated Impact Assessment and Risk Management. There are no major issues.

## 7.0 RISK ASSESSMENT

There are no risks associated with the recommendations set out in this report.

## 8.0 CONSULTATIONS

- 8.1 The Chief Officer, Chief Finance Officer, Dundee City Council Management Team and the Clerk have been consulted in the preparation of this report.
- 8.2 Young people have been consulted both individually and as part of the 4Change Group (for care leavers.) Discussion has also taken place with the Dundee Champions Board.

## 9.0 DIRECTIONS

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

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

## 10.0 BACKGROUND PAPERS

10.1 None.

Jane Martin  
Chief Social Work Officer  
March 2019



# Scottish Care Leavers Covenant

Supporting corporate parents to  
improve the lives of care leavers



## Scottish Care Leavers Covenant – the Alliance

The Scottish Care Leavers Covenant was coproduced by a cross-sector alliance of organisations:



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„I think it’s important that young people’s voices are heard and that they are always aware of their rights.“

Care leaver



## Introduction

The Scottish Care Leavers Covenant supports Scotland's corporate parents, carers, practitioners, managers and decision makers in fulfilling their duties to improve the life chances of all of Scotland's care leavers.

Care leavers often struggle on their journey into adulthood. For many the leap from care to independence is just too great, and too many continue to experience problems that lead to much poorer outcomes than the general population.

**These outcomes are not inevitable and should not be accepted as the norm.**

The Covenant builds on the principles of Getting It Right for Every Child (GIRFEC)<sup>1</sup> by taking a holistic, young person-centred approach. It focuses on the long-term wellbeing needs of care leavers; highlighting the need for early intervention and help that is appropriate, proportionate and timely. It also needs high standards of cooperation, joint working and communication between agencies locally and across Scotland. Aligning the Covenant with GIRFEC will make sure that the 'one child – one plan – one care journey' principle continues beyond the young person's care setting.

**The voice of care leavers must be heard and inform the development of support available to them.**

While high-quality support into adulthood is critical<sup>2</sup> we know that improving outcomes for care leavers is built on the solid foundations of good, stable, care experiences. Therefore we will work with local authorities and partners to fully and meaningfully implement Staying Put Scotland Guidance<sup>3</sup> and Part 11 (Continuing Care) of the Children and Young People (Scotland) Act 2014<sup>4</sup>, to ensure that young people only move on from care when they are ready to make the transition in a positive and sustained way.

4

## Our Covenant: a promise to act

We call on all corporate parents and others with an interest in the lives of our care leavers, to endorse and sign up to the Scottish Care Leavers Covenant. In developing the Covenant, we drew on the work of NCAS/ Catch 22 and Access All Areas<sup>5</sup> and fully endorse its principles. However, we believe that any approach needs to be more explicit and should be backed up by specific and coordinated activity needed to support the meaningful implementation of corporate parenting as these young people transition from care to adulthood.

The Agenda for Change section offers a framework of key actions. We believe if these are implemented fully and consistently, this will transform culture and practice across all corporate parents.

By endorsing and signing up to the Scottish Care Leavers Covenant, corporate parents can demonstrate their commitment to excellence by transforming practice, culture and outcomes for all care leavers.


Endorsing the Covenant and applying the framework will support, complement and enhance corporate parenting activity and improve consistency of practice and provision across all local authority and health board areas.

We call on all corporate parents and other public bodies to:

- Actively endorse the Scottish Care Leavers Covenant and commit to uphold and promote its principles, within and across their remits and responsibilities.
- Fully support and implement actions in the Agenda for Change to close the gap and realise our ambitions and aspirations for care leavers.

The development of the Scottish Care Leavers Covenant is the work of a cross-sector alliance of organisations. Whilst we recognise that there is a range of positive current activity in working with care leavers, the Covenant, including the Agenda for Change, complements and builds on good practice.





✓ Every policy should be aware of care leavers and how the policy affects them in a good way or bad way ✓

Care leaver



## Guiding Principles

For the general population, growing up, moving out and becoming more independent happens gradually, with on-going family support over many years.

*Scotland's care leavers should expect nothing less.*

1. Care-proofing of policy: Corporate parents recognise the vulnerability of care leavers as young adults, and prioritise and reference them in policy documents. Given the inequalities in opportunity encountered by care leavers, corporate parents will treat them as a 'protected group' with the potential impact of changes to policy measured through Equality Impact Assessments.<sup>6</sup>
2. Assumption of entitlement: Corporate parents will assume all care leavers are entitled to services, support and opportunities, up to their 26th birthday. Where discretion exists in definitions of vulnerability, or in giving priority access, these will be in favour of care leavers. This includes access to bursaries and grants; access to employment or training support and provisions; housing and accommodation options; health services; leisure, cultural and recreational opportunities with access to 'second-chance' opportunities.
3. Staying Put and Continuing Care: Corporate parents will demonstrate that looked after young people and care leavers are actively encouraged, enabled and empowered to benefit from 'Staying Put'<sup>7</sup> arrangements, remaining in positive care settings until they are ready to move on. Transitions will be based on an individual's needs and stage of development rather than chronological triggers and bureaucratic thresholds.
4. Relationships are the 'golden thread' of good practice.<sup>8</sup> Corporate parents will demonstrate that priority is given to relationship-based practice, based on understanding, empathy, respect, and 'stickability'. They will do this by minimising staffing changes and promoting consistency in workers, considering changes to services based on individual need rather than age. They will support young people to maintain positive relationships and attachments with previous carers and professionals throughout their care experience and beyond.

## The Children and Young People (Scotland) Act 2014

From April 2015 any looked after young person (regardless of their placement type or the legal route by which they became looked after) who ceases to be 'looked after' on or after their 16th birthday is a 'care leaver'. Every young person who fits this description is therefore covered by the 'aftercare' provisions of section 29 of the 1995 Act, as amended and augmented by the Support and Assistance for Young People Leaving Care (Scotland) Regulations 2003, and Parts 10 & 11 of the Children and Young People (Scotland) Act 2014.

Part 9 (Corporate Parenting) of the Children and Young People (Scotland) Act 2014 places new duties on local authorities and other corporate parents to ensure the best possible outcomes for care leavers into adulthood.

Scottish Government Guidance<sup>9</sup> describes corporate parenting as:

'An organisation's performance of actions necessary to uphold and safeguard the wellbeing of a looked after child or care leaver, in which physical, emotional, spiritual, social and educational outcomes are promoted.'

All corporate parents are now required to prepare and publish plans which detail how they will fulfil their duties under Section 58 of the Act.

- **Alert** : Systems are in place to stay informed of issues which could have a negative impact on the child/young person.
- **Assess**: To ensure services are relevant and accessible to the widest possible group – it is not sufficient to identify needs without addressing them.
- **Promote** : Perform actions which may advantage or benefit looked after children and care leavers.
- **Opportunities** : Identifying relevant opportunities and seeking to understand how looked after children and care leavers could be supported to participate.

- Access: Help looked after children and care leavers to overcome barriers so that they can benefit from opportunities, services and support.
- Improve Review performance as corporate parents and take action to improve where opportunities are identified.

In addition to the Section 58 duties, Guidance recommends that every corporate parent consider their contribution towards:

- Active participation in shaping services.
- Providing safe, secure, stable and nurturing homes for looked after children and care leavers.
- Enabling looked after children and care leavers to develop or maintain positive relationships with their family, friends, professionals and other trusted adults.
- Securing positive educational outcomes for looked after children and care leavers.

Part 10 (Aftercare) of the Act increases the upper age which care leavers can request and receive on-going advice, guidance and assistance from their 21st to 26th birthday.

- Ensuring ‘care’ is an experience in which children are valued as individuals, and where support addresses their strengths as well as their needs.
- Ensuring physical or mental health concerns are identified early and addressed quickly.
- Increasing the number of care leavers in education, training and employment.
- Reducing the number of looked after children and care leavers who enter the youth and criminal justice systems.

By doing this the legislation acknowledges that for many care-experienced young people, on-going positive support is vital and necessary to ensure they have the opportunities to make positive, sustained transitions into adulthood.

The 2014 Act provides a real and renewed opportunity to close the gap between policy and practice and close the outcomes gap for care leavers. We need to take this opportunity to deliver a culture shift in how we support care leavers into adulthood. To do this requires extensive and sustained activity with a focus on leading and embedding changes.<sup>10</sup>

The actions proposed in the Agenda for Change section align with and support the recommendations in the guidance and offer practical suggestions on how to achieve this.





## Closing the Implementation Gap

Implementing policy effectively is a recognised challenge.<sup>11</sup> Child care policies, particularly for care leavers, can take a long time to become part of mainstream everyday practice.<sup>12</sup> Successfully and meaningfully implementing the Act needs on-going political commitment, with leadership at national and local level to support organisations and services to go beyond mere compliance to aspire to excellence.<sup>13</sup>

Good parents aim to do much more than the basics for their young people and Scotland's care leavers should expect their corporate parents to do the same.

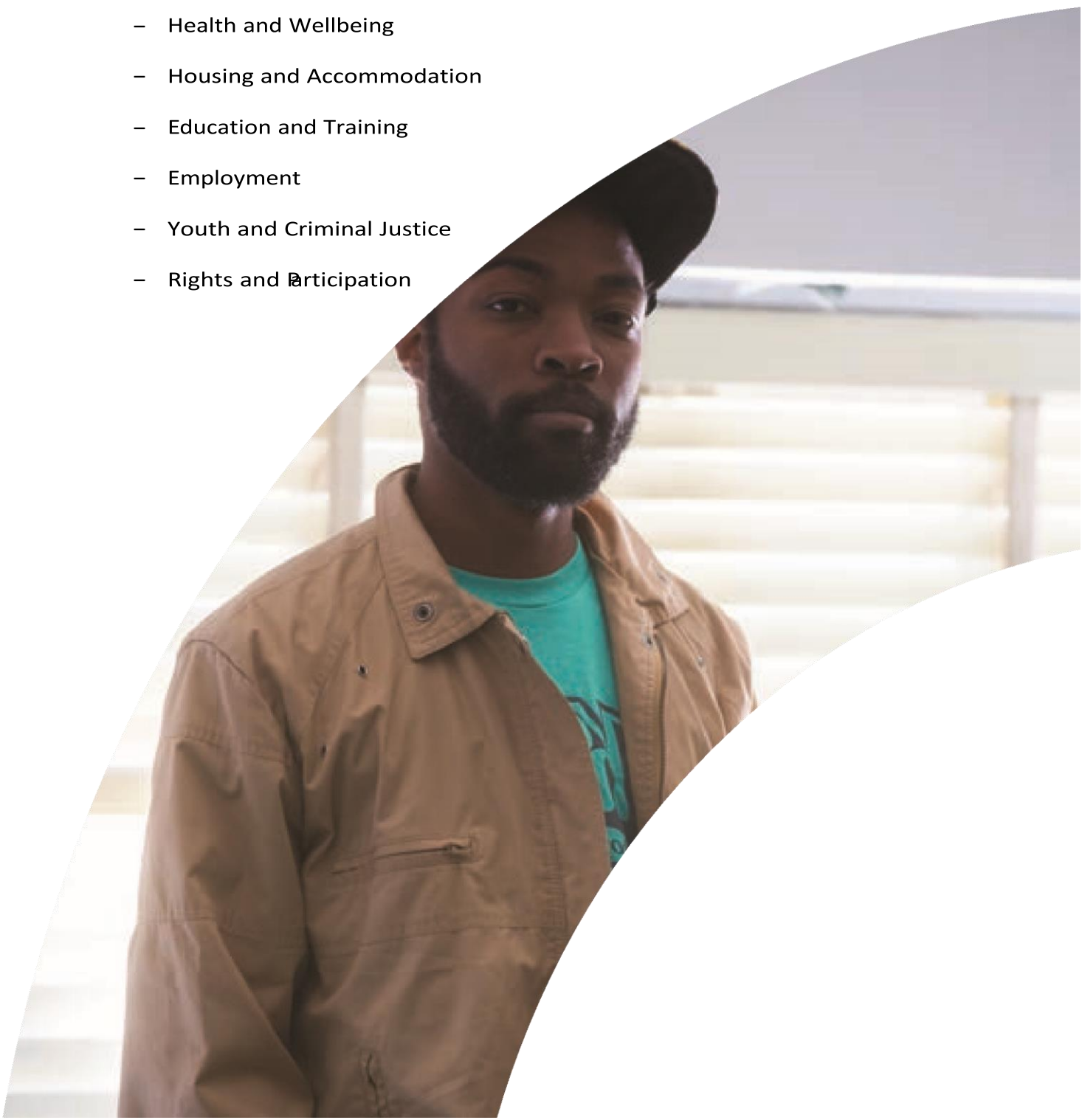
Implementing the Covenant will have significant long-term implications for the public purse<sup>14</sup>. We recognise the challenges this poses for service providers, especially in the current financial climate. However, investing in good practice and adopting 'Staying Put' to improve the future for care leavers will support corporate parents to meet their legal and ethical responsibilities towards care leavers,<sup>15</sup> and will be more cost-effective in the long term.<sup>16</sup>

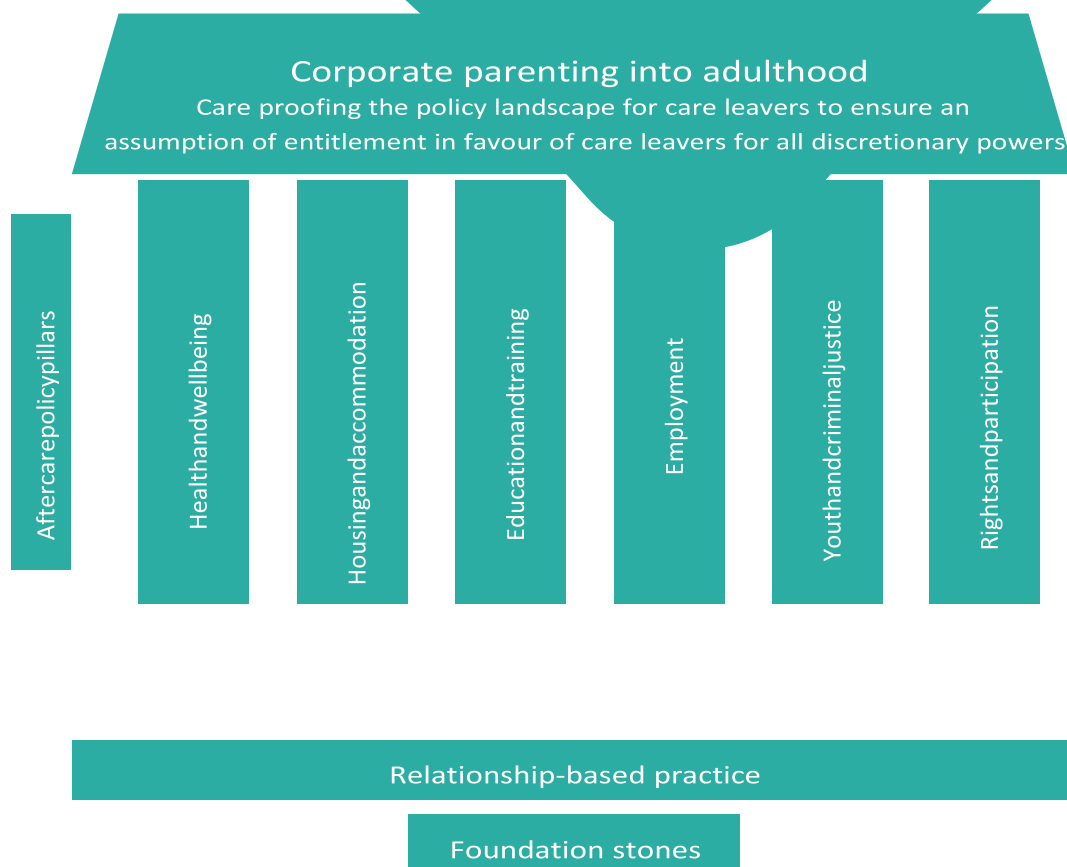
By endorsing the principles of the Covenant and putting the actions outlined in the Agenda for Change at the heart of Corporate Parenting Plans, corporate parents will be better able to fulfil their duties and realise their ambitions for their care leavers.

To do this the Agenda for Change outlines a range of actions and practice changes across key policy themes, which need to be delivered consistently by all relevant corporate parents across Scotland, at national and local level. These identified actions are informed by research evidence, current practice and the voices and experiences of looked after young people and care leavers.

These key policy themes, or pillars are:

- Health and Wellbeing
- Housing and Accommodation
- Education and Training
- Employment
- Youth and Criminal Justice
- Rights and Participation







#### Graduated and extended transitions

#### Staying put and continuing care

While each of the policy themes and related actions are important on their own, it's the cumulative impact of change across these inter-related areas that will contribute to and drive forward the culture shift necessary to deliver transformational change.

Work to progress each of these areas will be delivered through the concerted action of corporate parents, including coordinated, collaborative ventures. The Alliance behind the Care Leavers Covenant commit to supporting corporate parents, including active campaigning at a local, national and UK level.

We will fully integrate the principles and actions outlined within the Covenant into their Corporate Parenting Plans, through Champions Boards, Community Planning Partnerships and Health and Social Care Partnerships.

We believe that in Scotland we have positive and enabling policy and legislation; a committed and engaged sector; inspiring leaders; and dedicated practitioners all able to transform practice and outcomes for care leavers.

## The Agenda for Change: Principles into Action

We've identified priority actions and key changes within each of the policy themes. These actions are not a definitive or exhaustive list, but delivered together form a clear and robust framework, which will improve consistency of practice and lead to better outcomes for all care leavers.

## Health and Wellbeing

The health and wellbeing needs of looked after young people in Scotland are identified as a priority by the Directors of Public Health in Scotland because of the vulnerability of this group, their poor health outcomes and the lack of a consistent system to assess need and monitor progress.

Many of the pre-care and in-care experiences of looked after young people can be considered as Adverse Childhood Events,<sup>17</sup> and are very likely to continue to have a serious detrimental effect on their physical, mental and emotional health and wellbeing well into adulthood and in some cases throughout their lives.

Mental health and emotional wellbeing issues are substantially higher among looked after young people than in the non-looked after population. Reports continue to highlight that looked after young people experience 'significantly poorer mental health than the most disadvantaged children outside the care system.'<sup>18</sup> In addition, rates of suicide and self-harm are higher than that of the general population, often linked to earlier adverse life events and difficulties around attachment, loss, and the impact of care interventions.<sup>19</sup>

The Scottish Government has issued a number of policy and guidance documents such as Guidance on Health Assessments for Looked After Children in Scotland<sup>20</sup> which aims to improve health and social outcomes for looked after young people and care leavers.<sup>21</sup> It sets out the minimum standardised elements of a health care pathway which Health Boards are expected to implement in collaboration with local authorities and other organisations.<sup>22</sup>

- All staff involved in providing services to children and young people will undertake learning on child development and the impact of attachment and trauma, and this training will be refreshed every three years.

In terms of the health needs of care leavers, previous commitments were clarified and strengthened by the Leaving Care (Scotland) Regulations and Guidance 2004<sup>24</sup> which stated that health matters should be incorporated into a young person's Pathway Assessment and Plan, and should include the young person's views on their health needs.

#### KEY ACTIONS

1. Corporate parents will ensure robust and consistent support for care leavers in accessing universal, preventative and early intervention services relating to their health and wellbeing.
  - Corporate parents and third sector providers will collaborate to ensure that care leavers are able to access counselling, mentoring and other community-based services aimed at promoting improved emotional wellbeing.
  - Corporate parents will work together to remove barriers and increase supported access to cultural, artistic and other recreational opportunities for care leavers, building on strengths and interests.
  - Social care and health providers will develop accessible supports that assist in building capacity and resilience and reduce the numbers of care leavers needing to access specialist hospital-based services and/or moving into crisis.



2. Corporate parents will ensure that care leavers are given priority access to specialist services and improved access to adult mental health services.

- Priority access to Child and Adolescent Mental Health Services (CAMHS) for assessment and access to services for care leavers avoiding the use of waiting lists and lengthy referral processes.
- Clear access to advice and consultation with adult mental health professionals for those involved in supporting care leavers with complex and/or challenging mental health, emotional and behavioural needs.
- Joint working arrangements between CAMHS and adult services, for example by allowing CAMHS to continue to provide a service where there is an existing relationship until the young person is ready to move to adult services.
- Adult services models of intervention take account of care leavers' levels of development and functioning and ensure that access to services and interventions are appropriately pitched.
- Thresholds for support and access to services must be flexible and reflect the individual circumstances of care leavers based on need rather than age.
- Specialist services will be responsive towards care leavers' individual and collective issues and needs, with access to:
  - > Specialist support, assessment and advice around self-harm and suicide risks.
  - > Substance misuse services appropriate to the individual circumstances and level of functioning of care leavers.
  - > Sexual health clinics, including emergency appointments.
  - > Specialist support for care leavers who become young parents.

3. Take action to reduce social exclusion and isolation, which impact on mental and physical health and emotional wellbeing by providing free or discounted access to:

- Leisure facilities for all care leavers up to age 21 and, where required, up to age 26.
- Public transport for all care leavers up to age 21 and, where required, up to age 26.

4. Each local authority and health board has a named contact with specific responsibility for care leavers' health and for promoting and coordinating actions to reduce health inequalities, these being made explicit within Corporate Parenting Plans.
- Dedicated throughcare and aftercare nurse provision is in place for all care leavers.
  - Consistent application of national mental health indicators for care leavers.<sup>24</sup>
  - Consistent and efficient systems to gather information about care leavers and monitor their access to, and the effectiveness of, interventions intended to support improved physical, mental and emotional health and wellbeing.
  - Establish clear, consistent working arrangements across and between local authorities and health board boundaries for those young people who are placed outwith their home authority, or who return to their home authority on leaving care.

#### ANTICIPATED OUTCOMES

- Reduction in care leavers' experiences of isolation.
- Improved engagement with health services.



- Improved opportunities for young people to access and participate in activities to promote their wellbeing without adversely impacting on their finances, particularly in more rural areas.
- Proactive engagement with services, reducing the likelihood and need for crisis responses.
- Improved communication and collaboration between key corporate parenting agencies, ensuring services are delivered more effectively and efficiently.

### Housing and Accommodation

Young people leaving care are more likely to become homeless and experience housing instability due to their vulnerability and limited economic and social resources.<sup>25</sup> Safe, settled and sustainable accommodation is a crucial foundation for achieving positive outcomes for care leavers.





Research demonstrates that care leavers are at their most vulnerable during the transition period towards independence.<sup>26</sup> Care leavers describe the significant challenges they face, with pressing financial worries, lack of family and friend support networks and stress over employment and education all underpinned by problems with unsuitable and unstable accommodation.

In Scotland care leavers move on to live more independently at a much younger age than the rest of the population, when they are least equipped to do this successfully. Leaving care at a later stage increases young people's chances of a successful transition, including being in safe and settled accommodation, enjoying improved health and wellbeing, and achieving better educational outcomes, increased employability prospects and economic stability.<sup>27</sup>

In Scotland the Staying Put Scotland Guidance (2013) and Housing Options Protocols Guidance (2013) were produced to inform and share best practice and bring consistency to the options and support available to care leavers. Policy and legislation recognises and highlights the fundamental importance of safe, secure and sustainable accommodation in helping care leavers attain and achieve.

In no circumstances should young people leave the care of a local authority without alternative accommodation appropriate to the assessed needs of the young person being in place.<sup>28</sup>

#### KEY ACTIONS

1. The full and meaningful implementation of Staying Put and Continuing Care for all looked after young people and care leavers should be a primary focus for all corporate parents.
  - Encourage, enable and empower looked after young people and care leavers to remain in a positive care placement until they are ready to move on.
  - Local actions to develop and support this should be explicit within Corporate Parenting Plans.
  - Actively promote and facilitate extended and graduated transitions to give young people the opportunity and support to prepare for greater levels of



independence while remaining in their care setting. This enables care leavers to move on from their placement in a gradual and phased way over a period of time and with opportunities to test their abilities to live more independently with on-going support.

- Actively support and facilitate care leavers to maintain positive supportive relationships and keep in touch with their carers when they leave and, if possible and necessary, to return to their placement.

‘ I wish that the recommendation that alternative accommodation be put in place was there when I left care because I felt like my accommodation wasn’t suitable for me. ’

#### Care leaver

2. Fully implement the Housing Options Protocol for Care Leavers Guidance to comprehensively address the housing and accommodation needs of all care leavers.
  - Local authorities collaborate with Registered Social Landlords to provide a range of appropriate, suitable, good-quality accommodation for care leavers.
  - Develop and maintain a range of accommodation options which meet the needs and wishes of care leavers including:
    - > Supported Carers: converting foster care placements to supported carer placements becomes established practice where appropriate and supported carer placements are made available to those young people who are not yet ready to transition to greater independence.
    - > High-quality residential supported accommodation settings.
    - > Individual community based supported flats with ‘living nearby’ support.

- > Access to good-quality mainstream tenancies with appropriate levels of person-centred support.

All young people encounter difficulties and make mistakes – it's called 'growing up' or 'learning from experience' - and care leavers (often lacking skills and support networks) are more likely than most to encounter difficulties with their accommodation.

- End the use of the homeless route to access accommodation for care leavers. This is not appropriate and fails to allow for a proper planning process or to provide adequate support.
- Where care leavers are at risk of homelessness after a period of being outwith care/support of the local authority, they must be recognised as a vulnerable group and be supported as such.
- Care leavers up to the age of 26 are recognised by corporate parents as potentially vulnerable and have access to support even after a prolonged gap in contact/support with care services.

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#### 4. End the use of 'bed and breakfast' and 'adult hostels' as accommodation options for vulnerable care leavers.

- The stress of unstable, unsuitable accommodation (such as B&Bs and homeless hostels) can impact on physical and mental health, creating, exacerbating and compounding pre-existing vulnerability and disadvantage.
- In allocating accommodation to homeless households, local authorities in Scotland must already give proper consideration to the suitability of B&B and hostel accommodation to certain vulnerable groups, including families with children.
- Care leavers should be given the same status as other vulnerable groups when considering these particular accommodation options.

5. Multi-agency transitions forum: local authorities must develop and operate a multi-agency planning and support forum around housing and accommodation support needs for care leavers, involving the active participation of all relevant corporate parents.

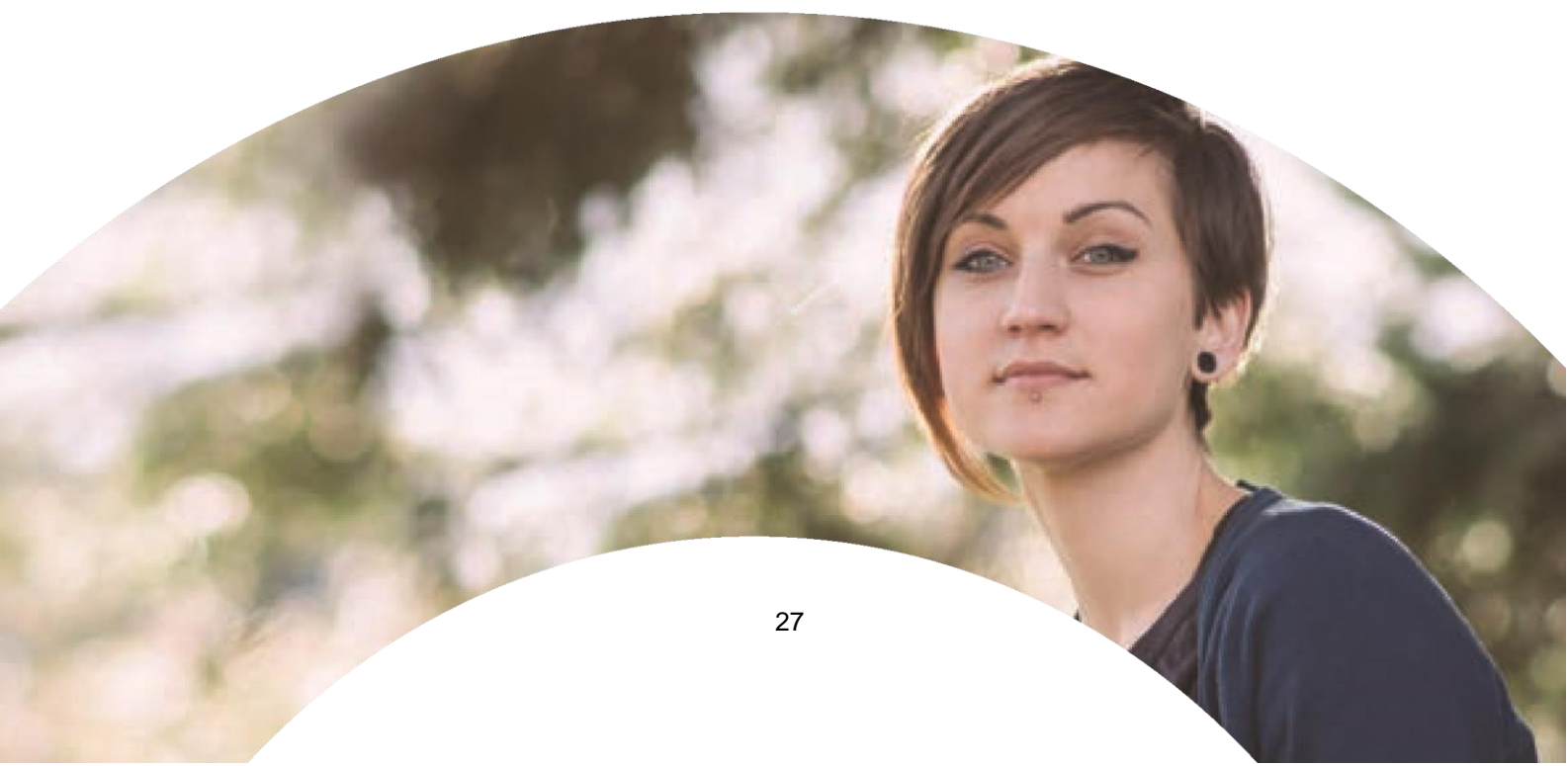
- Multi-agency forums are effective in allocating appropriate housing and support, implementing creative packages of support, overcoming problems and issues and tracking progress of care leavers in moving on.
- Joint planning and multi-agency and partnership working is at the heart of all planning with the 'one child - one plan - one care journey' principle being continued into adulthood.
- Pathways and support plans will reflect the key roles and responsibilities of agencies and partners in meeting the young person's needs through a phased transition into adulthood.
- The process reflects the dynamic and changing nature of young people's needs and circumstances as they progress on their journey to adulthood and interdependence.
- To achieve this, recognition that relationship-based practice for young people leaving care is crucial in maintaining previous supportive relationships and ensuring there is continuity and co-ordination in providing housing support.

ANTICIPATED OUTCOMES

- Continuing support services allows corporate parents to offer something equivalent to a 'family safety net' for care leavers.
- Ensures that the young person remains at the centre of planning and support arrangements.



- Encourages partners to continue to work together with and on behalf of the young person for as long as is needed after the transition has been made - reinforcing that accessing accommodation on a oneoff basis for a care leaver does not constitute a discharge of duty - corporate parents must repeatedly do what they can to make positive outcomes achievable.
- Care leavers do not have to go through the formal adult homelessness route and can expect to receive housing options and support tailored to their needs as a vulnerable group.
- Reduction in the risk - and costs - of repeated accommodation breakdown and homelessness.
- Enables sustained engagement in education, training or employment.



## Education and Training

The educational outcomes for looked after young people and care leavers are, in general, poor in comparison to those of the majority of young people in Scotland. Trauma, attachment issues, mental ill health, stigma, frequent placement moves, the multiple transitions, and the chaotic living arrangements that many care leavers experience are contributory factors leading to disrupted schooling and negative experiences of education. With such poor experiences it is unsurprising that Scottish Government statistics<sup>30</sup> highlight that 74% of looked after young people leave school at the age of 16 and only a small percentage, in comparison to the national average, go on to study at university.

While the educational outcomes for looked after young people are poor, as are their prospects of progressing to further education, there is still a long way to go to close the attainment gap between them and their peers.

Additional Support for Learning (ASL)<sup>31</sup> legislation states that looked after young people should be automatically considered to have additional support needs, unless assessed as otherwise. Those with additional support needs who require significant support from more than one agency should have a Co-ordinated Support Plan (CSP).

This legislation is currently failing looked after young people. In 2015 it was reported by Govan Law Centre that less than half of looked after young people with additional support needs had a Coordinated Support Plan. Considering the multiple and complex

It is important to recognise and harness the full range of care leavers skills and aptitudes and to enable them to build on their strengths. It is also important to recognise that failing to achieve qualifications in school is not the end point in terms of academic or vocational progression and care leavers should be supported in their aspirations and goals regardless of the length of the journey.

barriers that looked after young people experience in education, this proportion is surprisingly low. – Educational outcomes to feature prominently in all integrated plans for looked after young people and care leavers in senior school phase and college.

- Extension of all Additional Support for Learning Services to all care leavers.

## KEY ACTIONS

1. Improved and strengthened links between schools, Skills Development Scotland, social work and further education providers.
  - Access to early and effective careers advice for looked after young people provided by schools and Skills Development Scotland starting before the end of Third Year and continuing for as long as is necessary.
  - Information sharing between schools, social work, Skills Development Scotland, Department for Work and Pensions and further education providers to ensure continuity of support and joint working post school, fully utilising the 16+ Learning Choices Data Hub.
2. Consistent and comprehensive use of ASL legislation to ensure that looked after young people have Co-ordinated Support Plans in place where required.
  - Real-term increases in spending on Additional Support for Learning Services.
3. Further and Higher Education (FE and HE) providers develop and offer effective, consistent and equitable care leavers' support across all areas of Scotland.
  - A dedicated student support professional is identified for all care leavers accessing further and higher education.
  - Range of financial, accommodation, mentoring and emotional support to be consistent across all providers.
  - Corporate parents, FE and HE providers and supporting agencies act to raise awareness of the range of supports available to support care leavers and collaborate in encouraging looked

after young people and care leavers to declare their status and access this support.

- FE and HE providers use protected characteristics provision creatively to widen access and provide support for care leavers.

4. Throughcare and aftercare services and FE and HE providers establish proactive and effective communication links.

- Collaborate over financial and accommodation support, including non-term time accommodation and help with transport costs.
- Identify and share information - with care leaver's consent - regarding potential problems and offer proactive support to prevent care leavers dropping out of college or university.

ANTICIPATED OUTCOMES

- Care leavers experience a more positive transition from school to post-school provision.
- Increased effectiveness and continuity of careers advice and more accurate assessment and advice around post-school destinations.
- Increase in the number of care leavers successfully completing college and university courses with resultant benefits for employability.
- Care leavers feel more supported and less isolated and are empowered to form trusting relationships.





- Care leavers have a wider range of options in accessing learning institutions that are local to them, or that suit their ambitions, without compromising on support needs.
- Care leavers are better prepared to apply and be accepted for institutions that they may otherwise see as beyond them.
- Collaborative working clarifies roles and responsibilities, and problems are detected early with strategies and contacts in place to resolve them.

## Employment

Access to the employment market can be more challenging for care leavers and they should be regarded as a high priority group who need additional support to gain and sustain employment.

While recent reports<sup>32</sup> have shown an increase on previous years in the number of care leavers in positive destinations nine months after leaving school, it still falls short in comparison to the rest of the population.

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The Commission for Developing Scotland's Young Workforce report published in 2014 was clear that current employability support for care leavers is not fit for purpose. The report makes suggestions including: 'In partnership with the third sector, the Scottish Government should consider developing a programme which offers supported

In addition, the Children and Young People (Scotland) Act 2014, makes particular reference to the need for better provision for young people in care and care leavers that lasts longer. These policy developments highlight the need for an innovative Scottish employability service providing a supported and stable gateway into the world of work for looked after young people.

There needs to be greater awareness of the unique employability needs of care leavers, recognising that traditional training and education platforms as an isolated response are not enough. Instead a holistic approach is required which encompasses health and wellbeing, housing and financial support and acts as a route to apprenticeships and/or meaningful work .

Given the acknowledged need to develop Scotland's young workforce and to prevent future skills shortages, there is a need to make explicit links between social inclusion and economic development. There are real opportunities here to create a more joined-up solution for care leavers and employers.

employment opportunities lasting up to a year for care leavers.’ This has been reflected in Scotland’s Youth Employment Strategy.<sup>34</sup>

#### KEY ACTIONS

##### 1. Develop an integrated national vocational training and progression pathway for care leavers.

- Develop a new employment brokering facility to match job-ready care leavers with entry level career opportunities and Modern

Apprenticeships.

- Aligned to and building on the work of the Open Doors Consortium, develop a new flexible (holistic) support fund to help overcome barriers experienced by care leavers seeking to enter employment for the first time.
- Targeted financial support to help care leavers to secure and sustain employment. This can encompass work related needs, on-the-job training, support with travel and support with housing costs in the early weeks of employment. This will have a clear focus on helping the young person sustain employment.
- Ensure effective alignment of funds to support care leavers at each stage of the Employability in Scotland strategic skills pipeline.<sup>35</sup>

##### 2. Reduce any real or perceived barriers to accessing Modern Apprenticeships to ensure opportunities are aligned to care leavers’ needs.

- Subject to spending review, ensure that care leavers can access Modern Apprenticeships up to the age of 30, at the highest level of public funding available.
- Scope out and harness the potential for using Foundation Apprenticeships as a way into employment with training for care leavers.

##### 3. Implement a full systemic approach to information sharing and joint working across education services, social work and throughcare teams, Skills Development Scotland, Department for Work and Pensions and specialist providers.

- Agencies communicate and collaborate to ensure that care leavers are supported throughout the difficult transition period from education to employment.
- Informed consent should be obtained when using personal information.

#### 4. Maximise the positive use of the 'care leavers marker' by Jobcentre Plus staff.

- Ensure that self-declaration of care leaver status is matched by tangible benefits including additional support as vulnerable claimants.
- Department of Work and Pensions allow and actively promote advocacy and support for care leavers in attending key interviews and interactions with the agency.

- Programmes that provide flexible and sustained support, including pre-employment, employment and post-employment support.
- Partner agencies able to signpost and/or provide non-work related support to care leavers.

#### ANTICIPATE

- Care leavers increase their participation in support available to help them into work, using a clear pathway to secure sustained meaningful employment.
- Reduction in instances of care leavers being sanctioned by the Department of Work and Pensions and increased numbers of young people receiving support as vulnerable claimants.

#### 5. Develop and enhance supportive environments for the most vulnerable care leavers as a first step into the world of work.

- Build on existing good practice e.g. Community Jobs Scotland, brokering, securing and supporting jobs in the third sector for young people.
- Corporate parents have a dedicated 'Family Firm' fenced opportunities and person-centred support for care leavers.
- Private sector employers who receive public funds or are commissioned by corporate parents to deliver

<sup>36</sup> policy with ring-

services should be encouraged and supported to offer employment opportunities for care leavers.

- Increase in the number of care leavers securing employment.
- Skills Development Scotland reporting an increase in the numbers of care leavers securing and successfully completing Modern Apprenticeships.
- Employers who receive public funds demonstrate a more proactive role in recruiting care leavers.

## Youth and Criminal Justice

Research consistently highlights that care leavers are more likely to be involved with the criminal justice system. Prison statistics<sup>37</sup> show that a third of young offenders and a quarter of male adult prisoners in 2013 have been in care with 17% having been in care at age 16.

### KEY ACTIONS

Factors associated with offending behaviour and desistance have clear links to the needs outlined in the Covenant and Agenda for Children. The importance of meeting care leavers' educational, employment, housing, and health needs.

All youth and criminal justice agencies have responsibilities in addressing the overrepresentation of care leavers in these systems and we encourage agencies including Children's Hearings Scotland, Scottish Children's Reporters Administration, Police Scotland, local authorities, Convention of Scottish Local Authorities, Social Work Scotland, Scottish Prison Service, Scottish Court Service, Crown Office and Procurator Fiscal Service, and the judiciary to endorse the Covenant and deliver on the key actions below.

1. Identification of care leavers and engagement with each youth and criminal justice agency to coordinate responses.

All individuals aged under 26 are asked a standardised, understandable question to determine whether they are a care leaver, and the response is recorded.

With the young person's consent contact should be made with other involved agencies and this should be done in accordance with information sharing protocols.

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2. On identification, corporate parents and youth and criminal justice agencies will ensure that care leavers receive:

- Contact from relevant agencies who can meet their immediate and longer-term needs and/or who may have corporate parenting duties.
- A holistic assessment of their needs for services and support and an individualised plan will be created by the local authority in partnership, detailing how entitlements will be met.
- Ensure that any existing plans take account of the care leaver's entitlements.
- Advocacy support.
- An assertive outreach approach to offering support.

3. Criminal justice interventions take into account the needs and circumstances of care leavers

- A Whole System Approach including: timely and joined up interventions; maximising the use of diversion from statutory measures; court support; and transition/reintegration support.
- A long-term relational approach to supporting engagement and consideration of which services are most appropriate to support care leavers.
- Additional support to comply with interventions and during transitions/reintegration.
- Creative use of interventions, including individual and group work supports.



4. Learning and development opportunities are available to the criminal justice workforce, including decision makers, focusing on:
  - The experiences of care leavers and the impact of such experiences.
  - Corporate parenting responsibilities and actions.
  - Legislation, definitions and entitlements of care leavers, agencies' responsibilities, and available services and how these can be accessed.
  - The youth and criminal justice systems.
  
5. Relevant criminal justice services should have clear corporate parenting statements of intent which should:
  - Detail how they intend to fulfil their corporate parenting responsibilities.
  - Be included as part of Corporate Parenting Plans.
  
6. Measures taken through the Children's Hearings System (CHS) can impact on care leavers' futures. Priorities should include:
  - Continuing to support 16-17 year olds on Compulsory Supervision Orders (CSOs).
  - Dealing with cases in the CHS rather than court where appropriate.
  - Ensuring young people subject to CSOs can access appropriate adult services.
  - Planning transitions from the CHS and ensuring support plans are in place.
  - Limit the carry-over of criminal records from CHS and informing when this is the case.

#### ANTICIPATED OUTCOMES

- Improved identification and monitoring of the numbers of care leavers in youth and criminal justice systems with the aim of reducing this overrepresentation.
- Care leavers will see benefits in self-identification.
- Improved information sharing and the inclusion of young people in this.
- Greater consistency of assessment, planning and access to supports/ entitlements.



- Interventions are more effective, with fewer unsuccessful completed measures.
- Holistic recognition of the experiences of care leavers to support culture change.
- Clarity on what care leavers can expect from services that are accountable.
- Young people in transition from the Children's Hearings System will be more appropriately supported.
- Most 'convictions' incurred in childhood will not be carried into adulthood, which should increase inclusion in pro-social opportunities and employment.

## Rights and Participation

Young People have a right to participate in decisions that affect them.

Article 12 of the UNCRC specifically details that young people have the 'right to express their views freely in all matters affecting them' in accordance with their age and maturity.

These rights are central to the provisions of the Children (Scotland) Act 1995 which defines eligibility for throughcare and aftercare support and services for those young people preparing to leave care and who become care leavers. These supports and services are further clarified and strengthened by the Supporting Young People Leaving Care in Scotland Regulations (2004), including details of financial and other supports that care leavers would need to make the transition to adult life.

The philosophy enshrined within GIRFEC puts the child at the centre and the Children and Young People (Scotland) Act 2014 defines the responsibility corporate parents have towards care leavers. The Act highlights the need for corporate parents to be alert to matters affecting children and young people and emphasises the importance of engaging in regular dialogue with individuals and groups that they have a duty towards.



Part 1 of the 2014 Act links this legislation specifically to the UNCRC and Part 2 strengthens the role of the Scottish Commissioner for Children and Young People in investigating and upholding children and young people's rights.

Rights and entitlements that are defined within policy and legislation are not always reflected in practice. Care leavers are particularly vulnerable to having their rights overlooked. The process of moving on from placement and leaving school, often within a short time-frame, tends to mean care leavers lose access to support networks and can quickly become isolated and disempowered. Attempts to engage care leavers in participation, although well intentioned, can often come across as tokenistic and ineffective, with little clarity as to whether they have made a difference.

The development of Champions Boards, bringing young people alongside elected members and senior managers at a local level, is a welcome one and represents real potential to achieve lasting change in acknowledging and responding to the needs of this vulnerable group.

Rights and entitlements for care leavers continue to lack clarity and transparency with a lack of information, and discretionary decisions which vary across areas. Adopting a rights-based rather than deficit-based approach to support reflects the spirit of policies that affect care leavers.

#### KEY ACTIONS

1. All corporate parents have participation processes in place specifically aimed at care leavers.
  - Arrangements provided for meaningful and regular engagement with care leavers using existing forums or, where necessary, developing new ones e.g. Champions Boards.



- Care leavers are given specific opportunities to influence and shape services and policies at local and national level, including receiving feedback on their ideas and contribution.

- Information on the choices and options available to people preparing for care leaving is available in written and verbal form.
- Information is available well in advance of preparations to move, from the age of 14 and onwards as appropriate.
- Information on care leavers rights and entitlements is readily available, particularly around the issue of staying put and extended aftercare support.
- Information is available to those care leavers who don't currently access support, informing them that they can request further support, up to the age of 26.
- Services keep in touch with care leavers, throughout their leaving care journey into adulthood, not just responding at times of crisis.

### 3. A rights-based approach to support and services for care leavers is adopted to take full advantage of enabling legislation and policy.

- Rights of care leavers are proactively implemented and protected throughout their entire care leaving journey, not just when they first leave care or at times of crisis.
- Harder to reach groups of care leavers are given access to independent advocacy and more consistent use of an existing supporting person in planning and implementing supports and upholding care leavers' rights.

Corporate parents can evidence activity and progress in

## ANTICIPATED OUTCOMES

- reporting cycle.
- Corporate parents are more responsive to local need and gaps in provision.
- Local and national policy and practice is more reflective of care leavers' needs and priorities, leading to more meaningful and sustained engagement and dialogue.
- Care leavers are better informed and prepared and more aware of the options available to them when ceasing to be looked after.
- Care leavers are more likely to remain in placement for longer and to undertake more graduated transitions to independent living, leading to better outcomes.
- Care leavers are more likely to come back to request support, leading to continuity of support and relationships, preventing more serious crisis and breakdown, with resulting costs to adult services.
- Improved consistency of impartial support and equality of opportunity for care leavers who do not consistently access help.

## A promise to act

The Scottish Care Leavers Covenant will be launched during National Care Leavers Week in October 2015. We will continue to promote and profile the Covenant, and engage with and encourage corporate parents and others to implement the Covenant.

We will actively encourage all named corporate parents, and all relevant agencies and organisations involved in the development, commissioning, delivery and monitoring of services to looked after young people and care leavers, to endorse and sign up to the Covenant.

We will support and promote agencies and organisations who want to demonstrate their active commitment to implementing the changes needed. We will share innovative practice through regular bulletins and news stories and, via our websites, we will help inform and inspire, chart progress and evidence impact.

By establishing a monitoring and evaluation process to chart progress and implementation we will make sure that care leavers and corporate parents are able to report positive change. Where appropriate, we will engage with our Alliance's work to make sure that the wider public are aware of the significant difficulties care leavers face, and generate public backing for the 'care-proofing' approach.

We will use the Covenant to support full implementation of Parts 9, 10 and 11 of the Children and Young People (Scotland) Act 2014 particularly to improve services and outcomes for care leavers.

By maximising the opportunities provided by the new Act and by addressing policy areas and implementing actions consistently and meaningfully, together we can close the gap and support the culture change needed to transform the lives of care leavers.





## Scottish Care Leavers Covenant – the Alliance

The Covenant was coproduced by a cross-sector alliance of organisations:

Barnardo's Scotland

Centre for Excellence for Looked After Children in Scotland (CELCIS)

Centre for Youth and Criminal Justice (CYCJ)

Institute for Research in Social Services (IRISS)

Life Changes Trust

Quarriers

Scottish Throughcare and Aftercare Forum

Who Cares? Scotland

### SCLC SUBGROUPS MEMBERS

The Covenant and Agenda for Change has been developed with the active participation, contribution and support of the following agencies.

Action for Children

Association for Real Change (ARC)

Community Jobs Scotland (SCVO)

Convention of Scottish Local  
Authorities (COSLA)

Children's Hearings Scotland (CHS)

Crown Office and Procurator  
Fiscal Service (COPFS)

Interventions for Vulnerable

National Union of Students (NUS)

The Princes Trust

Quality Assurance Agency (QAA)

Rock Trust

Royal Conservatoire of Scotland

Scottish Prison Service (SPS)

Scottish Government  
(Mentoring & Advocacy)

Scottish Association for Mental  
Health (SAMH)

Scottish Funding Council (SFC)

Skills Development Scotland (SDS)

Scottish Children's Reporter  
Administration (SCRA)

St Mary's Kenmure

Social Work Scotland (SWS)

Together (Scottish Alliance for  
Children's Rights)

Up-2-Us

Young Scot

Scotland



Breathing Space, NHS CLAN  
 Childlaw  
 Creative Scotland

## Sign up to the Scottish Care Leavers Covenant

We/I \_\_\_\_\_

On behalf of \_\_\_\_\_

Endorse the principles and actions outlined in the Scottish Care Leavers Covenant and will work with our corporate parenting partners to deliver the transformational change required to improve outcomes for all of our care leavers into adulthood.

Signed \_\_\_\_\_

Date \_\_\_\_\_

Send to: [info@scottishcareleaverscovenant.org](mailto:info@scottishcareleaverscovenant.org)

Post to:

Enquire  
 Includem

Youth (IVY)  
 NHS Forth Valley Police

Scotland

141 St James Road  
 Glasgow  
 G4 0LT

CELCIS  
University of Strathclyde  
Lord Hope Building

Or sign up at: [www.scottishcareleaverscovenant.org](http://www.scottishcareleaverscovenant.org)

For further information on the Scottish Care Leavers Covenant  
and the work of the Alliance please visit:

[www.scottishcareleaverscovenant.org](http://www.scottishcareleaverscovenant.org)

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**REPORT TO:** HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD –  
23 APRIL 2019

**REPORT ON:** RESHAPING NON-ACUTE CARE IN DUNDEE UPDATE

**REPORT BY:** CHIEF OFFICER

**REPORT NO:** DIJB19-2019

## **1.0 PURPOSE OF REPORT**

This report is to update the Integration Joint Board (IJB) in relation to the work of the Reshaping Non-Acute Care Programme in Dundee and outline progress towards the plans for non-acute care and residential care in Dundee described in report DIJB38-2017 (Article VIII of the minute of the meeting held on 31 October 2017 refers).

## **2.0 RECOMMENDATIONS**

It is recommended that the IJB:

- 2.1 Notes the contents of this report and in particular the emerging care models as described in sections 4.1.3 – 4.1.7.
- 2.2 Notes the proposed timeline for the development of the proposed replacement premises and the associated initial agreement; outline business case and full business case to be submitted to the Scottish Government as outlined in section 4.2.3.
- 2.3 Instructs the Chief Officer to submit the Initial Agreement to the IJB on the 17th December 2019 for consideration by the IJB prior to its submission to the Scottish Government in December 2019.

## **3.0 FINANCIAL IMPLICATIONS**

- 3.1 The cost of developing the project will be outlined in the Initial Agreement for onward submission to the Scottish Government for consideration of funding.
- 3.2 The proposed integrated model of care will provide opportunities for a more efficient use of resources, including shifting the balance of care which will be set out in the Initial Agreement.

## **4.0 MAIN TEXT**

### **4.1 Background**

- 4.1.1 As described in the Reshaping Non-Acute Care in Dundee report (report number DIJB38-2017) (Article VIII of the minute of the meeting held on 31 October 2017 refers), a programme of work was initiated in 2014 as part of the Steps to Better Healthcare initiative. A review of the scope and deliverables of the programme was carried out in early 2016, with a new programme leadership, scope and deliverables and team emerging in mid-2016 focussing on the following:

- developing new models of care around frailty services in Dundee, including the services known as psychiatry of old age (POA) and medicine for the elderly (MFE);
- developing new models of care for neurological rehabilitation services, including the service known as the Centre for Brain Injury Rehabilitation in Dundee;
- developing a new model of care for stroke services in Dundee;

- developing a new model of care for specialist palliative care services in Dundee; and
  - identifying opportunities for integrated models of care for the above with Angus Health and Social Care Partnership.
- 4.1.2 The proposed model of care for much of this work has been outlined in Proposed Model of Care for Older People - Business Case (Article VII of the minute of the meeting held on 31 October 2017 refers) and Remodelling Care for Older People (Article XIII of the minute of the meeting held on 27 June 2017 refers).
- 4.1.3 Since the initial reports we have further developed the range of models described previously that promote a rapid assessment in the community with direct access to a range of resources which can prevent people deteriorating, prevent unnecessary admission and facilitate a timely discharge with a range of supports. This, along with the management of people with more complex needs in care homes with the support of an integrated care home team has meant a reduction in the numbers of people in hospital wards. As a result it will now be possible to achieve the further reduction in bed numbers outlined in the Proposed Model of Care for Older People – Business Case (Article VII of the minute of the meeting held on 31 October 2017 refers). The resource required to achieve this has not been as great as predicted and the community model is currently under review. This will enable further transformation in the way in which we care for older people.
- 4.1.4 Improvements in the supports available to support people in the community with mental health needs mean that it will now be possible to start to move to the 3 ward model of care in Kingsway Care Centre outlined in the Reshaping Non Acute Care report.
- 4.1.5 The neuro rehabilitation redesign will enable resources to be used more efficiently and effectively to support the rehabilitation needs of patients and their families. The redevelopment of the facilities and redesign of the service will markedly improve the quality of the service that is provided and much improve the environment for both patients and staff. It will also allow the service to reduce the likelihood of delayed discharge and to cope with predicted future demands on the service.
- 4.1.6 Initial discussions have now taken place around the future of provision of Specialist Palliative Care Services with a range of stakeholders and this will now be taken forward as part of the Reshaping Non Acute Care work.
- 4.1.7 In addition, options to work more collaboratively with Angus Health and Social Care Partnership and Perth and Kinross Health and Social Care Partnership continue to be explored as part of this programme of work.
- 4.2 Proposed Replacement Premises
- 4.2.1 The Reshaping Non Acute Care includes within it the option to replace the current health premises which incorporate the services delivered within Royal Victoria Hospital (including Medicine for the Elderly Services; Palliative Care Services and the Centre for Brain Injury rehabilitation inpatient services) and within Kingsway Care Centre (including Psychiatry of Old Age inpatient services). In progressing this redesign, there will be further opportunity to seek capital funding for the development of community care centres and a different approach to the remodelling of residential care. Currently, property is not a devolved function to Integrated Joint Boards.
- 4.2.2 The application for the capital funding will be made to the Scottish Government and will broadly follow the established process set out for NHS Boards when seeking Scottish Government Capital Funding.



- 4.2.3 This work has the ongoing support of the NHS Tayside Asset Management Group where it has received a high priority. The project support requirements have been scoped out and discussions are underway to identify the support available to the project. The planned timeline is:-

November 2019 – Initial Agreement Complete

December 2019 – Initial Agreement Submitted to the IJB for Approval

December 2019 – Initial Agreement submitted to the Scottish Government for Approval

Estimated Autumn 2020 – Outline Business Case

Estimated Early 2022 – Full Business Case

- 4.1.4 It is anticipated that this whole system approach will strongly be considered by the Scottish Government in relation to the provision of project funding. This approach supports the transformational service changes outlined in the Primary Care Improvement Plan and NHS Tayside Transformation Programme. It will allow for a range of services to be delivered in localities, support more people to remain at home and enable the restructuring of patient services to meet the needs of the population. As part of this work a long list of site options has been drawn up, an engagement strategy drafted and design workshops are being planned to coproduce the design statement. This Initial Agreement is intended to be ready to bring back to the IJB in autumn for submission to the Scottish Government in November 2019.

### **4.3 Engagement**

- 4.3.1 A wide range of stakeholders have been involved in the development of the wider service proposals and will continue to be involved in the coproduction of the initial agreement. Engagement with staff has been done in partnership with staff side representatives and a transition group was set up at Royal Victoria Hospital to manage the change process. Wider discussion has taken place through Strategic Planning Groups, Local Medical Committee Cluster Lead meetings, a broad range of team meetings and other fora. In order to ensure a comprehensive approach a draft engagement strategy has been produced.

## **5.0 POLICY IMPLICATIONS**

- 5.1 The objectives of the project support the strategic aims of person centred, community based care in keeping with the principles of the IJB's Strategic and Commissioning Plan. The objective is also to ensure that this is delivered as safely and efficiently as possible in line with the emerging NHS Tayside Integrated Clinical Services Strategy and the approved NHS Tayside Clinical Services Strategy for Older People which was refreshed in 2018, produced by the Older People Clinical Board.
- 5.2 The proposals within the report are in line with the NHS Tayside Property Strategy. The obtainment of additional Scottish Government resources will provide the development of a centre for excellence and support the remodelling of care.
- 5.3 This report has been screened for any policy implications in respect of Equality Impact Assessment. There are no major issues.

## 6.0 RISK ASSESSMENT

No specific risks have yet been identified however, as part of the wider programme of work, a risk workshop will be conducted and all the risks identified. A risk log will be created highlighting risk owner and mitigation strategy. This risk log will be maintained and monitored at the regular programme review meetings.

<b>Risk 1 Description</b>	There is a risk that as the programme progresses that there will be a delay in the completion of the new facility and the remodelled service and that DH&SCP are unable to meet the Health and Social Care needs of the Dundee population.
<b>Risk Category</b>	Financial, Operational
<b>Inherent Risk Level</b>	Likelihood 2 x Impact 4 = Risk Scoring 8 (which is Moderate Risk Level)
<b>Mitigating Actions (including timescales and resources )</b>	A risk register has been developed and will be reviewed at each programme board meeting. This will provide early identification of any further emerging risks. These will be escalated for further consideration and action.
<b>Residual Risk Level</b>	Likelihood 3 x Impact 3 = Risk Scoring 9 (which is a High Risk Level)
<b>Planned Risk Level</b>	Likelihood 2 x Impact 3 = Risk Scoring 6 (which is a Moderate Risk Level)
<b>Assessment of Risk Level</b>	Given the risk mitigation actions in place the risk is deemed to be manageable and should be accepted.

## 7.0 CONSULTATIONS

7.1 Dundee IJB cited the project as a key development in their Strategic and Commissioning Plan. Detailed components of this summary document have been submitted to the following gateway committees:

- Dundee Health and Social Care Partnership Integrated Strategic Planning Group
- Strategic Planning Groups
- Clinical Fora including:
  - Tayside Older People Clinical Board and Older People Mental Health Sub Group
  - Local Medical Committee Cluster Lead Meeting.
- Tayside Specialist Palliative and End of Life Fora
- MCN for Palliative and End of Life Care

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

## 8.0 DIRECTIONS

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

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

## 9.0 BACKGROUND PAPERS

None.

David W Lynch  
Chief Officer

DATE: 29 March 2019

Jenny Hill  
Locality Manager





**REPORT TO:** HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD –  
23 APRIL 2019

**REPORT ON:** FINANCIAL MONITORING POSITION AS AT FEBRUARY 2019

**REPORT BY:** CHIEF FINANCE OFFICER

**REPORT NO:** DIJB20-2019

## **1.0 PURPOSE OF REPORT**

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

## **2.0 RECOMMENDATIONS**

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

- 2.1 Notes the content of this report including the overall projected financial position for delegated services to the 2018/19 financial year end as at 28 February 2019 as outlined in Appendices 1, 2 and 3 of this report.

## **3.0 FINANCIAL IMPLICATIONS**

- 3.1 The financial monitoring position for Dundee Health and Social Care Partnership based on expenditure to 28 Feb 2019 shows a net projected underspend position of £171k after implementing a financial recovery plan through the use of legacy funding and through effecting the planned draw down of reserves to support the 2018/19 financial position as agreed by the IJB as part of the budget setting process. This position is an improvement from the previously reported overspend of £166k. Despite the improvement in the financial projections, a number of financial pressure areas remain, primarily in relation to GP prescribing £388k and the net impact of hosted services £549k.

## **4.0 MAIN TEXT**

### **4.1 Background**

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

- 4.1.3 The financial information presented has been provided by the finance functions of NHS Tayside and Dundee City Council as set out within the Integration Scheme.
- 4.1.4 Under the terms of the Integration Scheme, the risk sharing arrangements in relation to any residual overspends incurred by the end of the financial year will be met proportionately by the Council and NHS Tayside. Both parties have been advised of the partnership's financial position throughout the financial year and given the scale of previous months projected overspends, the parties have requested a financial recovery plan, which was presented to the IJB meeting of 26<sup>th</sup> February 2019 (Report DIJB7-2019).
- 4.1.5 In response to the request to the financial recovery plan, officers from the partnership have continued to exercise scrutiny over expenditure areas, including a risk based approach to vacancy management which has reduced particular pressure areas. In addition, NHS Tayside passed over a range of historical legacy funds during the financial year which had been held on behalf of the IJB. These included historic change funding streams and while some of this funding came with in-year commitments, including decisions the IJB had previously made, much of the funding remains uncommitted. The use of these remaining resources of £1,018k has supported the current projected underspend position. The funding streams and commitments are set out below:

<b>LEGACY FUNDING</b>	<b>Funding Value £</b>	<b>Already Committed £</b>	<b>Residual Value £</b>
Change Funding	1,062,000	(462,000)	600,000
ADP Funding	378,000	(255,000)	123,000
Mental Health Innovation Funding	158,000	(124,000)	34,000
Primary Care Transformation Funding	395,000	(133,900)	261,100
Palliative Care Funding	44,000	(44,000)	0
Trauma Improvement Funding	111,000	(111,000)	0
<b>Total</b>	<b>2,148,000</b>	<b>(1,129,900)</b>	<b>1,018,100</b>

## **4.2 Projected Outturn Position – Key Areas**

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

## **4.3 Services Delegated from NHS Tayside**

- 4.3.1 The financial projection for services delegated from NHS Tayside to the IJB indicates a projected underspend of around (£171k) by the end of the financial year after the application of the unspent legacy funding as set out in section 4.1.5 above. The community based health services managed directly by Dundee Health and Social Care Partnership is projected to be underspend by approximately (£1,080k), while GP prescribing is projected to be overspent by £388k. A further underspend of (£28k) relates to General Medical /Family Health services with an overspend of £549k as a result of the net effect of hosted services risk sharing.
- 4.3.2 Service underspends are reported within Allied Health Professionals (£427k), Community Mental Health (£20k), Keep Well (£165k) and hosted services such as Psychology (£523k) and Dietetics (£185k) mainly as a result of staff vacancies.

- 4.3.3 Staff cost pressures continue to exist in a number of other services such as the Medicine for the Elderly (+£675k), Palliative Care (+£69k) and Community Nursing Services (+£160k). Additional staffing pressures have contributed to the adverse position within these services through ensuring safe staffing levels in accordance with the National Nursing and Midwifery workload tools requirements.
- 4.3.4 The Family Health Services prescribing budget currently projects a shortfall totalling £398k based on the expenditure trends to date and the impact of a range of interventions as part of the Tayside wide Prescribing Management Group's action plan as noted in the Dundee Prescribing Management Position report presented to the IJB meeting of the 27<sup>th</sup> June 2018 (Report DIJB41-2018).
- 4.3.5 Members of the IJB will also be aware that Angus and Perth and Kinross IJBs host delegated services on behalf of Dundee IJB and a number of services are hosted by Dundee on behalf of Angus and Perth and Kinross. These are subject to a risk sharing agreement whereby any over or underspends are reallocated across the three Tayside IJBs at the end of the financial year. The financial monitoring position of these services in their totality are reflected in each of the IJB's financial monitoring reports and for information purposes the projected net impact of these services on each IJB's budgeted bottom line figure is noted. More detail of the recharges from Angus and Perth and Kinross IJBs to Dundee IJB are noted in Appendix 3. This shows net overspends to the value of £605k being recharged with the net impact of hosted services to Dundee being an overspend of £549k.
- 4.3.6 The financial position of Dundee City IJB continues to be impacted upon by the significant overspend in the Mental Health Inpatient service which is hosted by Perth & Kinross IJB. Perth and Kinross IJB has continued to utilise cost pressure funding and apply other interventions to reduce the overspend position in respect of this service provision. However the latest projection from Perth and Kinross shows Dundee's share of this overspend decreased from the £618k previously reported to £490k. This position is driven by undelivered savings carried forward from previous years, medical locum costs and nursing costs in General Adult Psychiatry. Plans to reduce and offset costs are not yet impacting on the financial position as anticipated. This includes savings anticipated from Mental Health, Learning Difficulties, Inpatient, Transformation Programme against which slippage is now anticipated. Furthermore, the Out of Hours service hosted by Angus IJB continues to present a financial risk with a projected overspend of £81k.
- 4.3.7 The Chief Finance Officer formally wrote to the Chief Finance Officers of Angus and Perth and Kinross IJB's in November 2018 on behalf of Dundee Integration Joint Board to request information on the reasons for the scale of the overspends and details of the recovery plan they are working to in order to deliver a reduction or removal of the overspend position. In relation to In Patient Mental Health Services, and in addition to the issues set out in section 4.3.6 above, a number of other pressures such as loss of assumed income from other areas due to changes in accommodation and availability of beds have been incurred. These have been partly offset by decreases in nursing and locum costs. A new leadership team is in place which is working through a significant programme of work to move the service towards financial balance, albeit this plan will cover a three year period. Discussions with NHS Tayside continue around temporary financial support. The Out of Hours Service has now undertaken a comprehensive financial analysis of its service. This does create challenges in terms of delivering the required level of care within historic budgets. Angus HSCP are considering options to remodel staffing in the longer term and may look at other funding options.

#### **4.4 Services Delegated from Dundee City Council**

- 4.4.1 The financial projection for services delegated from Dundee City Council to the IJB shows a balanced budget position at this stage of the financial year after application of £1,983k of reserve balances as agreed by the IJB as part of the 2018/19 budget setting process. This net position however consists of a range of overspending and underspending areas noted below.

- 4.4.2 A significant financial challenge facing the IJB's delegated budget continues to be the provision of home based social care with a projected overspend of £392k anticipated, mainly as a result of increased demand due to demographic factors with the underlying cost of service provision also increasing. In addition, expenditure on respite care is higher than budget by around £257k again mainly due to high levels of demand. In line with the IJB's strategic vision, the range of service developments around multi-disciplinary models of care primarily through the Enhanced Community Support Acute Model have started to impact positively through a reduction in care home placements with an underspend of around £569k anticipated in the current financial year for older people care home placements.
- 4.4.3 A range of underspends within Substance Misuse and Management and Support functions mainly arising from staff turnover as well as slippage in the development of new services are currently projected to balance these budget pressure areas.

#### 4.5 Primary Care Improvement Funding and Mental Health Action 15 Funding

- 4.5.1 The above funding streams have been provided by the Scottish Government from this financial year onwards and have been subject to separate reporting to the IJB with plans set out at the IJB's meeting of 28 August 2018 (Articles IX and XII of the minute refer). Given the timescales for developing, submitting and approving expenditure plans associated with these funding streams it was always anticipated that significant expenditure slippage would occur. Indeed the Scottish Government withheld 30% of funding to partnerships unless they could demonstrate full commitment of expenditure during the year, with this balance being released in the following financial year. Dundee's anticipated expenditure profile for this year is set out below. It should be noted that any underspends in relation to these funds have not been included in the delegated budgets overall financial position as the Scottish Government is clear they should be spent on primary care improvement and in relation to the Mental Health Action 15 priorities.

18/19 Financial Position	Primary Care £	Mental Health £	Total £
<b>2018/19 Funding:</b>			
2018/19 Allocation Received (70%)	789,777	228,135	1,017,912
2018/19 Allocation Retained by SG for use in future years (30%)*	338,476	97,772	436,248
Pharmacotherapy Initial Allocation	227,223		227,223
Transfers from Angus and Perth	66,091		66,091
<b>Total Funding Available</b>	<b>1,421,567</b>	<b>325,907</b>	<b>1,747,474</b>
<b>Current Forecast Expenditure as at Jan 2019</b>	<b>447,220</b>	<b>181,000</b>	<b>628,220</b>
<b>Forecast Slippage to be Carried Forward to 2019/20</b>	<b>974,347</b>	<b>144,907</b>	<b>1,119,254</b>

#### 5.0 POLICY IMPLICATIONS

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



## 6.0 RISK ASSESSMENT

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

## 7.0 CONSULTATIONS

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

## 8.0 DIRECTIONS

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

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

## 9.0 BACKGROUND PAPERS

None.

Dave Berry  
Chief Finance Officer

**DATE:** 29 March 2019



	Dundee City Council Delegated Services		NHST Dundee Delegated Services		Partnership Total	
	Net Budget £,000	Projected Overspend / (Underspend) £,000	Net Budget £,000	Projected Overspend / (Underspend) £,000	Net Budget £,000	Projected Overspend / (Underspend) £,000
<b>Older Peoples Services</b>	38,557	(1,405)	16,243	201	54,800	(1,205)
<b>Mental Health</b>	4,361	132	3,362	(75)	7,722	57
<b>Learning Disability</b>	22,759	1,205	1,279	(20)	24,038	1,185
<b>Physical Disabilities</b>	6,474	142	0	0	6,474	142
<b>Substance Misuse</b>	1,005	(168)	2,752	75	3,757	(93)
<b>Community Nurse Services/AHP/Other Adult</b>	495	200	11,316	(332)	11,812	(132)
<b>Hosted Services</b>	0	0	19,224	(505)	19,224	(505)
<b>Other Dundee Services / Support / Mgmt</b>	166	(106)	27,436	(354)	27,602	(460)
<b>Centrally Managed Budgets</b>	0	1,983	1,050	(69)	1,050	1,914
<b>Total Health and Community Care Services</b>	<b>73,816</b>	<b>1,983</b>	<b>82,662</b>	<b>(1,080)</b>	<b>156,479</b>	<b>903</b>
Prescribing (FHS)	0	0	32,738	398	32,738	398
Other FHS Prescribing	0	0	867	(10)	867	(10)
General Medical Services	0	0	25,036	6	25,036	6
FHS - Cash Limited & Non Cash Limited	0	0	17,997	(34)	17,997	(34)
<b>Grand Total</b>	<b>73,816</b>	<b>1,983</b>	<b>159,300</b>	<b>(720)</b>	<b>233,117</b>	<b>1,263</b>
Net Effect of Hosted Services*			5,271	549	5,271	549
<b>Grand Total</b>	<b>73,816</b>	<b>1,983</b>	<b>164,571</b>	<b>(171)</b>	<b>238,388</b>	<b>1,812</b>
<b>Less: Planned Draw Down From Reserve Balances</b>		<b>(1,983)</b>				<b>(1,983)</b>
<b>Grand Total</b>	<b>73,816</b>	<b>0</b>	<b>164,571</b>	<b>(171)</b>	<b>238,388</b>	<b>(171)</b>

\*Hosted Services - Net Impact of Risk  
Sharing Adjustment



## Dundee City Integration Joint Board – Health and Social Care Partnership – Finance Report Feb 2019

	Dundee City Council Delegated Services		NHST Dundee Delegated Services		Partnership Total	
	Annual Budget	Projected Over / (Under)	Annual Budget	Projected Over / (Under)	Annual Budget	Projected Over / (Under)
	£,000	£,000	£,000	£,000	£,000	£,000
Psychiatry Of Old Age (POA) (In Patient)			4,773	98	4,773	98
Older People Serv. – Ecs			35	(500)	35	(500)
Older Peoples Services -Community			310	(13)	310	(13)
Continuing Care			1,338	0	1,338	0
Medicine for the Elderly			4,871	675	4,871	675
Medical ( POA)			641	(2)	641	(2)
Psychiatry Of Old Age (POA) - Community			1,859	(135)	1,859	(135)
Intermediate Care			865	88	865	88
Dundee- Supp People At Home			0	0	0	0
Medical (MFE)			1,552	(10)	1,552	(10)
Older People Services	38,557	(1,405)			38,557	(1,405)
<b>Older Peoples Services</b>	38,557	(1,405)	16,243	201	54,800	(1,205)
General Adult Psychiatry			3,362	(75)	3,362	(75)
Mental Health Services	4,361	132			4,361	132
<b>Mental Health</b>	4,361	132	3,362	(75)	7,722	57
Learning Disability (Dundee)	22,759	1,205	1,279	(20)	24,038	1,185
<b>Learning Disability</b>	22,759	1,205	1,279	(20)	24,038	1,185

		Dundee City Council Delegated Services		NHST Dundee Delegated Services		Partnership Total	
		Annual Budget	Projected Over / (Under)	Annual Budget	Projected Over / (Under)	Annual Budget	Projected Over / (Under)
		£,000	£,000	£,000	£,000	£,000	£,000
Physical Disabilities		6,474	142			6,474	142
	<b>Physical Disabilities</b>	6,474	142	0	0	6,474	142
Drug Problems Services				2,752	75	2,752	75
Substance Misuse		1,005	(168)			1,005	(168)
	<b>Substance Misuse</b>	1,005	(168)	2,752	75	3,757	(93)
A.H.P. Admin				374	(18)	374	(18)
Physiotherapy				3,488	(237)	3,488	(237)
Occupational Therapy				1,319	(172)	1,319	(172)
Nursing Services (Adult)				5,606	160	5,606	160
Community Supplies - Adult				155	(23)	155	(23)
Anticoagulation				374	(43)	374	(43)
Joint Community Loan Store				0	0	0	0
Intake/Other Adult Services		495	200			495	200
<b>Community Nurse Services / AHP / Intake / Other Adult Services</b>		495	200	11,316	(332)	11,812	(132)

	Dundee City Council Delegated Services		NHST Dundee Delegated Services		Partnership Total	
	Annual Budget	Projected Over / (Under)	Annual Budget	Projected Over / (Under)	Annual Budget	Projected Over / (Under)
	£,000	£,000	£,000	£,000	£,000	£,000
Palliative Care – Dundee			2,587	69	2,587	69
Palliative Care – Medical			1,122	(19)	1,122	(19)
Palliative Care – Angus			324	16	324	16
Palliative Care – Perth			1,609	70	1,609	70
Brain Injury			1,596	90	1,596	90
Dietetics (Tayside)			3,109	(185)	3,109	(185)
Sexual and Reproductive Health			2,069	(38)	2,065	(38)
Medical Advisory Service			154	(58)	154	(58)
Homeopathy			27	4	27	4
Tayside Health Arts Trust			58	0	58	0
Psychology			4,906	(523)	4,906	(523)
Eating Disorders			0	0	0	0
Psychotherapy (Tayside)			894	141	894	141
Learning Disability (Tayside AHP)			769	(73)	769	(73)
<b>Hosted Services</b>	0	0	19,224	(505)	19,224	(505)
Working Health Services			0	0	0	0
The Corner			407	21	407	21
Resource Transfer			0	0	0	0
Grants Voluntary Bodies Dundee			46	0	46	0
IJB Management			804	(70)	804	(70)
Partnership Funding			24,626	0	24,626	0
Urgent Care			450	(70)	450	(70)
Public Health			0	0	0	0
Keep Well			590	(165)	590	(160)
Primary Care			514	(70)	514	(70)
Support Services/Management Costs	166	(106)			166	(106)
<b>Other Dundee Services / Support / Mgmt</b>	166	(106)	27,436	(354)	27,602	(460)

	Dundee City Council Delegated Services		NHST Dundee Delegated Services		Partnership Total	
	Annual Budget	Projected Over / (Under)	Annual Budget	Projected Over / (Under)	Annual Budget	Projected Over / (Under)
	£,000	£,000	£,000	£,000	£,000	£,000
Centrally Managed Budgets	0	1,983	1,050	(69)	1,050	1,914
<b>Total Health and Community Care Services</b>	<b>73,816</b>	<b>1,983</b>	<b>82,662</b>	<b>(1,080)</b>	<b>156,479</b>	<b>903</b>
<b>Other Contractors</b>						
Prescribing (FHS)			32,738	398	32,738	398
Other FHS Prescribing			867	(10)	867	(10)
General Medical Services			25,036	6	25,036	6
FHS - Cash Limited and Non Cash Limited			17,997	(34)	17,997	(34)
<b>Grand Total HSCP</b>	<b>73,816</b>	<b>1,983</b>	<b>159,300</b>	<b>(720)</b>	<b>233,117</b>	<b>1,263</b>
Hosted Recharges Out			(11,287)	(56)	(11,077)	(56)
Hosted Recharges In			16,558	605	16,558	605
<b>Hosted Services - Net Impact of Risk Sharing Adjustment</b>			<b>5,271</b>	<b>549</b>	<b>5,271</b>	<b>549</b>
<b>Less: Planned Draw Down from Reserves</b>		(1,983)				(1,983)
<b>NET POSITION</b>	<b>73,816</b>	<b>0</b>	<b>164,571</b>	<b>(171)</b>	<b>239,388</b>	<b>(171)</b>



**NHS Tayside - Services Hosted by Integrated Joint Boards - Charge to Dundee IJB**  
**Risk Sharing Agreement - Feb 2019**

<b>Services Hosted in Angus</b>	<b>Annual Budget</b>	<b>Forecast Over (Underspend)</b>	<b>Dundee Allocation</b>
Forensic Service	934,873	(102,500)	(40,385)
Out of Hours	7,433,140	205,000	80,770
Tayside Continence Service	1,408,126	(39,000)	(15,366)
Ang-loc Pharmacy	1,200,000	0	0
Speech Therapy (Tayside)	975,950	(5,100)	(2,009)
<b>Hosted Services</b>	<b>11,952,089</b>	<b>58,400</b>	<b>23,010</b>
Balance of Savings Target	-113,308	113,308	44,643
<b>Grand Total Hosted Services</b>	<b>11,838,781</b>	<b>171,708</b>	<b>67,653</b>

<b>Services Hosted in Perth</b>			
Angus Gap Inpatients	2,196,513	330,000	130,020
Dundee Gap Inpatients	5,488,044	(47,000)	(18,518)
Dundee Gap Snr Medical	1,950,746	475,000	187,150
P+K Gap Inpatients	5,425,676	285,000	112,290
Learning Disability (Tayside)	6,010,834	200,000	78,800
T.A.P.S.	653,265	(50,000)	(19,700)
Tayside Drug Problem Services	801,977	(120,000)	(47,280)
Prison Health Services	3,244,677	5,000	1,970
Public Dental Service	2,004,382	(14,500)	(5,713)
Podiatry (Tayside)	2,833,180	(122,000)	(48,068)
<b>Hosted Services</b>	<b>30,609,294</b>	<b>941,500</b>	<b>370,951</b>
Balance of Savings Target	(84,507)	84,507	33,296
Balance of Savings Target - IPMH	(337,546)	337,546	132,993
<b>Grand Total Hosted Services</b>	<b>30,187,484</b>	<b>1,363,553</b>	<b>537,240</b>

<b>Total Hosted Services</b>	<b>42,026,265</b>	<b>1,535,261</b>	<b>604,893</b>
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**REPORT TO:** HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD –  
23 APRIL 2019

**REPORT ON:** FREE PERSONAL CARE FOR ADULTS AGED UNDER 65 YEARS

**REPORT BY:** CHIEF OFFICER

**REPORT NO:** DIJB22-2019

## **1.0 PURPOSE OF REPORT**

The purpose of this report is to update the Integrated Joint Board (IJB) on the progress to implement the new legislation to extend Free Personal Care to adults aged under 65 years of age from 1 April 2019.

## **2.0 RECOMMENDATIONS**

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

- 2.1 Notes the work to date to implement the Scottish Government's legislation to extend Free Personal Care to Adults aged under 65 years.
- 2.2 Notes that as responsibility for charging is not delegated to IJBs, approval to change the current charging policy to comply with the legislation will be sought through Dundee City Council's Policy and Resources Committee.

## **3.0 FINANCIAL IMPLICATIONS**

The extension of Free Personal Care and Free Nursing Care will result in reduction in chargeable income to Dundee Health and Social Care Partnership (DHSCP). The removal of charging for services also has the potential to increase the number of referrals for care and support provided through the partnership. The full financial impact of the loss of charging income and potential increased demand for services was assessed nationally and the Scottish Government has allocated £834k as part of the Local Government Finance Settlement through Dundee City Council to Dundee Integration Joint Board in 2019/20 to fund implementation of the legislation.

## **4.0 MAIN TEXT**

### **4.1 Background**

- 4.1.1 Free Personal Care (FPC) and Free Nursing Care (FNC) has been a feature of Scottish care provision since 2002, when the Scottish Parliament unanimously agreed to implement the policy for adults aged over 65 years of age. At the time of implementation, there were concerns raised as to the potential discrimination against adults aged under 65 years, however as younger adults were able to access a wider range of welfare benefits, the policy was not extended.
- 4.1.2 The campaign to extend FPC to under 65's was known as 'Frank's Law' and was initiated by Mrs Amanda Kopel, wife of Frank Kopel, a former football player with Dundee United Football Club. Mr Kopel was diagnosed with early onset Alzheimer's disease and Mrs Kopel gave evidence to the Public Petitions Committee in September 2013. The campaign gained wide political support and in December 2016, the Cabinet Secretary for Health and Sport announced that the Scottish Government would undertake a feasibility study into extending FPC to people aged under 65 which sought the views of stakeholders and the public.

- 4.1.3 In the Programme for Government (September 2017) parliament announced that they would seek to extend FPC to adults aged under 65. The instrument (SSI 2018/200) to extend FPC was approved and passed by Parliament on 13 June 2018 and came into force from 1 April 2019. This specifies that any adult who is eligible to receive personal care will do so free of charge, no matter condition, age or means of that person. The guidance issued confirmed that this would be Free Personal and Free Nursing Care (FP&NC) for those living in nursing care home settings.

## **4.2 National Planning for the Implementation of FP&NC for those aged under 65**

- 4.2.1 To progress the policy change, the Scottish Government set up an Implementation Advisory Group (IAG) which consisted of members from Scottish Government, COSLA, Local Authorities, Integrated Authorities, service providers and people using services. The IAG was to provide advice on the impact on local authority systems, providers, related policy areas and the monitoring and review of the policy and its implementation.
- 4.2.2 Guidance on Free Personal and Nursing Care (FP&NC) in Scotland for Adults was issued to Health and Social care partnerships in December 2018 (Circular No. CCD3/2018). The guidance updated the previous guidance in place for the delivery of FPC&NC for older people to provide a single guidance. It set out the eligibility criteria, implementation, definitions of FP&NC and monitoring and reviewing arrangements of care needs.
- 4.2.3 The Scottish Government gave a commitment to work with COSLA to identify the estimated costs of the extension, including potential increased demand for services as experienced through the implementation of free personal and nursing care legislation for people aged over 65. Circular No. CCD3/2018 confirmed that £40 million had been included directly in the Local Government settlement to support the continued implementation of the Carers (Scotland) Act 2019 and to extend free personal care for those under the age of 65. The Scottish Government confirmed in March 2019 that £834k was allocated to Dundee City Council for the implementation of FP&NC for adults aged under 65.

## **4.3 Local Planning for the Implementation of FP&NC for those aged under 65**

- 4.3.1 To prepare for the extension of FP&NC, a local working group was established. This group reviewed the systems, process and information required to ensure the policy would be implemented smoothly from 1 April 2019.
- 4.3.2 In order to record the changes to care packages and clearly identify the level of personal and nursing care, changes were required within the MOSAIC client recording system. These changes were confirmed as ready to be implemented at the end of March 2019 and staff training on the new system is currently ongoing.
- 4.3.3 Service users currently receiving services are being notified of the changes as part of the annual charging letter. We anticipate that it will take a short period to fully review and amend the relevant elements of the Council's charging policies and retrospective adjustments to charges will be made to the 1<sup>st</sup> April 2019 should these be required. A significant number of adults under the age of 65 already receive their personal care free of charge because of their level of income and assets in line with local charging policies which means they do not require to contribute. This is particularly relevant for adults living in care home settings where a minority of service users will see changes to their care costs.
- 4.3.4 Public information regarding the legislation has been made available on the Dundee Health and Social Care Partnership website.
- 4.3.5 Decisions on charging for adult social care services are not a delegated matter to the IJB, therefore Dundee City Council's charging policy will require to be changed to reflect the new legislation and a report for Dundee City Council Policy and Resources Committee is currently being prepared.

## 5.0 POLICY IMPLICATIONS

This report has been screened for any policy implications in respect of Equality Impact Assessment and Risk Management. The report will extend rights currently held by a discrete group, to all people requiring assistance who meet the criteria. There is therefore no identified equality risks.

## 6.0 RISK ASSESSMENT

<b>Risk 1 Description</b>	The Scottish Government have allocated additional finances to meet both the loss of income and a potential growth in demand. At this time we are unable to predict whether or not the policy change will result in a significant increase in both referrals and demand for services. If this occurs there is a potential that any arising financial pressures will be greater than the additional resources.
<b>Risk Category</b>	Financial
<b>Inherent Risk Level</b>	Likelihood 2 x Impact 4 = 8 - High
<b>Mitigating Actions</b> (including timescales and resources)	This will be monitored and reviewed as part of the budget controls. Application of the eligibility criteria will be monitored.
<b>Residual Risk Level</b>	Likelihood 2 x Impact 3 = 6 - Moderate
<b>Planned Risk Level</b>	Likelihood 2 x Impact 3 = 6 - Moderate
<b>Assessment of Risk Level</b>	Given the mitigating actions reduce the risk score with an ultimate expectation of a moderate risk level over time, the risk is deemed to be manageable.

## 7.0 CONSULTATIONS

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

## 8.0 DIRECTIONS

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

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

**9.0 BACKGROUND PAPERS**

None.

David Lynch  
Chief Officer

DATE: 11/04/2019

Diane McCulloch  
Head of Health and Community Care Services

**DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD - ATTENDANCES - JANUARY 2019 TO DECEMBER 2019**

<b>Organisation</b>	<b>Member</b>	<b>Meeting Dates January 2019 to December 2019</b>						
		26/2	29/3	23/4	25/6	27/8	29/10	17/12
Dundee City Council (Elected Member)	Cllr Ken Lynn	√	√					
Dundee City Council (Elected Member)	Cllr Roisin Smith	√	√					
Dundee City Council (Elected Member)	Bailie Helen Wright	√	√					
NHS Tayside (Non Executive Member)	Trudy McLeay	√	√					
NHS Tayside (Non Executive Member)	Jenny Alexander	A	√					
NHS Tayside (Non Executive Member)	Dr Norman Pratt	√	√					
NHS Tayside (Non Executive Member)	Professor Nic Beech							
Dundee City Council (Chief Social Work Officer)	Jane Martin	√	√					
Chief Officer	David W Lynch	√	√					
Chief Finance Officer	Dave Berry	√	√					
NHS Tayside (Registered Medical Practitioner (whose name is included in the list of primary medical performers))	Dr Frank Weber	A	A					
NHS Tayside (Registered Nurse)	Sarah Dickie	√	√					
NHS Tayside (Registered Medical Practitioner (not providing primary medical services))	Dr Cesar Rodriguez	√	√					
NHS Tayside (Registered Medical Practitioner (not providing primary medical services))	Dr James Cotton							
Trade Union Representative	Jim McFarlane	√	A					
NHS Tayside (Staff Partnership Representative)	Raymond Marshall	√	√					
Voluntary Sector Representative	Christine Lowden	√	√					
Service User Representative	Linda Gray	√	√					
Carer Representative	Martyn Sloan	√	√					
NHS Tayside (Director of Public Health)	Dr Drew Walker	√	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