



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

City Chambers
DUNDEE
DD1 3BY

5th December, 2023

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

Dear Sir or Madam

DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD

I would like to invite you to attend a meeting of the above Joint Board which is to be held remotely on Wednesday, 13th December, 2023 at 10.00 am.

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

Members of the Press or Public wishing to join the meeting should contact Committee Services on telephone (01382) 434818 or by email at committee.services@dundeecity.gov.uk by 12 noon on Monday, 11th December, 2023.

Yours faithfully

VICKY IRONS
Chief Officer

AGENDA

1 APOLOGIES

2 DECLARATION OF INTEREST

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

3 MINUTES OF PREVIOUS MEETINGS - (Pages 1 and 7)

(a) The minute of previous meetings of the Integration Joint Board held on 23rd August, 2023 and 25th October, 2023 are attached for approval.

(b) ACTION TRACKER - Page 11

The Action Tracker (DIJB70-2023) for meetings of the Integration Joint Board is attached for noting and updating accordingly.

4 PERFORMANCE AND AUDIT COMMITTEE

(a) MINUTE OF PREVIOUS MEETING OF 22ND NOVEMBER, 2023 - Page 13

(Copy attached for information and record purposes).

(b) CHAIR'S ASSURANCE REPORT - Page 19

(Report No DIJB74-2023 attached for information and record purposes).

(c) TERMS OF REFERENCE - Page 21

(Report No DIJB72-2023 by the Chief Finance Officer, copy attached).

5 DELIVERY OF THE PRIMARY CARE MENTAL HEALTH AND WELLBEING FRAMEWORK - Page 29

(Report No DIJB66-2023 by the Chief Officer, copy attached).

6 DUNDEE GENERAL PRACTICE STRATEGY 2024 - 2029 - Page 81

(Report No DIJB68-2023 by the Chief Officer, copy attached).

7 WINTER PLAN NHS TAYSIDE AND PARTNER ORGANISATIONS - Page 129

(Report No DIJB65-2023 by the Chief Officer, copy attached).

8 PROTECTING PEOPLE COMMITTEES ANNUAL REPORTS 2022/23 - Page 169

(Report No DIJB63-2023 by the Protecting People Committee Independent Chairs/Dundee Alcohol and Drug Partnership Co-Chairs, copy attached).

9 CHIEF SOCIAL WORK OFFICER ANNUAL REPORT 2022-23 - Page 285

(Report No DIJB64-2023 by the Chief Social Work Officer, copy attached).

10 DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP WORKFORCE PLAN 2022-2025 - Page 343

(Report No DIJB75-2023 by the Chief Officer, copy attached).

11 BEST VALUE ARRANGEMENTS AND ASSESSMENT 2023/24 - Page 361

(Report No DIJB69-2023 by the Chief Finance Officer, copy attached).

12 DUNDEE IJB 2024/25 BUDGET OUTLOOK - Page 387

(Report No DIJB71-2023 by the Chief Finance Officer, copy attached).

13 FINANCIAL MONITORING POSITION AS AT OCTOBER 2023 - Page 391

(Report No DIJB67-2023 by the Chief Finance Officer, copy attached).

14 MEETING OF THE INTEGRATION JOINT BOARD 2023 ATTENDANCES – DIJB73-2023 - Page 405

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

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

(a) INTEGRATION JOINT BOARD

It is proposed that the programme of meetings for the Integration Joint Board over 2024 be as follows:-

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

(b) PERFORMANCE AND AUDIT COMMITTEE

It is proposed that the programme of meetings for the Performance and Audit Committee over 2024 be as follows:-

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

16 DATE OF NEXT MEETING

The next meeting of the Dundee Integration Joint Board will be held remotely on Wednesday, 21st February, 2024 at 10.00am.

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

(a) DISTRIBUTION - INTEGRATION JOINT BOARD MEMBERS

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

(b) CONTACTS – FOR INFORMATION ONLY

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

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



At a MEETING of the **DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** held remotely on 23rd August, 2023.

Present:-

Members

Role

Ken LYNN (<i>Chairperson</i>)	Nominated by Dundee City Council (Elected Member)
Siobhan TOLLAND	Nominated by Dundee City Council (Elected Member)
Dorothy MCHUGH	Nominated by Dundee City Council (Elected Member)
Donald McPHERSON	Nominated by Health Board (Non-Executive Member)
Sam RIDDELL	Nominated by Health Board (Non-Executive Member)
Dave BERRY	Chief Finance Officer
Christina COOPER	Third Sector Representative
Emma FLETCHER	Director of Public Health
Suzie FLOWER	Registered Nurse
Liz GOSS	Service User residing in the area
Vicky IRONS	Chief Officer
Diane McCULLOCH	Chief Social Work Officer
Jim McFARLANE	Trade Union Representative
Raymond MARSHALL	Staff Partnership Representative
Dr David SHAW	Clinical Director
Martyn SLOAN	Person providing unpaid care in the area of the local authority
Dr David WILSON	NHS Tayside (Registered Medical Practitioner (whose name is included in the list of primary medical performers))

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

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

Ken LYNN, Vice-Chairperson, in the Chair.

Prior to commencement of the meeting, the Chair took the opportunity to report that the Community Wellbeing Centre was now open 24 hours a day following a soft launch. It was noted that there would be a more formal launch at a later date.

The Chair also reported that the figures for Drug-related Deaths in Scotland in 2022 had been published on 22nd August, 2023 which showed a reduction in deaths in Dundee from 52 in 2021 to 38 in 2022

I APOLOGIES FOR ABSENCE

Apologies for absence were submitted on behalf of:-

Members

Role

Pat KILPATRICK	Nominated by Health Board (Non-Executive Member)
Dr James COTTON	Registered Medical Practitioner (not providing primary medical services)

II DECLARATION OF INTEREST

Donald McPherson declared an interest in Article X by virtue of being Chair of the Tayside Health Fund.

III MEMBERSHIP APPOINTMENT

It was reported that Anne Buchanan had now left NHS Tayside and that at the meeting of Tayside NHS Board held on 29th June, 2023, it was agreed that Donald McPherson be appointed as a replacement Non Executive Member on the Integration Joint Board

The Integration Joint Board noted the position.

The Board agreed that Donald be appointed as a voting member on the Performance and Audit Committee.

IV MINUTE OF PREVIOUS MEETING

(a) The minute of meeting of the Integration Joint Board held on 21st June, 2023 was submitted and approved.

(b) ACTION TRACKER

The Action Tracker DIJB50-2023 for meetings of the Integration Joint Board was submitted and noted.

V ANNUAL PERFORMANCE REPORT 2022/23

There was submitted Report No DIJB46-2023 by the Chief Officer submitting the five editions of the Dundee Integration Joint Board Annual Performance Report 2022/2023 for noting following their publication on 28th July, 2023.

The Integration Joint Board agreed:-

- (i) to note the content of the report and of the five editions of the Annual Performance Report 2022/2023, available via the hyperlinks in section 4.2.2 and with printable version contained within appendices 1 to 5;
- (ii) to note that the Annual Performance Report 2022/2023 was published on 28th July, 2023 following approval by the Chair and Vice-Chair of the Integration Joint Board, the Clerk and the Partnership's Senior Management Team (section 4.2.1); and
- (iii) to instruct the Chief Officer to update the Annual Performance Report with financial year 2022/2023 data for all National Health and Wellbeing indicators as soon as data was made available by Public Health Scotland (section 4.2.6).

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

- (iv) that consideration would be given to arranging a briefing session for IJB members on understanding the data presented; and
- (v) that awareness raising of the NHS' whistleblowing policy would take place in the Health and Social Care Partnership.

VI PERFORMANCE AND AUDIT COMMITTEE ANNUAL REPORT 2022/23

There was submitted Report No DIJB44-2023 by the Chief Finance Officer providing the Integration Joint Board with an overview of the activities of the Performance and Audit Committee over 2022/2023.

The Integration Joint Board agreed to note the content of the Performance and Audit Committees' Annual Report for the year 2022/2023.

VII ALCOHOL AND DRUG PARTNERSHIP ANNUAL REPORT

There was submitted Report No DIJB45-2023 by the Chief Officer reporting that the Scottish Alcohol and Drug Partnerships (ADP) were asked to complete an annual reporting survey to the Scottish Government. The return was to be approved by the local ADP and by the relevant Integration Joint Board. The purpose of the report was to seek agreement for the final submission to the Scottish Government.

The Integration Joint Board agreed:-

- (i) to approve the content of the Dundee Alcohol and Drug Partnership Annual Reporting Survey 2022 – 23 as attached at Appendix 1; and
- (ii) to note that the Dundee ADP had already approved the submission and that a draft report was submitted to the Scottish Government on the 26th June, 2023, to meet the Scottish Government submission date guidelines.

VIII DELIVERY OF PRIMARY CARE IMPROVEMENT PLAN – ANNUAL UPDATE

There was submitted Report No DIJB48-2023 by the Chief Officer providing an update on the implementation of the Dundee Primary Care Improvement Plan for 2022/2023 and seeking approval for the continued implementation of the Dundee Primary Care Improvement Plan for 2023/2024.

The Integration Joint Board agreed:-

- (i) to note the progress to implement the Dundee Primary Care Improvement Plan 2022/2023 (attached as Appendix 1) and the key achievements as described in Section 4;
- (ii) to approve the proposed actions for Dundee Health & Social Care Partnership for 2023/2024 as described in Appendix 1 and note the proposed allocation of funding as detailed in Section 3;
- (iii) to note that aspects of the Plan were not fully implemented by March 2023, and that the position for transitional payments to practices for services they are still delivering was not yet clear; and
- (iv) to instruct the Chief Officer to issue directions to NHS Tayside to implement the specific actions relevant to them in Appendix 1.

IX FINANCIAL MONITORING POSITION AS AT JUNE 2023

There was submitted Report No DIJB49-2023 by the Chief Finance Officer providing the Integration Joint Board with an update of the projected year-end financial position for delegated health and social care services for 2023/2024.

The Integration Joint Board agreed to note the content of the report including the overall projected financial position for delegated services for the 2023/2024 financial year end as at 30th June, 2023 as outlined in Appendices 1, 2, and 3 of the report.

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

- (i) that the Chief Finance Officer would consider a different format for presenting the support and management costs for the next Financial Monitoring Position report.

X SHAKTI WOMEN'S AID OUTREACH SERVICE - DIJB52-2023

It was reported that Shakti Women's Aid was a national organisation specialising in supporting Black and minority ethnic women and children experiencing domestic abuse and honour-based violence. They had provided an outreach service in Dundee for a number of years, supported by two successive allocations from National Lottery funding followed by allocations from Scottish Government and Imkaan (a UK-based organisation dedicated to addressing violence against Black and minoritized women and girls). Funding from these sources came to an end in March 2023; on a short-term basis Shakti were utilising reserves to continue the service in Dundee.

During 2022/2023 Shakti Women's Aid Dundee Outreach Service supported 60 women survivors of gender-based violence; during the year 34 women successfully exited from the service, with 31 women receiving ongoing specialist service support. An evaluation of the service carried out prior to the pandemic found that key benefits of the service included: specialist support to complement work of local service providers and additional expertise regarding immigration rights. Quotes from the evaluation illustrate the impact of the service on women:

'Not many agencies understand the cultural issues and the bottlenecks. I was married to my second cousin and there was so much pressure on me. I thought I would lose my child. So, by understanding these sorts of pressures, they were able to help me take it a step at a time.'

'I had nothing. I had no family here. I had no money. I had no friends because of my husband. My language was not good. I had no nappies for my child. I don't know what I would have done. But I have hope now.'

In light of the contribution the project made to the safety and wellbeing of Black and minority ethnic women in Dundee the Chief Officers (Protecting People) Strategic Group were seeking support from public sector bodies to provide funding to Shakti Women's Aid to sustain the Outreach Service for a further 1-year period. This was to allow them to continue to seek alternative funding sources for the project and to plan for a sustainable exit from the service if long-term funding could not be secured. The total annual cost of the project was £45k. Dundee City Council had confirmed a contribution of £15k and NHS Tayside were actively considering the request.

Donald McPherson asked for an assurance that making a charitable donation was within the IJB's authority. Roger Mennie, Clerk and Standards Officer, in his capacity as the Board's Chief Legal Adviser, confirmed that, if agreed to, it would not be in the nature of a charitable donation but in the nature of a contractual relationship with a monitoring process in place to ensure that expected outcomes were delivered in return for the funding. Mr Mennie assured members of the IJB that the proposal was within the IJB's powers to approve and that he had no concerns about the legality of the proposal.

Raymond Marshall highlighted concern that the normal commissioning process wasn't followed in this instance. The Chief Finance Officer advised that the nature of the service was consistent with the IJB's strategic commissioning plan and was supported by strategic planning groups aligned with the delivery of that plan."

Following receipt of these assurances, the IJB approved a non-recurring allocation of £15k from reserves to support the Outreach Service during 2023/2024.

XI MEETING OF THE INTEGRATION JOINT BOARD 2023 ATTENDANCES – DIJB51-2023

There was submitted a copy of the Attendance Return DIJB51-2023 for meetings of the Integration Joint Board held to date over 2023.

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

XII DATE OF NEXT MEETING

The Integration Joint Board agreed to note that the next meeting of the Dundee Integration Joint Board would be held remotely on Wednesday 31st October, 2023 at 10.00am.

Ken LYNN, Vice-Chairperson.

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At a MEETING of the **DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** held remotely on 25th October, 2023.

Present:-

Members

Role

Pat KILPATRICK (<i>Chairperson</i>)	Nominated by Health Board (Non-Executive Member)
Ken LYNN (<i>Vice Chair</i>)	Nominated by Dundee City Council (Elected Member)
Siobhan TOLLAND	Nominated by Dundee City Council (Elected Member)
Dorothy MCHUGH	Nominated by Dundee City Council (Elected Member)
Donald McPHERSON	Nominated by Health Board (Non-Executive Member)
Sam RIDDELL	Nominated by Health Board (Non-Executive Member)
Dave BERRY	Chief Finance Officer
Emma FLETCHER	Director of Public Health
Suzie FLOWER	Registered Nurse
Liz GOSS	Service User residing in the area
Vicky IRONS	Chief Officer
Diane McCULLOCH	Chief Social Work Officer
Jim McFARLANE	Trade Union Representative
Raymond MARSHALL	Staff Partnership Representative
Dr David SHAW	Clinical Director
Martyn SLOAN	Person providing unpaid care in the area of the local authority
Dr David WILSON	NHS Tayside (Registered Medical Practitioner (whose name is included in the list of primary medical performers))

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

Jill GALLOWAY	Angus Health and Social Care Partnership
Jenny HILL	Dundee Health and Social Care Partnership
Shona HYMAN	Dundee Health and Social Care Partnership
Matthew KENDALL	Dundee Health and Social Care Partnership
Christine JONES	Dundee Health and Social Care Partnership
Kathryn SHARP	Dundee Health and Social Care Partnership
Angie SMITH	Dundee Health and Social Care Partnership

Ken LYNN, Vice-Chairperson, in the Chair (from Article I to VI).

Pat KILPATRICK, Chairperson, in the Chair (from Article VII onwards).

Prior to commencement of business, the Chief Officer took the opportunity to pay tribute to staff for the recent significant response to Storm Babet.

The Chair paid tribute to local mental health campaigner, Phil Welsh, who sadly passed away recently.

I APOLOGIES FOR ABSENCE

Apologies for absence were submitted on behalf of:-

Members

Role

Christina Cooper	Third Sector Representative
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II DECLARATION OF INTEREST

There were no declarations of interest.

III MINUTE OF PREVIOUS MEETING

- (a) The minute of meeting of the Integration Joint Board held on 23rd August, 2023 was submitted. A discussion took place about the recording of Article X and how some members felt it didn't capture the full discussion that took place at the meeting. It was agreed that this Article should be rewritten and the full minute resubmitted to the next meeting for approval. It was suggested that consideration be given to arranging a discussion in relation to governance issues.

- (b) ACTION TRACKER

The Action Tracker DIJB57-2023 for meetings of the Integration Joint Board was submitted and noted.

IV TAYSIDE PRIMARY CARE STRATEGY 2024 – 2029

There was submitted Report No DIJB58-2023 by the Chief Officer providing an update on the progress made to develop the Tayside Primary Care Strategy.

The Integration Joint Board agreed:-

- (i) to note the progress made to date to prepare the Tayside Primary Care Strategy (TPCS) as outlined in the report; and
- (ii) that a final version of the TPCS would be brought to the IJB for approval in February 2024.

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

- (iii) that Councillor McHugh would have a discussion with Jillian Galloway about the EQIA; and
- (iv) that Councillor McHugh, Councillor Lynn and Pat Kilpatrick would have a general discussion about Integrated Impact Assessments.

V PARK AVENUE MEDICAL CENTRE (DIJB62-2023)

It was reported that Park Avenue Medical Centre had given notice to terminate its contract with NHS Tayside Health Board and would close from Sunday, 31st March, 2024. The practice would remain fully operational up until Friday 29th March, 2024 with the GPs continuing to practice from Park Avenue Medical Centre. NHS Tayside Primary Care Services Department had written to patients at the practice to advise them of this situation and to outline the next steps to ensure they had continued safe and sustainable access to a GP.

When a practice gives notice to stop providing services, NHS Tayside Health Board and the relevant Health and Social Care Partnership (HSCP), (in this case Dundee HSCP), have a responsibility to ensure that safe primary care services are provided to the local population and that access to a GP is available from when the contract will be terminated. A working group had been established to include representatives from NHS Tayside Health Board and Dundee HSCP to work together to explore and develop options.

A tender process took place which closed on 16th October, 2023. Other options for providing ongoing care potentially included possible merger with another practice, NHS Tayside running the practice as a managed (2c) practice, or patients being dispersed across other practices.

Further communication with patients and other interested parties was being planned.

An update would be provided to the IJB when further information was available.

The IJB noted the position.

VI DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT 2023

There was submitted Report No DIJB59-2023 by the Chief Officer presenting the Director of Public Health (DPH) Annual Report 2023 to the Integration Joint Board.

Emma Fletcher gave a presentation on the report covering:

- life expectancy
- premature mortality
- impact of socioeconomic deprivation
- ageing population
- successes and challenges.

The Integration Joint Board agreed to note the content of the report, the Annual Report (attached as Appendix 1 to the report) and to consider its contents to inform future strategic planning and work.

Following questions and answers the Integration Joint Board further agreed to note that the report reflected efforts in improving population health linked to the City Plan and Strategic Commissioning Plan.

VII PERFORMANCE AND AUDIT COMMITTEE

(a) MINUTE OF PREVIOUS MEETING OF 27TH SEPTEMBER, 2023

The minute of the previous meeting of the Performance and Audit Committee held on 27th September, 2023 was submitted and noted for information and record purposes.

(b) CHAIR'S ASSURANCE REPORT

There was submitted Report No DIJB61-2023 by Ken Lynn, Chairperson of the Performance and Audit Committee, providing an Assurance Report to the Integration Joint Board on the work of the Performance and Audit Committee.

VIII CHANGES TO DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP ADAPTATIONS POLICY

There was submitted Report No DIJB54-2023 by the Chief Officer setting out proposals to update the adaptations policy to reflect Scottish Government guidance, greater personalisation and best use of resources.

The Integration Joint Board agreed:-

- (i) the proposed amendments contained in the report;
- (ii) to approve the 'Joint Policy for the Provision of Adaptations in the Homes of People with Disabilities who live in Dundee' which formed Appendix 1 to the report;
- (iii) to note that relying on scarce social care as an alternative to adaptations whilst waiting for rehousing, generally costs more than the adaptation and social care can take up to 6 months to secure;
- (iv) to note that given the pressures on available housing stock and the increasingly complex needs we are now managing in community settings, we have recognised the need to manage all of our available resources as efficiently as possible and as part of this we now need to consider the balance between adaptation and rehousing;

- (v) to note that as a result of recommendations 2.3 and 2.4, a further review of the adaptations policy will be required during the 2024/2025 financial year to explore and recommend cost effective alternatives; and
- (vi) to refer the Joint Policy for the Provision of Adaptations in the Homes of People with Disabilities who live in Dundee to Dundee City Council and NHS Tayside to approve, for their interest.

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

- (vii) that Angie Smith would check with DCC Housing to find out if the Dundee Federation of Tenants Association was aware of the consultation that took place.

IX FINANCIAL MONITORING POSITION AS AT AUGUST 2023

There was submitted Report No DIJB55-2023 by the Chief Finance Officer providing the Integration Joint Board with an update of the projected year-end financial position for delegated health and social care services for 2023/2024.

The Integration Joint Board agreed to note the content of the report including the overall projected financial position for delegated services for the 2023/2024 financial year end as at 31st August, 2023 as outlined in Appendices 1, 2, and 3 of the report.

X STRATEGIC COMMISSIONING FRAMEWORK 2023-2033 – DEVELOPMENT OF COMPANION DOCUMENTS AND ANNUAL DELIVERY PLAN (DIJB60-2023)

It was reported that Dundee Integration Joint Board approved its Strategic Commissioning Framework 2023-2033 at its meeting of 21st June, 2023 (Item VIII of the minute refers). Within the report, members were advised that work would subsequently commence on the development of a resource and performance framework and an annual delivery plan for 2023/2024 with an update provided to the IJB in October 2023.

Work on these companion documents had indeed commenced however this had been paused as all available resources had been diverted to prepare for and support the Dundee Adult Support and Protection Inspection which was currently underway. This inspection was a recent announcement therefore it was not anticipated in Dundee Health and Social Care Partnership's resource planning for the period.

A further update on progress with the companion documents and annual delivery plan would be provided to the IJB at its meeting in December 2023.

The IJB noted the position.

XI MEETING OF THE INTEGRATION JOINT BOARD 2023 ATTENDANCES

There was submitted a copy of the Attendance Return DIJB56-2023 for meetings of the Integration Joint Board held to date over 2023.

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

XII DATE OF NEXT MEETING

The Integration Joint Board agreed to note that the next meeting of the Dundee Integration Joint Board would be held remotely on Wednesday, 12th December, 2023 at 10.00am.

Pat KILPATRICK, Chairperson & Ken LYNN, Vice-Chairperson.

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

DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – ACTION TRACKER – MEETING ON 13TH DECEMBER 2023

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

					Information Governance			published information gathered to date. Work ongoing to identify further options for benchmarking.
7	23/08/23	V	ANNUAL PERFORMANCE REPORT 2022/23	that consideration would be given to arranging a briefing session for IJB members on understanding the data presented.	Chief Finance Officer	March 2024	In progress	A session will be provided in early 2024.
8	25/10/23	III(a)	MINUTE OF PREVIOUS MEETING – 23 RD AUGUST 2023	that consideration would be given to arranging a discussion in relation to governance issues.	Chief Officer	February 2024	In progress	Will include as part of development session on IJB Governance arrangements
9	25/10/23	VIII	CHANGES TO DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP ADAPTATIONS POLICY	That Angie Smith, Associate Locality Manager would check with DCC Housing to find out if the Dundee Federation of Tenants Association was aware of the consultation that took place.	Associate Locality Manager	December 2023	In progress	Followed up with Neighbourhood Services and await response



At a MEETING of the PERFORMANCE AND AUDIT COMMITTEE OF THE DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD held remotely on 22nd November, 2023.

Present:-

<u>Members</u>	<u>Role</u>
Ken LYNN (Chairperson)	Nominated by Dundee City Council (Elected Member)
Dorothy McHUGH	Nominated by Dundee City Council (Elected Member)
Donald McPHERSON	Nominated by Health Board (Non Executive Member)
Sam RIDDELL	Nominated by Health Board (Non Executive Member)
Dave BERRY	Chief Finance Officer
Vicky IRONS	Chief Officer
Jocelyn LYALL	Chief Internal Auditor
Diane MCCULLOCH	Chief Social Work Officer

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

Jenny HILL	Health and Social Care Partnership
Brian HOWARTH	Audit Scotland
Christine JONES	Health and Social Care Partnership
Matthew KENDALL	Health and Social Care Partnership
Clare LEWIS-ROBERTSON	Health and Social Care Partnership
Mary O'CONNOR	Audit Scotland
Kathryn SHARP	Health and Social Care Partnership

Ken LYNN, Chairperson, in the Chair.

I APOLOGIES FOR ABSENCE

There were apologies for absence submitted on behalf of:-

Dr James COTTON	Registered Practitioner not providing primary medical care services
Raymond MARSHALL	Staff Partnership Representative
Martyn SLOAN	Person providing unpaid care in the area of the local authority

II DECLARATION OF INTEREST

There were no declarations of interest.

III MINUTE OF PREVIOUS MEETING AND ACTION TRACKER

(a) MINUTE

The minute of meeting of the Committee held on 27th September, 2023 was submitted and approved.

(b) ACTION TRACKER

There was submitted the Action Tracker, PAC47-2023, for meetings of the Performance and Audit Committee for noting and updating accordingly.

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

Following questions and answers the Committee further agreed:-

- (i) that as actions 1 & 2 related to staff capacity, the Chief Finance Officer would provide an overview of progress with the staffing restructure and the additional capacity that could be available; and
- (ii) that a session would be arranged for all IJB members and the Care Inspectorate to focus on the grading process, an overview of gradings across the country and how Dundee compares and the Care Inspectorate's powers. The session would also cover the internal processes that were used by the Health and Social Care Partnership.

IV AUDIT SCOTLAND ANNUAL REPORT AND INTEGRATION JOINT BOARD ANNUAL ACCOUNTS 2022/2023

There was submitted Report No PAC41-2023 by the Chief Finance Officer presenting the Integration Joint Board's (IJB) Draft Audited Annual Statement of Accounts for the year to 31st March 2023 for approval, to note the draft external auditor's report in relation to these accounts and approve the response to the report.

The Committee agreed:-

- (i) to note the contents of the attached Audit Scotland cover letter (attached as Appendix 1) and the draft external auditor's report (attached as Appendix 2) including the completed action plan outlined on pages 20-21 of the report, and in particular that Audit Scotland have indicated they would issue an unqualified audit opinion on the IJB's 2022/23 Annual Accounts;
- (ii) to endorse the report as the IJB's formal response to the external auditor's report;
- (iii) to instruct the Chief Finance Officer to provide an update on progress of the action plan noted in Appendix 1 of the external auditor's report by February 2024;
- (iv) to approve the attached Audited Annual Accounts (attached as Appendix 3) for signature and instruct the Chief Finance Officer to return these to the external auditor;
- (v) to instruct the Chief Finance Officer to arrange for the Annual Accounts to be published on the Dundee Health & Social Care Partnership website by no later than 30th November 2023.

Following questions and answers the Committee further agreed:-

- (vi) to note that although Internal Audit had found some weaknesses in Dundee City Council's General Ledger system (as outlined in Article X on this agenda), Audit Scotland had found no significant material issues in relation to the Integration Joint Board annual accounts. The Chief Finance Officer also explained that the majority of the spend went through the Mosaic and payroll systems which had good controls in place;
- (vii) that the Chief Finance Officer would check with Dundee City Council reps when the General Ledger system issue would be resolved and report back to Donald McPherson; and

- (viii) to note that the 2024/2025 position would be reported to the IJB meeting in December 2023 with IJB budget development sessions starting in December running through to March 2024.

V DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP PERFORMANCE REPORT – 2023-2024 QUARTER 1

There was submitted Report No PAC42-2023 by the Chief Finance Officer updating the Performance and Audit Committee on 2023-24 Quarter 1 performance against the National Health and Wellbeing Indicators and 'Measuring Performance Under Integration' indicators. Data was also provided in relation to Social Care – Demand for Care at Home services.

The Committee agreed:-

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

Following questions and answers the Committee further agreed:-

- (v) to note that the baseline year had been changed to 2018/2019 to be in line with what was required under the Public Bodies (Joint Working) (Scotland) Act 2014 and associated regulations and guidance and that this would be unlikely to move again until the Covid years were cleared;
- (vi) that, in relation to a query from Councillor McHugh about why there was disparity in delayed discharge performance across LCPPs, Kathryn would consider with Lynsey Webster if further analysis was required.

VI DRUG AND ALCOHOL SERVICES INDICATORS – 2023/2024 QUARTER 1

There was submitted Report No PAC40-2023 by the Chief Finance Officer updating the Performance and Audit Committee on the performance of Drug and Alcohol Services.

The Committee agreed:-

- (i) to note the data presented in the report, including the improvements in key indicators relating to access to drug treatment services during 2022/2023 (section 6 and appendix 1); and
- (ii) to note the range of ongoing improvement activity, including within Dundee Drug and Alcohol Recovery Service, Primary Care and Partnership Mental Health Services focused on implementation of Medication Assisted Treatment Standards and wider priorities agreed via the Alcohol and Drug Partnership Strategic Framework and Delivery Plan (section 7).

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

There was submitted Report No PAC45-2023 by the Clinical Director providing assurance to Committee on the business of Dundee Health and Social Care Partnership Clinical, Care and Professional Governance Group.

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

The Committee agreed:-

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

Following questions and answers the Committee further agreed:-

- (iii) to note the responses provided in relation to queries about Mutual Aid Requests, negative media recording, violence and aggression and verified and unverified events; and
- (iv) that Matthew would check the risk level for the Primary Care sustainability risk and report back to Sam.

VIII QUARTERLY COMPLAINTS PERFORMANCE – 2ND QUARTER 2023/2024

There was submitted Report No PAC44-2023 by the Chief Finance Officer summarising the complaints and feedback performance for the Health and Social Care Partnership (HSCP) in the second quarter of 2023/2024. The complaints include complaints handled using the Dundee Health and Social Care Partnership Social Work Complaint Handling Procedure, the NHS Complaint Procedure and the Dundee City Integration Joint Board Complaint Handling Procedure.

The Committee agreed:-

- (i) to note the complaints handling performance for health and social work complaints set out within the report;
- (ii) to note the work which had been undertaken to address outstanding complaints within the HSCP and to improve complaints handling, monitoring and reporting;
- (iii) to note the work ongoing to scope using Care Opinion as a feedback tool for all services in the Health and Social Care Partnership; and
- (iv) to note the changes to mandatory SPSO (Scottish Public Service Ombudsman) complaint reporting requirements and consider the recommendations for the content for future complaints and feedback reports in Section 10.

Following questions and answers the Committee further agreed:-

- (v) to note that there were options for people to feedback through Care Opinion other than just on-line.

IX DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP STRATEGIC RISK REGISTER UPDATE

There was submitted Report No PAC43-2023 by the Chief Finance Officer updating the Performance and Audit Committee in relation to the Strategic Risk Register and on strategic risk management activities in Dundee Health and Social Care Partnership.

The Committee agreed:-

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

X DUNDEE INTEGRATION JOINT BOARD INTERNAL AUDIT PLAN PROGRESS REPORT

There was submitted Report No PAC48-2023 by the Chief Finance Officer providing the Performance and Audit Committee (PAC) with an update on progress against the last remaining outstanding review from the 2022/2023 internal audit plan as well as work relating to 2023/2024. The report also included internal audit reports that were commissioned by the partner Audit and Risk Committees, where the outputs were considered relevant for assurance purposes to Dundee IJB.

The Committee agreed to note the progress of the outstanding internal audit review and progress against the 2023/2024 internal audit plan.

XI GOVERNANCE ACTION PLAN UPDATE

It was reported that at the meeting of the Performance and Audit Committee held on 27th September, 2023 (Article XVII of the minute of meeting refers), the Committee was advised that work to develop revised reporting of outstanding Governance Actions previously reported through the Governance Action Plan was ongoing and that the revised process would be presented to the November PAC meeting. Unfortunately, due to the complex nature of this work and to ensure there was no duplication of actions, this was not yet in a completed stage to present to the Committee. Officers would continue to work with Internal Audit to ensure the revised reporting process was available for the first PAC meeting of 2024.

The Committee noted the position.

XII ATTENDANCE LIST

There was submitted Agenda Note PAC46-2023 providing attendance returns for meetings of the Performance and Audit Committee held over 2023.

The Committee agreed to note the position as outlined.

XIII DATE OF NEXT MEETING

The Committee agreed to note that the next meeting of the Committee would be arranged to take place remotely in January 2024.

Ken LYNN, Chairperson.

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



REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD -
13 DECEMBER 2023

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

REPORT BY: CHAIR, PERFORMANCE AND AUDIT COMMITTEE

REPORT NO: DIJB74-2023

This assurance report relates to the meeting of the Performance and Audit Committee (PAC) of the 22nd November 2023.

Instructions Issued and approvals made by the Committee

- The Committee approved the IJB's Audited Annual Accounts 2022/23 for signing and endorsed the response to Audit Scotland's Annual Report. The Committee instructed the Chief Finance Officer to bring back an update report by the end of February on progress of the associated action plan.

Issues to highlight to the Board

- The Committee noted that a number of actions on the action tracker had been delayed due to lack of capacity within the service to take forward. While recognising the financial situation, the Committee sought assurances from the Chief Finance Officer that efforts were being made to provide the required capacity. The Chief Finance Officer will report back on progress in that regard. Clarity was also provided on the specifics on the ask by the Committee for a presentation to IJB members by the Care Inspectorate where it is looking for an overview of the grading process and how Dundee compares.
- Brian Howarth from Audit Scotland took the Committee through the external auditor's 2022/23 annual report for Dundee IJB, highlighting that while there were some recommendations made (only 1 new for the year) there were no major issues arising from the audit and noted that the accounts had now been audited and were unqualified. This provided the assurance to the Committee that the accounts could be approved for signing. Donald MacPherson raised a concern linked to the latest Internal Audit Plan update report on the agenda which noted some weaknesses in Dundee City Council's general ledger processes and queried if that should be a factor in the audit opinion. Brian advised that Audit Scotland's own testing provided sufficient assurance and the Chief Finance Officer noted that controls were in place around the HSCP's main payment system drivers (payroll and Mosaic) to provide additional assurance. Councillor McHugh highlighted concern about the financial position and level of reserves going forward. The Chief Finance Officer noted there is a very challenging financial position ahead but having the level of reserves we hold will support the position.
- The Health and Social Care Partnership's quarter 1 (2023/24) Performance Report was presented and scrutinised by the Committee with a wide range of questions on aspects of the data and reflections on areas where performance continued to be poor. There was a change in the baseline year indicators were being reported against from 2016 used in previous reports to 2018/19 and this shifted some of the patterns of performance. Councillor McHugh was interested in particular in the different performance across LCPPs when it came to delayed discharges which will be considered by the HSCP's Strategy and Performance team.

- The HSCP's drug and alcohol services performance indicators were also scrutinised by the Committee with quarter 1 2023/24 information presented.
- The Clinical Care and Professional Governance Assurance report was presented to the Committee. A number of questions were raised on varied elements of the report, such as seeking clarity on what a mutual aid request was and what the outcome was. The Committee was given satisfactory responses to these questions and along with the reasonable level of assurance of clinical and care governance arrangements in place that the report provided, was content.
- The 2023/24 Quarter 2 Complaints Performance Report was submitted to the PAC. It was noted that the Scottish Public Services Ombudsmen has now changed the mandatory reporting requirements and the committee was given an overview of those and asked to consider which indicators it wished to see in future meetings. It was also noted that the HSCP was progressing the implementation of Care Opinion to receive better feedback from service users and patients. Assurances were sought that feedback can still be provided by services users who didn't access the internet.
- The regular Strategic Risk Register update was provided to the Committee. This noted a relatively steady position in relation to risk levels with the only change to the previous reported position being an increase in the financial sustainability risk given the deteriorating in year financial monitoring position.
- The Committee tracked progress of the Internal Audit Plan with Jocelyn Lyall providing an overview of the work being undertaken and planned. It is anticipated that the report on operational planning will be available to be presented to the next meeting of the PAC. Work continues to support the replacement arrangements for the Governance Action Plan with the aim to have this completed for the first PAC of 2024.

Ken Lynn
Chair

1 December 2023



REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD –
13 DECEMBER 2023

REPORT ON: REVISED PAC TERMS OF REFERENCE

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: DIJB72- 2023

1.0 PURPOSE OF REPORT

The purpose of this report is to update and agree revised Terms of Reference for Dundee Integration Joint Board's Performance and Audit Committee.

2.0 RECOMMENDATIONS

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

- 2.1 Agrees the revised Terms of Reference for the IJB's Performance and Audit Committee as attached as Appendix 1 to this report.

3.0 FINANCIAL IMPLICATIONS

None

4.0 MAIN TEXT

4.1 Background

- 4.1.1 Dundee Integration Joint Board established the Performance and Audit Committee (PAC) at its meeting of the 30th August 2016 (Article x of the meeting refers). At this meeting, the terms of reference for the Performance and Audit Committee were agreed.

- 4.1.2 Over the 7 years since it was established, the PAC has developed the range of issues deemed relevant and appropriate for consideration, either through best practice, internal and external audit recommendations and at the request of members of the PAC and IJB. The PAC terms of reference have not changed over this time.

- 4.1.3 As part of the IJB's 2021/22 Audit Scotland annual report, the external auditors noted three areas of improvement to ensure the terms of reference met best practice guidance as set out in CIPFA's Audit Committees Practical Guidance for Local Authorities and Police (2018). These were:

- 1) the terms of reference do not cover the core areas of "counter fraud and corruption" and the PAC's role in relation to these.

- 2) the committee does not undertake an annual evaluation to assess whether it has undertaken its duties in accordance with the terms of reference.

- 3) there is no formal training programme in place to support board members.

- 4.1.4 The PAC terms of reference have now been revised and updated to reflect this best practice guidance and the other areas of development the PAC has undertaken since 2016. The revised terms are set out in Appendix 1 to this report.

5.0 POLICY IMPLICATIONS

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

6.0 RISK ASSESSMENT

Risk Description	Risk that the IJB is unable to demonstrate compliance with best practice in relation to its Performance and Audit Committee.
Risk Category	Governance
Inherent Risk Level	Likelihood 3 x Impact 3 = 9 (High Risk)
Mitigating Actions (including timescales and resources)	Adoption of revised and updated terms of reference
Residual Risk Level	Likelihood 2 x Impact 3 = 6 (Moderate Risk)
Planned Risk Level	Likelihood 2 x Impact 3 = 6 (Moderate Risk)
Approval recommendation	Given the mitigating actions in place the risk should be accepted

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	✓
	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: 23/11/2023

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

1	Introduction
1.1	The Performance and Audit Committee is identified as a Committee of the Integration Joint Board (IJB).
1.2	The Committee will be known as the Performance and Audit Committee of the IJB and will be a Standing Committee of the IJB.
2	Constitution
2.1	The IJB shall appoint the Committee. The Committee will consist of not less than 6 members of the IJB, excluding Professional Advisors. The Committee will include at least four IJB voting members, two from NHS Tayside and two from Dundee City Council. Only voting members of the IJB will be able to vote on the Committee. The Chair of the IJB shall not be a member of the Committee.
2.2	The Committee may at its discretion set up short term working groups for review work. Membership of the working group will be open to anyone whom the Committee considers will assist in the task assigned. The working groups will not be decision making bodies or formal committees but will make recommendations to the Audit and Performance Committee
3	Chair
3.1	The Committee will be chaired by the Vice Chair of the IJB and will rotate between a voting member nominated by NHS Tayside and a voting member nominated by Dundee City Council. In the absence of the Chair, the members present at the meeting will appoint a member to Chair the meeting. The Chair will rotate on the same frequency as the Chair of the IJB.
4	Quorum
4.1	Two voting members of the Committee will constitute a quorum consisting of one member from Dundee City Council and one member from NHS Tayside.
5	Attendance at meetings
5.1	The Chief Officer, Chief Finance Officer, Chief Internal Auditor and other Professional Advisors or their nominated representatives may attend meetings. Other persons shall attend meetings at the invitation of the Committee.
5.2	The external auditor will be invited to attend each meeting.
5.3	The Committee may invite additional advisors as appropriate.

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

	11. Review risk management arrangements, receive regular reports on risk management and an annual Risk Management report.
	12. Ensure existence of and monitor compliance with an appropriate Risk Management Strategy.
	13. To consider annual financial accounts and related matters and approve on behalf of the IJB as necessary.
	14. Ensuring that the Senior Management Team of Dundee Health and Social Care Partnership, including Heads of Service, Professional Leads and Principal Managers maintain effective controls within their services which comply with financial procedures and regulations;
	15. To be responsible for setting its own work programme in order to meet its specific duties including any matters which the Chief Officer believes would benefit from investigation.
	16. Promoting the highest standards of conduct by Board Members; and monitoring and keeping under review the Code of Conduct maintained by the IJB.
	17. Will have oversight of Information Governance arrangements as part of the Performance and Audit process.
	18. To be aware of, and act on, Audit Scotland, national and UK audit findings and inspections/regulatory advice, and to confirm that the IJB has brought itself into compliance timeously.
	19. To receive assurances in relation to Clinical Care and Professional Governance through the consideration of a report presented to each meeting of the PAC by the Clinical Director.
	20. To receive and consider performance information in relation to complaints and compliments about services provided by the Health and Social Care Partnership or about the IJB's activities, ensuring the IJB's responsibilities around Duty of Candour are met.
	21. To receive assurances that effective counter fraud and corruption arrangements are in place within the partner bodies governance arrangements.
	22. To establish a formal training programme for PAC members to ensure they are aware of their roles and responsibilities as members of the Committee.
9	Reporting
9.1	The Chair of the PAC will provide an assurance report to the next IJB meeting, outlining the areas of discussion and decisions made at the PAC meeting.
9.2	The PAC will present an annual report to the IJB to reflect the activities undertaken over the year in line with its remit and terms of reference.
10	Review
10.1	The Terms of Reference will be reviewed when the Chair passes to ensure their ongoing appropriateness in dealing with the business of the IJB.

10.2	As a matter of good practice, the Committee should allow for periodic review utilising best practice guidelines and external facilitation as required.
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REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 13TH DECEMBER 2023

REPORT ON: DELIVERY OF THE PRIMARY CARE MENTAL HEALTH AND WELLBEING FRAMEWORK

REPORT BY: CHIEF OFFICER

REPORT NO: DIJB66-2023

1.0 PURPOSE OF REPORT

- 1.1 The purpose of this report is to provide an update on the delivery of the Dundee Primary Care Mental Health and Wellbeing Framework and seek approval for its continued development in 2024.

2.0 RECOMMENDATIONS

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

- 2.1 Notes the local and national strategies and guidance on the development of a framework to provide multi-disciplinary mental health and wellbeing support within Primary Care as described in section 4.1 of this report.
- 2.2 Notes the progress to date in delivering the framework and key achievements as described in section 4.2 of this report.
- 2.3 Notes the Progress Review at Appendix 1.
- 2.4 Approves the recommendations set out within section 9, page 21 of the Progress Review at Appendix 1.
- 2.5 Instructs the Chief Officer to provide a further report in 12 months on the progress made in delivering the Primary Care Mental Health and Wellbeing Framework for Dundee.

3.0 FINANCIAL IMPLICATIONS

- 3.1 There are currently no additional financial implications associated with this report.
- 3.2 The finance arrangements for the current provision are funded through the Scottish Government's Primary Care Improvement Fund, Mental Health Action 15, and core service funds. The anticipated additional Scottish Government's Mental Health and Wellbeing in Primary Care fund has not progressed this year. This will impact the pace of expansion in some areas of delivery.

4.0 MAIN TEXT

4.1 Background

- 4.1.1 Many people experiencing a health or social issue turn to a primary healthcare practitioner, often their GP for help. As such mental health issues account for around one-third of GP

consultations. Recent national and local strategies have shaped and guided the development of a Primary Care Mental Health and Wellbeing Multi-Disciplinary Team (MDT) in Dundee. In 2018, the [General Medical Services Contract in Scotland](#) identified that some tasks previously carried out by General Practitioners (GPs) should now be undertaken by members of a wider Primary Care Team, such as link workers, mental health nurses, allied health professionals and peer workers. To enable this transformation and support a national approach to implementation and the development of services the Scottish Government published the [Mental Health and Wellbeing in Primary Care Planning Guidance \(2022\)](#).

- 4.1.2 Similarly, the [Scottish Government's Mental Health Strategy \(2017\)](#) and more recently the [Scottish Government's Mental Health and Wellbeing Strategy \(2023\)](#) has prioritised transforming and increasing Primary Care mental health and wellbeing provision and developing MDTs that can offer a first point of contact. These practitioners will also engage with wider aspects of community health and social support, as well as other local agencies to support the mental health and social needs of local people. Dundee's Primary Care Mental Health and Wellbeing MDT is built upon the principles of 'right care, right person, and the right time'. They provide assessment, advice, support, and some levels of care and treatment for people with mental health, distress, or well-being needs. They also sign post, refer, and supportively link people into a range of statutory and third sector services, care, and support.
- 4.1.3 The Dundee Health and Social Care Partnership's Mental Health and Wellbeing Strategic Plan (2019-2024) [Dundee Health and Social Care Partnership's Mental Health and Wellbeing Strategic Plan \(2019-2024\)](#) aims "to support the improvement of mental health and wellbeing and reduce mental health inequalities for the citizens of Dundee". Primary Care is identified as an important aspect of this. As such planning for this programme of work is in conjunction with the Strategic Planning Advisory Group, Mental Health and Wellbeing Strategic Planning and Commissioning Group, Mental Health and Wellbeing in Primary Care Strategic Planning Group, and the Primary Care Improvement Group. Regular reporting and monitoring structures are in place and aligned with the financial framework as well as the strategic and operational groups that are established. Liaison with Scottish Government colleagues is ongoing.
- 4.2 **Progress during 2022 and 2023**
- 4.2.1 There has been significant progress and development linked to the national and local strategies for this programme of work. Progress is outlined in the Appendix.
- 4.2.2 A programme management approach has been established to support the planning, co-ordination, leadership, management, and governance of this work through collaboration of all key stakeholders involved. Strategic and Operational groups with the necessary membership meet regularly to support this.
- 4.2.3 The Primary Care Mental Health and Wellbeing MDT currently comprises staff members working in the varying roles of practitioners, volunteers, administrators, coordinators, team leaders, and managers. Further information can be found in the table below.

Service	Service Users	Staff teams
Patient Assessment and Liaison Mental Health Service (PALMS)	People requiring mental health support or advice: <ul style="list-style-type: none"> • Mental health coping strategies. • Self-help materials. • Signpost to local community supports. • Referral to specialist services. • One thirty-minute appointment (triage). 	8 WTE Community Mental Health Nurses 0.6 WTE Clinical /Counselling Psychologist
Sources of Support: Primary Care Link Workers	People with social, economic, and non-medical issues impacting their mental health and wellbeing; no or little existing support in place and who would benefit from up to 20 weeks case management:	8 WTE Primary Care Link workers, 2 WTE Support workers,

	<ul style="list-style-type: none"> • Support and advice on a wide range of issues. • Help to navigate services/ community groups that offer support. 	1 WTE Administrator, 1 WTE Team Leader.
Community Listening Service	People requiring emotional listening support: <ul style="list-style-type: none"> • Space to talk about any challenges including loss, relationships, or other difficult life issues. • Up to six – 50-minute appointments. 	13 Volunteers in Dundee, 1 Co-ordinator and 1 Administrator for Tayside.
Distress Brief Intervention	People experiencing emotional distress who require: <ul style="list-style-type: none"> • Emotional support, Signposting/Initiating further support and/or Self-help resources. • Up to 14 days support, can be seen daily if required, provided by a Peer Practitioner. 	6 Mental Health and Wellbeing Peer Practitioners, 1 Service Manager for Tayside.
General Practitioners	<ul style="list-style-type: none"> • For discussion of treatment options and referral to specialist services if indicated. • Concerns about risk to self or others. • Assessment of complex mental health presentations. 	Number not listed as they have a wide area of practice across physical and mental health.
Welfare Rights / Brooksbank	People with financial or socioeconomic problems: <ul style="list-style-type: none"> • Access to Welfare Rights support such as income maximisation checks, form filling or appeal representation • Help with debt counselling/money advice. • Access to energy advisers regarding utility debt, energy efficiency measure and access to grant funding. • Crisis Grant and Community Care Grant support from the Scottish Welfare Fund. 	Number not listed as wide area of practice across the city.

- 4.2.4 The Patient Assessment and Liaison Mental Health Service (PALMS) has made positive progress with a redesigned model and fully recruited to their vacant posts with mental health nurses. All GP practices therefore have access to the service. To enable efficiency a hub and spoke model is being explored across practices and will be progressed through a test of change; IT systems require to be linked and share information to enable this as does collaboration between practices to agree rooms can be used to see patients from other practices. Plans for low intensity psychological therapy within communities such as managing anxiety and building resilience have not progressed due to funding restrictions however this is being reviewed regularly and opportunities being sought to proceed with this development.
- 4.2.5 GPs continue to offer services for the discussion of mental health treatment options and referral to specialist services if indicated; where there are concerns about risk to self or others, and for the assessment of complex mental health presentations. However, patients who could be seen by PALMS continue to sometimes see the GP first and are directed into PALMS thereafter risking duplication and additional appointments for patients. This is being reviewed and work is in place to resolve largely through knowledge exchange about newer services and ways of working.
- 4.2.6 The Sources of Support Primary Care Link Workers have continued to support all practices and tested a range of new ways of working. There have been some gaps with staffing which have led to waits but this is resolving. A comprehensive dashboard is being developed for the service.

- 4.2.7 Distress Brief Intervention (DBI) is a national programme being introduced into Primary Care and offering support for people in distress for up to 14 days. We have a plan to introduce into all GP Clusters over the next 9-12 months. This is being phased to ensure DBI can support all referrals as it is not clear the demand. The PALMS practitioners can all now refer into DBI, Sources of Support are currently receiving Level 1 training to refer in and all GPs are being offered Level 1 referrer training cluster by cluster. Referrals to DBI from Primary Care are growing in number and referrers are noting the service is valuable. DBI report their most regular signposting is to Hope Point, Listening Service and Counselling services. Pre and post intervention rating scales showed that people were less distressed post intervention than before.
- 4.2.8 Community Listening Service employs volunteers who are available in most GP practices with new listeners trained in November. New work in other services means that people who would benefit from listening are being offered this directly via cardiovascular and respiratory rehabilitation services for example to enable seamless support mechanisms between primary and secondary care provision.
- 4.2.9 Dundee City Council Advice Services / Brooksbank offer welfare rights and financial advice or support within 10 GP practices. The service is still offered in other locations, and this is an area that will be developed further given the pressing need.
- 4.2.10 Several improvement projects are underway including enhancing pathways between the Scottish Ambulance Service and the services offered by the Primary Care MDT. A survey with ambulance staff identified a need to increase knowledge about what is available and how to access. A navigation tool for ambulance staff is being co-designed and will be tested by the Ambulance Service in Dundee from December. This will be evaluated and refined then embedded.
- 4.2.11 An improvement project within Cluster One GP practices is focusing on the prevention of developing chronic pain by the optimisation of education and information about pain and psychosocial approaches offered by the Mental Health and Wellbeing MDT.
- 4.2.12 A Dundee community resource directory with the available Primary Care Mental Health and Wellbeing services, and wider community services including those provided by third sector and statutory services has been developed. This is with a view to digitising this and making available to the public and staff providing services. Management and governance is being established in respect to this prior to being tested.
- 4.2.13 A scoping review of the current provision has been conducted and areas identified requiring most development. These are detailed in the report in Appendix 1 and will be used to inform the development of the Dundee Primary Care Mental Health and Wellbeing Delivery Action Plan 2024-2027.

4.3 **Plans for 2024 - 2025**

- 4.3.1 The Dundee Primary Care Mental Health and Wellbeing Delivery Action Plan 2024-2027 is currently in development.
- 4.3.2 Stakeholder involvement is being sought in terms of our vision, outcomes, priority actions, and activities for the next three years. It is expected that there will not be any significant financial investment available in the next 12 months therefore activities will focus on transformational change, optimising what we have in place and ensuring it is efficient, accessible and meets people's needs across the lifespan. We will explore new ways to work collaboratively in all areas of practice and communities including via digital information technology systems. We will also seek short term funding opportunities to support innovation and change in order to test new models and ways of working.
- 4.3.3 Over the next 12 months we will identify and establish outcomes, measures, and key performance indicators. We will further enhance our mechanisms for reporting, monitoring and

evaluation of the Mental Health and Wellbeing Framework and use this information as a basis for future investment and developments.

4.4 Next steps

- 4.4.1 Members of the Primary Care Mental Health and Wellbeing Strategic Group will continue to lead, support, and monitor the development of the programme and its impact.
- 4.4.2 The Delivery Plan once developed will further detail priority actions to progress, considering what has been achieved so far.

5.0 POLICY IMPLICATIONS

- 5.1 This report has been screened for any policy implications in respect of the Integrated Impact Assessment. An IIA is attached in Appendix 2.

6.0 RISK ASSESSMENT

Risk 1 Description	Failure to maximise support for people through Primary Care Mental Health and Wellbeing services will lead to further deterioration and poorer outcomes for people who may benefit from this and potentially the need for higher levels of support and care.
Risk Category	Operational.
Inherent Risk Level	Likelihood (5) x Impact (4) = Risk Scoring (20)
Mitigating Actions (including timescales and resources)	Progress being made in development and implementation of a delivery plan, also maximising the use of available financial resources wherever possible.
Residual Risk Level	Likelihood (3) x Impact (3) = Risk Scoring (9)
Planned Risk Level	Likelihood (3) x Impact (3) = Risk Scoring (9)
Approval recommendation	That the risk should be accepted.

Risk 2 Description	Failure to optimise the development of a Primary Care Mental health and Wellbeing MDT approach will increase demand on GPs and specialist parts of the system with an overall detrimental outcome to patients and staff.
Risk Category	Operational.
Inherent Risk Level	Likelihood (5) x Impact (4) = Risk Scoring (20)
Mitigating Actions (including timescales and resources)	Progress being made in development and implementation of a delivery plan, also maximising the use of available financial resources wherever possible.
Residual Risk Level	Likelihood (3) x Impact (3) = Risk Scoring (9)
Planned Risk Level	Likelihood (3) x Impact (3) = Risk Scoring (9)
Approval recommendation	That the risk should be accepted.

7.0 CONSULTATIONS

- 7.1 The Chief Officer, Clerk, Clinical Lead for Mental Health & Learning Disability Services, and Dundee Lead GP were consulted in the preparation of this report.

8.0 DIRECTIONS

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.

Vicky Irons
Chief Officer

DATE: 16th November 2023

Emma Lamont, Programme Manager, Mental Health & Wellbeing in Primary Care Services, Dundee Health & Social Care Partnership
Shona Hyman, Senior Manager Service Development and Primary Care, Dundee Health & Social Care Partnership
Arlene Mitchell, Locality Manager, Mental Health & Learning Disabilities, Dundee Health & Social Care Partnership



Primary Care Mental Health and Well-being Framework Progress Report 2023

PURPOSE OF THIS REVIEW

This review provides Dundee Health and Social Care Partnership (HSPC), and stakeholders with progress to date of the implementation of a Primary Care Mental Health and Well-being Framework. Working collaboratively with Health and Social Care partners this supports the provision of equitable and effective treatment, care, and support for people across the lifespan who are experiencing a mental health issue.

1. INTRODUCTION

Dundee's multi-disciplinary mental health and well-being Primary Care team provides assessment, advice, support, and some levels of care and treatment for people with mental health, distress, or well-being needs. They support the enablement of the Scottish Government's Mental Health and Wellbeing Strategy (2023) which recognises that many people experiencing a health or social concern turn to a primary healthcare practitioner, often their GP for help. As such mental health issues account for around one-third of GP consultations. The Mental Health and Wellbeing Strategy has prioritised transforming Primary Care provision and developing multi-disciplinary teams that can offer a first point of contact. These practitioners will also engage with wider aspects of community health and social work, as well as other local agencies to support the mental health and social needs of local people (Scottish Government, 2023).

Recent years have seen a growth in our understanding of the social determinants of emotional distress, mental health, and well-being. Evidence indicates that daily stressors and living conditions have as much impact on emotional well-being as potentially traumatic events in child or adulthood. Factors identified as predicting poor mental health outcomes for people across the life course include family violence, unemployment, perceived discrimination, food insecurity, and poverty. These coupled with broader causes such as unequal access to basic resources and opportunities for occupational or recreational activities are detrimental to the mental health and well-being of people (Jailobaeva et al., 2022). Gaining the greatest population benefit means addressing these concerns and promoting factors that facilitate good mental health and avoid causes of ill health. Primary and

community care approaches that focus on prevention, early intervention, and promotion are especially important to individuals' mental health and well-being. These also reduce the number of people requiring specialist mental health care, thus ensuring that those who need this can access the necessary support when needed (Perterson et al., 2014).

2. NATIONAL CONTEXT

In Scotland, the National Health and Well-being Outcomes support the sustained development of health and social care services to ensure that: *"People can look after and improve their health and well-being and live in good health for longer; and "Health and social care services contribute to reducing health inequalities"* (Scottish Government, 2015). Further, the Scottish Government Mental Health and Wellbeing Strategy (2023-2033) has prioritised Primary Care transformation pledging their support for the development of new multi-disciplinary models of supporting mental health in Primary Care to deliver *'ask once, get help fast'* approaches. This necessitates models of care that allow access to information about what help is available; information about what people can do to look after themselves; signposting and support to access facilities in the community (e.g. leisure services and activities); and information about who is available to provide support so people can make informed decisions about what is best for them (Scottish Government, 2017).

Primary Care is described as, *"the first point of contact with the NHS"* (Scottish Government, 2023). It provides individuals with access to information and resources they need for optimal health outcomes. Broadly speaking, this includes community-based services provided by General Practitioners (GPs), nurses, pharmacists, and allied health professionals such as physiotherapists, occupational therapists, and midwives. Recent years have seen significant developments in Primary Care to transform services and better meet the needs and demands of the population. This has included the introduction of the General Medical Services Contract for GPs (2018) which has refocused their role to Expert Medical Generalists and senior clinical decision-makers in the community. This has meant that some tasks previously carried out by GPs are now undertaken by members of the wider Primary Care multi-disciplinary team. Within this context, community mental health practitioners, and community link worker services are identified as priorities, while also noting that GPs will provide clinical leadership and expert general medical advice where needed (Scottish Government, 2018).

To enable a mental health and well-being in Primary Care transformation, the Scottish Government allocated HSCPs across Scotland resources and created national and local oversight arrangements (Scottish Government, 2019). The Scottish Government set out principles by which Mental Health Services in Primary Care should be delivered. Planning Guidance to support a national approach to development and implementation was published in 2021. This identified that the mental health and well-being Primary Care multi-disciplinary team would:

- Provide assessment, advice, support, and some levels of treatment for people with mental health, distress, or well-being needs.
- Could include mental health nurses, psychologists, occupational therapists, peer support workers, and enhanced practitioners as well as linking with those providing financial advice, exercise coaches, and family support networks.
- Would contain link workers to support well-being and refer / signpost people to wider community services.
- Should address the needs of people across the life course and be part of the wider community team; engage with wider assets of the community, health, and social work staff including addiction services, school liaison, health visitors, third sector, and other agencies as appropriate.
- Would utilise community assets such as support groups, social activities, and exercise.

The guidance also advised that:

- Service users would be able to self-refer and the models of care offered would effectively assess and provide the right level of support quickly to enable early intervention and prevention from a range of practitioners.
- There should be a pathway for those seeking support out of hours to be navigated into the Primary Care mental health and well-being services offered and receive support thereafter.
- Service delivery and provision should utilise digital technology.

(Scottish Government, 2021)

3. DUNDEE-FOCUSED STRATEGIC PLANS

Strategic planning for a mental health and well-being Primary Care multi-disciplinary team in Dundee began in 2019. At this time, the Dundee Mental Health and Wellbeing Strategic and Commissioning Group on behalf of the HSCP published its Mental Health and Well-being Strategic Plan (2019-2024) and set out a plan aiming *“to support the improvement of mental health and well-being and reduce mental health inequalities for the citizens of Dundee”*. In doing so, they identified key priorities:

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

The strategic plan anticipated Primary Care and community support would be a significant aspect of development, shifting the balance of financial investment from long stay, hospital, and specialist mental health care, towards these. The Mental Health and Well-being Strategic and Commissioning

Group recognised necessary to achieving their goals would be to design a Primary Care model and framework for supporting the mental health and well-being of the citizens of Dundee. To enable planning and progression the Mental Health and Well-being in Primary Care Strategic Group was established. Led by Arlene Mitchell and Shona Hyman, membership includes representation from both statutory and third-sector services and organisations within Dundee. Additionally, an Operational Group has brought together the main partners that form the mental health and well-being Primary Care multi-disciplinary team. See Appendix 1.

Several local and national strategies and guidance are important for this work. These are summarised in Table 1 but are not an exhaustive list and can be added to. Most of these plans tackle health inequalities, including mental health inequalities, as a cross-cutting priority in recognition that mental health and mental ill health are not evenly distributed across the population. In Dundee, for example, anti-depressant prescribing, suicide, emergency mental health and substance use admissions, hospital admissions for long-term conditions, and poor self-reported mental health and well-being are much more common in the city's more deprived communities.

4. FINANCIAL FRAMEWORK

The finance arrangements for this provision are funded through core service/funds, the Scottish Government's Primary Care Improvement Fund, Action 15. Potentially the Scottish Government's mental health and well-being in Primary Care fund and other sources will support funding this work.

5. REPORTING, MONITORING AND EVALUATION

Regular reporting and monitoring structures are in place and aligned with the financial framework as well as the strategic and operational groups that are established. Further evaluation will be determined and planned through the development of outcomes, key performance indicators, measures, and the development of the delivery action plan, currently in progress and due to be available 2024.

Table 1: Strategies and Guidance Relating Mental Health and Well-being in Primary Care

NATIONAL	
Scottish Government Mental Health and Wellbeing Strategy (2023)	Sets out the long-term vision and approach to improving the mental health and well-being of everyone in Scotland
Scottish Government Mental Health Strategy (2017-2027)	Prioritises early intervention and prevention, stating this should be central to funding and activity. Commits to look across all four tiers of the current model of care (P 12), recognising the importance of specialist services & intervening early.
Scottish Government (2011) Older Adult Mental Health Matrix Evidence Table	A summary of information on the current evidence base for various therapeutic approaches, guidance on psychological therapy services, suitability of primary/secondary care, and advice on important governance issues.
Scottish Government Health and Social Care Delivery Plan (2016)	A delivery plan that sets out the framework and actions needed to ensure that our health and social care services are fit to meet requirements.
Scottish Government General Medical Services (GMS) Contract for General Practitioners (GPs) (2018)	The contract proposes a refocusing of the GP's role as an expert medical generalist. This role builds on the core strengths and values of general practice – expertise in holistic, person-centred care – and involves a focus on undifferentiated presentation, complex care, and whole system quality improvement and leadership.
Primary Care: national monitoring and evaluation strategy (2019)	Scottish Government's approach to Scotland's national monitoring and evaluation of primary care reform up to 2028.
Scottish Government (2021) Mental Health Services in Primary Care Planning Guidance	Guidance on how services should be delivered to support a national approach to development and implementation.
Creating Hope Together: Scotland's Suicide Prevention Strategy (2022-2032)	The new suicide prevention strategy supports a locally integrated co-ordinated approach across multiple agencies and within communities. Focus on marginalised groups who are at higher risk of mental health issues and suicide across their lifespan.
Scottish Government (2022) Adverse Childhood Experiences and Trauma Factsheet; Scottish Government (2021) Trauma Informed Practice Toolkit	Working in partnership with a wide range of sectors and services to help reduce the incidence and impact of all types of childhood adversity and trauma, focusing on support for children, parents, and families to prevent Adverse Childhood Experiences and trauma; developing trauma-informed workforce and services; raising societal awareness about ACEs and trauma, and supporting local actions across communities.
Children and Young People's Mental Health Audit Scotland (2018)	Recommendations to identify and address any gaps in services, in partnership with children and young people, their parents, and carers. Work with GPs who may refer to specialist services.
Scottish Government (2016) National Standards for Community Engagement	Good practice principles support and inform the process of community engagement and user involvement for community planning and health and social care.
LOCAL	
Connected Tayside (2021-2023) An Emotional Health and Wellbeing Strategy for Children and Young People, Tayside Regional Improvement Collaborative	To inform the development and delivery of local services ensuring that we get it right for children and young people by; promoting positive emotional health and wellbeing through universal services and a resilient workforce and developing clear pathways to targeted and specialist support, when needed.
Integrated Joint Board- The plan for excellence in health and social care in Dundee –Strategic Commissioning Framework (2023)	The plan sets out the ambition that everyone who lives in Dundee will have the best possible health and well-being.
NHS Tayside (2021) Living Life Well Strategy	Encourages a lifespan approach to support, and the need for equality, diversity, and inclusion.
Listen Learn Change: Action Plan 2020 (Collaboration of NHS Tayside and the Health & Social Care Partnerships)	An Action Plan for mental health services in Tayside 2020 in response to 'Trust and Respect' Independent Inquiry Report

6. PRINCIPLES UNDERPINNING THIS WORK

Dundee HSCP takes a lifespan and whole systems approach to mental health and well-being and Primary Care is an important aspect of this. Reducing inequalities is a core principle applied across all of Dundee HSCP's work with the model of the whole system showing the essential dimensions for mental health and well-being as environmental, physical, social, emotional, spiritual, occupational, and intellectual. These multiple factors are vital for consideration and have informed service design and development in relation to mental health and well-being. The Scottish Government's Mental Health and Well-being Strategy (2023) summarises this in Figure 1 below.

Figure 1: Whole systems model (Scottish Government Mental Health and Well-being Strategy 2023)

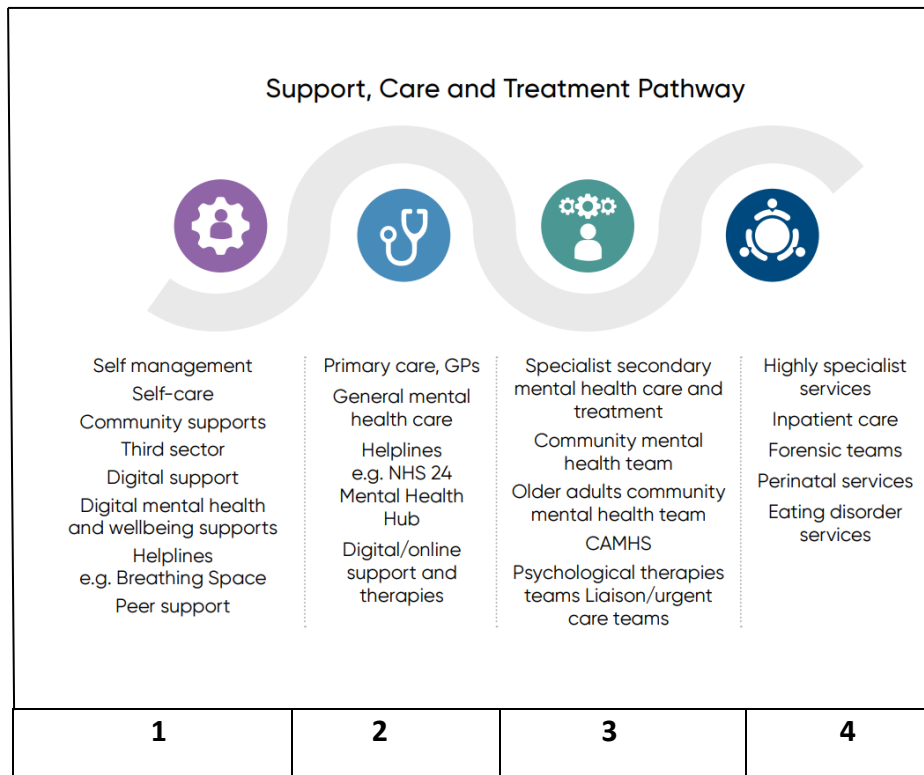


The 'Support, Care and Treatment Pathway' in Figure 2 below shows the relationship across services and the importance of developing our mental health and well-being provision within Primary Care. The pathway recognises the close interface we (Pillar Two) have between Pillars One and Three and the role of the third sector, community supports, peer, and digital support. Further, for individuals requiring secondary specialist mental health care and treatment, psychological therapies, or urgent care shown in Pillars Three & Four, Primary Care can support person-centred assessments and timely referrals where necessary. This is highlighted within the Scottish Government Mental Health and Wellbeing Strategy (2023: P8). Along with early intervention and prevention, they have prioritised to:

'Increase mental health capacity within General Practice and primary care, universal services, and community-based mental health supports. Promote the whole system,

whole person approach by helping partners to work together and removing barriers faced by people from marginalised groups when accessing services.'

Figure 2: Support, Care and Treatment Pathway (Scottish Government Mental Health and Well-being Strategy 2023)



7. DUNDEE'S MENTAL HEALTH AND WELL-BEING MULTI-DISCIPLINARY TEAM

In Dundee, there are currently four core services within the Primary Care mental health and well-being multi-disciplinary team. These primarily focus on providing care and support to adults, except for General Practitioners (GPs) who work across the lifespan. Each service currently works within GP practices/ health centres, and these are:

- Patient Assessment and Liaison Mental Health Service (PALMS),
- Sources of Support Primary Care Link Workers,
- Community Listening Service,
- GPs

In addition:

- Welfare Rights and Brooksbank offer a service within several GP practices/health centres.

- Distress Brief Intervention (DBI) is currently being introduced to all GP practices across Dundee. DBI will be core going forward with GP, PALMS (mental health specialist), and Sources of Support practitioners eligible to refer to this service.

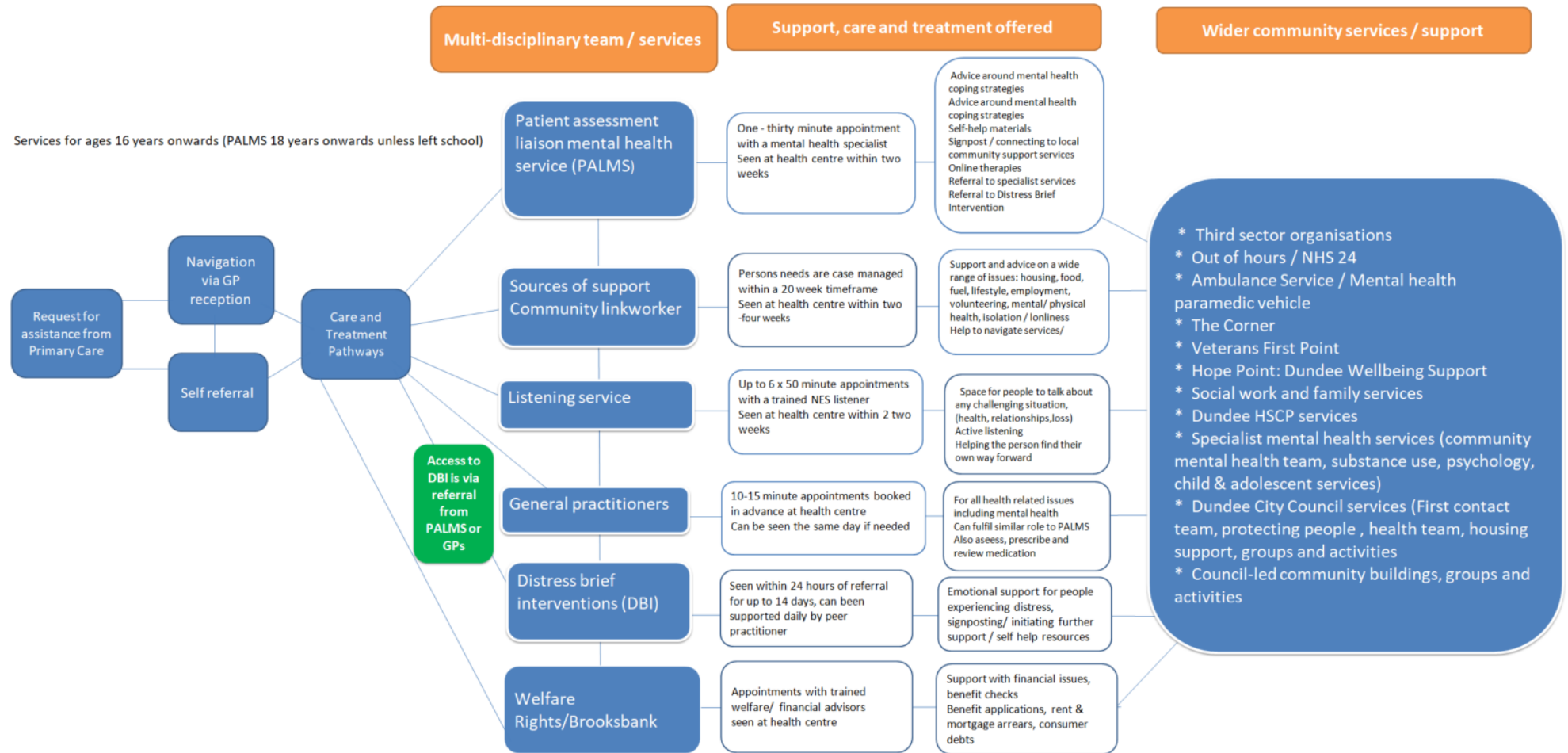
Working alongside these teams is the wider community team. These include Health and Social Care services, third-sector organisations, and University/ Colleges, national programmes, and services:

- The Out of Hours Service, NHS 24,
- Scottish Ambulance Service,
- Mental Health Paramedic Response Vehicle,
- The Corner,
- Veterans First Point,
- Hope Point, Dundee Wellbeing Support,
- Social work and family services,
- Dundee HSCP services including 'Improving the Cancer Journey'
- Secondary care specialist mental health services (community mental health team, substance use, psychology, child and adolescent mental health services),
- Third-sector organisations,
- Dundee City Council services and supports (First contact team, protecting people initiatives, Community Health Team, housing support officers, community groups and activities)
- Council-led community buildings, groups, and activities.

A vital aspect of the care offered is through liaison and interdisciplinary working. This enables the core mental health and well-being Primary Care multi-disciplinary team to refer, signpost to, and connect individuals to statutory (NHS, HSCP, Dundee City Council services and supports), and local third-sector partner organisations. This allows specific, tailored support and a wide range of therapeutic approaches to be offered to individuals seeking help.

In Dundee, there are presently around 59 commissioned services and 32 non-commissioned third-sector organisations that provide interventions and support for mental health and well-being to people across the lifespan. Within this wider community team is a range of third-sector organisations that offer mental health support, counselling, health, well-being, green space activities, online therapies, self-help supports, and financial and welfare supports (see Appendix 2). Services are sensitive to recognising and supporting people experiencing a mental health issue and at risk of self-harm or suicide. Tailored support and services are available for women, men, families, and young people. Provision can also focus on individuals who have alcohol or substance use, carers, new Scots, those with disabilities, older adults, veterans, and more; aiming to ensure that all aspects of Dundee's society are supported. Figure 3 illustrates the model of support, care, and treatment and how this underpins the entire Primary Care mental health and well-being Framework.

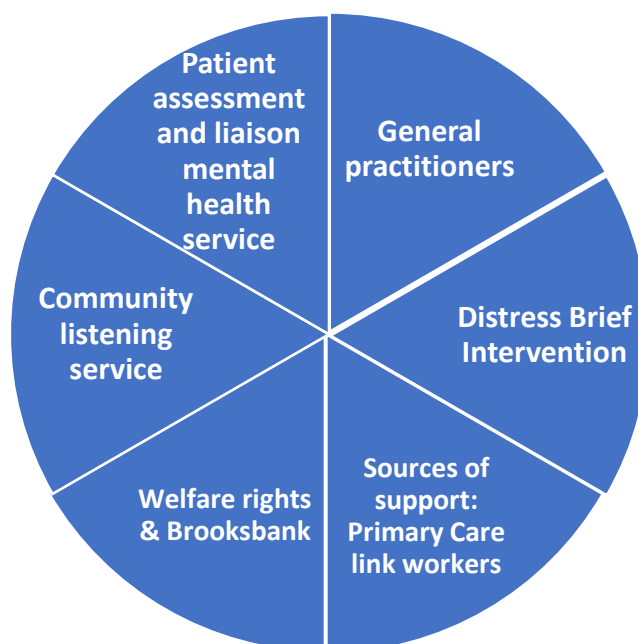
Figure 3: Primary Care framework for supporting the mental health and well-being of people living in Dundee



8. PROGRESS TO DATE

This section will present a summary of progress to date by the services working within Dundee's Primary Care Mental Health and Well-being multi-disciplinary team, summarised in Figure 4 below. This will describe the breadth and scope of the work of each service, and share examples of good practice, improvement, development, risks, and challenges over the last six to nine months. This information will support planning and development for this programme of work led and supported by the Strategic Planning Group and the Operational Group over the next three years. This report was written in collaboration with Arlene Mitchell, Locality Manager, Dundee HSCP; and Shona Hyman, Senior Manager, Service Development and Primary Care, Dundee HSCP; the chair and co-chair of the Mental Health and Well-being in Primary Care Strategic Group (See Appendix 1). Each service has provided information and summaries about their progress and service activity.

Figure 4: Multi-disciplinary team wheel



NB: Distress Brief Intervention is currently being introduced into Primary Care provision.

The Dundee Primary Care Mental Health and Well-being multi-disciplinary team currently comprises staff members working in varying roles of practitioners, volunteers, administrators, coordinators, team leaders, and managers. Further information can be found in Table 2 below.

Table 2: Dundee Primary Care Mental Health and Well-being Multi-disciplinary team

Service	Staff teams
Community listening service	13 Volunteers in Dundee, 1 Co-ordinator and 1 Administrator for Tayside.
Sources of support: Primary Care Link Workers	8 WTE Primary Care Link workers, 2 WTE Support workers, 1 WTE Administrator, 1 WTE Team Leader.
Patient assessment and liaison mental health service (PALMS)	8 WTE Community Mental Health Nurses (covered by 10 staff members) 0.6 WTE Clinical /Counselling Psychologist (manages the service, covered by 2 staff members).
Distress Brief Intervention	6 Mental Health and Wellbeing Peer Practitioners, 1 Service Manager for Tayside.
General Practitioners	Number not listed as they have a wide area of practice across physical and mental health.
Welfare rights / Brooksbank	Number not listed as wide area of practice across the city.

8.1 Patient Assessment and Liaison Mental Health Service (PALMS)

Leads: Dr Lucie Jackson Counselling Psychologist, Dr Katy Mitchell Clinical Psychologist, Dr Helen Nicholson-Langley Consultant Clinical Psychologist

Overview: PALMS, established in 2019 as a three-year pilot programme to improve access to mental health services through within practice Mental Health Specialists, is hosted by the Dundee Adult Psychological Therapies Service (DAPTS). The service is delivered within GP surgeries across Dundee City. PALMS is a self-referral service open to adults aged 18 and over (16 and 17-year-olds are eligible if not at school) who are experiencing mental health and psychological difficulties and are not already engaged with formal mental health or psychology services. Patients can book themselves into a PALMS appointment which will typically be a single 30-minute appointment to assess current difficulties and provide advice, signpost to self-help resources or third-sector services and where appropriate make onward referral to statutory services.

Mental Health Specialists are trained and experienced Mental Health Nurses who also actively liaise with NHS and other partnership services to facilitate timely patient access to support and treatment, including establishing clear referral pathways, and to work collaboratively to contribute to wider local mental health developments. Mental health Specialists can provide consultation for colleagues and partners within the mental health and well-being partnership in Primary Care and their respective GP surgeries. See Appendix 3 for case study example.

Service Activity

- Appointments can be booked within 1-2 weeks by phone or in person at the GP health centre.
- Between August 2022 and May 2023, PALMS clinicians offered 4704 appointments, with 3493 new patients attending for assessment.
- Non-attendance was around 23% however reducing this is a key priority for PALMS.
- 861 available appointments were not booked. Demand for PALMS appointments can vary considerably across practices.
- Routine data collection includes activity as above, as well as demographic data such as age, gender, ethnicity, postcode, presenting problems, severity of symptoms, and outcome of assessment.

Quality Improvement, Engagement and Developments

The PALMS pilot, commenced initially in just two practices before phased roll out was initially evaluated in 2019 with high levels of satisfaction expressed by clinicians, patients, and

Practice staff. The pilot was subsequently rolled out to further practices however during the pilot phase full implementation in every practice in Dundee was not achieved (due to a combination of workforce challenges as well as the Covid-19 Pandemic). The Mental Health Specialist role has evolved and continues to develop now being delivered entirely by experienced Mental Health Nurses. Referral pathways continue to be developed with good links to partners in primary care, third sector organisations and Health and Social Care Partnership as well as secondary care services.

During the pilot and subsequent period, all practices were provided with Patient and Staff Satisfaction surveys and PALMS continues to encourage and welcome feedback. Future plans include the development of a Hub and Spoke model to allow PALMS to operate more flexibly across GP clusters, removal of the upper age limit for the service and maximising efficiency of the service by reducing the DNA rate. Data continues to be scrutinised to aid service development and best meet the needs of patients and partners in primary care.

Current and Future Challenges and Risks

Access to appropriate IT systems that will support PALMS to deliver safe, effective, and responsive care, including access to all necessary clinical information and ability to reliably make onward referrals will be key to implementing a Hub and Spoke model of PALMS.

Maintaining a consistent workforce without vacancies has been a challenge since initial implementation however developing the role to provide greater opportunities for clinical and wider consultation work has increased Mental Health Specialists' role satisfaction and consistency in the team.

Continuing to evolve in line with the wider national and local mental health and wellbeing agenda requires ongoing strategic and operational attention to minimise 'gaps' in service and to ensure continued effective relationships and links with other services.

Continuing efforts are being made to increase the rate of self-referral to PALMS. This is improving however the number of patients being 'referred' or booked into PALMS appointments by GPs remains higher than anticipated. To improve efficiency, including reducing workload of GPs, and facilitating easier and quicker access to a Mental Health Specialist, further promotion of PALMS and ease of self-referral will be important.

Staff Training and Development

Introductory session for ADHD /ASD and access to Open University learning modules for Continued Professional Development to aid understanding and working with ASD and ADHD.

- Distress Brief Interventions – level 1.
- IESO – to increase awareness and understanding of the service remit.

- Information Governance, safe handling of patient information.
- Suicide Awareness and Risk Management.

8.2 NHS Tayside Community Listening Service

Leads: Alan Gibbon, Rebecca Adams

Overview: The Listening Service is an NHS Tayside Spiritual Care service, established in 2010 under the governance of NHS Education for Scotland Community Chaplaincy Listening Service. The service currently includes any person aged 16 and over. It excludes those in crisis, with suicidal thoughts or acute psychosis. They are available within each general practice in Dundee and offer up to six, 50-minute appointments with a trained volunteer/listener. This creates the opportunity and space for people to talk about any challenging situation (i.e., health, relationship, grief, loss) helping the person find their way forward. See Appendix 3 for a case study example.

Service activity

- Appointments usually available within a week or two by phone or face-to-face in GP practice
- Nonattendance is around 17%
- Around 35 people per month are referred to the service in Dundee
- Around 45 appointments are made per month
- The gender split is around 70% women, and 30% men; the average age is mid-fifties
- Referrals tend to come directly from the GP, or via PALMS
- There are also referrals from other services such as long-covid, community link workers, the pain clinic, reception teams, community mental health teams, and self-referrals
- Self-referral is available by phone, text, or email

Quality improvement, engagement, and development

We switched to phone appointments in 2020 and used a patient-reported outcomes measure to evaluate the service. It showed a decrease in people's reported anxiety levels and an increase in areas such as feeling in control and having a sense of peace. Instead of fully reverting to face-to-face, we offer a blend of phone and face-to-face appointments across NHS Tayside. We held a spiritual care stakeholders day in September 2022 and collected feedback on our draft 5-year strategy. Many of the comments and suggestions included building our presence and communication in the community and working with secondary care, discharge teams, and at-home support. We are currently working with the pain clinic, long-term teams, specialist palliative care teams, mental health after COVID team, pro-active targeting of carers, CMHTs, care homes, refugees, and finding new ways to advertise our

service in the community including in the Wellgate Centre. See Appendix Three for a case study example.

All staff and volunteers are trauma-informed via our core training programme which highlights the effects that trauma can have on someone's body and emotions, and how to notice when someone may need more support than we can offer. Volunteers and staff have an awareness of psychological therapies available via the NHS. Volunteers have training on the effects of chronic pain and other chronic conditions on someone's life and relationships, the impact of the pandemic on grief and other types of loss, and providing support over the phone.

Current and Future Challenges

One Band 6 and Band 4 running the service across NHS Tayside, managing around 30 volunteers; most of this capacity is taken up with recruiting and coordinating the core service, there has been limited capacity to fully explore some of the development avenues mentioned to their full potential.

8.3 Sources of Support – Primary Care Link workers

Leads: Theresa Henry, Anne Winks

Overview: Sources of Support are a social prescribing link worker service within Primary Care, established in 2011, and which operates in all GP Practices in Dundee. The service currently includes any person aged 16 and over and can be accessed via a range of referrers or self-referral routes. Our remit is to work with patients whose mental health and well-being are impacted by social, economic, and environmental issues, which means that the service will offer non-medical interventions and coordinated care to help improve the patient's health and well-being. In Dundee, link workers will case manage the needs of the person for up to 20 weeks to help them achieve their identified goals. Advocacy and liaison with primary and secondary care, statutory, and third-sector services is a key feature of the link worker role. Associate Practitioners (support worker role) also support patients within the 20 weeks. It is evident from the activity of link workers that a higher volume of people from deprived areas access link worker support, demonstrating the link between poverty and poor mental health and wellbeing. Similarly, welfare rights advisers have a focus on reducing poverty. Primary Care supports tackling mental health inequalities through these staff, although there is more to be done in terms of targeted support and explicitly monitoring this. See Appendix 3 for a case study example.

Service activity

The patient will usually be contacted within 2 weeks of the service receiving the referral form. Appointments are face-to-face or by phone in GP practices or health centres.

- Between October 2022 and June 2023, community link workers received 993 referrals
- Cluster 1 (297), Cluster 2 (156), Cluster 3 (299), Cluster 4 (232), missing (9)
- 581 identified as female and 410 as male
- Link worker has up to three named practices
- We cluster work and all link workers pick up referrals out with their named practices
- Vision anywhere aids this way of working
- Link workers case manage patient care: up to four consultations including assessment – 50 minutes: ongoing contact with patient and work is undertaken within a 20-week framework.
- We have two support workers who receive referrals from the link worker and undertake supported access, the source information for patients, complete forms, and gradual exposure

Quality improvement, engagement, and development

Several quality improvement projects have been undertaken recently with more planned. For example, a GP/service referral sheet was developed; a questionnaire was conducted with practice staff, and the outcome resulted in improvements to the form. The patient information sheet has also been reviewed and a leaflet is currently being created: Patients will be consulted on this through the patient advisory group or via Coldside Medical Centre. Quality improvement work also involved exploring the roles of the link worker and support worker. PDSA created pre and post-questionnaires for the team, and team development sessions. The outcome was an increased understanding of tasks that the support worker can undertake and a service process map detailing the patient pathway and roles of both the link worker and support worker within this.

The current test of change is planned to measure patient experience and satisfaction by giving patients a questionnaire upon discharge. Progressing through clinical information, involvement of the patient advisory group, and Coldside Medical Centre where this has been tested and adaptations made before scaling to others. Case studies are regularly developed for sharing learning and awareness of the community link worker role/service. See Appendix 4 for a case study example.

Risks or challenges

Staffing issues: there is one vacant post, sickness has placed pressure on the service, and a waiting list is currently in place which varies between two and four weeks wait time.

8.4 Distress Brief Intervention (DBI) - Lead: Mary Gibson

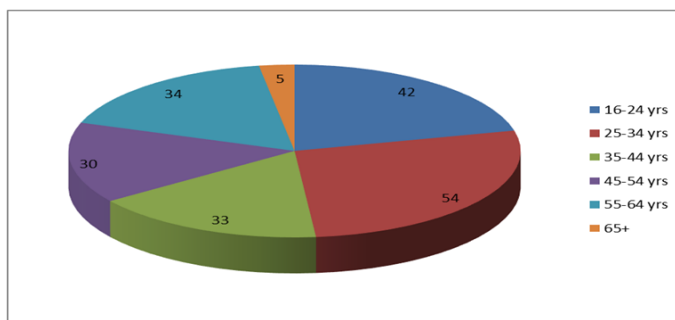
Overview: The DBI service is a national programme providing support to people aged 16 or over experiencing distress and feeling overwhelmed emotionally. This service provides a quick response that listens and supports with a sensitive, caring, and non-judgemental approach. The Level 2 staff team are Peer Practitioners, sharing their lived experience where relevant with the individuals they are supporting. The focus will be on a person's individual needs. These could include social difficulties such as relationship problems, anxiety, low mood, thoughts of self-harm, thoughts of suicide, housing worries, money worries, and employment issues. DBI seeks to widen support to offer help to people engaging with frontline services, at a time when they need it the most. In Dundee, the service is hosted by Penumbra and is based in the city centre. A person can receive DBI through several routes via the emergency department, police, ambulance service, or most relevant for Primary Care, via the GP, or PALMS practitioner. Following the initial referral (which is immediate via email) a DBI practitioner will contact the person within 24 hours and support the person up to 14 days. They will work with the person to address some of the difficulties they may be experiencing that have led to their current distress and work together to identify ways of preventing and managing any future distress. See Appendix 3 for a case study.

Service activity

- Practitioners require a short training session before using DBI. All ten PALMS practitioners have completed this and are referring those in need to DBI for support.
- DBI is being rolled out to GP clusters in Dundee in line with the capacity of the DBI service.
- Presently a number of GPs in Cluster One and Cluster Three have completed the DBI level 1 training and started using the service except for two practices, Newfield and Park Avenue who will be revisited at a later point.
- This is a new service the number of people in Dundee receiving DBI is expected to increase over time.
- At the end of June 2023, 208 people in Dundee had been supported by the DBI team. Nine were referred by Police Scotland, 137 from Primary Care (PALMS), 60 from GPs, and two from Practice Nurses.

	Jan	Feb	Mar	Apr	May	June
<u>No. of Referrals via Primary Care Pathway</u>	11	18	25	33	60	52

- Of the 199 referrals in the above table, 135 females and 64 males have been referred to the service.
- The table below displays the age ranges of the individuals who have been referred to the service since January 2023.



Staff training and development

All DBI staff have completed DBI Level 2 training along with mandatory core training. Further training completed has included Mental Health 1st Aid, ASIST, Adult Protection, and Child Protection training. Staff are encouraged to identify further training needs and supported to source the training required role.

Risks or challenges

Staffing issues: While there are no vacancies, during the past few months there have been various changes to the staff team. This has included a staff member leaving the service creating a vacancy (now filled) and two staff on long-term sick leave. Along with annual leave and scheduled days off (for staff working weekends), this creates a drop in availability. To ensure the service meets the 24-hour contact and provides 14-day support there may be a limit to the number of Level 1 referrers able to take on.

8.5 Welfare Rights and Brooksbank

Leads: Craig Mason, Lindsay Cameron

Overview: The Welfare Rights Team can help Dundee residents sort out a wide range of benefits and tax credit problems. They can identify what benefits a person may be entitled to, assess the merits of their case if they want to challenge a decision, and represent a person at the tribunal if they have a case. Similarly, Brooksbank advisers can carry out benefit checks and help people fill out benefit forms, challenge benefit decisions, and access energy grants; they can also provide a range of debt options and help patients access legal advice where needed. Advisers are experienced and approachable; they understand how mental and physical health problems affect people's ability to work or look after their day-to-day needs.

Service activity

- Currently, Welfare Rights and Brooksbank service is available to some GP practices.
- Brooksbank works within four practices: Hillbank, Coldside, Terra Nova, and the Crescent/Whitfield.
- Welfare Rights work within Taybank, Maryfield, Lochee, and Mill practices.

Welfare Rights also provide a service to Downfield, Erskine, and The Family Medical Group remotely of the health centre and currently, there is no physical presence within these three practices.

8.6 General Practitioners

Leads: GP / Mental Health Lead: Dr Frank Weber / Dr Nadine Cousins

Overview: Clinicians working within GP Practice Teams and the GP Out-of-Hours Service provide mental health assessment, support, treatment and referral to other NHS-Services or Third Sector organisations as indicated for patients of all ages. This is not dependent on the severity of the mental health challenge or a formal diagnosis of a specific mental health condition and provides a response guided exclusively by the patients' identified or perceived needs. The in-hours GP service operates Monday to Friday 8am to 6pm, with the GP Out-of-Hours Service providing cover for the remainder giving a 24/7 service from cradle to grave. All practices operate different appointment systems but in essence provide a combination of appointments planned days or weeks in advance, same-day appointments, and a system to provide a response to urgent and emergency enquiries. The GP Out-of-Hours Service is accessed via NHS 24/111. In combination this provides a universal service with low barriers to access with the main limitation caused by a mismatch of supply and demand.

In-hours GP receptionists/patient advisors act as navigators for individuals seeking help for a mental health issue. They enquire and triage during the initial telephone call and decide who is most appropriate from the multi-disciplinary team to support the individual.

In addition to direct patient services, practices respond to enquiries relating to the mental health of their registered patients from Scottish Ambulance Service, Police Scotland, Educational Settings, Community Pharmacies, Social Work, other NHS departments and many more.

8.7 Multi-disciplinary team collaborative projects

Presently there are four multi-disciplinary collaborative projects underway involving the team. These are:

- A quality improvement Pain Project to develop a whole system approach to support people likely to develop chronic pain (back pain and non-specific generalized pain). This will consider psycho-social approaches to support the mental health and well-being of this group and promote their recovery and improved quality of life. This project will also involve creating an educational resource for staff and a toolbox of resources for patients and staff to use and will be tested in Cluster One.
- A scoping exercise across PALMS, Listening Service, and Community Link Workers to understand patient needs, resources, and provision.
- Improvement pathway work to improve access and navigation between the Scottish Ambulance Service, Hope Point, and the Primary Care Mental Health and well-being multi-disciplinary team.
- Early exploration with wider services including 'Improving the Cancer Journey', and the Out of Hour's service to ensure pathways are developed for patients requiring mental health care via these routes.
- Multi-disciplinary teams awareness poster for practices and patients (see Figure 5 below).

Figure 5: Mental Health and Wellbeing Multi-disciplinary Team Poster



9. RECOMMENDATIONS

This review concludes with eight recommendations to be considered for inclusion in a delivery and development plan over the next one to three years:

- Enhance multi-disciplinary working, improving and developing the current provision and creating further models of care to build the best mental health and well-being provision within Primary Care for Dundee.
- Strengthen relationships, interfaces, and pathways with local wider health and social care teams and third-sector organisations.
- Establish and implement a strategy for co-production, engagement, and patient, and public involvement in the design, delivery, and ongoing improvement and development of services and overall multi-disciplinary team.
- Examine options to establish a mental health and well-being service for children and young people to ensure parity for those seeking help from Primary Care in this age group.
- Establish a communication and information strategy and resources for the public, patients, and wider / interface community services to support access and care delivery.
- Design a programme of learning and development for staff providing services inclusive of administrators, GPs, practitioners, and volunteers.
- Create opportunities for shared learning and networking with all stakeholders both statutory and third-sector such as development days, insight workshops, and conferences.
- Identify and establish a delivery plan, performance indicators, a multi-disciplinary team theory of change, and a process for measuring, reporting, and evaluating these.

10. CONCLUSION

This review creates the opportunity to summarise the consistent approach available for people presenting with mild-moderate mental health concerns – *‘the right person, to the right help at the right time’*. It depicts the framework designed for ensuring Primary Care mental health and well-being provision in Dundee and how this is achieved through multi-agency approaches. Further, it presents our strategic and operational groups with a resource to underpin the development of a delivery action plan for the coming three years.

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Appendix 1

Membership: Mental Health and Wellbeing in Primary Care Strategic Planning Group

Linda Graham, (Chair) Clinical Lead, Mental Health & Learning Disability Services, DHSCP
 Arlene Mitchell, Locality Manager, DHSCP
 Shona Hyman, Manager, Service Development and Primary Care, DHSCP
 Christine Jones, Partnership Finance Manager, DHSCP
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 Rebecca Adams, Listening Service Co-ordinator, NHS Tayside
 Theresa Gasperetti, PA/Administrator, DHSCP

Craig Mason, Welfare Rights, Dundee City Council
 Lindsey Cameron, Welfare Rights, Dundee City Council
 Mary Gibson, Service Manager, Distress Brief Intervention, Penumbra

Appendix 2: Dundee Community Services and National Resources

The following is a list of resources available to individuals experiencing a range of difficulties. It is by no means exhaustive and services are likely to change so should be checked before being given out.

1. Mental Health Support Services & Resources	
Insight Counselling www.insightcanhelp.co.uk	Cruse Bereavement Care Scotland www.crusescotland.org.uk
The Listening Service www.nhstayside.scot.nhs.uk/GoingToHospital/PRO D_296597/index.htm	Relationship Scotland www.familymediationonline.co.uk info@rstf.co.uk
Hearing Voices Network hearingvoices@havendundee.co.uk www.hearing-voices.org	Pain Association Scotland info@painassociation.com https://painassociation.co.uk/
Penumbra (including NOVA service) north@penumbra.org.uk https://www.supportandconnectdundee.org/57-penumbra	Wellbeing Works (previously Dundee Association for Mental Health) hello@wellbeingworksdundee.org.uk www.wellbeingworksdundee.org.uk
SAMH – Mental Health Outreach SAMH - Chrysalis Tayside 01382 826 938	Community Health Team www.dundeehealth.com
Art Angel artangel.dundee@gmail.com	Men's Shed (open to women too) www.carseofgowriemensshed.webs.com LocheeFacebook - @locheecommunityshed
Dundee Association for Mental Health (DAMH) – https://www.disabilityscot.org.uk/organisation/dundee-association-for-mental-health/	Befriending Network – Dundee Volunteer and Voluntary Action Dundee Volunteer And Voluntary Action https://dvva.scot/
Home-Start https://www.home-start.org.uk/home-start-dundeeadmin@homestart-dundee.org.uk	Maternity & Neonatal Bereavement Support 01382 496 515
Counselling following early pregnancy loss (NHS Tayside) 079812 486 419	Counselling pre & post abortion (termination of pregnancy) – NHS Tayside 079812 486 419
SANDS Stillbirth & neonatal death charity Email: helpline@sands.org.uk Website: www.sands.org.uk	Samaritans jo@samaritans.org www.samaritans.org
NHS Inform – self-help booklets https://www.nhsinform.scot/illnesses-and-conditions/mental-health	
2. Online/Telephone Mental Health Support and Self-Help Resources	
Survivors of Bereavement by Suicide (SOBS) http://uk-sobs.org.uk	Self-Injury Support (women only) All services open Tues-Thurs 7-9.30pm

	0808 800 8088 TEXT: 07537 432444
Living Life CBT 0800 328 9655 https://breathingspace.scot/living-life/	Petal Support info@petalsupport.com
Living Life Guided Self-Help – guided support with a self-help coach over 6-8 weeks or	Living Life to the Full https://littf.com/home/living-life-to-the-full-series/
Living Life CBT – specialist support with a therapist over 6-9 telephone sessions	Campaign Against Living Miserably (CALM) www.thecalmzone.net
Alternatives Listening Room Text 07599 955231	Computerised CBT Programmes Beating the Blues
Breathing Space https://breathingspace.scot	Silvercloud cCBT SilverCloud OCD SilverCloud https://wellbeing.silvercloudhealth.com/sign-up/
Sleepio - an online cCBT treatment package to treat Insomnia and improve sleep <ul style="list-style-type: none"> patients can access at www.sleepio.com/nhs 	Daylight - an online cCBT package for treatment of anxiety and worry <ul style="list-style-type: none"> patients can access at www.trydaylight.com/nhs www.bighealth.com/howtorefer
3. Support for Young People and Teenagers	
Cool2Talk www.cool2talk.org	The Corner tay.office.corner@nhs.scot www.thecorner.co.uk
Childline www.childline.org.uk	YoungMinds https://youngminds.org.uk
LGBT Scotland Digital Youth Work Team info@lgbtyouth.org.uk www.lgbtyouth.org.uk/chat	LGBT Foundation Advice Line 03453 303 030
Feeling Strong https://www.feelingstrong.co.uk/about-us contact@feelingstrong.co.uk	
Cool2Talk www.cool2talk.org	The Corner tay.office.corner@nhs.scot www.thecorner.co.uk
Childline www.childline.org.uk	YoungMinds https://youngminds.org.uk
LGBT Foundation Advice Line 03453 303 030	LGBT Scotland Digital Youth Work Team info@lgbtyouth.org.uk www.lgbtyouth.org.uk/chat

Feeling Strong https://www.feelingstrong.co.uk/about-us contact@feelingstrong.co.uk	
4. Support for Families	
Families Outside support@familiesoutside.org.uk www.familiesoutside.org.uk	Scottish Family Information Service www.scottishfamilies.gov.uk
HandsOn www.handsonscotland.co.uk	Fathers Network Scotland www.fathersnetwork.org.uk
One Parent Families Scotland familysupport.dundee@opfs.org.uk www.opfs.org.uk	Parent-to-Parent Peer support for parents of children with additional needs, of children with a serious or terminal illness, or who have suffered bereavement of a child. 01382 817 558 trudy.doidge@parent-to-parent.org https://parent-to-parent.org
ParentLine (Children 1st) parentlinescotland@children1st.org.uk www.children1st.org.uk/help-for-families/parentline-scotland/	
5. Women's Services	
Women's Aid info@dundeewomensaid.co.uk Support/Referral: support@dundeewomensaid.co.uk www.dundeewomensaid.co.uk	Women's Rape and Sexual Assault Centre (WRASAC) www.wrasac.org.uk support@wrasac.org.uk Rape Crisis Scotland support@rapecrisisscotland.org.uk www.rapecrisisscotland.org.uk
Alternatives Dundee info@alternativesdundee.co.uk www.alternativesdundee.org	ASPEN Project: Assessing and Supporting Psychological and Emotional Needs of Women kate.duncan@nhs.scot
AMINA: The Muslim Women's Resource Centre https://mwrc.org.uk	
Dundee International Women's Centre Helping women, particularly refugees, to gain confidence, life skills, education, and employability skills that enable them to reach their full potential and prosper in their community. A variety of classes and groups are offered and supported by the centre. 01382 462 058 mail@diwc.co.uk https://diwc.co.uk	Menopausal symptoms: https://www.womens-health-concern.org/help-and-advice/factsheets/cognitive-behaviour-therapy-cbt-menopausal-symptoms
Self help support for women with any health concerns: https://www.womens-health-concern.org/	
6. Men's Services	
Andy's Man Club	ManKind Initiative

www.andysmanclub.co.uk info@andysmanclub.co.uk	www.mankind.org.uk
Men's Advice Line www.mensadviceline.org.uk info@mensadviceline.org.uk	Men Only Tayside (MOT) www.menonlytayside.com
Men's Health Forum www.menshealthforum.co.uk	Miscarriage for Men www.miscarriageformen.com
Survivors UK www.survivorsuk.org help@survivorsuk.org	Speak Out Scotland http://www.speakoutscotland.org/ info@speakoutscotland.org
7. Support for Carers	
Support in Mind Scotland https://www.supportinmindscotland.org.uk/tayside-services tayside@supportinmindscotland.org.uk	The website of Carers UK in Scotland www.carersuk.org
Dundee Carers Centre www.dundeeacarerscentre.org.uk	Penumbra Carers Support Service dundee.carers@penumbra.org.uk
Maggie's dundee@maggies.org www.maggies.org/our-centres/maggies-dundee/	Support and services for people with dementia and those who care for them www.alzscot.org
Shared Care Scotland www.sharedcarescotland.com	The website of the Coalition of Carers in Scotland www.carersnet.org
8. Financial/Welfare Support	
Dundee city Council Welfare Rights and Money Advice Team 01382 431 167	Dundee Foodbank www.dundee.foodbank.org.uk
Brooksbank Money Advice 01382 432 450	Dundee North Law Search "Dundee North Law" on Facebook. 01382 307 230 reception@dundeennorthlawcentre.co.uk
Welfare Rights https://www.dundee.gov.uk/service-area/corporate-services/customer-services-and-it/council-advice-services/welfare-rights welfare.rights@dundee.gov.uk	Fair Start Scotland 0300 456 8085 dundee@mail.remploy.co.uk
9. Substance Misuse Services	
We Are With You (formerly known as Addaction) www.wearewithyou.org.uk/services/dundee	Gamblers Anonymous www.gamblersanonymous.org.uk info@gamblersanonymous.org.uk
Dundee Drug and Alcohol Recovery Service (DDARS) [formerly known as The Integrated Substance Misuse Service – ISMS] www.NHS.uk Tayside.scot.nhs.uk/OurServicesA-Z/TaysideSubstanceUseServices/PROD_347157/index.htm	Alcoholics Anonymous www.alcoholics-anonymous.org.uk
Tayside Council on Alcohol (TCA)	

www.alcoholtayside.com	
10. Organisations for individuals with disabilities	
The Royal National Institute for the Blind - www.rnib.org.uk	The Royal National Institute for the Deaf - www.rnid.org.uk
Lead Scotland, www.lead.org.uk	Mencap. - www.mencap.org.uk
Scottish Personal Assistant Employer's Network. - www.spaen.co.uk	Disability Now – www.disabilitynow.wordpress.com
MS Society in Scotland - www.mssocietyscotland.org.uk	
11. Support for Older Adults	
Helping Older People Engage (HOPE) Hope@hillcrest.org.uk www.dundeehscp.com/lets-talk/projects/hope-helping-older-people-engage	DIAL-OP Blether Buddies Dial-OP Morning Call https://www.volunteerdundee.org.uk/our-work/dial-op/ DIAL-OP admin@dvva.scot
12. Self-Harm Resources	
National Self-Harm Network. www.nshn.co.uk	Self Injury Support Email: tessmail@selfinjurysupport.org.uk www.selfinjurysupport.org.uk
Mindfulness Downloads www.freemindfulness.org . www.headspace.com .	
Penumbra Dundee Self-Harm Service selfharm.dundee@penumbra.org.uk	Relaxation Downloads www.cntw.nhs.uk/resource-library/relaxation-techniques/
13. Veterans	
Tayside Veterans First Point – V1P www.veteransfirstpoint.org.uk/drop-center/tayside	Email: helpline@combatstress.org.uk Serving personnel and their families can call 0800 323 4444
Combat Stress Helpline www.combatstress.org.uk/contact-us	

Appendix 3: Case studies from services in the multi-disciplinary team

For the case studies, the names have been changed, and will not share any identifiable information. Images are exemplars.

Listening service case study

Background and situation

Susan came for five appointments for some support after her mother died. She had been looking after her for two years through her mother's dementia and was emotionally and physically exhausted with the stress of caring and then the weight of grief. She needed somewhere outside of her circle of friends and family to talk about her experiences and emotions and process her raw grief.

Outcomes

The outcomes included allowing time for her in her day to grieve, building confidence in identifying and asserting her own needs with her siblings, and planning for her own future now she does not have caring responsibilities.

Distress Brief Intervention Case Study

Referral received from Primary Care. Ann was contacted the same day and engaged in the welfare call and agreed to support. Ann was relieved we contacted her so quickly. She immediately said, 'thank god', when I called and introduced myself. Ann argued with her partner the night before which led to emotional distress. Ann told me she acted out of character and lashed out, hitting the bathroom wall. Referral form identified low mood, anxiety, chronic pain, stress, very distressed and cares for mother. Distress rating at Level 1 was recorded at 7.

Support provided

Together we worked on and completed her Distress Management Plan, which helped Ann identify her distress triggers. Ann identified she has unresolved issues from a past relationship and feels this contributed to the argument with her partner. Ann stated she has suppressed these emotions. Ann had already accessed support to address her past relationship which was scheduled to commence the same week as DBI support would end.

Emotional and peer support was provided in relation to Ann's mental health difficulties. We discussed the challenges of her caring role and Ann described the strained relationship with her mother. Having cared for my own mother, I shared self-help and self-management techniques that Ann may find beneficial. Ann stated that she felt reassured that our service was available to her and that she could speak to someone who could relate to her mental health difficulties as well as other life experiences. I encouraged Ann to reach out to family and friends to widen her support network. Ann did so and felt a sense of relief that she was able to be open and honest about how she really feels instead of bottling up her emotions.

Ann identified during support that she wished to focus on managing her emotions when feeling stressed and anxious. I shared an NHS resource called Managing Strong Emotions. Ann found it useful to work through this in her own time and said it helped to validate her experiences. Ann's distress rating at the end of DBI support was recorded at **2**.

Feedback

Thank you so much, listening to someone who has been through similar has been great. You have given me so many tools and resources. It has been nice to speak to someone who can relate. I walked past the Carer's Centre the other day and will contact them when I feel better.

Sources of support case study

At the time of referral Sally had been served an eviction notice by her private landlord. She had been using savings to pay the rent but had run out of money and had never applied for benefits before. She was accumulating rent arrears and also struggling to buy food and electricity. Sally also had physical health issues and had been drinking more alcohol than usual.

Support provided

Supported Sally to submit a medical form for housing, including a supporting letter. Liaised with housing options to ensure homelessness registration. Submitted referrals to foodbanks, and fuel schemes. Also supported to apply for Crisis grant, and Warm Home Award. Referred to Brooksbank for a full welfare assessment. Referral to Scottish Welfare Fund for new flooring and furniture for new tenancy. Sally is also volunteering in a charity shop and attends a local book club now.

Feedback: Sally reflects that she was initially overwhelmed and feeling very anxious about her situation. She shared the support provided has been very helpful and now feels in control of her life. Sally shared that her mental health is now in a really good place and she has the resources to carry on with her life.

Background

My name is Leanne, I am 37 years old and live in Dundee with my partner. I am 20 weeks pregnant with my first baby and have been worrying and feeling really anxious about everything. I haven't been going out the house much because of this and feel it is getting worse. I am worried about the future – how I will cope when the baby comes.



Images with permission www.thispersondoesnotexist.com

Mental Health Specialist (MHS) appointment with the Patient Assessment and Liaison Mental Health Service (PALMS)

Leanne's Presenting Problems and Assessment

- Leanne is feeling stressed, anxious and worried.
- She has experienced mental health issues for a long time but is not receiving any professional support currently.
- Leanne has been misusing diazepam for more than a year – Leanne says this helps with her anxiety – she gets these from someone she knows.
- Leanne also has epilepsy and has been taking medication for this for 10 years. Her epilepsy is stable.
- Leanne has previously had support from social work but has lost contact with them.

Current Risks for Leanne

- Diazepam misuse is a risk in relation to Leanne's pregnancy and unborn baby. Diazepam withdrawal may cause seizures.
- Ability to provide safe childcare when the baby is born is identified as a risk if Diazepam misuse continues.
- Leanne has no current thoughts of suicide.

Formulation

- Leanne has misused Diazepam as a way to cope with mental health problems in the past. This unhelpful coping strategy maintains Leanne's worries about being unable to cope when the baby is born but also presents as a significant risk both to Leanne and her child. Misusing Diazepam will increase the risk to Leanne and her baby. Leanne would benefit from support to help reduce/prevent reliance on Diazepam, to learn new coping skills and better manage anxiety, and practical support to help her care for her child. Leanne wants to re-engage with social work for support.

Liaison and Plan

- The MHS phoned the Social Work team during the appointment and set up an appointment for Leanne with the Social Work Child and Family Service. This will enable access to Dundee Drug and Alcohol Recovery Nurses linked to the social work department to support safe detoxification from diazepam and treat Leanne's anxiety with support from Psychology or a Mental Health Nurse.
- Pregnancy and baby risks will be further assessed and managed by the Social Work Team to ensure Leanne has the care and support needed for herself and her baby.

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Part 1 - Pre-Integrated Impact Assessment Screening.

NB For Dundee City Council Committees the Citrix Firm Step Process must be used.

This word document can be completed, and information transferred to Firm Step if required.

Title of Report/Project/Strategy	Primary Care Mental Health and Wellbeing Framework: Progress Review
Lead Officer for Report/Project/Strategy (Name and Job Title)	Dr Emma Lamont, Programme Manager
Name and email of Officer Completing the Screening Tool	Dr Emma Lamont, Programme Manager
List of colleagues contributing information for Screening and IIA	Joyce Barclay Senior Officer HSCP Shona Hyman, Senior Manager, Service Development and Primary Care
Screening Completion Date	17.11.23
Name and Email of Senior Officer to be Notified when Screening complete	Diane McCulloch

Is there a clear indication that an IIA is needed? Mark one box only		
<input checked="" type="checkbox"/>	YES	Proceed to IIA
<input type="checkbox"/>	NO	<i>Continue with Screening Process</i>

Is the purpose of the Committee document the approval of any of the following Mark one box either Yes or No?				
<i>NB When yes to any of the following proceed to IIA document.</i>				
	Yes		No	
A major Strategy/Plan, Policy or Action Plan	<input type="checkbox"/>	<i>Proceed directly to IIA</i>	<input type="checkbox"/>	<i>Continue with Screening Process</i>
An area or partnership-wide Plan	<input type="checkbox"/>	<i>Proceed directly to IIA</i>	<input type="checkbox"/>	<i>Continue with Screening Process</i>
A Plan, programme or Strategy that sets the framework for future development consents	<input checked="" type="checkbox"/>	<i>Proceed directly to IIA</i>	<input type="checkbox"/>	<i>Continue with Screening Process</i>
The setting up of a body such as a Commission or Working Group	<input type="checkbox"/>	<i>Proceed directly to IIA</i>	<input type="checkbox"/>	<i>Continue with Screening Process</i>
An update to a Plan	<input type="checkbox"/>	<i>Proceed directly to IIA</i>	<input type="checkbox"/>	<i>Continue with Screening Process</i>

There are a number of reports which do not automatically require an IIA. If your report does not automatically require an IIA you should consider if an IIA is needed by completing the checklist on following page.

These include: An annual report or progress report on an existing plan / A service redesign. / A report on a survey or stating the results of research. / Minutes, e.g., of Sub-Committees. / A minor contract that does not impact on the wellbeing of the public. / An appointment, e.g., councillors to outside bodies, Senior officers, or independent chairs. / Ongoing Revenue expenditure monitoring.

Dundee Integration Joint Board Integrated Impact Assessment

/ Notification of proposed tenders. / Noting of a report or decision made by another Committee including noting of strategy, policies and plans approved elsewhere.

Only complete the checklist on the following page whenever your report does not automatically require an Integrated Impact Assessment otherwise delete the page prior to proceeding to IIA.

Part 1 (continued) Pre-Integrated Impact Assessment Screening.

Screening Checklist for IIA Completion. When yes to any of the following proceed to IIA document.

Mark one box only either Yes or No.

Will the recommendations in the report impact on anyone in relation to any of the Protected Characteristics? <i>Age; Disability; Gender Reassignment; Marriage & Civil Partnerships; Pregnancy & Maternity; Race / Ethnicity; Religion or Belief; Sex; Sexual Orientation.</i>	
<input type="checkbox"/> No Continue Screening Process	<input type="checkbox"/> Yes. Proceed to IIA.
Will the recommendations in the report impact on People's Human Rights? <i>For more information on Human Rights visit: https://www.scottishhumanrights.com</i>	
<input type="checkbox"/> No Continue Screening Process	<input type="checkbox"/> Yes. Proceed to IIA.
Will the recommendations in the report impact on anyone residing in a Community Regeneration Area (CRA)? <i>Within the 15% most deprived areas in Scotland according to the 2020 Scottish Index of Multiple Deprivation.</i>	
<input type="checkbox"/> No Continue Screening Process	<input type="checkbox"/> Yes. Proceed to IIA.
Will the recommendations in the report impact on anyone in more vulnerable types of households? <i>Lone parent families (especially single female parents); households with a greater number of children and/or young children; pensioner households (single or couple)</i>	
<input type="checkbox"/> No Continue Screening Process	<input type="checkbox"/> Yes. Proceed to IIA.
Will the recommendations in the report impact on anyone experiencing the following issues? <i>Unskilled or unemployed and of working age; serious and enduring mental health; homelessness (potential homelessness); drug and/or alcohol.</i>	
<input type="checkbox"/> No Continue Screening Process	<input type="checkbox"/> Yes. Proceed to IIA.
Will the recommendations in the report impact on anyone in the following more vulnerable groups? <i>Offenders and ex-offenders; looked after children and care leavers; carers.</i>	
<input type="checkbox"/> No Continue Screening Process	<input type="checkbox"/> Yes. Proceed to IIA.
Will the recommendations in the report impact on any of the following? <i>Employment; education & skills; benefit advice / income maximisation; childcare; affordability and accessibility of services.</i>	
<input type="checkbox"/> No Continue Screening Process	<input type="checkbox"/> Yes. Proceed to IIA.
Will the recommendations in the report on Climate Change or Resource Use? <i>Mitigating greenhouse gases; adapting to the effects of climate change. or Energy efficiency & consumption; prevention, reduction, re-use, recovery or recycling waste; sustainable procurement.</i>	
<input type="checkbox"/> No Continue Screening Process	<input type="checkbox"/> Yes. Proceed to IIA.
Will the recommendations in the report impact on Transport? <i>Accessible transport provision; sustainable modes of transport.</i>	
<input type="checkbox"/> No Continue Screening Process	<input type="checkbox"/> Yes. Proceed to IIA.
Will the recommendations in the report impact on the Natural Environment? <i>Air, land or water quality; biodiversity; open and green spaces.</i>	
<input type="checkbox"/> No Continue Screening Process	<input type="checkbox"/> Yes. Proceed to IIA.
Will the recommendations in the report impact on the Built Environment? <i>Built heritage; housing.</i>	
<input type="checkbox"/> No Continue Screening Process	<input type="checkbox"/> Yes. Proceed to IIA.
<p><i>When no to everything in the above screening process you must contact 'Senior Officer to be Notified on Completion' and present a copy of this Screening tool with IJB Report. Otherwise proceed to IIA.</i></p> <p>* Transfer information into the Firm Step Process when report is progressing to Council Committee.</p>	

The following document includes all questions in DCC IIA- The Dundee City Council IIA Guidance document can be found [here](#).

Dundee Integration Joint Board Integrated Impact Assessment

PART 2- Assessment

Integrated Impact Assessment Record

Report Author	Dr Emma Lamont
Author Title	Programme Manager
Dundee Health and Social Care Partnership	
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Author Address	Room 11, Maryfield House, Mains Loan, Dundee

IJB Chief Executive	Vicky Irons
Email	Vicky.iron@dundeecity.gov.uk
Telephone	01382 434000
Address	Claverhouse East, Jack Martin Way, Dundee

Document Title	Primary Care Mental Health and Wellbeing Framework
IJB Report Number	DIJB66-2023
Document Type	Framework/Strategy
New or Existing Document?	New
Document Description	The purpose of this report is to provide an update on the delivery of the Dundee Primary Care Mental Health and Wellbeing Framework and seek approval for its continued development in 2024.
Intended Outcome	To improve and maintain good mental health and wellbeing of Dundee citizens
Planned Implementation Date	December 2023
Planned End Date	Ongoing
How the proposal will be monitored and how frequently	Ongoing monitoring– review in 12 months
Planned IIA review dates	12 months – December 2024
IIA Completion Date	December 23
Anticipated date of IJB	13 th December 2023

Summary of Activities undertaken as part of information gathering and assessment of potential impacts including local involvement, research and meeting discussions.

Officer	People/groups	Activity/Activities	Date
Programme Manager	Primary Care Mental Health and Wellbeing Strategy Group	<p>The framework was developed through a scoping exercise with the strategic and operational group members. This took place on a one-one basis, in group formats, in meetings and by reading strategies, service documents and progress reports. Minutes from meetings where this was discussed and agreed are available.</p> <p>A development event was held bringing these key group together to discuss aims, outcomes, priorities,</p>	Various dates

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	Primary Care Mental Health and Wellbeing Operational Group	and actions in terms of the framework and a delivery plan.	23.10.23
Programme Manager	National and local strategies and guidance	Review of recent published literature about Primary Care Mental health and Wellbeing development in Scotland and Dundee; synthesis with related health and social care strategies and plans.	April-July 2023
Programme Manager	Community Planning Partnerships sub group	Stakeholder engagement involved focus groups with the community health forum	November 2023

Equality and Fairness Impact Assessment Conclusion

(Complete after considering impacts through completing questions on next pages)

Overall, this framework and the resultant multi-disciplinary team will have a positive impact, particularly for the mental health and wellbeing of people living in Dundee. The services are designed to be available within local communities and at GP practices and support equality, diversity and inclusion for many people who may be experiencing mental health, socio-economic and wellbeing needs. This impact assessment has further highlighted the absence of developments in Primary Care in Dundee for children and young people under the age of 16, and 18 years old for those still in school. Provision is still offered in Primary Care via General Practitioners (GPs) and via school nursing however a scoping of need in Primary care is necessary to establish the need for further investment. Fairness, socio-economic and poverty geography is positively impacted due to reduced likelihood of people needing to travel to appointments and the costs incurred. However, some still may find it difficult if travel, if even short a distance is required in terms of access and cost such as travel from surrounding villages (Muirhead, Invergowrie). Not all services are within practices others are in city centre locations with good transport access. In terms of the household group, flexible appointment times at GP practices or city centre locations increase accessibility. Inequalities of outcome are highlighted in groups where literacy, digital literacy and access to digital devices is lower or limited. However, the services support this development in individuals and liaises / signposts to those that can support people in this instance. The services also support a reduction in climate change due to support being offered locally.

PART 2- Assessment (continued)

When assessing impacts throughout this document an explanation is required when a positive, negative or not known impact is selected. There may be positive and negative impacts for the protected group described. For not known this should indicate if further research is needed and if not, why not. When there is No Impact identified, no narrative is required.

Equality, Diversity & Human Rights Indicate Yes or No by marking Y or N in each Box.

Age	Y/N	Explanation, assessment and any potential mitigations
Positive	X	Services offered within the framework have no upper age limit and have interventions approaches both suitable for and tailored to adults and older adults. There is no impact in terms of children and young people as this framework presently supports adults only.
No Impact	X	
Negative		
Not Known		
Disability	Y/N	Explanation, assessment and potential mitigations
Positive		No impact identified.
No Impact	X	
Negative		

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Not Known		
Gender Reassignment	Y/N	Explanation, assessment and potential mitigations
Positive		No impact identified.
No Impact	x	
Negative		
Not Known		
Marriage & Civil Partnership	Y/N	Explanation, assessment and potential mitigations
Positive		No impact identified.
No Impact	x	
Negative		
Not Known		
Race & Ethnicity	Y/N	Explanation, assessment and potential mitigations
Positive		No impact identified however we recognise the additional requirements of this group such as translation services must continue.
No Impact	x	
Negative		
Not Known		
Religion & Belief	Y/N	Explanation, assessment and potential mitigations
Positive		No impact identified.
No Impact	x	
Negative		
Not Known		
Sex	Y/N	Explanation, assessment and potential mitigations
Positive		No impact identified.
No Impact	x	
Negative		
Not Known		
Sexual Orientation	Y/N	Explanation, assessment and potential mitigations
Positive		No impact identified.
No Impact	x	
Negative		
Not Known		
Describe any Human Rights impacts not already covered in the Equality section above.		
Reducing Health inequalities linked to socioeconomic deprivation is a key factor for the planned changes across mental health and wellbeing service provision recognising the current high level of need in this groups. Services will focus on addressing these.		

PART 2- Assessment (continued)

Fairness & Poverty Geography – Describe how individuals, families and communities are affected in each area-particular consideration is needed where there are previously identified areas of deprivation.

Mark either Yes or no (Y or N) in each box

Y or N	Area	Fairness Explain Impact / Mitigations / Unknowns
Y/N	Strathmartine (Ardler, St. Mary's & Kirkton)	<p>(Note: this section of the record asks for a single, collective narrative for each of positive, negative, or not known given as a response in one or more areas)</p> <p>Positive: The mental health and wellbeing multi-disciplinary team outlined in the framework work within in all general practices across the city and will benefit all geographical areas named. This supports local access for people, with potentially less transport costs they also offer telephone appointments where this may suit some people and again cost less. The ability for services to be</p>
x	Positive	
	No Impact	
X	Negative	
	Not Known	
Y/N	Lochee (Lochee Beechwood, Charleston & Menzieshill)	
x	Positive	
	No Impact	
X	Negative	

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	Not Known	<p>accessed nearer to home decreases travel, and therefore costs and time for people.</p> <p>Negative: People may find it difficult to access services if they require to travel and cannot afford this. For example, those travelling from surrounding villages to practices (GP premises in Birkhill and Invergowrie are included in Dundee Primary Care area). Not all services are in GP practices such as Welfare Rights are in some and services are offered centrally otherwise. Distress Brief Intervention is offered at a city centre location.</p>
Y/N	Coldside (Hilltown, Fairmuir & Coldside)	
x	Positive	
	No Impact	
X	Negative	
	Not Known	
Y/N	Maryfield (Stobswell & City Centre)	
x	Positive	
	No Impact	
X	Negative	
	Not Known	
Y/N	North East (Whitfield, Fintry & Mill O'Mains)	
x	Positive	
	No Impact	
X	Negative	
	Not Known	
Y/N	East End (Mid Craigie, Linlathen & Douglas)	
x	Positive	
	No Impact	
X	Negative	
	Not Known	
Y/N	The Ferry	
x	Positive	
	No Impact	
X	Negative	
	Not Known	
Y/N	West End	
x	Positive	
	No Impact	
X	Negative	
	Not Known	

Dundee Integration Joint Board Integrated Impact Assessment

Household Group- consider the impact on households and families may have the following people included.

Y/N	Looked After Children & Care Leavers	Explanation, assessment and any potential mitigations
x	Positive	Care leavers will benefit from this service. Looked after children have no identified impact
x	No Impact	
	Negative	
	Not Known	
Y/N	Carers	Explanation, assessment and potential mitigations
X	Positive	Carers often support the travel needs of those they provide the care to. With services being closer located to local areas and flexibility in appointment times this reduces barriers for carers. This means they can identify time to meet their own mental health and wellbeing needs.
	No Impact	
	Negative	
	Not Known	
Y/N	Lone Parent Families	Explanation, assessment and potential mitigations
X	Positive	Flexibility with appointments may support being able to get childcare and being local may not need to be away from child for long.
	No Impact	
	Negative	
	Not Known	
Y/N	Single Female with Children	Explanation, assessment and any potential mitigations
X	Positive	Flexibility with appointments may support being able to get childcare and being local may not need to be away from child for long.
	No Impact	
	Negative	
	Not Known	
Y/N	Young Children and/or Greater Number of Children	Explanation, assessment and potential mitigations
X	Positive	Flexibility with appointments may support being able to get childcare and being local may not need to be away from child for long.
	No Impact	
	Negative	
	Not Known	
Y/N	Retirement Pensioner (s)	Explanation, assessment and potential mitigations
X	Positive	Travel will be reduced, (potentially reducing taxi or car costs for those who cannot access bus services). Flexibility of appointments and ways to access service i.e., in person and via telephone.
	No Impact	
	Negative	
	Not Known	
Y/N	Unskilled Workers and Unemployed	Explanation, assessment and any potential mitigations
	Positive	No impact identified.
x	No Impact	
	Negative	
	Not Known	
Y/N	Serious & Enduring Mental Health	Explanation, assessment and potential mitigations
	Positive	This framework is for people experience mild to moderate mental health issues therefore people with existing diagnosis of severe and enduring mental health issues is not impacted except at a pre-diagnosis stage.
X	No Impact	
	Negative	
	Not Known	
Y/N	Homeless	Explanation, assessment and potential mitigations
X	Positive	Anyone who is homeless and registered with a GP can access the services within this framework. Those not registered with a GP can be supported by the health inclusion team and hostel staff to register with a GP who will support access also.
	No Impact	
	Negative	
	Not Known	
Y/N	Households of Single Female with Children	Explanation, assessment and any potential mitigations
X	Positive	Flexibility with appointments may support being able to get childcare and being local may not need to be away from child for long.
	No Impact	
	Negative	
	Not Known	
Y/N	Drug and/or Alcohol	Explanation, assessment and any potential mitigations
X	Positive	Most of the services in the framework will support people with drug and alcohol problems.
	No Impact	
	Negative	
	Not Known	
Y/N	Offenders and Ex-Offenders	Explanation, assessment and any potential mitigations
X	Positive	Available to offenders or ex-offenders.
	No Impact	
	Negative	

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	Not Known	
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PART 2- Assessment (continued)

Socio-Economic Disadvantage- consider if the following circumstances may be impacted		
Y/N	Employment Status	Explanation, assessment and any potential mitigations
	Positive	No impact identified.
X	No Impact	
	Negative	
	Not Known	
Y/N	Education & Skills	Explanation, assessment, and any potential mitigations
x	Positive	Link workers and mental health practitioners within this framework will consider if there is support required to develop skills and knowledge, as well a literacy issue.
	No Impact	
	Negative	
	Not Known	
Y/N	Income	Explanation, assessment and any potential mitigations
x	Positive	Link Workers provide support around finance, debt, benefits, and access to food banks as part of their role.
	No Impact	
	Negative	
	Not Known	
Y/N	Fuel Poverty	Explanation, assessment and any potential mitigations
x	Positive	The link Workers also consider fuel poverty if they are aware of it and will refer and support access to other agencies re this if required.
	No Impact	
	Negative	
	Not Known	
Y/N	Caring Responsibilities (including Childcare)	Explanation, assessment and any potential mitigations
x	Positive	With access to services such as mental health support being available more locally and flexible times, those with caring responsibilities will have reduced travel/appointment times.
	No Impact	
	Negative	
	Not Known	
Y/N	Affordability & Accessibility of Services	Explanation, assessment and any potential mitigations
x	Positive	Due to the location of services some areas will have a gap and travel will be necessary and travel costs may increase. Some of the activities that the multi-disciplinary suggest and recommend are free such as C CBT and referral to psychological therapies however some such as counselling or exercise / swimming may have costs incurred and may create a barrier in uptake and access for some.
	No Impact	
x	Negative	
	Not Known	

Inequalities of Outcome- consider if the following may be impacted		
Y/N	Connectivity / Internet Access	Explanation, assessment and any potential mitigations
	Positive	Not everyone has access to telephones or the internet creating inequality in access to support such as Computerised CBT and online counselling services, making appointments and accessing telephone or online appointments. This can be mitigated by third sector organisations who offer connection and internet support to people as do Sources of Support.
	No Impact	
X	Negative	
	Not Known	
Y/N	Income / Benefit Advice / Income Maximisation	Explanation, assessment and any potential mitigations
x	Positive	Link Workers are based with all practices in Dundee and able to provide advice and support around financials. Welfare Rights are also available in several practices with a view to expanding who will also support the population in benefit claims, appeals etc.
	No Impact	
	Negative	
	Not Known	
Y/N	Employment Opportunities	Explanation, assessment and any potential mitigations

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	Positive	No impact identified.
X	No Impact	
	Negative	
	Not Known	

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PART 2- Assessment (continued)

Y/N	Education	Explanation, assessment and any potential mitigations
x	Positive	Link workers will consider if an educational or skill development pathway is helpful for someone and refer and support accordingly.
	No Impact	
	Negative	
	Not Known	
Y/N	Health	Explanation, assessment and any potential mitigations
x	Positive	With early access and more local venues available for patients there are positive health benefit. With the use of the multi-disciplinary workforce developed to support practices it will release GPs to focus on more complex patients.
	No Impact	
	Negative	
	Not Known	
Y/N	Life Expectancy	Explanation, assessment and any potential mitigations
x	Positive	By improving access for patients due to the range of multi-disciplinary services supporting practices it is envisaged this will have a positive effect on health by being able to proactively aid patients in taking responsibility for their own health and wellbeing and this would be measured qualitatively.
	No Impact	
	Negative	
	Not Known	
Y/N	Mental Health	Explanation, assessment and any potential mitigations
x	Positive	The practitioners working within these services provide assessment and advice as first point of contact, have expertise in how people can be best supported and clear links to other parts of the wider mental health team if required.
	No Impact	
	Negative	
	Not Known	
Y/N	Overweight / Obesity	Explanation, assessment and any potential mitigations
x	Positive	The effective efficient care provided will benefit those with long term conditions including obesity.
	No Impact	
	Negative	
	Not Known	
Y/N	Child Health	Explanation, assessment and any potential mitigations
	Positive	The services offered within this framework are not presently for children.
x	No Impact	
	Negative	
	Not Known	
Y/N	Neighbourhood Satisfaction	Explanation, assessment and any potential mitigations
x	Positive	Access to services more locally will have a positive impact on patients due to reduced travel along with a positive environmental impact. There will be regular ongoing engagement with the local community to ensure we have sight of their needs.
	No Impact	
	Negative	
	Not Known	
Y/N	Transport	Explanation, assessment and any potential mitigations
x	Positive	Reduction in the use of various forms of transport due to local access to services will have a positive impact on environmental factors.
	No Impact	
	Negative	
	Not Known	
Environment- Climate Change		
Y/N	Mitigating Greenhouse Gases	Explanation, assessment and any potential mitigations
x	Positive	Reduced travel to venues for many people is positive.
	No Impact	
	Negative	
	Not Known	
Y/N	Adapting to the Effects of Climate Change	Explanation, assessment and any potential mitigations
	Positive	No impact identified.
X	No Impact	
	Negative	
	Not Known	

Dundee Integration Joint Board Integrated Impact Assessment

PART 2- Assessment (continued)

Resource Use		
Y/N	Energy Efficiency and Consumption	Explanation, assessment and any potential mitigations
x	Positive	With access to venues closer to home and reduced travel there will be less distance to travel by any vehicular method thereby reducing the consumption of petrol/diesel/electric.
	No Impact	
	Negative	
	Not Known	
Y/N	Prevention, Reduction, Re-use, Recovery, or Recycling of Waste	Explanation, assessment and any potential mitigations
	Positive	No impact identified.
x	No Impact	
	Negative	
	Not Known	
Y/N	Sustainable Procurement	Explanation, assessment and any potential mitigations
	Positive	No impact identified.
x	No Impact	
	Negative	
	Not Known	

Transport		
Y/N	Accessible Transport Provision	Explanation, assessment and any potential mitigations
	Positive	No impact identified.
x	No Impact	
	Negative	
	Not Known	
Y/N	Sustainable Modes of Transport	Explanation, assessment and any potential mitigations
	Positive	No impact identified.
x	No Impact	
	Negative	
	Not Known	

Natural Environment		
Y/N	Air, Land and Water Quality	Explanation, assessment and any potential mitigations
	Positive	No impact identified.
x	No Impact	
	Negative	
	Not Known	
Y/N	Biodiversity	Explanation, assessment and any potential mitigations
	Positive	No impact identified.
x	No Impact	
	Negative	
	Not Known	
Y/N	Open and Green Spaces	Explanation, assessment and any potential mitigations
	Positive	No impact identified.
X	No Impact	
	Negative	
	Not Known	

Built Environment		
Y/N	Built Heritage	Explanation, assessment and any potential mitigations
	Positive	No impact identified.
X	No Impact	
	Negative	
	Not Known	
Y/N	Housing	Explanation, assessment and any potential mitigations
	Positive	No impact identified.
X	No Impact	
	Negative	
	Not Known	

Dundee Integration Joint Board Integrated Impact Assessment

PART 2- Assessment (continued)

There is a requirement to assess plans that are likely to have significant environmental effects.

SEA provides economic, social and environmental benefits to current and future generations.

Use the [SEA flowchart](#) to determine whether your proposal requires SEA.

Strategic Environmental Assessment- SELECT One of the following statements		
X	No further action is required as it does not qualify as a Plan, Programme or Strategy as defined by the Environmental Assessment (Scotland) Act 2005	(No further response needed)
	It has been determined that the proposal will have no or minimal environmental effects. The reason(s) for this determination are set out in the following SEA pre-screening determination section	SEA Pre-Screening Determination: Explain how you made the determination that the Plan, Programme or Strategy will have no or minimal negative environmental effect:
	Screening has determined that the proposal is unlikely to have any significant environmental effects. The reason(s) for this determination are set out in the Screening Report, a copy of which will be available to view at www.dundee.gov.uk/cplanning/sea	Insert the 'Summary of Environmental Effects' from your SEA screening report
	Screening has determined that the proposal is likely to have significant environmental effects and as a consequence an environmental assessment is necessary. A Scoping Report, which will determine the scope of the environmental assessment is being prepared for submission to the statutory Consultation Authorities for consideration	Insert the 'Summary of Environmental Effects' from your SEA screening report
	Screening determined that the proposal was likely to have significant environmental effects and as a consequence an environmental assessment was necessary. An Environmental Report has been prepared for submission to the statutory Consultation Authorities together with a draft Plan, Programme or Strategy for consideration. A copy of the Environmental Report will be available to view at www.dundee.gov.uk/cplanning/sea	Environmental Implications: Describe the implications of the proposal on the characteristics identified: Proposed Mitigating Actions: Describe any mitigating actions which you propose to take to overcome negative impacts or implications:

A copy of this document (or when no IIA is needed, the screening tool) must accompany relevant draft IJB Reports at IJB Pre-Agenda stage and at IJB. It should accompany IJB papers and should be published with relevant IJB Report.

Following IJB agreement of report contact Joyce.barclay@dundee.gov.uk to post IIA on DHSCP website.

NB Corporate Risk- is addressed in IJB reports.

Administrative Use	Provide a link to relevant IJB Agenda for IJB Report including Agenda record page numbers where report is found.
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ITEM No ...6.....



REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD –
13TH DECEMBER 2023

REPORT ON: DUNDEE GENERAL PRACTICE STRATEGY 2024 - 2029

REPORT BY: CHIEF OFFICER

REPORT NO: DIJB68-2023

1.0 PURPOSE OF REPORT

This report provides an overview of the Dundee General Practice Strategy for 2024 to 2029.

2.0 RECOMMENDATIONS

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

- 2.1 Approves Dundee General Practice Strategy to enable general practice to progress with the activities set out under the 5-year Strategic Work Programme.
- 2.2 Agrees that half-yearly updates on progress are brought to the IJB following implementation of the Dundee General Practice Strategy.

3.0 FINANCIAL IMPLICATIONS

There are no financial implications arising directly from this report however financial implications will continue to be considered as the Dundee General Practice Strategy develops.

4.0 MAIN TEXT

4.1 Background

- 4.1.1 Dundee General Practices are keen to set out their direction for the forthcoming 5 years. An agreed General Practice Strategy will support the delivery of GP services (as outlined in the GP Contract 2018 and accompanying Memorandum of Understanding) and recognise and actively focus on ensuring the sustainability of general practice services across the city.
- 4.1.2 It is noted a Tayside Primary Care Strategy is being progressed in parallel with a one-page plan brought to IJB in October (DIJB58-2023) (Article IV of the minute of meeting of 25th October 2023) and the full Tayside document planned to be presented to IJB in February 2024. This Dundee General Practice Strategy is a supporting pillar of the wider NHS Tayside Primary Care Strategy
- 4.1.3 Dundee IJB has responsibility for the provision of general practice services across the city, working with NHS Tayside Board and Primary Care Contractors, to deliver the full range of primary care services. It is noted, as set out in the Integration Scheme, Angus IJB has responsibility for the strategic planning coordination in relation to Primary Care Services in Tayside (excluding the NHS Board administrative, contracting, and professional advisory functions).

- 4.1.4 The scope of the Dundee General Practice Strategy is general medical services and services covered by the GP 2018 Contract and Memorandum of Understanding and funded by the Primary Care Improvement Fund. Those services are General Practitioners and Practice Nurses and other Practice Colleagues supported by a multi-disciplinary team providing the following services:



Other primary care services, including Optometry and Dental, will fall under the NHS Tayside Primary Care Strategy as NHS Tayside has responsibility for those services.

- 4.1.5 Safe and effective general practice services are vital to the people of Dundee and are highly valued by the community for their role in preventing ill health, encouraging good health, and treating illness. The role of general medical services is integral to the functioning of the wider health and care system.
- 4.1.6 There is a national challenge to the sustainability of general practice. Factors include:
- Increasing practice list sizes as practices close and patients are allocated to other practices.
 - There are workforce recruitment and retention challenges across general practitioners, practice nurses and those with the skills needed to provide the services set out at 4.1.4.
 - In Dundee 37% of the population are living in 20% of the most deprived areas of Scotland; there are high levels of non-prescribed drug use and, relative to Scotland, an increased prevalence of common conditions such as diabetes and heart disease.

4.2 Current position

- 4.2.1 Across Dundee there are currently 22 practices serving a population of circa 175,000 citizens

which includes those living within Angus and Perth & Kinross but closer to Dundee.

- 4.2.2 Funding for Primary Care Services, including General Medical Services and the services falling under the Primary Care Improvement Plan (listed at 4.1.4), are delegated to Dundee IJB. Additional funding has been provided by the Scottish Government in recent years to support contractual obligations and investment in national policy and strategic direction. Significant progress has been seen during that period however the fiscal outlook is now very challenging for a variety of reasons including the impact of the Covid pandemic, international conflict and the 'cost of living' crisis. The Dundee 5 Year Financial Outlook Report 2023/24-2027/28' (DIJB36-2023) (Article XVII) was presented on 21 June 2023 and highlighted a potential funding gap of £36m during the next 5 years because of anticipated budgetary pressures to support the integrated health and social care needs of the Dundee population.
- 4.2.3 The Dundee General Practice Strategy has been developed with GP colleagues, cluster leads, other practice staff and service leads. It is set out in 3 parts, the Areas of Focus, the Guiding Principles, and the Activities over the next 5 years that will provide the structure to achieve the ambitions.

The Areas of Focus are set out below:



These 6 areas of focus are interlinking and we believe that in focusing on them we can support the changes envisaged using the Primary Care Improvement Funded services (See 4.1.4) as a vehicle:

- **Access** to appropriate health and care resources. It includes availability, approachability and affordability and appropriateness of services.
- **Sustainability** of general practice as it faces challenges of workforce, premises, funding and increasing demand.
- **Population Health** looks at not just why people are ill but what keeps people healthy, so moving towards value based care. This shift reflecting that 'only 20% of a person's health outcomes are directly attributable to their access to good quality health care' ([HEE/population-health](#)) and other factors such as good housing and nutrition and education are key.
- **Multi-Disciplinary Team Working** is already underway in practices. Sharing the clinical workload across teams mitigates the burden placed on individual clinicians. It also facilitates interaction between professionals involved in the patient's care.
- **Collaboration** covers how two or more teams, or practices or organisations can work together to deliver a service that supports patient needs.
- **Transformation** is already underway as part of delivering the 2018 GMS contract and remains a vital step in achieving a financially sustainable system. We do it by listening to our patients and our workforce, by looking at how others are transforming and by setting ourselves goals.

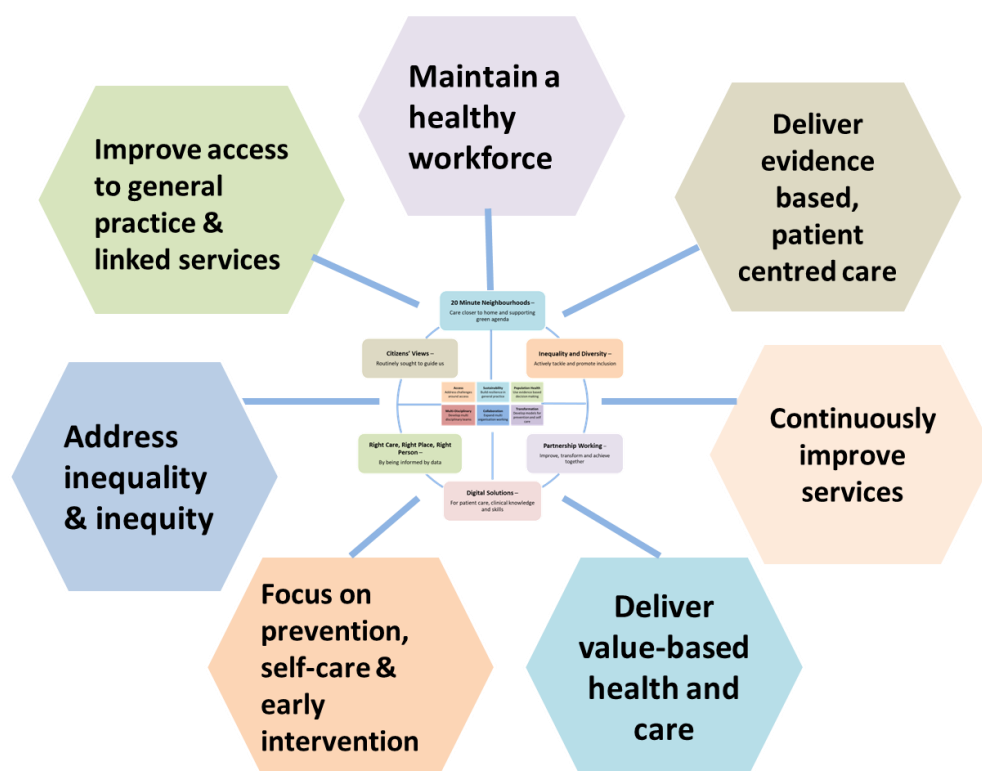
A key transformation goal for this Dundee General Practice Strategy is greater focus on supporting citizens with prevention and self care. The World Health Organisation says that quality, evidence based self care reduces morbidity and mortality and promotes positive health outcomes.

- 4.2.4 This Dundee General Practice strategy has been developed with the following guiding principles at its heart:



- 20 Minute Neighbourhoods which is looking to provide care closer to home and align with the green agenda in reducing the need to travel.
- Inequality and diversity to recognise and, where possible, tackle and promote inclusion.
- Partnership Working to improve, transform and achieve what is needed by looking at other organisations that can support health and psycho-social care.
- Digital Solutions to support patient care, provide clinical knowledge, and improve workflow, together with ensuring a focus on systems which are compatible with those already being used.
- Right Care, Right Place, Right Person which takes account of the patient's story and ensures service changes are informed by data and evidence.
- Citizens' Views which are part of our collaborative working and are important in guiding the development of services and as a mechanism for quality assurance.

- 4.2.5 General practice is at the heart of our communities and is uniquely placed to deliver the care and support needed by patients who experience health inequalities. GP colleagues were keen to include activities that can deliver the ambitions set out in this Dundee General Practice Strategy. The activities are shown in the diagram below. Each of those has specific actions set out in the Dundee General Practice Strategy. These actions forming the base for the 5 year work programme.



- 4.2.6 Approval of the Dundee General Practice Strategy will enable the implementation of a 5-year work programme where the high-level goals and objectives set out in the Dundee General Practice Strategy (Appendix DIJB68-2023) can become a reality. This plan will include measuring outcomes so that we know where we are now and can measure our progress to achieving our ambitions.

5.0 POLICY IMPLICATIONS

- 5.1 This report has been subject to an Integrated Impact Assessment to identify impacts on Equality & Diversity, Fairness & Poverty, Environment and Corporate Risk. An impact, positive or negative, on one or more of these issues was identified. An appropriate senior manager has checked and agreed with this assessment. A copy of the Integrated Impact Assessment showing the impacts and accompanying benefits and mitigating factors for them is included as an Appendix.

6.0 RISK ASSESSMENT

Risk 1 Description	Failure to approve a Dundee General Practice Strategy which improves the health and wellbeing outcomes of the population of Tayside.
Risk Category	Reputational, Strategic, Operational, Financial, Quality of Care
Inherent Risk Level	Likelihood 3 x Impact 5 = Risk Scoring 15 (medium risk level)
Mitigating Actions	<ul style="list-style-type: none"> • Clear understanding of DHSCP role in supporting practices. • A Dundee General Practice Strategy built on the collective views of general practice and service providers and Dundee citizens.

	<ul style="list-style-type: none"> Aligning with the wider NHS Tayside Primary Care Strategy.
Residual Risk Level	Likelihood 3 x Impact 4 = Risk Scoring 12 (medium risk level).
Planned Risk Level	Likelihood 2 x Impact 4 = Risk Scoring 8 (low risk level).
Approval recommendation	Given our developed understanding of the situation and in line with the IJBs risk appetite, the risk is deemed to be low risk and manageable at this current time.

7.0 CONSULTATIONS

- 7.1.1 A stakeholder group comprising of general practice colleagues, including Cluster Leads, was consulted, and contributed to this Dundee General Practice Strategy. The document has been circulated to all Service Leads within scope with a request for their input. The citizens of Dundee have also had an opportunity to give their views on this Strategy by taking part in Group Discussions and/or completing a survey. The Chief Finance Officer and the Clerk were also consulted.

The survey results (61 respondents) found Access was the top priority Activity. This included providing patients with information about services, improvements to the appointment booking system and training reception teams to guide patients. The survey also found 20-minute neighbourhoods were highly valued, and the pressure on general practice was recognised.

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.	
	4. NHS Tayside	
	5. Dundee City Council and NHS Tayside	

9.0 BACKGROUND PAPERS

None

Julia Martineau, Programme Manager, Primary Care
Shona Hyman, Service Manager Service Development and Primary Care
David Shaw, Medical Director for Primary Care

DATE: 29 November 2023



DUNDEE HSCP GENERAL PRACTICE STRATEGY 2024 to 2029

Date of document	29 November 2023
Version	1.0
Document Author	Julia Martineau, Programme Manager, Primary Care DHSCP
With contributions from Service Leads, Colleagues in General Practice and Dundee HSCP and Citizens of Dundee	

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Document Purpose

Introduction

This document sets the Strategy to deliver health and psycho-social services over the next 5 years (2024-2029), across the 22 general practices and linked services in Dundee. This Strategy aims to deliver safe, effective, and robust services, using up to date analytics to inform delivery and re-design of services for the circa 175,000 patients registered to a Dundee GP (includes those living in Angus and Perth & Kinross but near the boundaries of Dundee). This document includes the key activities to ensure this Strategy becomes a reality that improves the health and wellbeing of the citizens of Dundee and supports general practice services.

This Strategy is part of the wider NHS Tayside Primary Care Strategic Plan (not yet available) and dovetails with other strategies and initiatives, both national and local, for health and social care. It is recommended this document is read in conjunction with the Dundee Integration Joint Board's Strategic Commissioning Framework 2023-2033 and the Dundee General Practice Premises Strategy as both these documents are closely linked to, and have informed, this Strategy.

The Vision

This Strategy builds on the Scottish Government's vision for general practice and primary care to sit *"at the heart of the healthcare system. People who need care will be more informed and empowered, able to access the right professional at the right time and remain at or near home wherever possible"* ([Vision](#) May 2019).

It also aligns with NHS Tayside's vision to *'Deliver excellent, high quality, accessible primary care in a sustainable and integrated way, improving the health and well-being of the population of Tayside'*. See *Appendix for more details on NHS Tayside Primary Care Plan*.

In supporting those visions, Dundee General Practices' complementary vision is to *"provide high-quality, patient-centred, sustainable general practice services delivered by highly skilled and motivated staff that improves health outcomes and reduces health inequalities for the people of Dundee"*.

Our Mission

Dundee General Practices' mission is to deliver the requirements of the General Medical Services Contract and in parallel look at the evolving needs of our patients and their communities and, within the resources available, deliver services for Dundee citizens that prolong healthy lives.

Our Partners

The scope of this Strategy includes general practice and services detailed in the Memorandum of Understanding attached to the 2018 GMS Contract and which are being delivered under the Primary Care Improvement Plan. The infographic below shows those services which are included within this Strategy.

Scope of document:

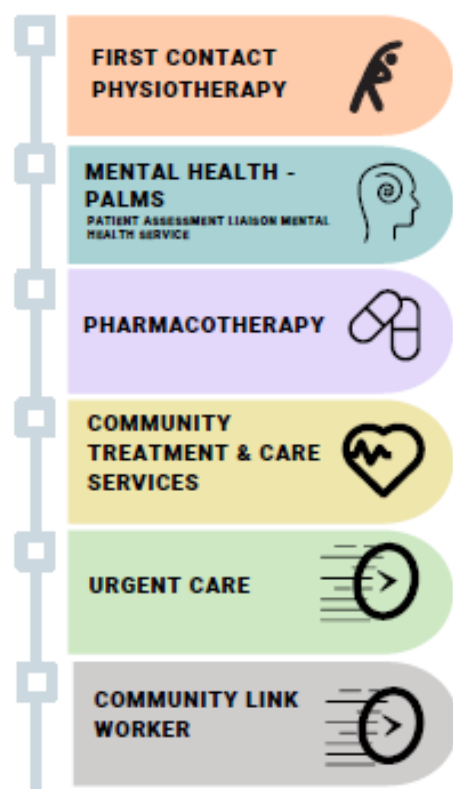


Figure 1

Vaccinations are excluded from this Strategy as this is already a centralised service under Public Health Scotland.

Our Ambitions

This Strategy aligns closely with the ambitions of the National Clinical Strategy for Scotland (2016 to 2031):

- To ensure effective integrated working and co-production with health and well-being partners, individuals, families, and communities.
- To ensure decisions follow the evidence.
- To promote well-being and supporting self-management.
- To move from a strictly medical model to a model that recognises the assets within our community that can support and optimise well-being.
- To use technology, where appropriate, to the full.

Our Areas of Focus

The Dundee practices have agreed 6 areas of focus to help to create the structure to achieve our goals:



Figure 2

These 6 areas of focus are interlinking and we believe that in focusing on them we can support the changes envisaged using the Primary Care Improvement funded services (See Figure 1) as a vehicle:

- **Access** to appropriate health and care resources. It includes availability, approachability, affordability, and appropriateness of services.
- **Sustainability** of general practice is vital as it faces challenges of workforce, premises, funding and increasing demand. Across Scotland, despite an overall decline in the projected population in 20 years' time, the annual disease burden is forecast to increase 21% over a similar period. ([SPHS Scottish-burden-of-disease-study Nov 2022](#))
- **Population Health** looks at not just why people are ill but what keeps people healthy, so moving towards value based care. This shift reflecting that 'only 20% of a person's health outcomes are directly attributable to their access to good quality health care' ([HEE/population-health](#)) and other factors such as good housing and nutrition and education are key.
- **Multi-Disciplinary Team Working** is already underway in practices. Sharing the clinical workload across teams mitigates the burden placed on individual clinicians. It also facilitates interaction between professionals involved in the patient's care.
- **Collaboration** covers how two or more teams, or practices or organisations can work together to deliver a service.
- **Transformation** is already underway as part of delivering the 2018 GMS contract and remains a vital area of focus in achieving a financially sustainable system. We undertake transformation by listening to our patients and our workforce, by looking at how others are transforming and by setting ourselves goals. A key transformation goal for this Strategy is greater focus on supporting citizens with prevention and self care. The World Health Organisation says that quality, evidence based self care reduces morbidities and mortality and promotes positive health outcomes.

How We Ensure Quality

A key part of this Strategy is to ensure the quality-of-service provision remains central to general practice and this is supported by grouping the 22 Dundee practices into 4 GP Clusters across the city as shown below:

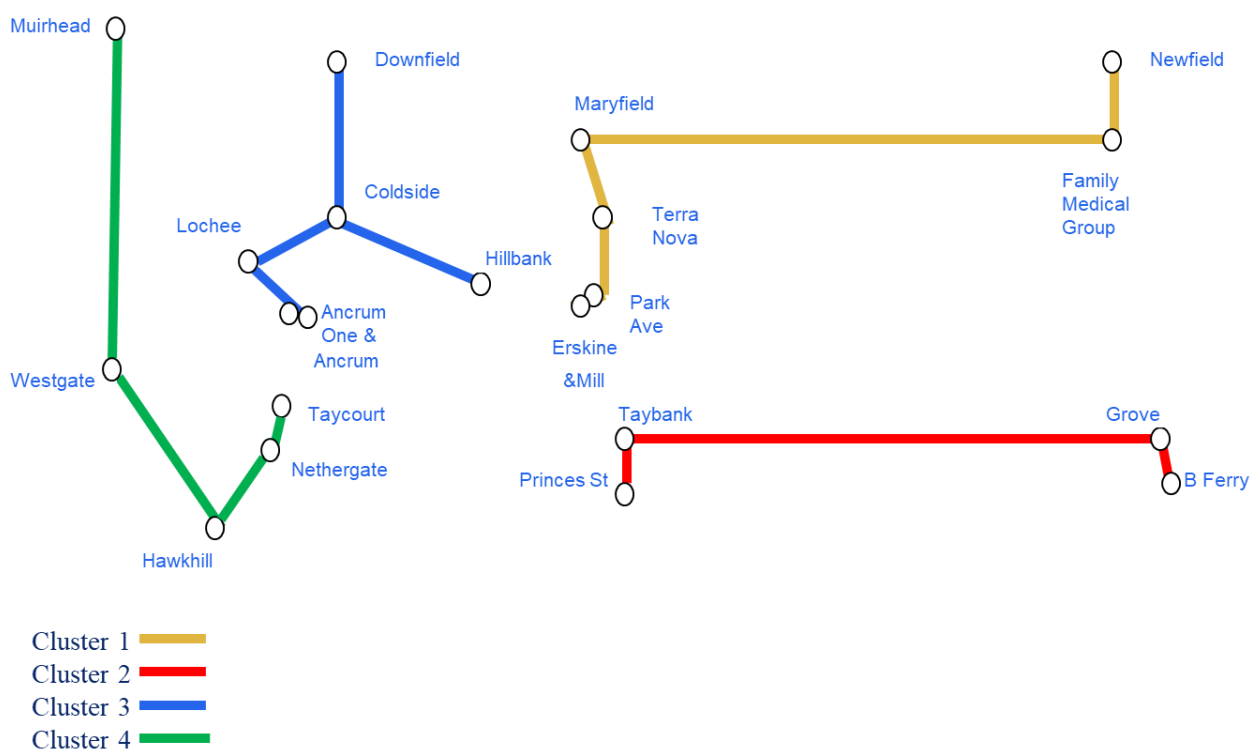


Figure 3

The purpose of the Cluster is to:

- Encourage GPs to take part in quality improvement activity with their peers.
- Contribute to the oversight and development of their local healthcare system.
- To benefit from working together e.g. at scale savings.

Each Cluster has a GP Cluster Quality Lead. They engage with the Practice Quality Leads in peer-led quality improvement activities.

Our Guiding Principles

In Dundee, general practice has identified six guiding principles on how we will work to deliver this Strategy. These principles help to support the direction of travel over the coming years. They are set out in the infographic below.



Figure 4

20 Minute Neighbourhoods mean looking to provide care closer to home and aligning with the green agenda by reducing the need to travel and thereby reducing travel costs for patients.

Inequality and diversity: recognise and where possible tackle and promote inclusion for all citizens.

Partnership Working to improve, transform and achieve what is needed by looking at other organisations that can support self-care, health care and psycho-social care.

Digital Solutions to support patient care, clinical knowledge, and support workflow with a focus on systems which are compatible with those already being used.

Right Care, Right Place, Right Person which takes account of the patient's story and service changes that are informed by data and evidence.

Citizens' Views form part of collaborative working and guide the development of services and are a mechanism for quality assurance.

Sphere of Influence:

This Strategy recognises general practice has a limited sphere of influence – as shown in the diagram below. A key mission for general practice is to expand the multi-organisation working within the practice which will help support elements of patient service provision and develop alternative pathways around prevention and self-care.

The concept of the sphere of influence is helpful in thinking strategically about influence and authority and where other services can provide more expertise. GPs as leaders of general practice services are the cornerstone. They support the patient's health and wellbeing and are influential in shaping and supporting services alongside colleagues such as public health experts who understand the position from a broader stance. It is drawing on the combined expertise of all those involved in patient care, that new models of care are identified, encouraged, and enabled to emerge.

GPs and practice nurses have traditionally provided direct patient care within general practice, but as mentioned there are other services (see Figure 1) now operating out of general practice and within the community. They are working together to provide a wider range of services for patients, with a focus on improving health outcomes and mitigating health disparity and inequality.

The sphere of influence where staff or teams have the power to affect or change something is illustrated below:

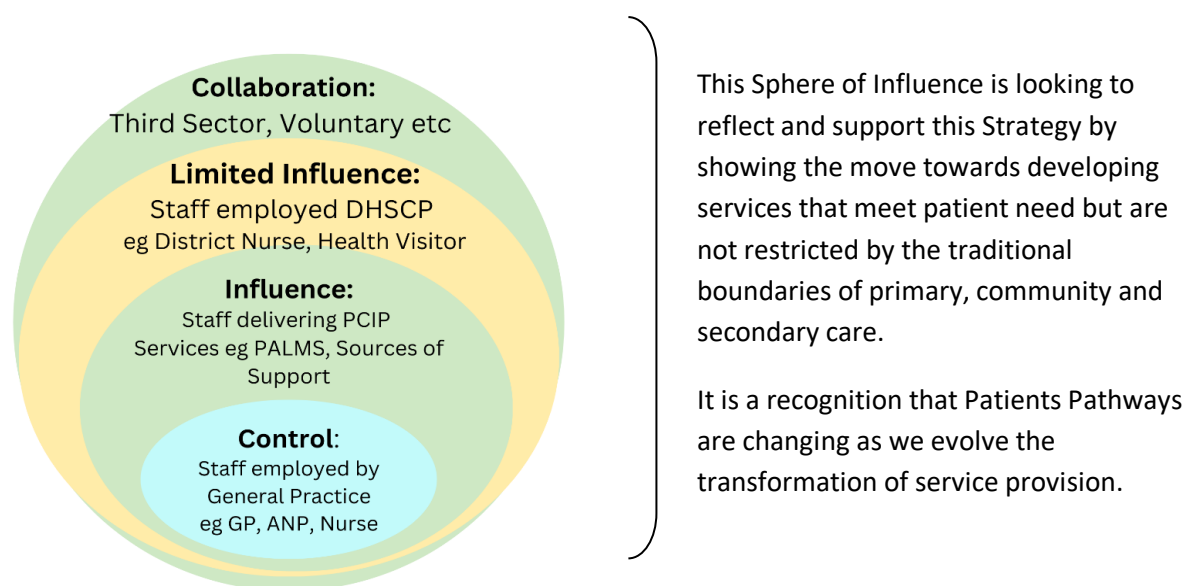


Figure 5

The influence of general practices is much wider as it includes the services shown in Figure 1. As these services develop, they are a key enabler for the Scottish Government's vision of the role of the GP as an expert medical generalist that will focus on undifferentiated presentations, complex care and quality and leadership.

Dundee City as a Place

The ambition is to bring organisations across the city together around the population they serve, and this is known as Place Based Care. It provides a mechanism to share and combine resources and more

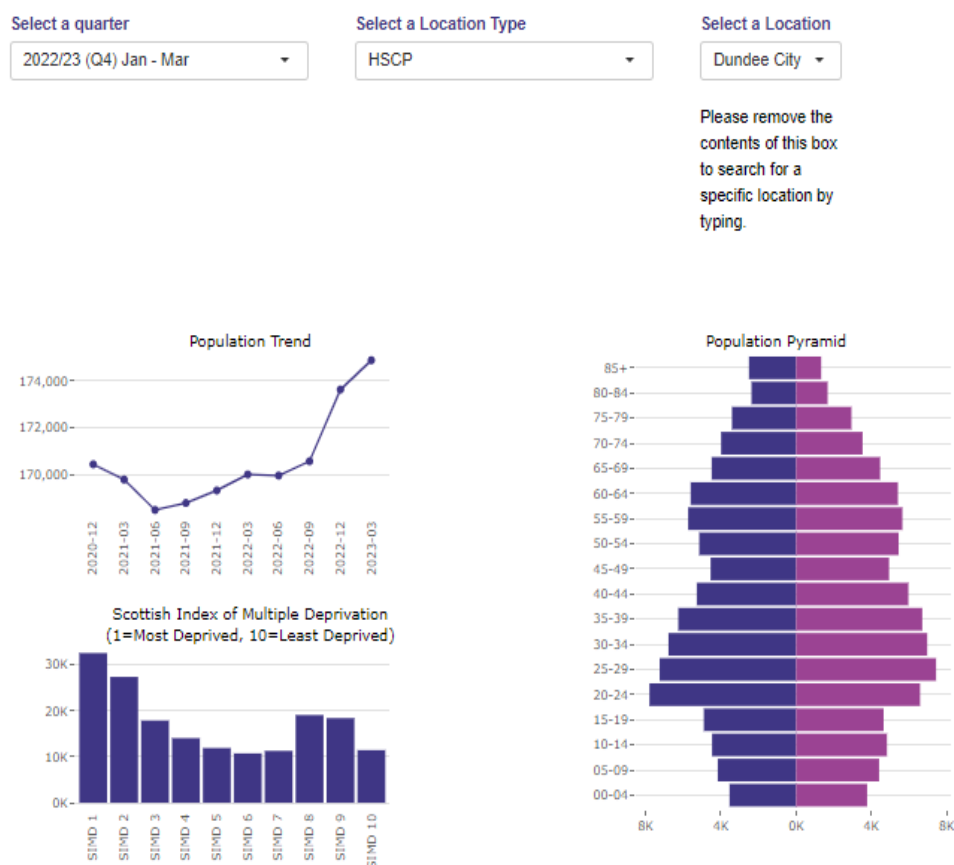
importantly to make more effective use of the resources available. As an example, having Third Sector organisations in general practice is providing dedicated, skilled support in drug use recovery.

Current Population Insights

The line chart below shows the population has increased year-on-year.

Alongside it, the bar chart on deprivation shows a significant number living within the most deprived areas of Scotland (SIMD 1 and 2). Furthermore, Dundee is the 5th most deprived Local Authority and 37% of the population live in 20% of the most deprived areas of Scotland. (*Dundee IJB Strategic Commissioning Framework 2022-2023*).

Population Breakdown



[PHS Demographics](#) (last updated 19 May 2023)

Figure 6

In terms of the age distribution of the population, the chart above shows the 20-44 age group was the largest in 2021, (c.25%) having a population of 43,497. In contrast, the 75 years and over age group was the smallest with a population of 12,212 (7%).

This chart, which is from 2021, shows more females than males live in Dundee City in 5 out of 6 age groups. The exception being the 0-15 years.

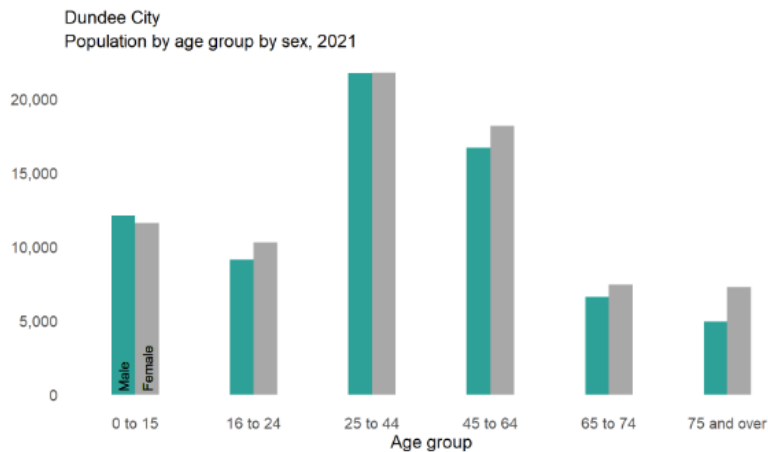


Figure 7

Future Population Insights

Over the next 10 years, the population of Dundee City is projected to decrease by 1.5% due to natural change (more deaths than births). However, total net migration (net migration within Scotland, from overseas and from the rest of the UK) is projected to result in a population increase of 1.3% over the same period so it is assumed Dundee's population will remain largely static in number.

The changing population by age group is shown below (Source: [Dundee Profile](#))

Between 2018 and 2028, the 45 to 64 age group is projected to see the largest percentage decrease (-9.9%) and the 65 to 74 age group is projected to see the largest percentage increase (+12.4%). In terms of size, however, 25 to 44 is projected to remain the largest age group.

View [Source Table](#)

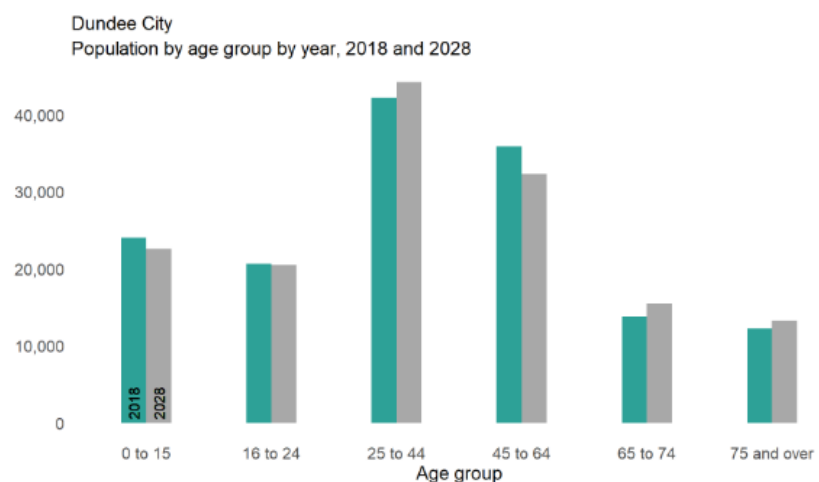


Figure 8

Health Determinants

There are several health determinants for Dundee which services should be cognisant of:

- Dundee has the 4th highest prevalence of drug use in Scotland.
- Dundee's unemployment rate was 4.9% in 2021, higher than the Scottish average of 3.9%.
- Dundee has the 8th highest rate of homelessness applications in Scotland, much higher than the Scotland rate.

- There are fewer owner occupiers and more people living in rented accommodation than the rest of Scotland.

Addressing Inequalities

Primary Care Health Inequalities Short Life Working Group Report (Deep End practices) [SWWG On Inequalities](#) acknowledged that ‘most of the time people use their own personal and community assets to manage their health and well-being and achieve the outcomes that matter to them. Primary Care professionals enhance this by providing accessible healthcare and support to individuals and families in the community, when it is needed, at whatever stage, right person, right time’.

Addressing inequalities needs a whole system response – individual, communities and organisations – and the 2018 Fairer Scotland Duty places a legal responsibility on public bodies to actively consider how to reduce inequalities of outcome caused by socio-economic disadvantage, when making strategic decisions. This Strategy includes consideration of the barriers and inequalities, with a focus on what can we do over the next 5 years. Our steer will be determined by several factors including the voices of the citizens of Dundee.

Local Inequalities

Due to inequalities, particularly deprivation:

- Many people in Dundee enter older age with pre-existing health conditions.
- Some people in Dundee have a need for higher levels of health and social care support at an earlier stage than people of the same age who live in more affluent parts of the city or in other areas in Scotland.
- Hospital admissions due to Long Term Conditions are higher for the most deprived areas of the city, especially for asthma, COPD (Chronic Obstructive Pulmonary Disease) and coronary heart disease.

Morbidity and Mortality

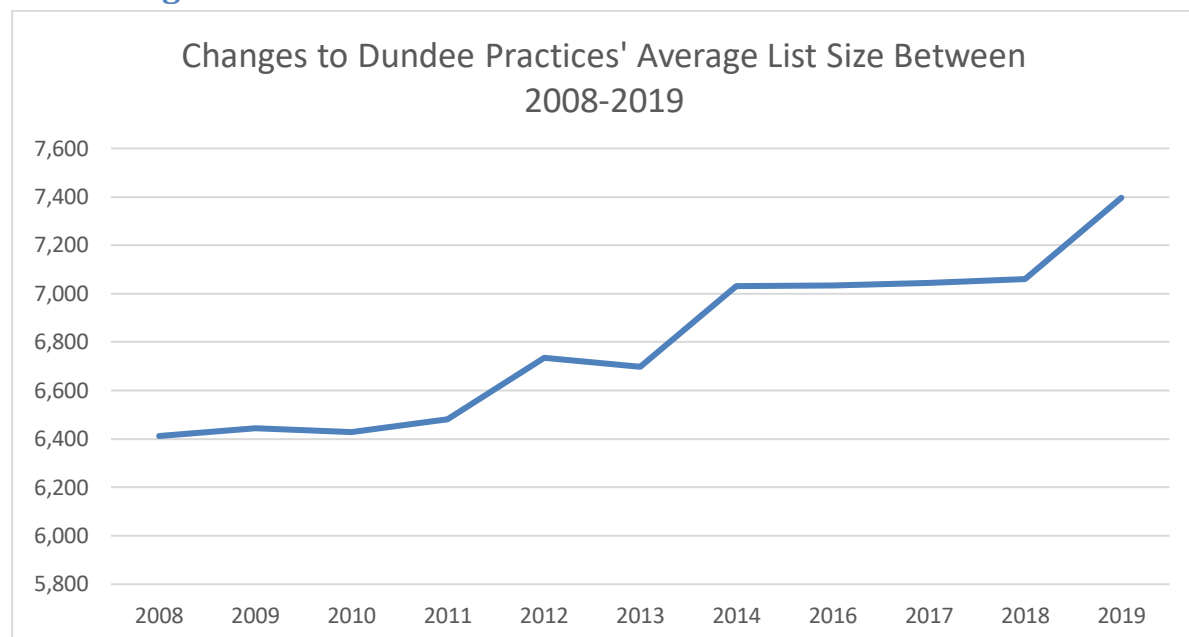
Morbidity refers to levels of illness or specific health conditions while mortality refers to the number of deaths from a specific illness or condition. Both are impacted by deprivation.

- Life expectancy at birth is decreasing for males and females in Dundee.
- Dundee has the 2nd lowest life expectancy in Scotland.
- Life expectancy in the most deprived areas of Dundee for males is anticipated to be on average 14.1 years fewer than people in the least deprived. [NHS Tayside Public Health Annual Report 2023](#)
- Drug use is a key focus with a need to reduce significant harms linked to both drugs and alcohol.

Major Challenges Faced by General Practice

Sustainability is the major challenge for general practices within Dundee City and is echoed across Scotland and beyond. The doctors’ union has warned that general practice in Scotland is in ‘a sustainability crisis,’ with almost “a quarter of a million more patients than 10 years ago and almost 90 fewer GP practices”.

Increasing Practice List Sizes



Source: PHS General Practice GP Workforce & List Sizes

Figure 9

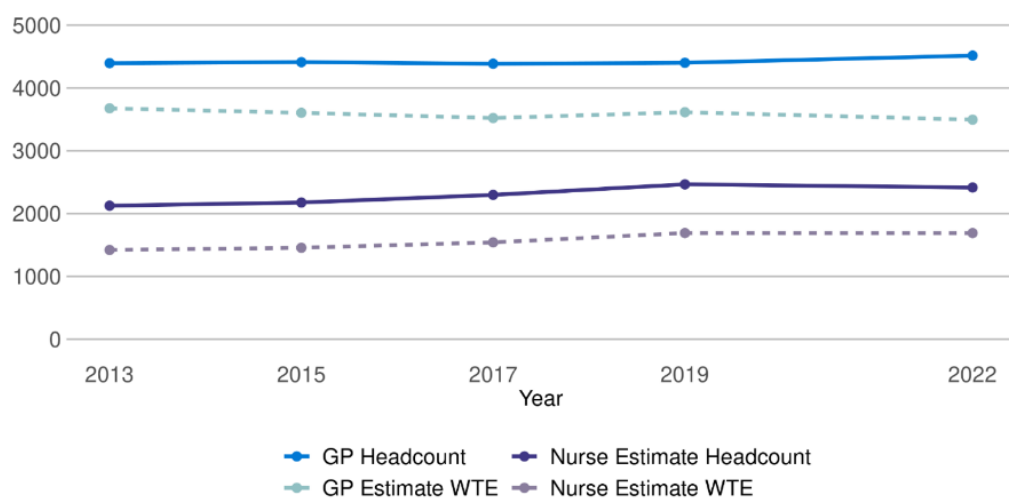
The graph above shows the year-on-year increase in Dundee Practices' Average List Size. It reflects a national picture that the number of registered patients in Scotland increased by 2% in the two years to February 2023. It also reflects patients transferring to another Dundee practice following a practice closure.

Workforce Pressures

There is increasing pressure on the workforce within general practice due to issues with workforce recruitment and retention and, as mentioned above, the larger list sizes. Some of the key findings from the 2022 Public Health Scotland Workforce Survey include:

- The estimated GP (excluding Specialist Trainees) WTE (Whole Time Equivalent or a full-time person) decreased from 3,613 in 2019 to 3,494 in 2022, a decrease of 3%.
- The reduction in WTE is likely the result of a long-term increase in female GPs, who are more likely to work part time compared to male GPs, and a long-term decrease in male GPs.
- There is a recent trend of male GPs working fewer weekly sessions (down 10% from 2019).
- The estimated WTE for all nurses in General Practice was 1,690 (based on 37 hours or more per week being full time), which is the same as the previous survey in 2019.

GP Headcount and estimated nurse headcount, and estimated GP and nurse WTE in Scotland, 2013 to 2022



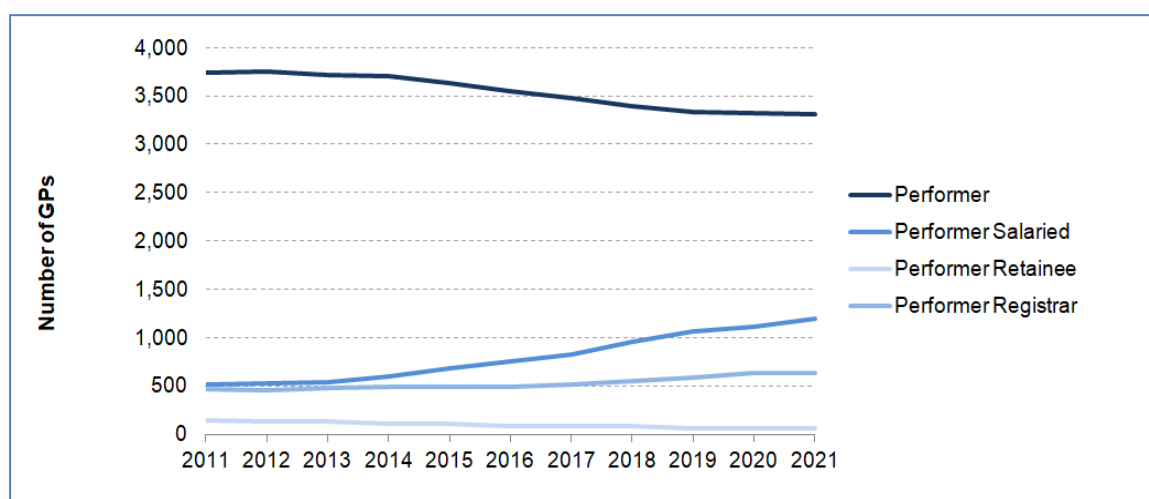
Source: [PHS Practice Workforce Survey 2022](#)

Figure 10

Changing Workforce

GP are changing how they work, and the graph below shows the change in roles since 2011.

- Performer – A registered medical practitioner who is not a Registrar or a Locum.
- Performer Salaried - GPs employed by the practice or the NHS Board on a salaried basis.
- Performer Retainer – GP with greater flexibility and educational support.,
- Performer Registrar – GP yet to complete their training.



Source: PHS General Practice GP Workforce & List Sizes

Figure 11

This Strategy must support and enable change to happen, including workforce changes and adaptations, within a rewarding cultural setting which fits with the needs of the population. It is however cognizant of the additional pressure transformation brings to general practice.

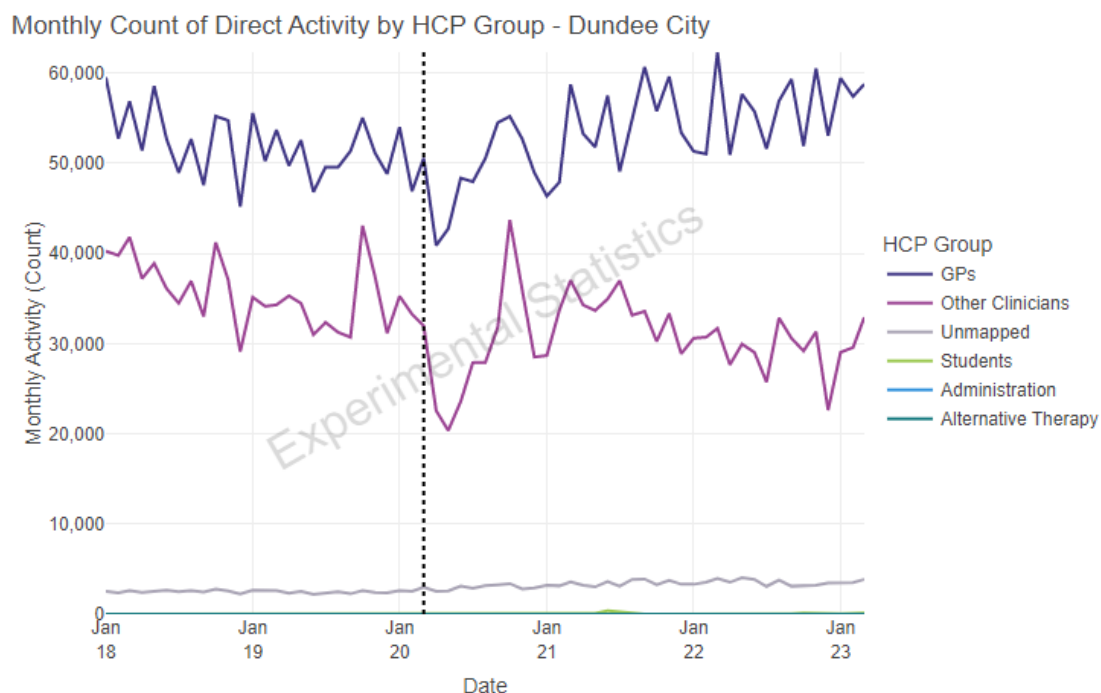
Sustainable general practice

Maintaining a sustainable general practice is about using our resources wisely, investing in the education and skills of GPs and their teams, avoiding over-medicalisation, and focusing on prevention and self-care to prevent issues such as long-term conditions and obesity. The results of the Tayside Sustainability Risk Analysis which is currently underway will inform on this risk and provide mitigating actions.

Workforce Activity

The data below is from the Public Health Scotland (PHS) Dashboard for in hours activity between April 2018 and April 2022, extracted from General Practices in Scotland through Scottish Primary Care Information Resource (SPIRE). It seems to show a fall in the activity by 'other clinicians'.

Caveats: Not all activity is included, nor does it provide complexity or duration of activity, and there may be some misreporting e.g., blood tests classed as face to face versus administrative activity.

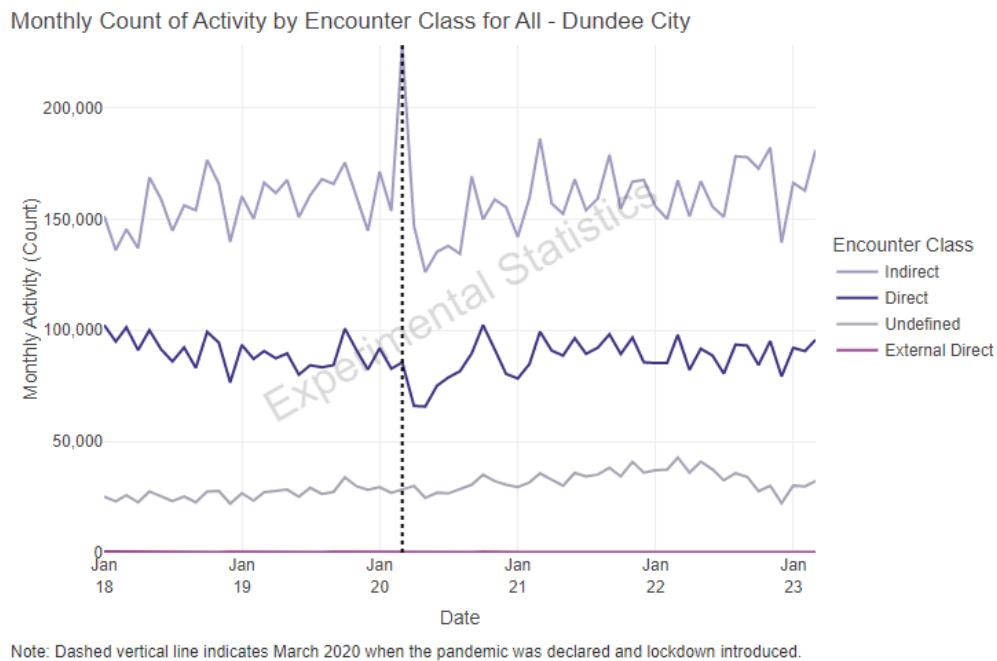


Note: Dashed vertical line indicates March 2020 when the pandemic was declared and lockdown introduced.

Source [PHS Gen Practice In Hours Activity](#)

Figure 12

The graph below shows activity by encounter class with direct encounters seemingly showing the pre-pandemic direct activity is back to what it was with an increase in indirect activity giving an overall increase in workload.



Source: [PHS Encounter by Class](#)

Figure 13

Disease Prevalence

Disease prevalence (per 100 patients) in Dundee with comparison with Angus and Perth & Kinross.

Highlighted rates are those which are highest within NHS Tayside

Highlighted high levels

Highlighted above Scotland average.

Disease	Dundee HSCP	Angus HSCP	Perth & Kinross HSCP	Scotland
Cancer	2.93	3.83	3.88	3.07
COPD	2.86	2.74	2.01	2.39
Coronary Heart Disease	3.53	4.29	3.72	3.63
Dementia	0.8	0.95	0.92	0.68
Depression	5.41	4.07	5.38	8.19
Diabetes	5.46	6.05	5.4	5.29
Heart Failure	0.83	0.77	0.86	0.83
Hypertension	12.68	16.07	14.49	13.13
Mental Health Conditions	1.22	1.06	1.13	0.98
Osteoporosis >75	0.06	0.12	0.11	0.08
Osteoporosis 50-74	0.05	0.04	0.02	0.04
Palliative	0.18	0.37	0.23	0.26
Peripheral Arterial Disease	0.86	0.97	0.73	0.72
Rheumatoid Arthritis	0.53	0.76	0.74	0.61
Stroke	2.31	2.84	2.56	2.21

<https://publichealthscotland.scot/publications/general-practice-disease-prevalence-data-visualisation/general-practice-disease-prevalence-data-visualisation/dashboard/>

Figure 14

Funding and efficiency gap

Funding for Primary Care Services, including General Medical Services and the Primary Care Improvement Plan, is delegated to Dundee City IJB. Additional funding has been provided from The Scottish Government in recent years to support contractual obligations and investment in national policy and strategic direction, and significant progress has been seen during that period. However, the fiscal outlook for the public sector in Scotland is now very challenging, following the impact of the Covid pandemic, international conflict and 'cost of living' crisis etc, alongside increasing demographic demands for services. The latest '5 Year Financial Outlook Report 2023/24-2027/28' (DIJB36-2023) was presented on 21 June 2023 highlighted a potential funding gap of £36m during the next 5 years because of anticipated budgetary pressures to support the integrated health and social care needs of the Dundee population.

Premises and Leases

In the early part of 2023, Dundee published its General Practice Premises Strategy. The Strategy benefited from a good level of engagement with Dundee citizens both through focus groups and a survey. This highlighted what is important to citizens and was insightful in providing citizens' views on what general practice premises in the future should provide. The learning from this Strategy and the resulting activities around premises will dovetail and inform the work programme of this Strategy.

Performance

There are broadly four performance areas under the spotlight:

- Patient focus (satisfaction and ease of access and ability to book appointments).
- Clinical care (general health and preventative and self-care medicine, management of LTCs, clinical management)
- Practice management (effective use of IT, good physical environment, motivated and effective practice teams, and good overall practice management).
- External focus (partnership working, engagement with public).

Our Strategic Work Programme

We recognise general practice is at the heart of our communities and is uniquely placed to deliver the care and support needed by patients. In planning our work programme over the next 5 years, we will focus on 7 areas of activity. These 7 areas were identified as those that will help deliver services needed by the Dundee population together with looking at how to overcome challenges within the service.

The areas of focus and guiding principles, lead us to these activities, which will underpin the work programme over the next 5 years:

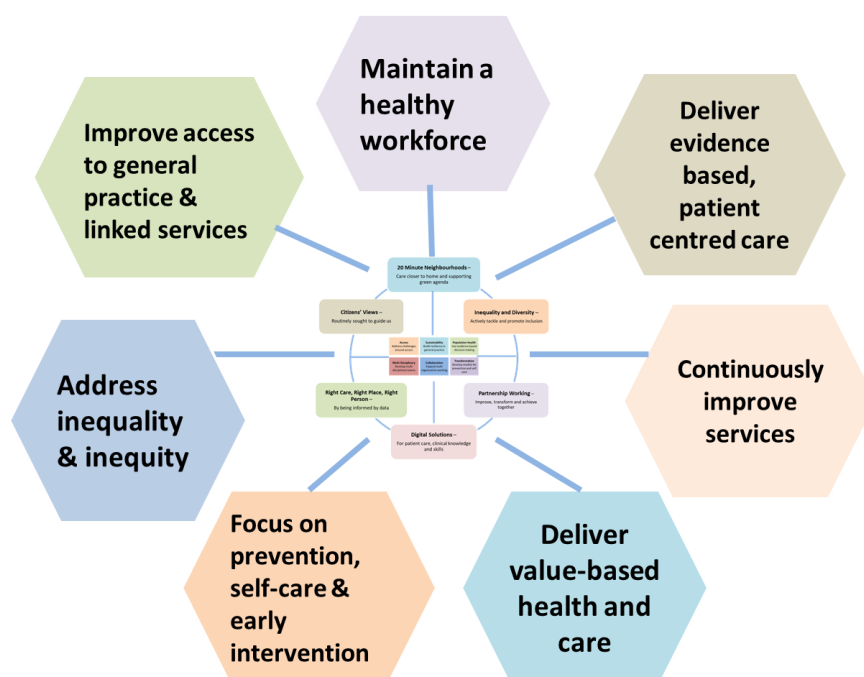


Figure 15

Improve access to services: Aligning with the strategic priority to provide support where and when it is needed; we will build on what is there already and work on:

- Developing more flexible and responsive appointment systems, including online and telephone consultations.
- Improving communication with patients about appointments, both availability and type, and provide information about the new services within general practice which move the patient pathway away from traditional GP route.
- Look to create space to enable expanding of cluster hub models and clinics e.g., mental health and well-being care provision by mental health specialists and community link workers but taking account of the need for team interactions and communications.
- Implementing a triage/navigation system to direct patients to the most appropriate healthcare professional for their needs.
- Improving pathways e.g., between general practice services, hospital based, and community-based health and well-being supports.

Maintain a Healthy Workforce

Staff wellbeing is key to the service. We will provide tools and opportunities to help colleagues nurture their mental health and to take care of their physical health. We want them to thrive and feel valued in their role and to support them with improving their performance and increasing their job satisfaction.

- Looking to attract, retain and train workforce.
- Exploring and testing new ways of working with multi-organisation approach.
- Invest in digital solutions to reduce workloads.
- Providing opportunities to learn.



Deliver evidence based, person centred care: Aligning with the strategic priority to improve access and support, we will provide evidence-based, person-centred care that meets the needs of our patients by:

- Providing services that include both mental health and physical health care.
- Support patients with prevention and self-care.
- Providing greater continuity of care.
- Supporting all clinicians to be keep up to date with the latest clinical guidance and best practice.
- Promoting the use of digital health technologies to support diagnosis, treatment, and monitoring.
- Working collaboratively with other healthcare providers to deliver integrated care.



Continuously improve our services:

Aligning with the strategic priority to plan services that meet local need and that value our workforce, we will strive to continuously improve our services for patients and staff by:

- Collecting and using data to measure our performance and identify areas of waste, duplication and for improvement.
- Listening and collecting feedback from patients and staff to identify areas where we can make changes to improve the patient experience.
- Working on practical solutions that improve clinician to clinician sharing of information.
- Investing in staff feedback, together with development and training to ensure that we understand what is happening and staff have the skills and knowledge to deliver high-quality care.



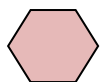
Deliver Value Based Health and Care: This requires understanding the challenges faced in general practice and responding in line with the Scottish Government Value Based Health and Care Vision [VBH&C](#) . This includes recognising Realistic Medicine is becoming increasingly important to deliver more sustainable, value-based health and care. The aims of Realistic Medicine are “reducing harm, waste and unwarranted variation while acknowledging the inherent risks associated with all health and care and championing innovation and improvement” *Value Based Health & Care Action Plan, Scottish Government, 2023*



Focus on prevention, self-care, and early intervention: By 2043 the burden of disease in Scotland is forecasted to increase by 21%. (*An NHS fit for 2043 PHS*). The Scottish Government has established a Preventative and Proactive Care (PPC) Programme which is part of their wider Care and Wellbeing portfolio and provides a policy and delivery framework. This PPC Programme looks to support citizens to access and benefit from preventative and proactive ways to improve healthy life expectancy and reduce health inequalities. It has a mission of shared responsibility with people and communities alongside health and social care services that enable early and proactive care and good disease management as core elements of the services being delivered. We will align services with this programme to support people to look after their wellbeing by:

- Identifying patients at high risk of illness and targeting them for early interventions and support.
- Raising awareness of the importance of healthy behaviours and early detection of illness.

- Offering health checks and screening programs to identify and manage conditions at an early stage.
- Recognising the role of community pharmacy to provide patients with an alternative source of advice.
- Being cognisant of the impact of transformational changes across the city including air quality, active travel, and green and blue spaces. For example, [Dighty Connect](#) community project which restored a path to encourage and enable opportunities for walking.



Address Inequality and Inequity: We will work to reduce health inequalities, particularly for those living within SIMD (Scottish Index of Multiple Deprivation) 1 and SIMD 2 by:

- Ensuring that all patients have access to high-quality care, regardless of their background or circumstances.
- Working together to support families which is a key strategic priority.
- Engaging with communities to understand their specific health needs and tailoring services to meet them.
- Engaging with children, particularly within deprived areas of the city, to influence and encourage active lifestyles and good dietary habits.
- Providing education and support to help patients manage their health and wellbeing.
- Recognising good health is a community endeavour and includes access to healthy food, and other initiatives e.g., play streets and cycle lanes as outlined in the City Plan
- Awareness that the population includes those in surrounding rural communities and consider their needs.

Implementing Our Work Programme:

To achieve our goals, we will be undertaking the following activities:

- **Seek approval for a General Practice Strategy** for Dundee with a presentation to the Dundee Integrated Joint Board in December 2023.
- **Establish a working group** to oversee the implementation of this Strategic Plan and ensure that progress is made towards our goals.
- **Develop an action plan** that outlines specific actions and timelines for achieving each goal.
- **Communicate the plan to all staff and stakeholders**, including patients and the wider community, to ensure that everyone is aware of our vision and objectives.
- **Monitor and evaluate progress regularly**, using data and feedback from patients and staff to ensure responsiveness to the specific needs of the population of Dundee, focussing on prevention, early intervention, self-care, and shared health outcomes. Undertake detailed needs assessments to support this work.
- **Review and update the plan regularly**, taking account of changes in the healthcare landscape and emerging patient needs and expectations.

In parallel, risks will be tracked and monitored.

Risks

There are 4 key risks that need to be monitored closely to enable this Strategy to deliver on its ambitions:

1. Sustainability of General Practice:

The Regional Audit of the NHS Tayside strategic risk relating to Sustainability of Primary Care Services has a current risk exposure on the Risk Log of 20. The risk reflecting the huge pressure due to increasing demand and complexity of health needs and the increase in GP vacancies due to retirement and recruitment and retention issues. While mitigations are in place, there is further work to be done to understand critical components of this risk including premises, funding, other services and staff groups (e.g. ANPs, nurses).

2. Data and information:

The risk of not having readily available high-quality analytics to inform decision making. The working group will need to work closely with Public Health Scotland and Local Intelligence teams to provide the data and analyses to inform improvements. There may also be a technological element to ensure systems are linked and accessible.

3. Premises

The ongoing risk of good quality accommodation to enable services to be delivered from general practice. The Dundee GP Premises Strategy outlined the plan going forward and this work has begun.

4. Finance:

There is a risk of an inability to deliver within the financial envelopes available. In turn we need to review services and allocate funding to reflect the areas of greatest priority and need, including reviewing efficiency and effectiveness.

5. Primary Care Improvement Plan

There is a risk the services under the Primary Care Improvement Plan (Figure 1) are not fully implemented and do not create the GP capacity that was anticipated so there are continued efforts to fully establish these services. This links to both finance and workforce risks.

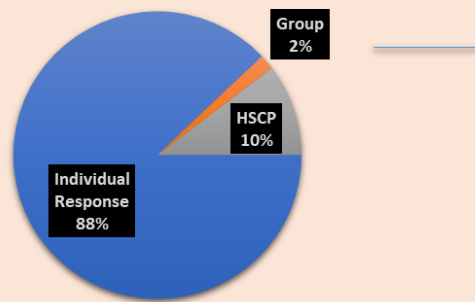
Consultation

A stakeholder group has contributed to the development of this Dundee General Practice Strategy. This group included Dundee citizens, service leads, together with general practice and Dundee HSCP colleagues.

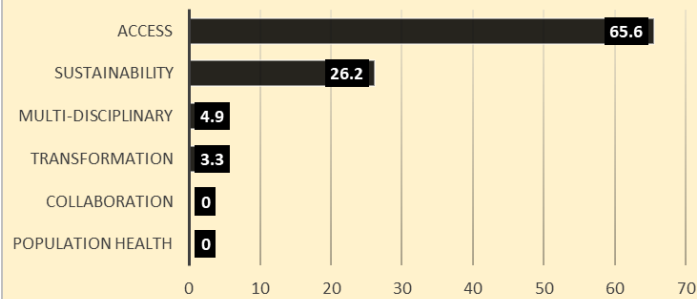
The citizens of Dundee gave their views in two ways. There were Group Discussions and an invitation to complete an online or paper version of a patient survey.

The survey asked respondents to prioritise the options detailed in the Strategy and the results are shown below:

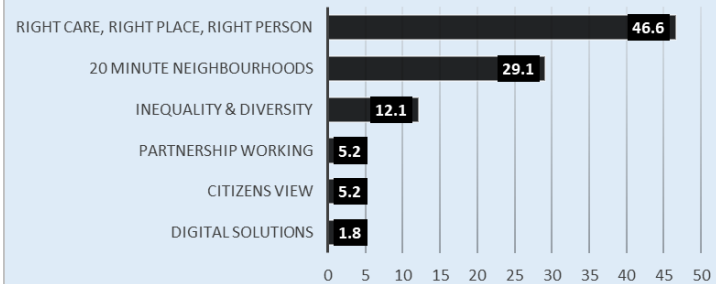
Response Rate (61 Respondents)



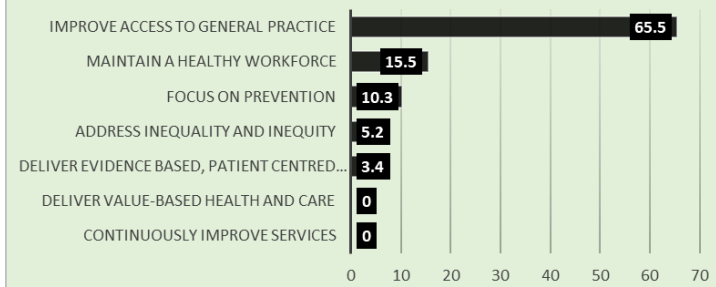
Areas of Focus - showing respondents' first choice



Guiding Principles - showing respondents' first choice



Key Activities - showing respondents' first choice



The survey results found that it is activities to improve access that respondents wish us to focus on. This was echoed in the group discussions with both staff and patients. Improvements to access to include:

- Providing information to patients on the services available and how to access those services.
- Improvements to appointment booking system.
- Training for practice reception teams to support with navigating patients to the right care, right place and right person was the top guiding principle for survey respondents.

Other notable findings were:

- 20-minute neighbourhoods were valued, and this aligns with Dundee's City Plan.
- Pressures on general practice were recognised with sustainability the second Area of Focus
- Digital solutions were the lowest priority of the Guiding Principles for a mix of reasons including digital poverty and older age group concerns around usability.

Below some quotes from patients:



Conclusion

The approval of this General Practice Strategy will provide the starting point for the development of a 5-year work programme. A major component of the work plan will be the continuation of work to deliver the Primary Care Improvement Plan to ensure the services detailed at Figures 1 are embedded and this will include measures of outcome and impact. The tasks that are anticipated to begin within the next 5 years are set out under the Key Activities section. These will need to be prioritised which will reflect the feedback from colleagues and citizens and be supported by outcome measures to enable us to assess our progress to delivering the ambitions set out here.

Appendix 1: The Case for Change and Key Drivers

- [IJB Strategic Commissioning Framework 2023-2033 City Plan for Dundee 2022-32 | Dundee City Council](#)
- [Dundee GP Premises Strategy](#)
- [Evaluation of Public Consultation on Dundee GP Premises Strategy 2023.pdf](#)
- [Dundee Profile](#)
- [National-clinical-strategy-Scotland](#)
- [NHS Tayside Director of Public Health Annual Report 2023](#)
- [Dashboard - General practice workforce survey 2022 - General practice workforce survey - Publications - Public Health Scotland](#)
- [Delivering value based health and care Mental-health-wellbeing-strategy-2019-2024](#)
- [Mental-health-wellbeing-strategy](#)

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Appendix 2: NHS Tayside Primary Care Plan

NHS Tayside Primary Care Strategy was brought to the IJB in October 2023 (DIJB58-2023) and the full Tayside document is planned to be presented to IJB in February 2024.

The scope of Tayside Primary Care Strategy includes General Medical Services, Community Pharmacy, Optometry and Dental Services.

The strategy recognises the importance of preventing ill-health, self-care and self-management and identifies three priorities:

- Prevention and proactive care
- Reduce inequalities and unequal health outcomes
- Delivery of care closer to people's homes.

The median age of people living in Dundee City (38 years) is almost a decade lower than people living in the other two local authority areas and this is an example of why Dundee must build on the Tayside wide strategy, with a work programme to fit with the Dundee profile. For example,

- Males in Dundee City are currently experiencing decreasing healthy life expectancy, with men born currently anticipated to live only 55.9 years in good health on average.
- Alcohol-related hospital admissions are 30% higher in Dundee City than the national average while deaths are 26% higher.

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Dundee Integration Joint Board Integrated Impact Assessment

Part 1 - Pre-Integrated Impact Assessment Screening.

NB For Dundee City Council Committees the Citrix Firm Step Process must be used.

This word document can be completed, and information transferred to Firm Step if required.

Title of Report/Project/Strategy	GP Strategy 2024-29
Lead Officer for Report/Project/Strategy (Name and Job Title)	Julia Martineau, Programme Manager
Name and email of Officer Completing the Screening Tool	Theresa Gasperetti, PA/Admin
List of colleagues contributing information for Screening and IIA	Joyce Barclay & Julia Martineau
Screening Completion Date	16 November 2023
Name and Email of Senior Officer to be Notified when Screening complete	Diane McCulloch

Is there a clear indication that an IIA is needed? Mark one box only		
<input checked="" type="checkbox"/>	YES	Proceed to IIA
<input type="checkbox"/>	NO	<i>Continue with Screening Process</i>

Is the purpose of the Committee document the approval of any of the following Mark one box either Yes or No?				
<i>NB When yes to any of the following proceed to IIA document.</i>				
	Yes		No	
A major Strategy/Plan, Policy or Action Plan	<input type="checkbox"/>	<i>Proceed directly to IIA</i>	<input type="checkbox"/>	<i>Continue with Screening Process</i>
An area or partnership-wide Plan	<input type="checkbox"/>	<i>Proceed directly to IIA</i>	<input type="checkbox"/>	<i>Continue with Screening Process</i>
A Plan, programme or Strategy that sets the framework for future development consents	<input checked="" type="checkbox"/>	<i>Proceed directly to IIA</i>	<input type="checkbox"/>	<i>Continue with Screening Process</i>
The setting up of a body such as a Commission or Working Group	<input type="checkbox"/>	<i>Proceed directly to IIA</i>	<input type="checkbox"/>	<i>Continue with Screening Process</i>
An update to a Plan	<input type="checkbox"/>	<i>Proceed directly to IIA</i>	<input type="checkbox"/>	<i>Continue with Screening Process</i>

There are a number of reports which do not automatically require an IIA. If your report does not automatically require an IIA you should consider if an IIA is needed by completing the checklist on following page.

These include: An annual report or progress report on an existing plan / A service redesign. / A report on a survey or stating the results of research. / Minutes, e.g., of Sub-Committees. / A minor contract that does not impact on the wellbeing of the public. / An appointment, e.g., councillors to outside bodies, Senior officers, or independent chairs. / Ongoing Revenue expenditure monitoring. / Notification of proposed tenders. / Noting of a report or decision made by another Committee including noting of strategy, policies and plans approved elsewhere.

Dundee Integration Joint Board Integrated Impact Assessment

Only complete the checklist on the following page whenever your report does not automatically require an Integrated Impact Assessment otherwise delete the page prior to proceeding to IIA.

Part 1 (continued) Pre-Integrated Impact Assessment Screening.

Screening Checklist for IIA Completion. When yes to any of the following proceed to IIA document.

Mark one box only either Yes or No.

Will the recommendations in the report impact on anyone in relation to any of the Protected Characteristics? <i>Age; Disability; Gender Reassignment; Marriage & Civil Partnerships; Pregnancy & Maternity; Race / Ethnicity; Religion or Belief; Sex; Sexual Orientation.</i>		
<input type="checkbox"/> No	Continue Screening Process	<input type="checkbox"/> Yes. Proceed to IIA.
Will the recommendations in the report impact on People's Human Rights? <i>For more information on Human Rights visit: https://www.scottishhumanrights.com</i>		
<input type="checkbox"/> No	Continue Screening Process	<input type="checkbox"/> Yes. Proceed to IIA.
Will the recommendations in the report impact on anyone residing in a Community Regeneration Area (CRA)? <i>Within the 15% most deprived areas in Scotland according to the 2020 Scottish Index of Multiple Deprivation.</i>		
<input type="checkbox"/> No	Continue Screening Process	<input type="checkbox"/> Yes. Proceed to IIA.
Will the recommendations in the report impact on anyone in more vulnerable types of households? <i>Lone parent families (especially single female parents); households with a greater number of children and/or young children; pensioner households (single or couple)</i>		
<input type="checkbox"/> No	Continue Screening Process	<input type="checkbox"/> Yes. Proceed to IIA.
Will the recommendations in the report impact on anyone experiencing the following issues? <i>Unskilled or unemployed and of working age; serious and enduring mental health; homelessness (potential homelessness); drug and/or alcohol.</i>		
<input type="checkbox"/> No	Continue Screening Process	<input type="checkbox"/> Yes. Proceed to IIA.
Will the recommendations in the report impact on anyone in the following more vulnerable groups? <i>Offenders and ex-offenders; looked after children and care leavers; carers.</i>		
<input type="checkbox"/> No	Continue Screening Process	<input type="checkbox"/> Yes. Proceed to IIA.
Will the recommendations in the report impact on any of the following? <i>Employment; education & skills; benefit advice / income maximisation; childcare; affordability and accessibility of services.</i>		
<input type="checkbox"/> No	Continue Screening Process	<input type="checkbox"/> Yes. Proceed to IIA.
Will the recommendations in the report on Climate Change or Resource Use? <i>Mitigating greenhouse gases; adapting to the effects of climate change. or Energy efficiency & consumption; prevention, reduction, re-use, recovery or recycling waste; sustainable procurement.</i>		
<input type="checkbox"/> No	Continue Screening Process	<input type="checkbox"/> Yes. Proceed to IIA.
Will the recommendations in the report impact on Transport? <i>Accessible transport provision; sustainable modes of transport.</i>		
<input type="checkbox"/> No	Continue Screening Process	<input type="checkbox"/> Yes. Proceed to IIA.
Will the recommendations in the report impact on the Natural Environment? <i>Air, land or water quality; biodiversity; open and green spaces.</i>		
<input type="checkbox"/> No	Continue Screening Process	<input type="checkbox"/> Yes. Proceed to IIA.
Will the recommendations in the report impact on the Built Environment? <i>Built heritage; housing.</i>		
<input type="checkbox"/> No	Continue Screening Process	<input type="checkbox"/> Yes. Proceed to IIA.
<p><i>When no to everything in the above screening process you must contact 'Senior Officer to be Notified on Completion' and present a copy of this Screening tool with IJB Report. Otherwise proceed to IIA.</i></p> <p>* Transfer information into the Firm Step Process when report is progressing to Council Committee.</p>		

The following document includes all questions in DCC IIA- The Dundee City Council IIA Guidance document can be found [here](#).

Dundee Integration Joint Board Integrated Impact Assessment

PART 2- Assessment

Integrated Impact Assessment Record

Report Author	Julia Martineau
Author Title	Programme Manager
Dundee Health and Social Care Partnership	
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Author Address	Room 11, Maryfield House, Mains Loan, Dundee

IJB Chief Executive	Vicky Irons
Email	Vicky.iron@dundeecity.gov.uk
Telephone	01382 434000
Address	Claverhouse East, Jack Martin Way, Dundee

Document Title	GP Strategy 2024-2029
IJB Report Number	DIJB68-2023
Document Type	Strategy
New or Existing Document?	New
Document Description	This document sets out the General Practice Strategy to deliver health and psycho-social services over the next 5 years (2024-2029), across the 22 general practices and linked services in Dundee. This General Practice Strategy aims to deliver safe, effective, and robust services, using up to date analytics to inform delivery and re-design of services for the circa 175,000 patients registered to a Dundee GP. The document includes the key activities to ensure this Strategy becomes a reality that improves the health and wellbeing of the citizens of Dundee and supports general practice services.
Intended Outcome	To provide high-quality, patient-centred, sustainable general practice services delivered by highly skilled and motivated staff that improves health outcomes and reduces health inequalities for the people of Dundee.
Planned Implementation Date	January 2024
Planned End Date	December 2029
How the proposal will be monitored and how frequently	Continuous monitoring with action plan that is reviewed every 6 months and an IIA assessment undertaken in line with service changes.
Planned IIA review dates	12 months – December 2024 as part of Terms of Reference for the General Practice Strategy Working Group.
IIA Completion Date	13 December 2023 Integrated Joint Board
Anticipated date of IJB	13 th December 2023

Summary of Activities undertaken as part of information gathering and assessment of potential impacts including local involvement, research and meeting discussions.

Officer	People/groups	Activity/Activities	Date
Programme Manager	Dundee Cluster	There are 22 general practices within Dundee that are divided into four clusters. Each Cluster has a Lead.	June 2023 to

Dundee Integration Joint Board Integrated Impact Assessment

	Leads/Clusters	The purpose of a Cluster is to enable practices to come together across Dundee and work together on quality improvement. Discussions initially took place at the Cluster Leads meeting in June 2023. Discussions at individual clusters took place in November and minutes are available.	November 2023
Programme Manager	Dundee Primary Care Improvement Group	The Service Managers for services within the scope of the Strategy were consulted and have ongoing responsibility for planning and reviewing progress as well as ensuring it achieves the intended outcomes	March 2023 to October 2023
Programme Manager	Engagement Programme	Public engagement with a wide range of groups (older people, learning disabilities, carers, Community Health Advisory Group and faith groups) together with feedback via a survey. Previous extensive engagement on Dundee's GP Premises Strategy in February 2023 with protected characteristic groups has also informed this document.	

Equality and Fairness Impact Assessment Conclusion

(Complete after considering impacts through completing questions on next pages)

By following the guiding principles set out in the strategy, we look to ensure quality and sustainability of general practice and all linked services. A sustainable service and greater access is anticipated. This would in turn be expected to show, in due course, improved health and wellbeing outcomes for the people of Dundee and to reduce inequalities and unequal health care outcomes. Mechanisms for delivering care including care closer to people's home (20-minute neighbourhoods), prevention and self-care which promotes the ability for people to take greater responsibility for their own health and wellbeing. By having services within local neighbourhoods, and reducing travel to venues services should mean services are more accessible together with a positive environmental outcome due to reduced travel.

By focusing on these key areas outlined in the document it is envisaged that general practice will become more sustainable and the linked services will continue to develop. With more stable practices comes the ability to be proactive rather than reactive and in turn will benefit patients as it will create capacity to identify ways to keep people healthy for longer. This would include the use of community assets. The direct benefit from all of these services should be a positive impact on health, particularly for those with the protected characteristics of age and disability due to a more equitable distribution of services across the City.

PART 2- Assessment (continued)

When assessing impacts throughout this document an explanation is required when a positive, negative or not known impact is selected. There may be positive and negative impacts for the protected group described. For not known this should indicate if further research is needed and if not, why not. When there is No Impact identified, no narrative is required.

Equality, Diversity & Human Rights Indicate Yes or No by marking Y or N in each Box.

Age	Y/N	Explanation, assessment and any potential mitigations
Positive	x	Physical Access: 20-minute neighbourhoods reduce travel time and costs and increases convenience enabling the patient to see the right person, for the right care in the right place. This is anticipated to positively impact on all age groups across Dundee. Access to appointments which includes navigation to the appropriate services for advice and care is anticipated to improve a patient's ability to
No Impact		
Negative		
Not Known		

Dundee Integration Joint Board Integrated Impact Assessment

		see the appropriate professional. This is expected to be an advantage to older people who are experiencing barriers to accessing care services.
Disability	Y/N	Explanation, assessment and potential mitigations
Positive	x	As above for age. Additionally, some people with disabilities should find that services are easier to reach because clinics are located across the city. Regular discussions take place with the various patient groups to ensure we are aware of, and focused on, any continuing barriers they are experiencing in visiting clinic locations.
No Impact		
Negative		
Not Known		
Gender Reassignment	Y/N	Explanation, assessment and potential mitigations
Positive		No known impact.
No Impact	x	
Negative		
Not Known		
Marriage & Civil Partnership	Y/N	Explanation, assessment, and potential mitigations
Positive		No known impact.
No Impact	x	
Negative		
Not Known		
Race & Ethnicity	Y/N	Explanation, assessment, and potential mitigations
Positive		No known impact.
No Impact	x	
Negative		
Not Known		
Religion & Belief	Y/N	Explanation, assessment, and potential mitigations
Positive		No known impact.
No Impact	x	
Negative		
Not Known		
Sex	Y/N	Explanation, assessment, and potential mitigations
Positive		No known impact.
No Impact	x	
Negative		
Not Known		
Sexual Orientation	Y/N	Explanation, assessment, and potential mitigations
Positive		No known impact.
No Impact	x	
Negative		
Not Known		
Describe any Human Rights impacts not already covered in the Equality section above.		
Reducing health inequalities linked to socioeconomic deprivation is a key priority for Dundee and for the planned changes across general practice: in particular recognising the high level of morbidity and mortality in areas of deprivation (SIMD 1 and 2).		

PART 2- Assessment (continued)

Fairness & Poverty Geography – Describe how individuals, families and communities are affected in each area- particular consideration is needed where there are previously identified areas of deprivation.

Mark either Yes or no (Y or N) in each box

Y or N	Area	Fairness Explain Impact / Mitigations / Unknowns
Y/N	Strathmartine (Ardler, St. Mary's & Kirkton)	(Note: this section of the record asks for a single, collective narrative for each of positive, negative, or not known given as a response in one or more areas)
x	Positive	
	No Impact	
	Negative	
		The Strategy recognises that 37% of the population of

Dundee Integration Joint Board Integrated Impact Assessment

	Not Known	<p>Dundee live in 20% of the most deprived areas of Scotland. This impacts on the health of those individuals, both in terms of morbidity and mortality. It also impacts on their ability to access services either physically, by phone or digitally.</p> <p>GP Practices in Dundee are grouped into 4 Clusters. Each Cluster agreeing their priorities depending on their population profile and needs. In working on service redesign in this way, it provides confidence that the impact on each of the areas listed are expected to be positive.</p>
Y/N	Lochee (Lochee Beechwood, Charleston & Menzieshill)	
x	Positive	
	No Impact	
	Negative	
	Not Known	
Y/N	Coldside (Hilltown, Fairmuir & Coldside)	
x	Positive	
	No Impact	
	Negative	
	Not Known	
Y/N	Maryfield (Stobswell & City Centre)	
x	Positive	
	No Impact	
	Negative	
	Not Known	
Y/N	North East (Whitfield, Fintry & Mill O'Mains)	
x	Positive	
	No Impact	
	Negative	
	Not Known	
Y/N	East End (Mid Craigie, Linlathen & Douglas)	
x	Positive	
	No Impact	
	Negative	
	Not Known	
Y/N	The Ferry	
x	Positive	
	No Impact	
	Negative	
	Not Known	
Y/N	West End	
x	Positive	
	No Impact	
	Negative	
	Not Known	

Dundee Integration Joint Board Integrated Impact Assessment

Household Group- consider the impact on households and families may have the following people included.

Y/N	Looked After Children & Care Leavers	Explanation, assessment and any potential mitigations
x	Positive	Care experienced children often have a higher level of appointments. Those who continue to live within the local area will be situated within a 20-minute neighbourhood. Improved access is likely to have a positive impact by reducing travel time and time spent outwith the classroom
	No Impact	
	Negative	
	Not Known	
Y/N	Carers	Explanation, assessment and potential mitigations
x	Positive	Carers often support the travel needs of those they provide the care to. With 20-minute neighbourhoods and some services offering weekend appointments this is anticipated to support carers in accessing appointments for others and support carers to meet their own health and well-being needs.
	No Impact	
	Negative	
	Not Known	
Y/N	Lone Parent Families	Explanation, assessment and potential mitigations
x	Positive	As above, local access and improved access should support families, particularly those with young families or needing childcare to be able to attend appointments.
	No Impact	
	Negative	
	Not Known	
Y/N	Single Female with Children	Explanation, assessment and any potential mitigations
x	Positive	As above.
	No Impact	
	Negative	
	Not Known	
Y/N	Young Children and/or Greater Number of Children	Explanation, assessment and potential mitigations
x	Positive	As above.
	No Impact	
	Negative	
	Not Known	
Y/N	Retirement Pensioner (s)	Explanation, assessment and potential mitigations
x	Positive	Monitoring of long-term conditions is more common in our older population. The ambitions of this strategy should see travel needs reduced as services are located closer to home. This includes reducing taxi or car costs. Alternative mechanisms for self-care and monitoring also present an opportunity to reduce travel and appointments.
	No Impact	
	Negative	
	Not Known	
Y/N	Unskilled Workers and Unemployed	Explanation, assessment and any potential mitigations
x	Positive	Sources of Support based within general practice are available to all patients.
	No Impact	
	Negative	
	Not Known	
Y/N	Serious & Enduring Mental Health	Explanation, assessment and potential mitigations
x	Positive	Sources of Support as above and PALMS (Patient Assessment Liaison Mental Health Service) are available in general practice to provide support for those experiencing stress, anxiety, or depression within general practice.
	No Impact	
	Negative	
	Not Known	
Y/N	Homeless	Explanation, assessment and potential mitigations
	Positive	No known impact
x	No Impact	
	Negative	
	Not Known	
Y/N	Households of Single Female with Children	Explanation, assessment and any potential mitigations
x	Positive	As set out above for Single Female with Children.
	No Impact	

Dundee Integration Joint Board Integrated Impact Assessment

	Negative	
	Not Known	
Y/N	Drug and/or Alcohol	Explanation, assessment and any potential mitigations
x	Positive	Access to Sources of Support and Mental Health practitioners who are based within general practice can provide support. These services actively work on reducing stigma associated with those attending for substance use reasons.
	No Impact	
	Negative	
	Not Known	
Y/N	Offenders and Ex-Offenders	Explanation, assessment and any potential mitigations
	Positive	No known impact.
x	No Impact	
	Negative	
	Not Known	

PART 2- Assessment (continued)

Socio-Economic Disadvantage- consider if the following circumstances may be impacted		
Y/N	Employment Status	Explanation, assessment and any potential mitigations
x	Positive	Link Workers can provide support to those seeking employment.
	No Impact	
	Negative	
	Not Known	
Y/N	Education & Skills	Explanation, assessment and any potential mitigations
x	Positive	Link Workers and Mental Health Practitioners can signpost where there is a need to support the development of literacy skills and other educational or training needs.
	No Impact	
	Negative	
	Not Known	
Y/N	Income	Explanation, assessment and any potential mitigations
x	Positive	Link Workers can provide advice around finances, debt, benefits, and other related services.
	No Impact	
	Negative	
	Not Known	
Y/N	Fuel Poverty	Explanation, assessment and any potential mitigations
x	Positive	Link Workers can provide advice on fuel poverty and are able to refer and support patients to access other agencies if required.
	No Impact	
	Negative	
	Not Known	
Y/N	Caring Responsibilities (including Childcare)	Explanation, assessment and any potential mitigations
x	Positive	Local access to services such as blood tests should see a reduction in travel with a choice of location and appointment times.
	No Impact	
	Negative	
	Not Known	
Y/N	Affordability & Accessibility of Services	Explanation, assessment and any potential mitigations
	Positive	The plan is to locate services across the city however some areas may have a gap and travel will be necessary. This is expected to affect a small part of the population and will need to be considered as part of service changes. Overall, there should be a positive impact as some services, including Care and Treatment Services, offer a choice of venues thereby allowing appointments at a location that is convenient to the patient.
	No Impact	
x	Negative	
	Not Known	

Inequalities of Outcome- consider if the following may be impacted		
Y/N	Connectivity / Internet Access	Explanation, assessment and any potential mitigations
	Positive	No impact at present. However, where digital solutions are being

Dundee Integration Joint Board Integrated Impact Assessment

x	No Impact	proposed this will require a separate IIA to be undertaken.
	Negative	
	Not Known	
Y/N	Income / Benefit Advice / Income Maximisation	Explanation, assessment and any potential mitigations
x	Positive	Link Workers are based within general practice and can provide advice and support around financials. Welfare Rights are also available in several practices and are available to all Dundee residents.
	No Impact	
	Negative	
	Not Known	
Y/N	Employment Opportunities	Explanation, assessment and any potential mitigations
x	Positive	The work towards a sustainable service is being developed and there is potential to increase opportunities for professionals and practitioners in a positive work environment
	No Impact	
	Negative	
	Not Known	

Dundee Integration Joint Board Integrated Impact Assessment

PART 2- Assessment (continued)

Y/N	Education	Explanation, assessment and any potential mitigations
x	Positive	Link workers will consider if an educational or skill development pathway is helpful for someone and refer and support accordingly.
	No Impact	
	Negative	
	Not Known	
Y/N	Health	Explanation, assessment and any potential mitigations
x	Positive	With early access and more local venues available for patients there are positive health benefits. The use of the multi-disciplinary workforce being developed to support practices will release GP time to focus on more complex patients.
	No Impact	
	Negative	
	Not Known	
Y/N	Life Expectancy	Explanation, assessment and any potential mitigations
x	Positive	By improving access for patients to a wide range of support, it is envisaged this will have a positive effect on health by enabling patients to be proactive and take responsibility for their own health and wellbeing.
	No Impact	
	Negative	
	Not Known	
Y/N	Mental Health	Explanation, assessment and any potential mitigations
x	Positive	The mental health practitioners provide assessment and advice as the first point of contact. They have expertise in how people are best supported and have clear links to other parts of the wider Mental Health team if required.
	No Impact	
	Negative	
	Not Known	
Y/N	Overweight / Obesity	Explanation, assessment and any potential mitigations
x	Positive	Effective and efficient care and support is expected to benefit those with long term conditions including obesity.
	No Impact	
	Negative	
	Not Known	
Y/N	Child Health	Explanation, assessment and any potential mitigations
x	Positive	Effective and efficient care is anticipated to benefit child health by providing a good multi agency multi-disciplinary service.
	No Impact	
	Negative	
	Not Known	
Y/N	Neighbourhood Satisfaction	Explanation, assessment and any potential mitigations
x	Positive	Access to services more locally are expected to have a positive impact on patients due to reduced travel along with a positive environmental impact. There will be regular ongoing engagement with the local community to ensure we have sight of their needs.
	No Impact	
	Negative	
	Not Known	
Y/N	Transport	Explanation, assessment and any potential mitigations
x	Positive	Reduction in the need for transport due to having more local services will have a positive impact on environmental factors
	No Impact	
	Negative	
	Not Known	
Environment- Climate Change		
Y/N	Mitigating Greenhouse Gases	Explanation, assessment and any potential mitigations
x	Positive	Reduced travel to venues for many people is positive. There is a small part of the population that will require to travel further for appointments than they currently do increasing travel time and costs. Overall, the reduction would outweigh the increase. Practices are taking steps to become environmentally friendly including planting 'wee forests' and gardens within local communities.
	No Impact	
	Negative	
	Not Known	
Y/N	Adapting to the Effects of Climate Change	Explanation, assessment and any potential mitigations
	Positive	No known impact.
x	No Impact	
	Negative	

Dundee Integration Joint Board Integrated Impact Assessment

	Not Known	
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PART 2- Assessment (continued)

Resource Use		
Y/N	Energy Efficiency and Consumption	Explanation, assessment and any potential mitigations
x	Positive	With access to venues closer to home there will be reduced travel reducing the consumption of petrol/diesel/electric.
	No Impact	
	Negative	
	Not Known	
Y/N	Prevention, Reduction, Re-use, Recovery, or Recycling of Waste	Explanation, assessment and any potential mitigations
	Positive	No known impact
x	No Impact	
	Negative	
	Not Known	
Y/N	Sustainable Procurement	Explanation, assessment and any potential mitigations
	Positive	No known impact
x	No Impact	
	Negative	
	Not Known	

Transport		
Y/N	Accessible Transport Provision	Explanation, assessment and any potential mitigations
	Positive	No known impact
x	No Impact	
	Negative	
	Not Known	
Y/N	Sustainable Modes of Transport	Explanation, assessment and any potential mitigations
	Positive	No known impact
x	No Impact	
	Negative	
	Not Known	

Natural Environment		
Y/N	Air, Land and Water Quality	Explanation, assessment and any potential mitigations
	Positive	No known impact
x	No Impact	
	Negative	
	Not Known	
Y/N	Biodiversity	Explanation, assessment and any potential mitigations
	Positive	No known impact
x	No Impact	
	Negative	
	Not Known	
Y/N	Open and Green Spaces	Explanation, assessment and any potential mitigations
	Positive	No known impact
x	No Impact	
	Negative	
	Not Known	

Built Environment		
Y/N	Built Heritage	Explanation, assessment and any potential mitigations
	Positive	No known impact
x	No Impact	
	Negative	
	Not Known	
Y/N	Housing	Explanation, assessment and any potential mitigations

Dundee Integration Joint Board Integrated Impact Assessment

	Positive	No known impact
x	No Impact	
	Negative	
	Not Known	

PART 2- Assessment (continued)

There is a requirement to assess plans that are likely to have significant environmental effects.

SEA provides economic, social and environmental benefits to current and future generations.

Use the [SEA flowchart](#) to determine whether your proposal requires SEA.

Strategic Environmental Assessment- SELECT One of the following statements		
X	No further action is required as it does not qualify as a Plan, Programme or Strategy as defined by the Environmental Assessment (Scotland) Act 2005	<i>(No further response needed)</i>
	It has been determined that the proposal will have no or minimal environmental effects. The reason(s) for this determination are set out in the following SEA pre-screening determination section	<i>SEA Pre-Screening Determination: Explain how you made the determination that the Plan, Programme or Strategy will have no or minimal negative environmental effect:</i>
	Screening has determined that the proposal is unlikely to have any significant environmental effects. The reason(s) for this determination are set out in the Screening Report, a copy of which will be available to view at www.dundee.gov.uk/cplanning/sea	<i>Insert the 'Summary of Environmental Effects' from your SEA screening report</i>
	Screening has determined that the proposal is likely to have significant environmental effects and as a consequence an environmental assessment is necessary. A Scoping Report, which will determine the scope of the environmental assessment is being prepared for submission to the statutory Consultation Authorities for consideration	<i>Insert the 'Summary of Environmental Effects' from your SEA screening report</i>
	Screening determined that the proposal was likely to have significant environmental effects and as a consequence an environmental assessment was necessary. An Environmental Report has been prepared for submission to the statutory Consultation Authorities together with a draft Plan, Programme or Strategy for consideration. A copy of the Environmental Report will be available to view at www.dundee.gov.uk/cplanning/sea	<i>Environmental Implications: Describe the implications of the proposal on the characteristics identified:</i>
		<i>Proposed Mitigating Actions: Describe any mitigating actions which you propose to take to overcome negative impacts or implications:</i>

A copy of this document (or when no IIA is needed, the screening tool) must accompany relevant draft IJB Reports at IJB Pre-Agenda stage and at IJB. It should accompany IJB papers and should be published with relevant IJB Report.

Following IJB agreement of report contact Joyce.barclay@dundee.gov.uk to post IIA on DHSCP website.

NB Corporate Risk- is addressed in IJB reports.

Dundee Integration Joint Board Integrated Impact Assessment

Administrative Use	<i>Provide a link to relevant IJB Agenda for IJB Report including Agenda record page numbers where report is found.</i>
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REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 13TH DECEMBER 2023

REPORT ON: WINTER PLAN NHS TAYSIDE AND PARTNER ORGANISATIONS

REPORT BY: CHIEF OFFICER

REPORT NO: DIJB65-2023

1.0 PURPOSE OF REPORT

- 1.1 The purpose of this report is to present to Dundee Integration Joint Board the Winter Planning arrangements for NHS Tayside and Health & Social Care Partnerships for 2023/24.
- 1.2 A whole system Health and Social Care approach to develop an integrated plan is essential. The Tayside and Fife Health and Social Care Partnerships, the Scottish Ambulance Service (SAS), 3rd Sector, as well as staff side/partnership representation have been involved in the development of the plan to ensure timely access to the right care, in the right place, first time. Third sector involvement is through the Health and Social Care Partnerships

2.0 RECOMMENDATIONS

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

- 2.1 Approves and endorses the Winter Plan (NHS Tayside and Partner Organisations) 2023/24 for submission to the Scottish Government.
- 2.2 Notes ongoing whole system collaboration in preparation for anticipated winter challenges.

3.0 FINANCIAL IMPLICATIONS

- 3.1 Similar to last year, funding for 2023-24 is integrated across all Urgent and Unscheduled Care programmes to provide a holistic fund to support shared decision making and collaborative working that systematically works through the priorities. Therefore, there is no separate "Winter" funding allocation.

The IJB enhanced the external social care budget by £736k in 2023/24 to support demographic pressures. Furthermore, the IJB set aside £1m of reserves to support winter pressures in 2022/23 which was not required but remains ring fenced and will be utilised in 2023/24 to support the overall increase in demand over the winter period.

4.0 MAIN TEXT

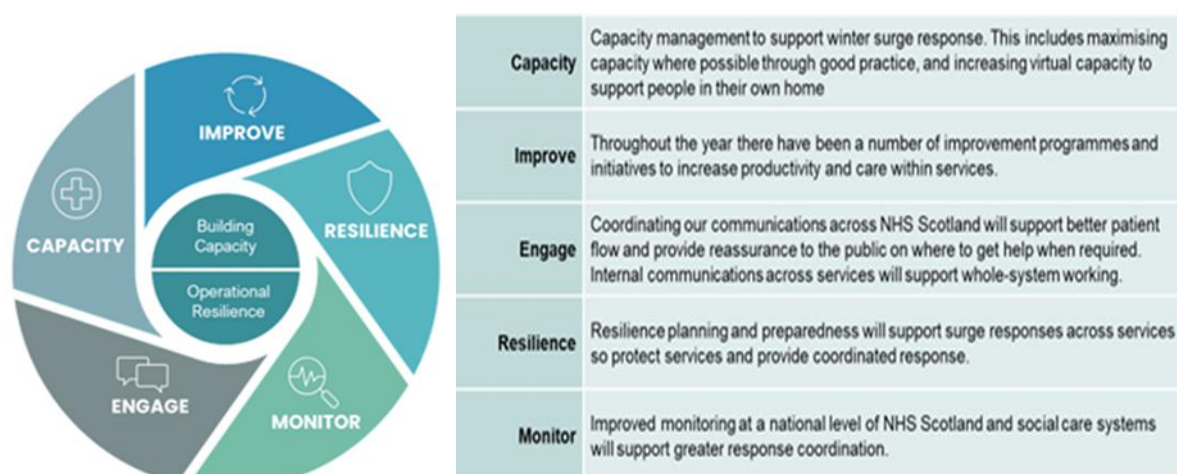
- 4.1 The aim of the 2023/24 Winter Plan is to demonstrate collective and collaborative engagement between Acute Services and Health and Social Care Partnerships to improve capacity and system resilience through aligned planning. Setting critical improvement actions to effectively manage the challenges associated with the winter period whilst continuing to deliver against the national and local targets and standards for Health and Social Care. Using data modelling and learning from previous years to inform a system response to anticipated pressures.

NHS Tayside Winter Resilience Planning will continue to build upon the design and delivery of a whole system framework for predicting, responding to, and managing peak periods of unscheduled activity. This will include a focus on whole system communication and response to support both unscheduled demand and urgent, cancer and planned elective care as possible.

4.2 The 2023/24 Winter Plan has been informed by external and internal sources, with a focus on delivery of the agreed Scottish Government Winter Plan priorities, with an emphasis on prevention to reduce avoidable demand:

1. Where clinically appropriate, ensure people receive care at home, or as close to home as possible.
2. Through clear and consistent messaging, we will have a strong focus on prevention and give people the information and support they need to better manage their own health and care, and that of their families.
3. Support delivery of health and social care services that are safe and sustainable.
4. Maximising capacity and support wellbeing of our workforce to meet demand.
5. Protect planned care with a focus on continuing to reduce long waits.
6. Prioritise care for the most vulnerable in our communities.
7. Work in partnership to deliver this Plan.

NHS Tayside continue to develop a multi-disciplinary approach to building capacity and maintaining operational resilience aligned to national strategy:



4.3 The scope of the NHS Tayside Winter Resilience Plan is whole system with a focus on the following key areas in line with the Scottish Government Winter Preparedness Checklist - Areas of Assurance:

- Resilience Preparedness
- Urgent & Unscheduled Care
- Intermediate/Step Down Care
- Primary Care
- Primary Care Out-of-Hours
- Planned Care
- COVID-19, RSV, Seasonal Flu, Norovirus, Staff Protection & Outbreak Resourcing
- Workforce
- Digital & Technology

4.4 Section 5 of the Winter Plan details the specific actions for the Health and Social Care Partnerships. This year's winter period is expected to be busier due to increased demand across all health and social care services. The primary focus continues to be ensuring that individuals receive appropriate care, in a timely manner, in the most suitable setting, with the goal of preventing unnecessary hospital admissions and promoting swift discharge when

readiness permits. This approach contributes to improved health outcomes and maximises resource utilisation.

4.5 Key actions for Dundee Health and Social Care Partnership are:

- Business Continuity Plans in place across all services
- Ongoing work to create manual data packs within community urgent care to demonstrate impact and carry out further testing – on the basis that Information Technology infrastructures are disjointed
- Enhanced recruitment into social care regarded as 'Business as Usual'
- Surge capacity already enabled on Royal Victoria site
- Interim care home placements funded on a 'Business as Usual' basis when necessary, when social care is unavailable
- Partnership Oversight Report published weekly to monitor pressure areas and feed into the whole system heat map
- Intensive implementation of Planned Date of Discharge policy across Tayside ongoing with dataset available to identify problematic areas – led by newly appointed Senior Nurse for Urgent & Unscheduled Care
- Plans in place to expand existing Dundee Enhanced Care At Home Team service as a means of promoting earlier discharge and prevention of admission
- Development of multi-professional Transitions Team to support discharge of frail patients
- Lead Advanced Nurse Practitioner structure now established to support development of whole system pathways of care
- Early intervention and prevention approach remobilised within Dundee Enhanced Care at Home Team to focus activity around General Practice clusters with support from inpatient geriatricians
- Discharge Team now embedded fully in ward and working across pathways
- Adverse weather conditions policy ready to be invoked in community service
- Intensive programme of improvement work ongoing within social care to promote greater efficiency
- Social care service commissioned to focus on urgent care and front door areas
- General Adult Psychiatry community discharge hub in place (Business as Usual)
- Additional band 4/5 staff recruited to occupational therapy and physiotherapy service to compensate partially for recruitment shortages in senior Allied Health Professional staffing
- Winter Planning Partnership Contingency Short Life Working Group set up
- Dundee remains committed to meet RAG status green (6 or less acute delays and 25 or less total delays) and maximum 2 patients waiting step down bed from acute per day, as per previous.
- RAG agreed delays position via Tayside Discharge Without Delay programme.
- Improvement actions in place to achieve and sustain target of 28 day maximum length of stay across community Medicine for the Elderly wards

6.0 POLICY IMPLICATIONS

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

7.0 RISK ASSESSMENT

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

8.0 CONSULTATIONS

Chief Finance Officer, Head of Service - Health and Community Care, Dundee City Council Management Team and the Clerk were consulted in the preparation of this report.

9.0 DIRECTIONS

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

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

10.0 BACKGROUND PAPERS

None

DATE: 17 November 2023



NHS Tayside

Winter Resilience Plan

2023/24

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Executive Summary

NHS Tayside, the Health and Social Care Partnerships of Angus, Dundee and Perth & Kinross, Scottish Ambulance Service and other key stakeholders have continued to take a collaborative approach towards preparedness and planning for winter 2023/24 supported by Tayside Unscheduled Care Board and the Winter Planning Advisory Forum.

The NHS Tayside Winter Resilience Plan is underpinned by the Unscheduled Care Collaborative and Redesign of Urgent Care Programme, taking full account of the Scottish Government's Winter 23/24 Preparedness Programme and Checklist.

The winter plan has been developed based upon the key areas highlighted in the checklist to ensure early prevention and response, to minimise potential disruption to services and ensure that we continue to provide safe and effective care of our population and timely access to services.

Improvement work continues with our Partner organisations to optimise hospital attendances, manage and avoid admissions, while our acute service areas focus on the flow through acute care, cancer, mental health and outpatient services, to deliver against national standards.

The focus on improved resilience over the festive period taking account of learning from previous winters will ensure arrangements are in place to mitigate disruption to critical services. The plan will be underpinned by full business as usual continuity arrangements and daily management of safety, capacity and flow through the NHS Tayside Safety and Flow Triggers and Escalation Framework with senior clinical and management leadership and multi-professional input to the safety and flow huddle infrastructure seven days per week.

The Winter Resilience Plan will be supported by a suite of data and information tools including use of Command Centre, Safe Care and the Winter Planning Heatmap. This will be further supported by weekly look back to encourage system learning and continuous improvement.

A whole system Health and Social Care approach to develop an integrated plan is essential. The Tayside and Fife Health and Social Care Partnerships, the Scottish Ambulance Service (SAS) as well as staff side/partnership representation have been involved in the development of the plan to ensure timely access to the right care, in the right place, first time. Third sector involvement is through the Health and Social Care Partnerships.

Executive Leads for Winter

Chief Officer, Acute Services, NHS Tayside
 Chief Officer, Angus, Health & Social Care Partnership
 Chief Officer, Dundee, Health & Social Care Partnership
 Chief Officer, Perth & Kinross, Health & Social Care Partnership

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1. Introduction

1.1 Aim

The aim of the 2023/24 Winter Plan is to demonstrate collective and collaborative engagement between Acute Services and Health and Social Care Partnerships to improve capacity and system resilience through aligned planning. Setting critical improvement actions to effectively manage the challenges associated with the winter period whilst continuing to deliver against the national and local targets and standards for Health and Social Care. Using data modelling and learning from previous years to inform a system response to anticipated pressures.

NHS Tayside Winter Resilience Planning will continue to build upon the design and delivery of a whole system framework for predicting, responding to, and managing peak periods of unscheduled activity. This will include a focus on whole system communication and response to support both unscheduled demand and urgent, cancer and planned elective care as possible.

1.2 Planning Approach

The 2023/24 Winter Plan has been informed by external and internal sources, with a focus on delivery of the agreed Scottish Government Winter Plan priorities, with an emphasis on prevention to reduce avoidable demand:

- 1. Where clinically appropriate, ensure people receive care at home, or as close to home as possible.**
- 2. Through clear and consistent messaging, we will have a strong focus on prevention and give people the information and support they need to better manage their own health and care, and that of their families.**
- 3. Support delivery of health and social care services that are safe and sustainable.**
- 4. Maximising capacity and support wellbeing of our workforce to meet demand.**
- 5. Protect planned care with a focus on continuing to reduce long waits.**
- 6. Prioritise care for the most vulnerable in our communities.**
- 7. Work in partnership to deliver this Plan.**

NHS Tayside continue to develop a multi-disciplinary approach to building capacity and maintaining operational resilience aligned to national strategy:



Capacity	Capacity management to support winter surge response. This includes maximising capacity where possible through good practice, and increasing virtual capacity to support people in their own home
Improve	Throughout the year there have been a number of improvement programmes and initiatives to increase productivity and care within services.
Engage	Coordinating our communications across NHS Scotland will support better patient flow and provide reassurance to the public on where to get help when required. Internal communications across services will support whole-system working.
Resilience	Resilience planning and preparedness will support surge responses across services so protect services and provide coordinated response.
Monitor	Improved monitoring at a national level of NHS Scotland and social care systems will support greater response coordination.

The scope of the NHS Tayside Winter Resilience Plan is whole system with a focus on the following key areas in line with the Scottish Government Winter Preparedness Checklist - Areas of Assurance:

- Resilience Preparedness
- Urgent & Unscheduled Care
- Intermediate/Step Down Care
- Primary Care
- Primary Care Out-of-Hours
- Planned Care
- COVID-19, RSV, Seasonal Flu, Norovirus, Staff Protection & Outbreak Resourcing
- Workforce
- Digital & Technology

1.3 Finance

Similar to last year, funding for 2023-24 is integrated across all Urgent and Unscheduled Care programmes to provide a holistic fund to support shared decision making and collaborative working that systematically works through the priorities. Therefore, there is no separate “Winter” funding allocation.

Scottish Government stated that funding must be used to support delivery of the Boards improvement plan for urgent and unscheduled care, reflecting the Delayed Discharge and Hospital Occupancy Plan and based on priority areas. Through the local Urgent & Unscheduled Care Board, agreement was reached that the funding received will be used to support the continuation of the workforce models to deliver the Flow Navigation Centre and Injury Assessment service models, providing the Board with the greatest opportunity to maximise delivery against the core set of measures.

The funding allocation for 2023/24 (before pay award uplift) is £2.254m. It should be noted that this funding presents a reduction of 18% (£0.495m) on the funding allocation provided in 2022/23 which the Board has had to absorb to ensure the performance of the 95% 4-hour emergency target is maintained.

1.4 Approval of Plan

The process and timeline for preparation, review and approval of this plan:

Date	Format	Committee / Board
13 th October	Draft	Acute Leadership Team & Chief Officers of Angus, Dundee Perth & Kinross Localities
18 th October	Draft	Winter Planning Advisory Group
18 th October (virtual)	Draft	Unscheduled Care Programme Board
23 rd October	Approval	Executive Leadership Team
26 th October	Approval	NHS Tayside Board

The Health & Social Care Partnerships have contributed to the overarching plan and have taken their HSCP specific plans through their respective IJB's in October.

1.5 Governance Arrangements

- Development, delivery and monitoring of the Winter Plan is a key responsibility of the Urgent and Unscheduled Care Board and the Winter Planning Advisory Group. The Urgent and Unscheduled Care Board is chaired by the Associate Medical Director for Medicine and Head of Community Health and Care Services, Angus Health & Social Care Partnership. The Winter Planning Advisory Group has whole system representation.
- An Urgent and Unscheduled Care Programme Team is in place led by a programme manager, these posts form part of the support team for unscheduled care, continuous improvement and the implementation and evaluation of the winter plan.
- Resilience and Business Continuity arrangements and management plans are in place and a Winter Planning Tabletop Exercise is planned for 8 November.
- NHS Tayside's Board Assurance Framework has a corporate whole system risk related to capacity and flow.
- Whole system Safety and Flow Huddle process including key partners 365 days per year. This will be extended through the winter period to include members from our HSCPs.
- A Communication Strategy for winter is in place and will inform the public and staff on our planning for winter, public health messages and where to go for access to services.

2. Lessons Learned from Previous Winter 22/23

Key themes, learning and actions from local reviews across Tayside have informed the development and approach of the 23/24 Winter Plan.

What worked well?

- Best 4 hour performance in Scotland, consistently
- Analysis of all 8/12 hour breaches with improvement action noted
- Heat Maps & Command Centre invaluable; flexible use of footprint and workforce to mitigate site pressure and safety
- Culture of collaborative working within and out with acute services
- Whole System Working; Tayside Tactical Cell introduced (multi-system reporting and response to system pressures)
- Alignment of escalation frameworks between the divisions in acute
- Resilience link invaluable and undertaken through various routes
- Alignment with existing structures
- Daily reporting to executive level to provide assurance any heat in the system is managed
- Daily planned care huddle to review elective cases based on bed capacity

What could be improved?

- Identification of a formal lead for acute for the whole winter period to ensure good coordination
- Tactics were often identified, worked up and not progressed; resulted in confusion at times and possible missed opportunities
- Lack of SG funding to support additionality
- Formulation and sign off of Winter Plan must be timely
- Testing of winter resilience before winter critical
- Introduction of seasonal model for planned surgery to reduce cancellations
- Virtual capacity pathways and UQ LoS to maximise patient flow (admission avoidance / discharge planning)
- Focus on PDD across all areas – increase morning / weekend discharges
- Consistency in approach to boarding; often mixed messages
- Alternative strategies to ensure safe staffing levels and reduce reliance on supplementary staff

Approach for 2023/24

- Agree strategic aims across the whole system
- Review and refine metrics and tolerances within data Heat Map
- Identify key leads in each area and ensure representation (both for planning and response)
- Agree timelines for completion/approvals
- Recognise plans will be *dynamic* and as such strategic and tactical plans should not be too detailed
- Align plans to existing work ongoing and ADP/MTP goals
- Review acute site safety and flow framework with a focus on communication and response
- Ensure visibility of plans prior to the start of winter

3. Winter Resilience Plan 2023/24

The Tayside Winter Resilience Plan 2023/24 is set out using the key headings aligned to the Scottish Government Winter Preparedness Checklist:

- Resilience Preparedness
- Urgent & Unscheduled Care
- Intermediate/Step Down Care
- Primary Care
- Primary Care Out-of-Hours
- Planned Care
- COVID-19, RSV, Seasonal Flu, Norovirus, Staff Protection & Outbreak Resourcing
- Workforce
- Digital & Technology

An overview of the work progressing in each of these areas to support delivery of our Winter Plan aim is provided below. Detailed operational-level divisional plans are progressing to support delivery of the strategic ambitions. An example of this is attached in Appendix 1 and 2.

Through the Winter Planning Advisory Group, the performance and delivery of the operational plans and actions will be reviewed using RAG status methodology and exception reporting, seeking solutions from across the system and progress of the escalation framework as appropriate. Monitoring tool attached in Appendix 3.

3.1 Resilience Preparedness

NHS Tayside and its partner organisations have robust business continuity management arrangements and plans in place. Tayside wide groups involving all partner organisations such as the Local Resilience Partnership (LRP) meet regularly with a Winter Pressure Plan in place describing the structure and key areas to be addressed in the Tayside response to extreme winter pressure. The purpose of the Tayside Winter Plan is to:

- Provide information about the potential effects and local impact of the winter Pressure
- Identify early and longer-term actions for LRP
- Identify strategic objectives for LRP during winter pressures
- Describe the multi-agency structure for co-ordination and delivery outcomes

The LRP links directly with the Tayside Health Protection Team around the co-ordination, command, control and communication required in the event of a high consequence infectious disease winter pressure being triggered.

3.2 Adverse Weather

The annual review of NHS Tayside Adverse Weather Plan has been undertaken for 2023/24. Previous themes highlighted from the local review of winter in relation to the effects of adverse weather were staff transport and accommodation. The plan was updated to reflect the new on-call structure/roles and the addition of a Safety and Flow Hub Action Card. Areas for this coming winter include:

- Organisational procedure for 4x4 vehicles reviewed and policy in place
- List of available 4x4 vehicles, locations, access arrangements/keys etc
- List of lease owners who have 4x4 vehicles available
- There is a process for seeking additional 4x4 vehicles
- Accommodation arrangements for 'essential' staff in the event of adverse weather available
- Structure to monitor requests for extremis assistance
- Duty Manager/Executive awareness of status – linked into daily huddle meetings/Whole System Safety and Flow Framework
- Early and continued engagement with Local Resilience Partnership
- Links to existing plans, NHS Tayside Contingency Arrangements, Adverse Weather Policy
- Link to HR policies/Once for Scotland Policy: [NHSScotland Once for Scotland Policy DL \(2022\) 35 Interim National Arrangements for Adverse Weather](#)
- Ownership - operational rather than service specific

3.3 Scottish Ambulance Service (SAS) Resilience Planning

The Scottish Ambulance Service maintains a comprehensive contingency planning framework to manage the consequences of when the level of demand exceeds the ability of the Service to meet it. The Generic Capacity Management Contingency Plan and Resource Escalatory Action Plan (REAP) Guidance Document are used for this purpose. The Capacity Management Contingency Plan may need to be implemented in circumstances when there is: increased demand, reduced capacity or reduced wider NHS services over festive periods.

SAS manages capacity and contingency through the REAP, which establishes levels of 'stress' within service delivery, whether from increased demand or reduced resource, and identifies measures to be implemented to mitigate the impact of such stress. Measures are service-wide and include activity from the Operational Divisions, Ambulance Control Centres (ACCs), National Risk and Resilience Department (NRRD), and Airwing.

The REAP provides the actions to cope with increased demand at any point, with SAS making decisions regarding what is relevant for the circumstances. For example, cancelling all non-essential meetings to allow the managers to provide support and concentrate on the management of resources / shift coverage etc.

The REAP is followed with a few additional directives for adverse weather: -

- Ensuring there are shovels on each vehicle
- Additional supplies of consumables, grit/salt for the stations etc
- Map out where staff reside so that they can be directed to their nearest station rather than their base station if they can't make it there
- List and map all 4x4 vehicles so that they can be allocated to transport essential staff and patients e.g. renal/ oncology patients
- Liaise with the Health Board around activity and ensure any resources freed up from cancellations are used as additional staff on vehicles that require to go out in the severe weather to give us resilience

3.4 System Wide Escalation and Flow Huddle Framework

The Whole System Safety and Flow Triggers and Escalation Framework continues to evolve and assist in the management of health and social care capacity across Tayside and Fife when the whole system, or one constituent part of the system is unable to manage the demand being placed upon it.

The aim of this Framework is to provide a consistent approach to provision of care in times of pressure by:

- Enabling local systems to maintain quality and safe care
- Providing a consistent set of escalation levels, triggers and protocols for local services to align with their existing business as usual and escalation processes
- Setting clear expectations around roles and responsibilities for all those involved in escalation in response to surge pressures at local level, within local authorities, and partner agencies

The Safety & Flow Huddle process is fundamental in identifying triggers and supporting the subsequent escalation processes required in response to system pressures.

There are currently four huddles per day on the Ninewells and PRI hospital sites with a whole system huddle at 9am each day that includes Mental Health and SAS colleagues, through winter 23/24 members of our HSCP and Primary Care/Out of Hours teams will join this to encourage whole system awareness and escalation as required.

Flow Hubs on the Ninewells and PRI sites are now well established and continue to support real time flow management through collaborative working.

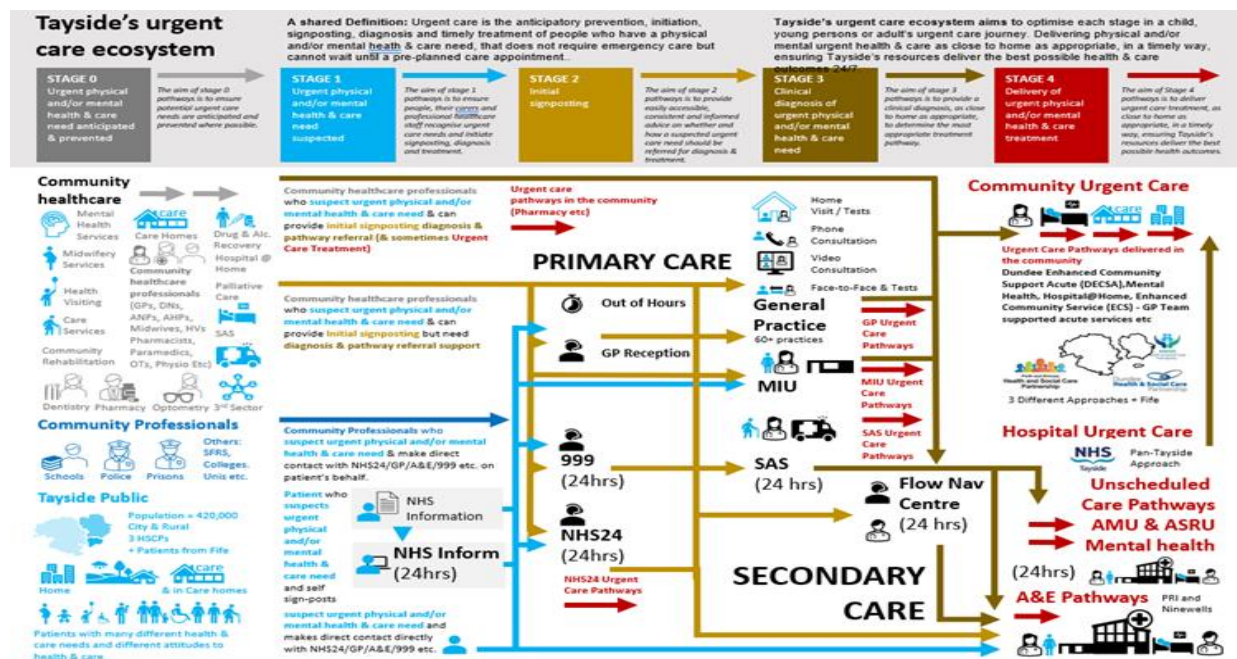
The Tayside Tactical Cell will be operationalised as required, as we move into the peak winter period December to February 2024. This whole-system real time forum to support immediate system pressures worked well through winter 2022/23.

3.5 Speciality-Level Escalation Plans/Winter Action Cards

Winter Planning action cards and escalation plans are being progressed across all key speciality areas to support consistent and effective decision making. These will support both the frontline teams and Safety and Flow Leadership teams in delivering a consistent and agreed approach to implementation of escalation measures. Example plan attached in Appendix 4.

The action cards/escalation plans will all be stored within a dedicated winter plan section in the NHS Tayside Resilience App for ease of access in and out of hours.

4. Urgent & Unscheduled Care



The vision for the Urgent and Unscheduled Care Board is to work across health and social care to sustainably improve the timeliness, quality and experience of care for people accessing urgent and unscheduled care across Tayside. Five key strategic aims have been agreed supported by key enablers and are detailed below:

1. Optimising Urgent and Unscheduled Care Access
2. Integrated Community Care
3. Care Closer to Home
4. Optimising In-Patient Flow
5. Performance 95

Each strategic priority has an associated workflow with key stakeholders and deliverables. They are supported by workplan/change packages and dashboards to demonstrate outcomes.

Key Enablers

1. Virtual Capacity
2. Discharge Without Delay
3. Winter Planning

1. Robust responsive operational management

Tayside acute hospital sites (PRi and Ninewells Hospital) have robust operational clinical

leadership and management arrangements in place 24 hours a day, 7 days a week. This ensures there is a strong, real-time understanding of the status of each site to support the delivery of high-quality, safe, and timely care and patient flow.

Each site has a dedicated duty 'Team of the Day' consisting of an operational manager and senior nurse; supported by a Duty Director. Medical input is provided through the Clinical Care Group structure, providing subject expertise which informs and supports further decision-making. Medical staff attend the site huddles and consultants also engage with the duty team for support as required. The team is available on site 8am to 8pm and located in the Patient Safety and Flow Hub on each site. In the out-of-hours period, a Duty Manager is on-call for each acute site to immediately respond to issues, supported by a Duty Director. The team is also supported by an Executive on Call.

2. Improve morning and weekend discharges and optimising patient flow (DischargeWithout Delay (DWD))

The hospital discharge team participate in the acute site huddles each morning and provide a detailed briefing to the Safety and Flow Team each day. NHS Tayside continues to have a strong focus on the DWD programme and has made significant investment in this.

Focussed workstreams continue to support Planned Date of Discharge (PDD) delivery on all major wards in Tayside, including Community Hospitals - 7-day working, and weekend discharges are key. Improving performance of discharges as early in the day as possible.

The final arm of the DWD programme is Optimising Patient Flow. The aim of this work is to deliver flow performance in all Tayside inpatient ward / speciality in line with Upper Quarter Length of Stay by April 2024. An Optimising Patient Flow programme, led by the Urgent & Unscheduled Care Senior Nurse, is in place. Success of this programme is central to NHS Tayside Winter plan.

This programme (aligned to other work) is aimed at significantly contributing towards the 4 partner agencies equally delivering on pre-agreed flow performance targets. Service and workforce plans this winter are based on meeting these upper quartile targets:

Medicine Ninewells LOS <4days
 Perth Medicine LOS <5days
 Surgical LOS < 4.5 days
 Ortho LOS < 7 days
 Step-down hospital LOS <28 days
 Delayed discharge position RAG GREEN for acute but also total delays

These performance targets are all reliant and interdependent of all agencies working together and delivering against their specific actions.

3. Rapid assessment and streaming out of ED

Tayside acute services operate several "front doors" with acute admissions being referred directly into medical and surgical receiving areas, as well as directly to speciality wards, including stroke medicine, paediatrics, renal medicine, neurology, haematology, oncology and specialist surgery.

Some key areas are supported by a framework of pre-hospital decision support which facilitates Prof-to-Prof communication between Primary Care, SAS, Out of Hours Service, and hospital clinicians to ensure Right Care, Right Place, First Time. This provides a senior clinical

decision maker at the point of referral to ensure that patients are placed on the correct pathway first time and that alternatives to admission are considered.

The medicine pathway from ED to AMU involves a direct nurse-to-nurse referral to ensure there are minimal delays to patients moving from ED into Medicine pathways. Work is progressing to develop this within Surgery and Orthopaedics Pathways to reduce delays. Critically unwell patients are referred medic to medic to ensure safe transfer for ongoing management.

4. Monitor breach by reason, time and cause

All ED breaches are reviewed daily by the ED team, as well as being visible through the Command Centre at Executive level. A flash report is provided daily to detail all breach reasons and highlight any key themes and learning. Any themes identified are raised with Departments and Divisions to ensure improvement actions are identified. An 8 /12 breach report is also produced on a weekly basis and shared at Executive level.

5. Emergency Physician in Charge (EPIC)

There is an EPIC in charge from 0800 – 0100 Monday to Friday and 0800-2200 on weekends at the Ninewells site. This role is supported by a Stream 2 (Majors) Consultant 0800-0000 (Monday -Sunday).

In Ninewells Emergency Department, there is an 8 bedded Ward (Emergency Department Observation Unit), and Ward/FNC Consultant 0800-1700 and dedicated FNC Consultant 1400-2200 (Monday-Friday). The PRI site has a Consultant Monday-Friday 0900-1700. The Tayside Emergency Department provides a consultant-led pre-hospital Trauma Team and a Consultant-led Major Trauma response.

4.1 Target Operating Model

Aligned to the national approach, utilising performance data in our planning and preparedness, a target operating model for unscheduled care delivery has been progressed in NHS Tayside.

With the support of our HBI team, demand and capacity modelling has provided the basis for understanding and anticipating the required unscheduled acute hospital capacity through the anticipated winter peak periods, based on the principles of 95% occupancy levels and a 10% reduction in patient Length of Stay.

This has allowed our Clinical Care Group teams to work collaboratively to define a target operating model for both the Ninewells and PRI hospital sites to support increased unscheduled admissions while maintaining urgent and cancer care delivery.

The success of the target operating model is based upon consistent reduced length of stay and green status delayed discharge position. Whole system collaboration to achieve this will be critical.

5. Health & Social Care Partnerships

This year's winter period is expected to be busier due to increased demand across all health and social care services. The primary focus continues to be ensuring that individuals receive appropriate care, in a timely manner, in the most suitable setting, with the goal of preventing unnecessary hospital admissions and promoting swift discharge when readiness permits. This approach contributes to improved health outcomes and maximises resource utilisation.

Consistent and sustainable performance against the following key performance indicators will be essential:

1. RAG acute delays green
 Angus ≤ 3 delays
 Dundee ≤ 6 delays
 P&K ≤ 5 delays
2. Total reportable delays green

RAG status key:

	Red	Amber	Green
A	>30	15-30	≤ 15
D	>50	25-50	≤ 25
P&K	>50	25-50	≤ 25
T	>130	65-130	≤ 65

3. Community hospital LOS 28 days or less

5.1 Angus Health and Social Care Partnership

Outlined below are the specific actions for Angus HSCP.

The Angus HSCP plan involves matching capacity & demand within services but also emphasises optimising communication and relationships to make the most efficient use of these additional resources.

Key areas highlighted as part of the system-wide winter planning include:

- Business Continuity Plans in place across all services
- Angus is committed to maintaining a Green RAG status for Delayed Discharge, as per Tayside DWD programme, with:
 - 3 or less for acute Ninewells Hospital
 - 15 or less for all types of delays, including complex cases such as Mental Health, Learning disability, and Older Peoples Services.
 - No patients will wait for community hospital / step down bed this winter from acute
 - Arbroath Infirmary and Whitehills will continue to deliver LOS well within 28 day Tayside target
- Conduct proactive daily reviews of delayed patients by case holders and discharge teams across the HSCP, including those in community hospital beds, with support from Local MDT meetings.
- Actively assess social care ensuring efficient use of all resources to support.
- Enhanced recruitment into social care regarded as 'Business as Usual'
- Interim care home placements funded on a 'Business as Usual' basis when necessary, when social care is unavailable
- Robust processes in place to ensure PDD is implemented across all community hospitals
- Winter Planning Partnership Contingency Group established
- Future Care Planning/ReSPECT – encourage conversations and completion of future care plans which may prevent hospital admissions for those patients most vulnerable.
- Evaluate service priority and RAG status reports and attendance at the whole system safety and flow huddles to establish effective communication protocols between

services and senior managers, ensuring timely identification of potential system pressures and activation of escalation procedures.

There is an operational winter plan for Angus HSCP to support the actions described above as well as an escalation framework to support maintaining green RAG status.

Supporting staff health and wellbeing will continue to be supported throughout the winter period.

5.2 Dundee Health and Social Care Partnership

Key areas highlighted as part of the system wide winter planning Dundee Health and Social Care Partnership include:

- Business Continuity Plans in place across all services
- Ongoing work to create manual data packs within community urgent care to demonstrate impact and carry out further testing – on the basis that IT infrastructures are disjointed
- Enhanced recruitment into social care regarded as 'Business as Usual'
- Surge capacity already enabled on RVH site
- Interim care home placements funded on a 'Business as Usual' basis when necessary, when social care is unavailable
- Partnership Oversight Report published weekly to monitor pressure areas and feed into the whole system heat map
- Intensive implementation of PDD policy across Tayside ongoing with dataset available to identify problematic areas – led by newly appointed Senior Nurse for Urgent & Unscheduled Care
- Plans in place to expand existing DECAHT service as a means of promoting earlier discharge and prevention of admission
- Development of multi-professional Transitions Team to support discharge of frail patients
- Lead ANP structure now established to support development of whole system pathways of care
- Early intervention and prevention approach remobilised within ECS to focus activity around GP clusters with support from inpatient geriatricians and DECAHT input
- Discharge Team now embedded fully in ward and working across pathways
- Adverse weather conditions policy ready to be invoked in community service
- Intensive programme of improvement work ongoing within social care to promote greater efficiency
- Social care service commissioned to focus on urgent care and front door areas
- GAP community discharge hub in place (Business as Usual)
- Additional band 4/5 staff recruited to AHP service to compensate partially for recruitment shortages in senior AHP staffing
- Winter Planning Partnership Contingency SLWG set up
- Dundee remains committed to meet RAG status green (6 or less acute delays and 25 or less total delays) and maximum 2 patients waiting step down bed from acute per day, as per previous RAG agreed delays position via Tayside DWD programme. Dundee remains committed to progressing RVH LOS towards 28 days

5.3 Perth & Kinross Health and Social Care Partnership

The key developments within the P&K Health and Social Care Partnership to support appropriate care, in a timely manner, in the most suitable setting are;

Business Continuity & Resilience

- Having maintained a consistent, low amber status over the summer months, PKHSCP remains committed to achieving and sustaining green RAG status over the winter period with the intention that no more than five Acute patients will experience delays in their discharge process, and no more than 25 patients will experience delays across the whole system. This will be a significant challenge in the context of our local demographics and without additional winter pressure funding this year. We will continue to assist in maintaining a length of hospital stay in community hospitals within the 28-day NHS Tayside target
- Reviewing, updating and testing Business Continuity Plans; Reviewing and updating lists of particularly vulnerable people across P&K;
- Encourage uptake of winter vaccines; and
- Working with home safety partners, community wardens and community organisations to provide simple home safety and winter resilience advice.

Community focused integrated care

- Community Flow Navigation: implementing a process to efficiently manage referrals from GPs, care homes, hospital front door, and hospital discharge to ensure people are directed to the right care from the right person at the right time;
- Integrated bases: forming integrated staff bases across Perth & Kinross to further support collaboration and more efficient working practices;
- End of Life Care: implementation of a structured and integrated approach for end of life care, to make sure people who are receiving this type of care can access it easily and receive the support they need quickly; and
- Advance Care Planning / ReSPECT: encouraging staff to initiate conversations with patients and families to create an understanding of what is important to that person for their future care.

Optimising Flow

- Ambulatory Care: working in partnership with Acute colleagues to support the opening of the Ambulatory Care area at PRI;
- Care at Home Transformation: streamlining of referral processes for HART and Care at Home. Increasing efficiency in HART through automated scheduling that will reduce travel time and increase direct contact time;
- Transfer the Living Well team resource to deliver core Care at Home services to support people returning home from Crieff and Blairgowrie Community Hospitals;
- Early Discharge Project: we will continue and expand (further 250 hours) the early discharge project to get people home from PRI emergency department and from all acute medical wards if they do not need to be in hospital to receive care. This extension will continue until March 2024;
- Surge beds: we will maintain Tay ward at increased bed level (+50%) until March 2024;
- Seven day discharge service: we are implementing a test of change for the Integrated Discharge Hub (IDH) to provide a seven day service;
- Interim placements: release of capacity for short-term placements from hospital to in-house care home provision.

Urgent Care

- Hospital at Home is currently operating Monday to Friday 0800-1800 at a start-up level from August 2023 in Perth City.
- Implementing Advanced Nurse Practitioner (ANP) single point of triage for urgent care; and
- Exploring ways to build Advanced Practice capability within our existing community teams.

Engagement with stakeholders

- Working with the NHS Tayside and Perth & Kinross Council communications teams to make sure our messaging is easily understood, accurate, consistent and accessible;
- Developing materials to share with staff, key statutory, third, and independent sector stakeholders and with the general public, which will set out our position for the winter 2023/24 period.

Staff wellbeing and culture change

- Staff wellbeing and culture change: investment in What Matters to You? events and the P&K Offer to promote a culture of collaboration and understanding and maintain staff wellbeing and resilience through the challenging winter period and beyond;
- Encouraging staff uptake of Covid and flu vaccinations, and sharing information on how they can access the vaccinations service.

5.4 Primary Care and Out of Hours

Primary care and Out of Hours (OOH) will continue to work across partnerships and interfaces to maximise efficiency and effectiveness of community care. This will be led by a strong collaboration both at partnership level and with NHS Tayside. We will continue to work both in hours and out of hours to champion and excel in community-based care through multidisciplinary teams, wherever this is the safest and most appropriate care option for patients. In OOH we are planning to accommodate an expected increase in activity of 15%.

We will:

- Complete predictive modelling for the winter period (November 2023 - March 2024) to ensure MDT staffing levels support the predicted demand - we have a 70% salaried workforce to rely upon over this period and we pay an enhanced rate for Christmas and NY PH
- Ensure senior clinical decision makers are available on all shifts to ensure effective clinical operational management / support
- Review and update service escalation and contingency plans
- Increase our usage of Near Me video consultations where clinically appropriate to do so
- In anticipation of increased paediatric contacts during the winter period, we will ensure sufficient GP coverage and utilisation of our Paediatric Advanced Nurse Practitioner in busier periods
- Continue to follow robust procedures for dealing with inclement weather
- Continue to work with NHS 24 and Pharmacy first to support signposting of patients to the most appropriate care setting
- Continue to deliver professional to professional advice
- Support Care homes and nursing homes in timely response to calls
- Continue to work with mental health services to ensure good access to mental health crisis teams and services
- Continue to populate heat map to support whole system planning

A detailed OOH Winter Action Plan was submitted to SG with the Winter Checklist response. [OOH Winter Action Plan](#)

6.Planned Care

Throughout the winter period, NHS Tayside will continue to maximise theatre efficiency by focussing on treating urgent and cancer patients as a priority, and longer waiting routine elective cases where feasible.

To support delivery of the Unscheduled Target Operating Model, the surgical teams will focus on increased delivery of day case procedures through the peak unscheduled demand periods to minimise the need for inpatient beds.

Surgical teams will continue to optimise the elective only theatre resource at of Stracathro.

Key activities progressing to support elective care preparedness across main hospital sites include:

- Theatre scheduling to determine the management of the unscheduled care/cancer and clinically urgent procedures as a priority
- Reduction in non-urgent elective surgery to create unscheduled care capacity, optimising day surgery
- Continue elective care prioritisation meetings to align to available capacity
- All elective orthopaedic operating will stop at the Ninewells site for peak unscheduled demand period, increasing bed availability on orthopaedic wards for trauma cases. Vacated theatre will support a 3rd trauma list to be shared by orthopaedics and plastic surgery
- Full day functional Theatre Admission Suite (TAS) by mid-November 2023 on the Ninewells Hospital site. This will support an increased level of day case work for all specialities as we reduce the level of inpatient elective work to support an increase in unscheduled admissions.
- Ambulatory Assessment area created in PRI through relocation of CIU
- Reduced elective medicine activity through peak winter period to support flow

NHS Tayside will continue to refer patients to Golden Jubilee and NHS Highland through the NTC Programme allocation for Orthopaedic and General Surgery procedures. We will also continue to link with the National Elective Co-ordination Unit (NECU) for any national capacity to support long waiting patients.

7.COVID-19, RSV, Seasonal Flu, Norovirus, Staff Protection & Outbreak Resourcing

7.1 Infection Prevention and Control

The Infection Prevention and Control Team (IPCT) will continue to follow the National Infection Prevention and Control Manual (NIPCM) with regard to Winter 23/24. The delivery of Infection Prevention and Control education during this period will be in line with ARHAI Scotland and NHS Education for Scotland. This collaborative piece of work sees the relaunch of the set key messages with 9 Infographics. The IPCT have arranged Awareness Sessions for staff and public over the next few months with emphasis being on the 9 infographics. [9 Infographics](#)

The IPCT will continue to be proactive with regard to the surveillance of Respiratory and GI infections. The Senior management Team will continue to be actively involved in the Winter Preparedness Group and in doing so this will allow the sharing of local and national intelligence within the organisation.

7.2 Health Protection Team

Health protection team in NHS Tayside are planning for winter and are working with care homes to ensure ready for winter and potential surges of Covid-19, other respiratory viruses

and norovirus. Outbreak plans are in place for outbreaks including respiratory viruses and norovirus.

7.3 Vaccination Programme

NHS Tayside central vaccination services provide staff access to vaccination across Tayside in -

- Staff only appointment-based clinics on acute sites
- Appointments for staff in all rural venues and central public clinics
- Flu vaccination at local pharmacies
- Drop-in clinics on all sites
- Peer vaccination for both flu and covid vaccinations being rolled out across acute areas again this year to support further opportunities for staff
- Occupational Health teams supporting vaccinations on Ninewells site for staff to access vaccination later in programme to support mop up

Clinics are advertised on internal staffnet, local social media and through regular staff bulletins as well as posters on wards with links to relevant information on NHS Inform.

A staff vaccination tracker will be shared and collated to provide individual areas as well as a whole system overview of uptake.

The public winter vaccination programme for Covid and Flu vaccinations commenced on the 4th of September with early rollout of flu to those 50 to 64 or under 65 at risk and then covid and flu to those aged 65 to 74. JCVI guidance for this winter campaign suggested later vaccination of those most vulnerable to provide maximum protection over the winter period. This was then rephased to bring vaccination of those at risk forward due to concerns regarding a new strain but this requirement has now been stood down. All vaccination appointments have now been circulated and teams have commenced vaccination of those aged over 75 and those with weakened immune systems. The majority of care homes have received their first visit and the programme is on track to ensure all citizens are offered an appointment before 11th December. This will provide greatest protection over the winter and in advance of the Festive period. Uptake in Tayside is consistently above the Scottish Average in all areas.

Childrens Flu vaccinations in schools and pre-school clinics have progressed as planned and are on schedule to be completed by the beginning of December with some minor disruptions due to school strikes.

8.Mental Health

A Programme of work is underway to drive improvement towards 85% occupancy, reduced Length of Stay and reduction in the number of delayed discharge, all of which support winter planning. Actions to support this work include:

- Refresh of BCP
- Surge bed and escalation plan (10 additional beds available across MH estate)
- Development of HEAT map for mental health
- Use of data for forecasting and planning
- Safety and Capacity huddles embedded and involvement in wholesystem huddles now routine
- Appointment of Discharge Co-ordinator August 2023
- Rapid Run-Down Plan implemented September 2023
- PDD fully embedded across GAP by end of October 2023

- Promote earlier in day discharges
- Launch of Hope Point in Dundee
- Improvements made to Early Supported Discharge
- Workforce Planning (focus on CRHTT Team and Intensive Home Treatment),
- Introduction of out of hours site co-ordinator on Carseview site, October 2023
- Support NHST vaccination programme
- Introduction of revised admissions pathway to support step up/step down approach

9.Communication Strategy

The NHS Tayside Communications Team has a comprehensive communications strategy to cover the winter months. This includes planned staff and public communications on vaccination, prevention and self-care of seasonal illness and accessing services over the festive period.

The team works with the clinical lead for winter to produce regular videos with key messages for the public, focusing on topics relevant to the current situation in hospitals and the community. In addition, there are assets to be used as needed for incidents such as adverse weather.

As in previous years, the Communications Team supports the organisation's preparations for winter through the local and national winter campaigns, tailoring the national key messages for the local situation and a local audience throughout the winter period. This is targeted at staff, patients, and the public alike. Social media is the most effective channel for instant updates to information and will be used extensively, along with media releases, website updates, radio updates and sharing of messages with local partners for onward distribution.

The Communications Team updates the 'Keep Well in Winter' pages on the NHS Tayside website and the 'Winter Zone' on Staffnet with all relevant winter information. Ready Scotland is also promoted on the front page of its website.

The team will continue sharing the Right Care, Right Place messages around how and where to access the right healthcare for people's needs e.g., 111 for urgent care, A&E when life-threatening, and what to do when GP surgeries are closed, e.g. NHS 24 and community pharmacies. This is supported by regular social media and website posts to share information and signpost to available services.

10.Workforce

The aim is to have the appropriate levels of staffing in place across the whole system to facilitate efficient and effective patient care, to ensure consistent discharge during weekends and the holiday periods.

As such system-wide planning is in place to ensure the appropriate levels of cover needed to effectively manage predicted activity across the wider system and discharge over the festive holiday periods.

Examples of this include:

- Clinical Pharmacist cover as well as pharmacy distribution and dispensing centre to be available for extended opening hours to respond to service demand for medicine supply (e.g. discharge prescriptions and in-patient treatments)
- Infection, Prevention and Control Teams (IPCT) rotas organised to ensure appropriate levels of cover in particular to days following the festive break/public holiday periods

- Nursing rosters are managed in accordance with NHS Tayside Roster policy, Health roster are provided six weeks in advance. Patient demand and acuity is managed in accordance with Safecare to support reallocation of staff
- Whilst every effort has been made cross system to ensure capacity for increased winter activity can be absorbed within the funded footprint, it is recognized there may be a period where unfunded capacity is required.
- Due to ongoing nursing workforce challenges, the senior nursing team will ensure in the event of requiring to utilise unstaffed beds, that a robust risk assessment of staffing to support realignment of resource is undertaken to safely care for patients using the toolkit available including Safecare; Roster perform and collapsible hierarchy models.
- To manage staffing gaps in ward areas, proposed focused update for staff being moved or deployed through the clinical educators/Practice Education Facilitator with familiarisation to new areas, documentation and ways of working before winter and if possible aligning individual staff to identified wards where they will have confidence to be redeployed during the winter months
- Development of action card to aid decision-making to support implementation of collapsible hierarchy aligned to increased demand or reduced resource

10.1 Allied Health Professions (AHP)

The Allied Health Professions (AHP) directorate team have worked collaboratively with services managers and professional leads from across all professions and organisations to plan for a system of mutual support and professional prioritisation to maintain essential functions of AHP services whenever possible throughout winter 2023 / 2024. A comprehensive guide which details the escalation plans as agreed by all professions has been developed [Tayside AHP Winter Contingency Plan 23-24](#), with the understanding this is subject to ongoing review for service demand and capacity.

The majority of AHPs in Tayside are employed by NHS Tayside (each council also employs Occupational Therapists) but the professions are operationally managed across the three health and social care partnerships and the clinical care groups of NHS Tayside. Some professions already work within the structure of a single Tayside wide service whilst Occupational Therapy and Physiotherapy are managed across all parts of the system. All AHPs working within integrated systems, already work to the principles within the AHP professional and operational interface guidance document which aims to support the role of the operational leader, the individual and the professional lead to navigate matters such as professional issues, practice development, personal development, workforce issues and capability.

This escalation plan simply applies the understanding of utilising the professional leadership available to support operational management decisions and actions to the challenges of workforce planning and winter contingency escalation.

It is well documented through strategic risks and all organisational structures that some of the professions are experiencing staffing shortages and are listed on the national shortage occupation list (SOL).

Whilst teams already work well within multi disciplinary structures for support and shared working, some essential tasks require the expertise of an individual from a specific registered profession.

This plan offers a clear process for considering mutual support as one solution to workforce or capacity challenges across the system. Whilst each operational area has systems for supporting workforce needs, we have recent and ongoing experience of areas having significant challenges with minimal solutions available to them within their operational

structure. There is an established AHP bank but this has limited staff available at this point due to the National shortage of AHPs. Work is ongoing to further develop this. This solution limits the need to escalate to costly agency or bank recruitment and offers robust evidence of alternative solutions being considered before an agency solution is used.

Services can identify their workforce challenge and raise it to the Tayside AHP command group. This group will seek to agree any staffing capacity that can be released to support the need across Tayside in collaboration with service leads and professional leads. The plan employs a 5 tier escalation process and the group would seek support from services in lower tiers on a flexible, temporary or short term basis. A comprehensive communication strategy is employed to ensure all parties are kept informed of progress.

10.2 Staff Wellbeing

It is recognised that our staff are our greatest asset as we approach the winter period. Supporting their wellbeing requires to be a priority as part of our preparedness. The Staff Wellbeing Service and the Department of Spiritual Care will support staff in a proactive and timely manner.

We will meet weekly with the winter planning group:

- Giving the opportunity for managers to bring issues concerning staff support to our attention
- To remind managers that the support is available for them also
- To give reminders of how the service can be accessed over all inpatient sites 24/7

As a service we will undertake:

- To provide regular check ins with all wards and areas over Tayside
- To provide opportunities for proactive support to areas in need
- To develop resources to help staff over winter and share these through comms
- To support the work of the Staff Wellbeing Champions

10.3 Volunteer Service

Discharge services, supported by volunteers, can provide vital support to individuals when leaving the hospital environment. Historical research illustrates that, when receiving support from volunteer discharge services, patients feel safer, less lonely, less frightened, more reassured and more supported.

Following on from the 18-week pilot of a volunteer discharge support service in 2022/23, anticipates funding of this service being in place in key acute ward areas through the winter period – short stay and frailty wards – with further refinement and development of the model.

The service involved volunteers calling patients for up to five consecutive days following discharge. Calls included questions regarding their wellbeing, any medical needs or concerns and to make recommendations of community support services. Additionally, volunteers were able to provide support to the family members/carers of the patient to ensure that they were managing well with caring for their loved one post discharge.

The volunteer discharge service is an excellent example of where volunteers can make a positive difference to patients and their loved ones.

11.Digital & Technology

The use of information and data is critical for effective forecasting of unscheduled and elective winter demand and capacity planning.

11.1 Command Centre & Heat Map

The Command Centre continues to evolve to meet planning and management of flow including: bed reconfiguration: viral illness rate and impact on resource availability; 4 hour wait position.

A short life working group has progressed a refresh of the whole system heat map for winter 23/24, copy attached Appendix 5. As we move to business as usual post-covid, the heat map has been revised and extended to include a more reflective range of measures for this winter period.

This will be generated and widely circulated on a weekly basis to inform the whole system position. This will be reviewed through the Winter Planning Advisory Group and subsequent escalation, or de-escalation of plans agreed and implemented.

11.2 Resilience App

To support winter planning arrangements, the NHS Tayside Alert App is to undergo a development change to add in a section on Winter Resilience. This will create a Section to be able to view our escalation plans and SOPs and will be available to all Safety & Flow staff who are responsible for managing optimal patient flow as well as our Mental Health H&SCP/ Primary Care & OOH colleagues who contribute to the safe and efficient management of our unscheduled care pathways. The Risk & Resilience Planning team are supporting with the creation of the broadcast group and associated documentation upload.

The intention is for this to move from 'winter planning' to business as usual over the next year or so. Accessibility to information in and out of hours as well as off site, will provide greater consistency in approach and decision-making, allowing the most efficient use of available resource.

11.3 Outcome and Performance measurement

The following measures will provide an overview of the whole system temperature and specific areas of pressure/challenge. The data will be reviewed daily and weekly through the Safety & Flow Huddles and Winter Planning Advisory Group and Tactical Cell forum:

- 4 hours from arrival to admission, discharge or transfer for A&E treatment (95%)
- Earlier in the Day Discharges - Hour of Discharge (inpatient wards)
- Weekend Discharge Rates - Day of Discharge weekday v's weekend discharges
- Reduction in delayed discharges to meet green RAG status
- Early initiation of flu vaccination programme to capture critical mass of staff
- Achieve target operating model for unscheduled admissions
- Use of information and intelligence from Primary Care, OOH Services and NHS 24 to predict secondary care demand.
- Standardised approach to speciality – level escalation plans
- Monitor planned care cancellation rates

Performance against these measures will be provide within the Board Business Critical weekly reports and updates to the Board Business Critical Gold forum.

The 23/24 winter plan, inclusive of the actions relating to prevention and management of seasonal illness, reflects the collective actions NHS Tayside and its partner organisations will take to achieve our intention to provide a consistent high quality of service for all our patients throughout winter and beyond

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Appendix 1- Acute Services Divisional Winter Plan Example

Medicine Division – Winter Planning Action Plan														
Plan / Month Anticipated RAG Status	September		October		November		1-17 December	18 - 31 December	January		1- 8 February	9 - 29 February	March	
Bed Base - Ninewells	265	90% Occ	265	90% Occ	265	90% Occ	269	295	295		295	269	269	90% Occ
Bed Base - PRI	125	90% Occ	125	90% Occ	125	90% Occ	131	95% Occ	131	95% Occ	131	90% Occ	125	90% Occ
Plan	CIU (PRI) relocated to Critical Care to allow development of Ambulatory Assessment Area (PRI)		Flow Team fully established (LL)		Ward 6 (Ninewells) substantive staffing establishment - 18 beds (LL)		Increased MFE workforce to support flow		Increased MFE workforce to support flow		Increased MFE workforce to support flow			
	Develop pathways for Ambulatory Assessment Area (PRI) (LL/MD)		Acute Frailty established (Ninewells) (LL/CAP)		Pan Tayside call handling for AMU implemented (MD) Possible Cost Implication - 10PA		Increase senior input on Public Holidays (exc. 25/12)		Increase senior input on Public Holidays (exc. 01/01)					
	Discussion required Point of Care Testing (Flu) (WA/MD)		Team based training focussing on use of Command Centre (Bed Base) (Medical staff) (MD) 31 October 2023		Medicine Ninewells LOS : 3.8 days		Review opportunity to open CIU on Public Holidays (exc. 25/12)		Review opportunity to open CIU on Public Holidays (exc. 01/01)					
	Winter Clinical Lead appointed		Define and socialise roles and responsibilities in relation to flow (LL/CF)		Medicine PRI LOS : <5 days		Cardiology / Respiratory elective activity reduced to support flow (from 18/12)		Cardiology / Respiratory elective activity reduced to support flow					
	Ward escalation plans / triggers to be defined (LL/CF): Ward 1 - 6 Complete, Ward 42 – Complete, ED – Complete, AMU – LN, SSM – LN, AME – CAP, CCU – Complete, PRI - Complete		Process in place to ensure ongoing training of Bleepholders (Flow) (LL/CF)		Face Fit Testing complete for all appropriate staff - accurate records available (ALL)		Additional Respiratory input to Front Door (from 18/12)		Additional Respiratory input to Front Door					
	Specialty escalation plans / triggers to be defined: Viral / Non-Viral (JG) Specialty: Respiratory – Complete, CIU – Complete, MFE - HE / CAP Stroke - ML / JB, General Medicine – Complete, Cardiology - Complete Gastroenterology - Complete Infectious Diseases - Complete		Senior Nurse role altered according to winter prediction and escalation to manage flow: Senior Nurses 07.30am - 07.30pm Monday - Friday (exc. PH) during amber and red periods Saturday / Sunday and overnight > Band 6 (LL/CF)				Extend Respiratoy in-reach to 8pm		Extend Respiratoy in-reach to 8pm					
	Medicine Flow - DWD: (CF/CAS) Promote LIVE data entry across all ward areas (Trakcare) Promote morning discharges across all wards (inc. appropriate sitting out of patients) Morning 'Board Rounds' in place across all wards All Medicine wards achieve UQ LOS		Medicine Flow - DWD: (CF/CAS) Promote LIVE data entry across all ward areas (Trakcare) Promote morning discharges across all wards (inc. appropriate sitting out of patients) Morning 'Board Rounds' in place across all wards All Medicine wards achieve UQ LOS		Medicine Flow - DWD: (CF/CAS) Promote LIVE data entry across all ward areas (Trakcare) Promote morning discharges across all wards (inc. appropriate sitting out of patients) Morning 'Board Rounds' in place across all wards All Medicine wards achieve UQ LOS		Ward 6 (Ninewells) bed base increased to 22 Beds (+4) (LL)		Ward 6 (Ninewells) bed base increased to 26 Beds (+4) (LL)		Ward 6 (Ninewells) bed base increased to 22 Beds (-4) (LL)			
	Full implementation of 'Green-Dot' process for patients transferring to downstream wards from AMU (LL/JG)		Ambulatory Assessment Area established (PRI) 9 October 2023 (LL/MD)				Delayed Discharges @ Green RAG Status		Delayed Discharges @ Green RAG Status		Delayed Discharges @ Green RAG Status			

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Appendix 2- Angus HSCP Winter Plan Example

Angus HSCP Winter Planning			
Action	Lead	Target Date	Progress
Support external Care at Home and Care Home providers to develop and implement Business Continuity plans.	Lindsey Foreman	31/10/2023	All Care homes and care at home providers have had a request to provide BCP to HSCP. Scottish Care can provide support re compiling a BCP.
Develop and implement a corporate Business Continuity Plan for Angus IJB.	Abigail Stewart	31/10/2023	
Review individual service business continuity plans (ensure workforce planning/ safe care covered).	All service leads	31/10/2023	On track. POA and MFE updated. Community nursing meeting next week. CTAC under development.
Review critical service activities.	All service leads	31/10/2023	On track.
Develop and implement service escalation procedures.	All service leads	31/10/2023	Meeting 17th to map out escalation as per OPEL framework
Develop and implement winter communications plan for Angus, including public messaging and key partner communication protocols, e.g. joint planning with LA to increase frequency of gritting, etc.	Angus UUC Communication & Engagement Subgroup	31/10/2023	Awaiting national assets to be shared.
Implementation of Whole System Discharge Planning Local Improvement Plan.	Cindy Graham	30/09/2023	Complete.
Review metrics used in Heat Maps	Paul Feltham & Jenni Woods	31/10/2023	JG to discuss with PF and JW
Establish Angus Ambulatory Urgent Care Centre and test over winter period.	Scott Jamieson	30/11/2023	POC meeting held with key stakeholders 3/10/23. Design discussion meeting 11/10/2023 and follow up 17/10/2023
Strengthen links between SAS, MIU, OOH, ANPs (Urgent Care) and the Respiratory Service to ensure people with an exacerbation are reviewed timeously.	Lynn Shepherd	30/11/2023	Discussions ongoing with SAS to raise awareness. OOH referral pathway under development.
Explore the use of Medlink to provide remote monitoring for respiratory patients.	Scott Jamieson	30/11/2023	
Explore ways in which patients identified as being at high risk of admission can be identifiable on contact with GP OOH and acute services.	Scott Jamieson	30/11/2023	
Develop action plan to take forward recommendations from My Health, My Care, My Home.	Lindsey Foreman	31/10/2023	Meeting on 28th Sep to review actions and plan working groups for implementation. Working group established for recommendations relating to Urgent Care and meeting 23/10/2023.
Consider block booking external Care at Home providers to provide enablement and response support to support prevention of admission and hospital discharge.	Lindsey Foreman	Ongoing	We already have IIC contract in place which is under utilised. There is no evidence of pressure on the market that we need to look at block contract.
Test a new approach for delivering integrated enablement, nursing and AHP support – utilising the Enablement & Wellbeing practitioners and aligning these practitioners to the Enablement & Response Team to support hospital discharges.	Eileen Smith	31/10/2023	This is not feasible as none of the practitioners have completed rotations across the services. To test this approach for practitioners once rotations across services are completed
Ensure Angus HSCP representation at cross site safety flow huddle meetings	Cindy Graham & Deborah McGill	01/10/2023	Cindy taking forward. Need to consider how these will be covered OOH for AHSCP.
Explore role of voluntary and third sector organisations to support care at home, end of live care and provide practical support to people who are ready for discharge.	Lindsey Foreman & Cindy Graham		Jeni shared details of the Maire Curie services that are on offer to support end of life care. Need to consider learning from Care about Angus funding last year. Request for Angus Carers reps to be included on ECS and Moving IIC provision from Cairnie Lodge to Seaton Grove and potential increasing capacity from 6 to 8 or 10 but this would have implications for
Increase interim care home beds to support assessment and rehabilitation.	Cindy Graham & Lindsey Foreman	30/11/2023	
Primary Care, inc OOH Winter Planning			
Action	Lead	Target Date	Progress
Complete predictive modelling for the winter period (November 2023 - February 2024) to ensure staffing levels support the predicted demand	Debbie McGill	31/10/2023	15% increase in activity anticipated and shifts planned around this. Will be under continuous review.
Review and update service escalation and contingency plans.	Debbie McGill	31/10/2023	In progress. Will be included in escalation framework.
Explore co-location of SW OOH/ CA with OOH primary care / IONA.	Catherine Carrie & Lindsey Foreman	30/11/2023	Community alarm call hub are not mobile and would not be able to co-locate. This is due to the systems in use and equipment.

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Appendix 3 - Winter Preparedness Checklist – Monitoring Tool

Subsection	SG Assessment	Current RAG
Overarching Principles	Partially Ready	
Resilience Preparedness	Ready	
Communication	Ready	
Step Up / Step Down	Ready	
Urgent & Unscheduled Care	Partially Ready	
Planned Care	Ready	
Digital Assets	Ready	
Primary Care	Ready	
Prisons	Ready	
Social Care	Ready	
Workforce	Ready	
Seasonal Outbreak	Ready	

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Appendix 4 - Service Level Escalation Plan Example

Ninewells Clinical Investigation Unit (CIU) Escalation Process – Winter 23/24 V3 DRAFT

Green - Clinical Investigation Unit – Monday to Friday

CIU functioning entirely as Admission Avoidance/Virtual Capacity Unit - Monday to Friday

Infusion Bay - 10 Chairs; CIU - 10 beds, 2 trolleys, 4 chairs

Delivering all Infusions, Urgent Suspected Cancer, Urgent and Elective activity

Amber - Compressed CIU – Monday to Friday

Trigger Point: temporary reduced Medicine bed base for predefined period or sustained increase in Medicine admissions >7 consecutive days

Decision to Escalate to Amber ??

Footprint: Infusion Bay compressed to create 6 Medical Beds plus whatever CIU not using overnight, 6 chairs; CIU - 14 CIU beds, 0 trolleys, 0 chairs

(Daily bed allocation: Cardio – 6-10, Endoscopy – 2, Gastro – 0-2, Resp – 0-3)

Delivering: CIU compressed activity (Lidocaine patient cohort re-directed to PRI), protecting critical scheduled Infusion activity, Urgent Suspected Cancer and Urgent elective activity

Low Risk of cancelled/delayed CIU patients presenting as Emergency admissions in AMU/ED

Red - Compressed CIU + Peak Winter Surge Capacity 18/12/23 to 31/01/24 – Mon to Fri (incl 26/12/23 and 02/01/24)

Trigger Point: sustained increase in Medicine, Surgical, Ortho admissions for >7days OR Peak Winter Medicine Bed model

Decision to Escalate to Red ??

Footprint: Infusion Bay - 6 Medical Beds, 6 chairs; CIU – 4-6 Medical beds Monday to Friday; CIU 10 beds (reduced daily bed allocation to each specialty by 1-2 beds), 0 Trolleys, 0 chairs

Delivering: Lidocaine patient cohort re-directed to PRI, Nebuliser Therapy re-directed to East Block, protecting critical scheduled Infusions and Urgent Suspected Cancer activity, delaying/cancelling Urgent activity (Clinical Decision Making via bi-weekly meeting with Respiratory, Gastro and Cardiology)

Amber Risk of cancelled/delayed CIU patients presenting as emergency admissions in AMU/ED

Extremis

Trigger Point: Winter site capacity exceeded

Decision to Escalate to Black ??

Footprint: Infusion Bay – 6 Medical Beds, 6 chairs; CIU - 12 medical beds Monday to Friday; CIU 4 beds

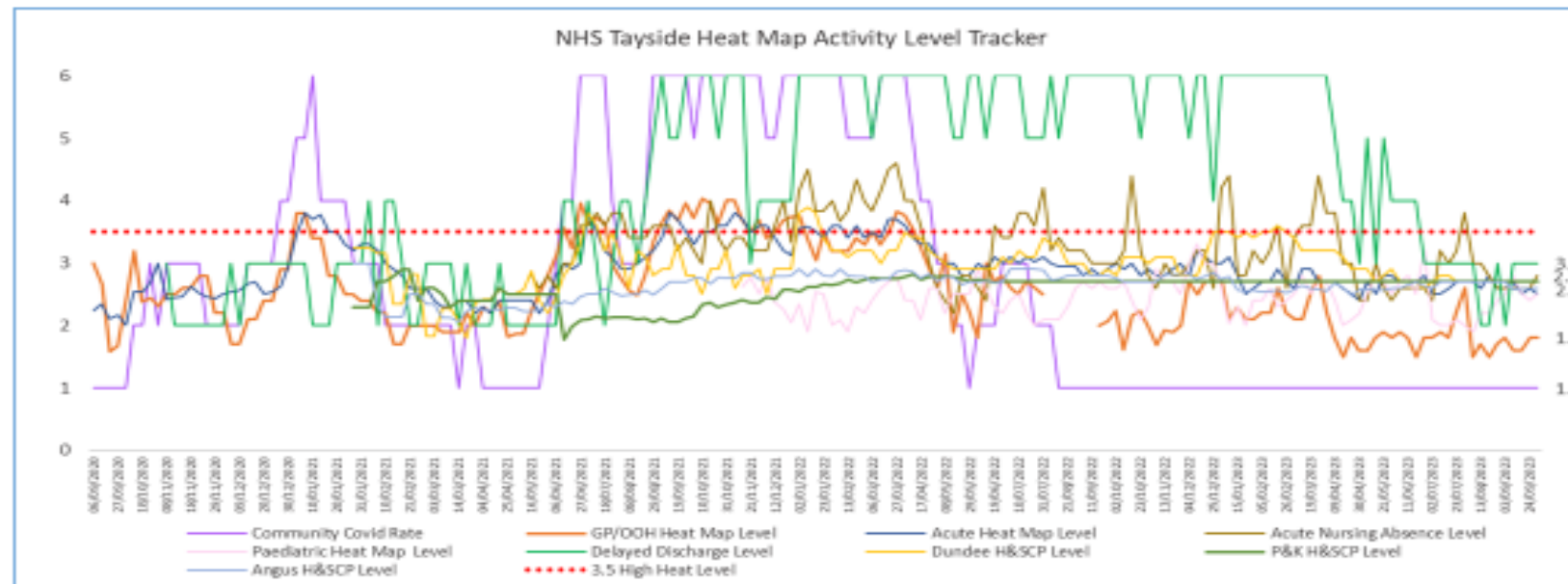
Delivering: Lidocaine patient cohort re-directed to PRI, Nebuliser Therapy to East Block, protecting critical scheduled Infusions, delaying Urgent Suspected Cancer activity, cancelling/delaying all Urgent activity (Clinical Decision Making via daily meeting with Respiratory, Gastro and Cardiology)

Red Risk of cancelled CIU patients presenting as emergency admission in AMU/ED

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Appendix 5 - Whole System Heat Map

Tayside Whole System Heat Map Activity Level Tracker, as at 1st October 2023



Activity Level / Week ending	02-Apr	09-Apr	16-Apr	23-Apr	30-Apr	07-May	14-May	21-May	28-May	04-Jun	11-Jun	18-Jun	25-Jun	02-Jul	09-Jul	16-Jul	23-Jul	30-Jul	06-Aug	13-Aug	20-Aug	27-Aug	03-Sep	10-Sep	17-Sep	24-Sep	01-Oct
Community Covid Rate																											
GP/DOH Heat Map Activity Level																											
Acute Heat Map Activity Level																											
Acute Nursing Absence Activity Level																											
Paediatric Heat Map Activity Level																											
Delayed Discharge Activity Level																											
Dundee H&SCP Activity Level																											
P&K H&SCP Activity Level																											
Angus H&SCP Activity Level																											

- **GP/DOH = Activity level 1.8.** Rise in Covid Community Rate. OOH centre attendances remain high especially at the weekend. GP advice calls remain fairly static, with home visits increasing during the week and reducing at the weekend. % GP staffing availability at 97% during the week and 98% over the weekend.
- **Acute = Activity level 2.5.** Covid positive patients in hospital increased from 9 to 27. Non-Covid medical ward midnight % occupancy at 78%. Ninewells AMU admissions at a daily average of 42 admissions, with midnight % occupancy at 85%. Ninewells ASRU admissions at a daily average of 30 admissions, with midnight % occupancy at 75%. 4 corridor waits last week: all Ninewells. ED attendances remain fairly static. 4-hour performance improved to 84.3% in Ninewells and 93.0% in PRI.
- **Paediatrics = Activity level 2.5.** High admission to NW30 on Tues. High % midnight occupancy NW29 Assessment Mon, Wed & Fri. High volume of ED attendances <16yr in PRI on Mon.
- **H&SCPs = Dundee activity level 2.7 Amber. Angus activity level 2.6 Amber. P&K activity level 2.7 Amber.** Staff shortages and bed closures creating ongoing pressures for step-down care. Delayed discharges within an acute hospital bed increased from 23 to 27.
- **Acute Nursing Absence = Activity level 2.8**

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REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD –
13 DECEMBER 2023

REPORT ON: PROTECTING PEOPLE COMMITTEES ANNUAL REPORTS 2022/23

REPORT BY: PROTECTING PEOPLE COMMITTEE INDEPENDENT CHAIRS / DUNDEE
ALCOHOL AND DRUG PARTNERSHIP CO-CHAIRS

REPORT NO: DIJB63-2023

1.0 PURPOSE OF REPORT

To present to the Integration Joint Board the annual reports published by the Protecting People Committees for the period 2022/23.

2.0 RECOMMENDATIONS

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

- 2.1 Note the production of a single integrated annual report for all of the Dundee Protecting People Committees.
- 2.2 Note the content of the annual reports for the Dundee Protecting People Committees (full and summary versions) and the Tayside MAPPA Strategic Oversight Group (attached as appendices 1 to 3).
- 2.3 Note the progress made in developing an effective partnership response to the needs of at risk children and adults during 2022/23 (section 4.2).
- 2.4 Note the challenges and priority areas for action identified across the annual reports for focus during 2023/24 and beyond (section 4.3).

3.0 FINANCIAL IMPLICATIONS

- 3.1 None.

4.0 MAIN TEXT

4.1 Background

- 4.1.1 All agencies, professional bodies and services that deliver child and / or adult services or otherwise work with members of the public have a responsibility to recognise and actively consider potential risks to the safety and wellbeing of the people they come into contact with. Dundee City Council therefore has an important role to play in local arrangements, both at an operational and strategic level, in relation to child protection, adult support and protection, violence against women and the management of high-risk offenders.
- 4.1.2 The Dundee Alcohol and Drug Partnership, Dundee Child Protection Committee, Dundee Adult Support and Protection Committee, Dundee Violence Against Women Partnership and Tayside MAPPA Strategic Oversight Group have overall strategic responsibility for the continuous improvement of protecting people policy and practice in the local area. These partnerships

consist of representatives from a range of backgrounds including the police, health services, local authority, health and social care, prison service, fire and rescue service, community planning and the third sector.

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

- Dundee Alcohol and Drug Partnership (ADP) – no requirement to publish an annual report, although an annual return is made to the Scottish Government (on a template set by them), however the Partnership in consultation with Dundee Chief Officers Group agreed a public facing annual report should be published.
- Dundee Child Protection Committee (CPC) – no requirement to publish an annual report, however most Committees across Scotland do so including Dundee.
- Dundee Adult Support and Protection Committee (ASPC) – Section 46 of the Adult Support and Protection (Scotland) Act 2007 requires the Independent Convenor to prepare a Biennial Report outlining the activities of the Committee and progress made in protecting adults at-risk of harm. Please note that 2022/23 is not a biennial reporting year, but that the Independent Convenor chooses to produce an annual report.
- Tayside MAPPA Strategic Oversight Group – national guidance sets out the requirement for each MAPPA Strategic Oversight Group to publish an annual report by a specified deadline every year.
- Dundee Violence Against Women Partnership (VAWP) – no requirement to publish an annual report, however the Partnership in consultation with Dundee Chief Officers Group agreed an annual report should be published.

4.1.4 For the reporting year 2022/23, the ADP, CPC, ASPC and VAWP committed to publishing a single integrated report rather than individual committee reports. This integrated report focuses on multi-agency activity led by the committees, further detail regarding developments in individual services are included within their own annual performance reports (for example, the Chief Social Work Officer Annual Report and Dundee Integration Joint Board Annual Report). This approach has been taken to improve the accessibility of annual performance reporting to members of the public, as well as to reflect the significant amount of cross-cutting work undertaken in collaboration across the committees. The production of a single report has also enabled the best use of available resources and supported an earlier publication date than has been possible in previous years (for example, the 2021/22 report was published in February 2023).

4.1.5 Given the Tayside wide remit of the MAPPA Strategic Oversight Group it has not been possible to fully integrate their annual report. Following approval / endorsement from the Chief Officers Group the Protecting People Annual Report 2022-2023 (both full and summary versions, attached as appendices 1 and 2) and the MAPPA Annual Report 2022-2023 (attached as appendix 3) were published on 27 October 2023.

4.1.6 For the 2023/24 reporting year, work will be undertaken to further develop the format of the report, with a focus on enhancing public accessibility. This will include developing more interactive content, such as utilising video and audio clips, and moving away from reliance on written narrative to communicate key messages.

4.2 Areas of Progress

4.2.1 During 2022/23 significant progress has been made in improving services and supports in a range of areas that are relevant across all the Protecting People Committees. This includes:

- The development of the Protecting People Learning and Organisational Development Framework, bringing all activity into one place in an online location that is easily accessible to the workforce and locates training and development within a tiered framework.
- The Chief Officers Group hosted a workforce collaboration event offering an opportunity for staff to network with their colleagues across services and hear presentations celebrating key developments and improvements in protecting people services. Staff and COG members participated together in workshops focused on key improvement areas, giving them an opportunity to share views and ideas.
- The committees partnered with Dundee City Council Communications Service to host a joint Digital Communications Graduate Trainee role. This has allowed the committees to develop improved ways to distribute key information, develop new digital communication channels and materials, and improve the accessibility of information produced by the committees.
- Further progress has been made in implementing trauma informed leadership and practice, with this becoming an embedded approach to all service development and strategic improvement activity.
- The COG developed new ways through which to recognise and celebrate the contribution of the workforce to protecting people and involve the workforce in strategic activities. Developments have included opportunities for COG members to visit services and opportunities for workforce members to attend and observe COG and committee meetings.
- Progressing the culture change required to enable the lived experience of trauma within the multi-agency workforce to be recognised and valued alongside the lived experience of people accessing services. A Workforce Lived Experience Group is now forming ideas about the role it wants to take in informing future developments.
- Working with the national Authentic Voice Project as a pilot area for their leadership workstream, focused on embedding lived experience into strategic forums across Scotland.
- Case Review activity continued across all committees. During 2022/23 a total of 8 cases were considered for review by the Child and Adult Support and Protection Committees; 6 of these were not progressed, however key learning and action points were identified and added to committee delivery plans. In 2 cases the process is ongoing. The Tayside MAPPA Strategic Oversight Group has not had any new Significant Case Review activity during the reporting year. During the year one adult protection Significant Case Review (SCR), that was first considered in 2021, was progressed; it is due to conclude before the end of 2023. The Child Protection Committee also reviewed progress in relation to the implementation of improvements following the SCR for Young Person K; 7 actions were signed off as complete and 7 remain subject to ongoing monitoring. During 2022/23 the Adult Protection Committee continued to monitor implementation of actions associated with a previous thematic review of fire deaths. All actions have now been completed.

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

Alcohol and Drug Partnership

- Developing Dundee's multi-agency strategic framework and two-year rolling delivery plan, with the aim of reducing harm from alcohol and drug use and supporting recovery.

- There has been continued progress with implementation of the Medication Assisted Treatment (MAT) Standards. Through this, the ADP has supported the establishment of direct access clinics, increased support through independent advocacy, improved responses to near-fatal overdose and the implementation of a Residential Rehabilitation Pathway. The most recent national benchmarking report saw an improved rating for Dundee across all of the first five standards.
- Six successful applications from organisations in Dundee were made to CORRA, with total additional resources of over £2 million being secured.
- Developing the Dundee Alcohol and Drug Prevention Framework to provide evidence of best practice to support service planning and monitoring.

Adult Support and Protection

- Significant progress has been made in developing and implementing a more robust approach to quality assurance, including developing a new Learning Review process and having more effective oversight of the implementation of learning from reviews.
- Collaborative working, both within Dundee and across Tayside, to develop and deliver high-quality and varied learning and development programmes, which have supported improvement priorities and enabled more practitioners to gain confidence to participate in improvement activities.
- There has been further investment in learning and development approaches that have resulted in a high level of Council Officer capacity, confidence and competence and action has been taken to ensure good availability of Mental Health Officer within ASP processes.
- Partners have worked together to implement learning from the Thematic Review of Fire Deaths, leading to significant improvements in the assessment of fire safety risks and provision of fire safety equipment, particularly in Care at Home Services.

Child Protection

- A key focus has been on continuing to implement actions arising from the improvement planning following the Child Protection Inspection that concluded in early 2022. This has included updating the Dundee Multi-agency Child Protection Procedures to fully incorporate the National Guidance for Child Protection in Scotland.
- Creating the Children and Young People's Charter which aims to improve the involvement of children and young people at both strategic and service level. The Charter is based on the views of a group of children and young people who have experiences of child protection and care systems.
- Establishing a Children/Young People Experiencing Domestic Abuse working group and investing in a manager-level post within the Children and Families Service with a focus on improving practice and responses to children and families affected by domestic abuse.
- Establishing sub-groups with a focus on case reviews and quality assurance and developing an approach to triangulating themes between these groups and the CPC Data Sub-group.

Multi-Agency Public Protection Arrangements (MAPPA)

- Working across Tayside the Local Authority Housing Liaison Officers have developed a template for the collation of Environmental Risk Assessment data, which is now reported to the Strategic Oversight Group on a quarterly basis.
- Developed a Tayside MAPPA communication strategy based on the national communication strategy. This will be implemented over the coming year.
- Significant focus has been maintained on changes to information sharing arrangements between the Responsible Authorities arising from changes being made by the Home Office to their IT systems. Partners have had an active role in national discussions and worked together to mitigate any potential risks to operational information sharing arrangements.

Violence Against Women Partnership

- Securing funding for a dedicated Gender-Based Violence (GBV) Learning and Organisational Development post who will work to embed a culture change and build capacity in relation to violence against women at every level of the workforce in Dundee.
- Establishing the Children Experiencing Domestic Abuse Recovery (CEDAR) programme in Dundee, which is a group work programme for children and their mothers who are out of a domestic abuse situation and recovering from their experience.
- Securing funding to support the continuation of the ASSIST service that provides advocacy and support to victims (and their children) of domestic abuse, including court advocacy.
- Developing a social media presence through the StandTaygither Instagram account, which is used to provide education to the public about gender-based violence, promote the positive work of the VAWP and public events.

4.3 Challenges and Future Priorities

- 4.3.1 All of the Protecting People Committees have experienced and responded to a challenging landscape over the last reporting year. There continues to be a need to carefully prioritise available capacity and resources against priorities for improvement to maximise progress in developing services, leadership and governance. Challenges, experienced across the country, in terms of retention and recruitment of staff have also been a feature during 2022/23, impacting on practitioner involvement in improvement activity and ability to participate in learning and development activities. Mirroring ongoing public sector financial pressures, insecure funding for Third Sector services has been an area of concern, with both the ADP and VAWP undertaking focused work to mitigate the impact and support applications for additional funding.
- 4.3.2 Moving into 2022/23 the Protecting People Committees will continue to be driven by their agreed delivery plans, with regular progress reporting to the Chief Officers Group. Each committee's plan is tailored to local data and intelligence, learning from case reviews and other quality assurance activity and national guidance and policy. However, some common areas of focus include:
- Enhancing the focus on suicide prevention, including developing a new plan for improvement that reflects the national Suicide Prevention Strategy.
 - Further integrating work on protecting people, including implementing a new strategic governance structure that will support the COG and committees to progress priorities for improvement.

- Focusing more on prevention activity, including taking a trauma-informed approach to understanding, responding to and preventing future harm.
- Improving our approach to communication, developing more consistent and easily accessible routes for communicating our work with members of the public and the workforce.
- Enhancing our approach to quality assurance and learning reviews, making sure that these activities inform learning and development and lead to improvements in outcomes for children, young people, adults and families.
- Developing an approach to support services to better capture, report and understand outcomes information for people who are supported through protection processes, services and supports.
- Expanding our approach to experiential data collection, making sure that feedback from people involved in protection processes, services and supports is at the centre of our quality assurance processes.
- Focusing on making changes to our strategic service development approaches to enhance the meaningful impact of lived experience.

5.0 POLICY IMPLICATIONS

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

6.0 RISK ASSESSMENT

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

7.0 CONSULTATIONS

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

8.0 DIRECTIONS

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

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

9.0 BACKGROUND PAPERS

9.1 None.

Elaine Torrance
Independent Convenor, Dundee Adult Support and Protection Committee
/ Independent Chair, Dundee Child Protection Committee

DATE: 13 November 2023

Ann Hamilton
Independent Chair, Dundee Violence Against Women Partnership

Alan Small
Independent Chair, Tayside MAPPA Strategic Oversight Group

Dr. Emma Fletcher
Co-Chair, Dundee Alcohol and Drug Partnership

Superintendent Nicola Shepherd
Co-Chair, Dundee Alcohol and Drug Partnership

Kathryn Sharp
Service Manager, Strategy and Performance

Elaine Mackie
MAPPA Co-ordinator

Eibhlin Milne
Development Worker, Protecting People

Naomi Cairns
Graduate Trainee, Protecting People / Communications

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Protecting People Annual Report 2022-2023

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Foreword

As Chairs of the Protecting People Committees/Partnerships, we are pleased to present this report covering April 2022 to March 2023. This year the four Committees have moved to one Protecting People report to demonstrate the cross-cutting nature of the work undertaken. The Annual Report will highlight key cross-cutting and specific Committee achievements, challenges and areas of future work.

There has been a large volume of work undertaken by the four Committees and their partners over the past financial year, with close multi-agency working continuing to be prioritised. This year allowed the Committees to move past COVID-recovery work and progress both new and work delayed during the pandemic.

A key achievement of the Protecting People Committees was focussing on enhancing learning and organisational development. This has been progressed through creating an online multi-agency Protecting People learning resource and identifying areas of improvement through learning reviews. Further key areas the Protecting People Committees have focussed on are enhancing communication both with the public and the workforce, and meaningfully embedding lived experience into informing strategic decision making.

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

Adult Support and Protection Committee (ASPC): Work to implement improvements following a Thematic Review of Fire Deaths, particularly in Care at Home Services, further development of training available for Council Officers and Second Workers, and developing a more robust approach to quality assurance.

Child Protection Committee (CPC): Development of the Children and Young People's Charter, implementing the national guidance for Child Protection in Scotland, and improving practice and responses to children and families affected by domestic abuse.

Alcohol and Drug Partnership (ADP): Progress with the implementation of Medication Assisted Treatment (MAT) Standards, establishment of direct access clinics, increased support offered through Independent Advocacy, improving and permanently establishing the Near-Fatal Overdose response, implementation of a pathway for Residential Rehabilitation and the creation of the Alcohol and Drug Prevention Framework.

Violence Against Women Partnership (VAWP): Securing funding for a dedicated Gender-based Violence (GBV) Learning and Organisational Development post, creating the Young People's Intelligence and a social media presence through the StandTaygither Instagram.

Despite these achievements, there are still some challenges that persist. Capacity and availability of resources continue to have an impact on Protecting People work and the ability to progress in some areas. Due to persisting challenges of recruitment and retention of frontline staff and the increasing demands on services, it is difficult to release staff to take part in training. This also affects the ability to progress some areas of improvement work.

Funding also remains a challenge, especially within the third sector specialist organisations. Allocations are generally time limited, project based and come from a range of sources. To mitigate this, both the ADP and the VAWP have a sub-group to monitor the availability of funds and the total money in the city for their specific areas to ensure strategic priorities are being addressed. The Partnerships also actively seek out funding opportunities with the ADP being successful in obtaining over £2 million in funds through various third sector projects.

To address these challenges and continue improving Protecting People work across Dundee, the Committees will be working together on key cross-cutting areas. The Committees hope to further integrate the work by implementing a new strategic structure to address risk and vulnerability affecting members of our community collectively. The Committees will also focus on further developing their approach to gather the views from people they are working with to ensure their voice is heard and informs strategic direction, operational processes and service delivery.

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



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



Emma Fletcher
Co-Chair of Alcohol and Drugs Partnership.



Nicola Shepherd
Co-Chair of Alcohol and Drugs Partnership.



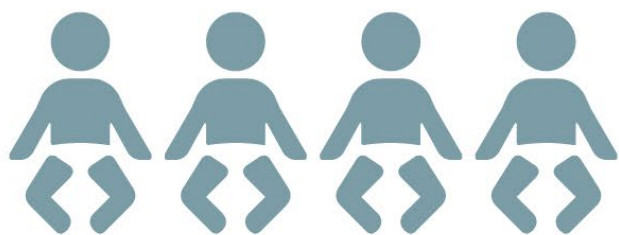
Ann Hamilton
Chair of Violence Against Women Partnership.

DUNDEE is Scotland's fourth largest city

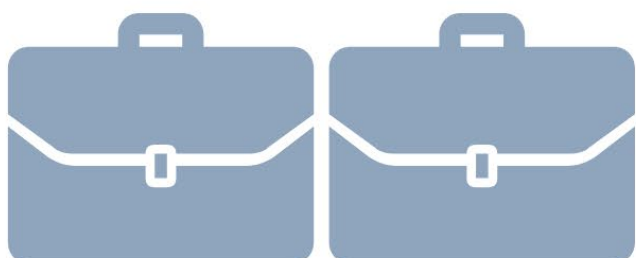
2nd highest population density in Scotland.



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



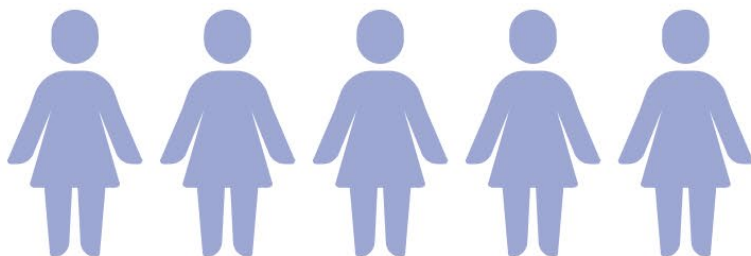
Estimated that **43% of children aged 0-15** live within the 20% most deprived data zones.



Dundee's 2022 population was estimated to be

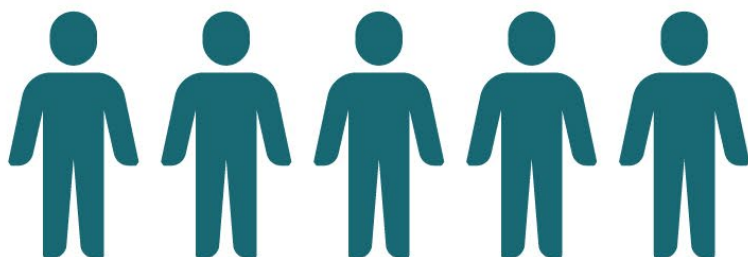
148,100

185



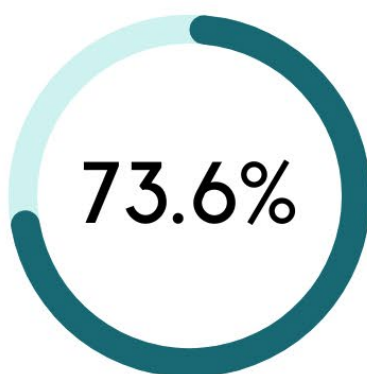
76,100 Females

Life expectancy: 79.1 years

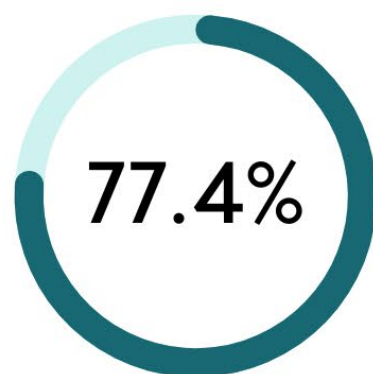


72,100 Males

Life expectancy: 73.5 years



Dundee

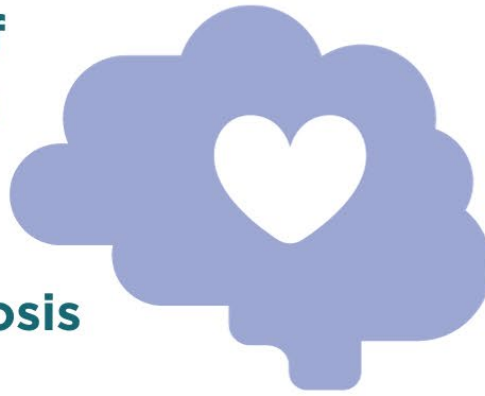


Scotland

In 2022, **73.6% of those aged 16-64** years in Dundee City were economically active.

In 2020/21, **21.84% of Dundee's population had been prescribed drugs for anxiety, depression or psychosis**

(5th highest of all Council areas in Scotland).

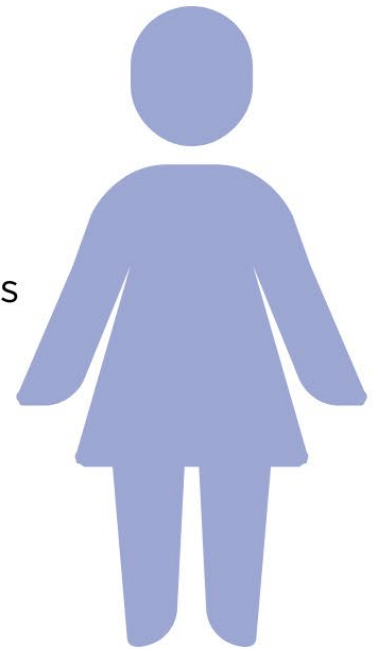


186
29 Suicide
related deaths
in 2022
(**19.6** per
100,000)



37 Alcohol-specific deaths
in 2022
(**24.9** per **100,000**)

38 Drug deaths
in 2022
(**25.6** per **100,000**)
(2nd highest of all Council areas in Scotland).



519 Sexual crimes recorded by
Police Scotland



2,660 Domestic abuse incidents
reported to Police.
Increase of **6.2%**
from 2021/22



Imprisonment rate:
Dundee City retained the
highest rate of arrival **3.6**
per **1,000** in 2021-2022



Cross-Cutting Key achievements in 2022-2023

The **development of the Protecting People Learning and Organisational Development (PP L&OD) Framework**. The team have been working to bring PP L&OD into one place, an online location, that is easily accessible and locates protection training and development within a tiered framework.

The **Chief Officers Group (COG) hosted a Workforce Collaboration Event** in February 2023. As well as offering an opportunity for staff to network with their colleagues across services, the event included presentations celebrating key developments and improvements in Protecting People services. Staff and COG members participated in workshops focused on key improvement areas, giving them an opportunity to share their views and ideas with COG members.

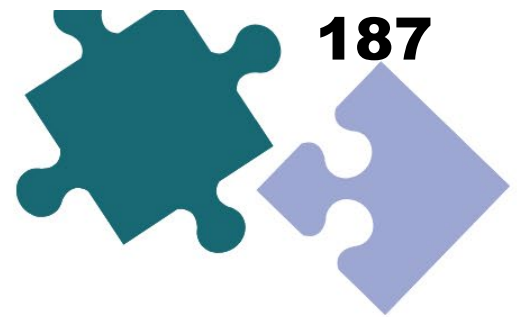
The **Protecting People Committees partnered with Dundee City Council Communications Service to offer a joint Digital Communications Graduate Trainee role**. The role has allowed Committees to develop improved ways to distribute key information, develop new digital communication channels, develop digital communication materials and improve the accessibility of information produced by the Committees.

Dundee's Trauma Steering Group launched their implementation plan in March 2022 and has been progressing actions throughout the year.

In 2022-23 the COG met to focus on ways in which the **contribution of the workforce could be recognised and celebrated** and how the workforce could be better involved in the work of the Protecting People Committees. Developments have included opportunities for COG to visit services to understand challenges faced and opportunities for members of the workforce to attend and observe COG meetings.

Progressing the culture change that workers within the **workforce can have lived experience of trauma and can contribute and co-produce services and strategy**. The Workforce Lived Experience Group is forming ideas about the role it wants to take and is already involved in a number of developments.

Working with the National Authentic Voice Project as a pilot area for their leadership workstream, focused on embedding lived experience into strategic forums across Scotland. The COG has endorsed this as a priority for senior leadership and are committed to engaging in key activities with the project. It is led in collaboration with people who have lived experience, and their input is very much at the heart of the Authentic Voice project.



Challenges

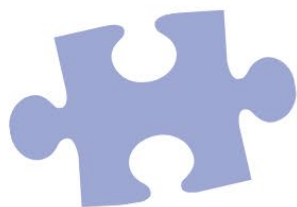
Sourcing, delivering and releasing staff for training beyond basic/awareness level. To address this challenge the Protecting People team are looking to **Implement the PP L&OD Framework which will encompass all Protecting People Committees**.

Implementing improvement work. This has been particularly difficult where improvement work has required active input, expertise and skills of people working in frontline protection services. These teams within the workforce have focused on meeting increased demand and complexity of risk, whilst dealing with gaps in normal staff capacity caused by wellbeing, absence and recruitment issues.

Embedding an intersectional approach in all Protecting People work. The Protecting People Team have already begun to embed intersectional approaches to their work through the **Gendered Services Project, Deaf Links partnering and the soon-to-be-launched ADP Prevention Framework**. There is however more to be done for all work to be informed by an intersectional approach.

Ensuring staff to have access to wellbeing support. To address this, the team seek to implement recommendations from the **Staff Burnout report and review key policies through a trauma lens and develop guidance toolkits for the multi-agency partnership to support this area**.

Improving communication and engagement. One size does not fit all – different audiences have different needs and preferences. Within the resources available it can be challenging to meet everyone's needs and there often must be a process of prioritisation. **Committees will continue to be proactive in their approach to communications, including with local media.**



Challenges

Continue embedding lived experience work. It is important that we expand this work but **ensure that all lived experience work is trauma-informed and meaningful, not tokenistic.**

Increasing focus on prevention and early intervention. Due to strained capacity within frontline and strategic teams, it does not always allow for this focus to be at the forefront, with resources being assigned to crisis-driven responses. We hope to address this by **implementing the Dundee Alcohol and Drugs Partnership Framework and creating a Violence Against Women Prevention Framework.**

The public sector has continued to face a very **challenging financial landscape** during 2022-23. This has impacted a range of Protecting People services and supports, particularly those delivered in the third sector. Throughout the year the **Protecting People Committees have focused on taking positive action to mitigate risks associated with financial challenges wherever possible.** This includes the establishment of the Alcohol and Drugs Partnership Commissioning Group and the Violence Against Women Partnership Funding Group.



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Key priorities for 2023/24

ENHANCE our focus on suicide prevention, including developing a new plan for improvement that reflects the national Suicide Prevention Strategy.

FURTHER integrated our work on protecting people, implementing a new strategic structure that will help the COG and committees to implement priorities for improvement.

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

IMPROVE our approach to communication, developing more consistent and more easily accessible routes for communicating our work with members of the public and the workforce.

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

DEVELOP an approach to support services to better capture, report and understand outcomes information for people who are supported through protection processes, services and supports.

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

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

DUNDEE

Adult Support and Protection (ASP) 2022-2023

95

ASP

investigations



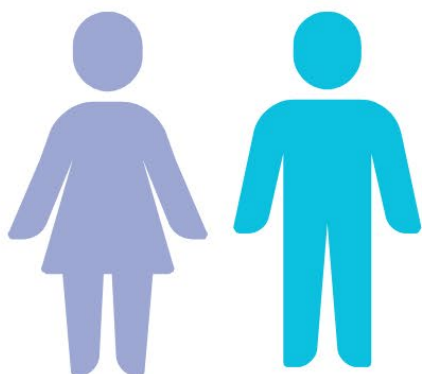
88

Initial case conferences were held.



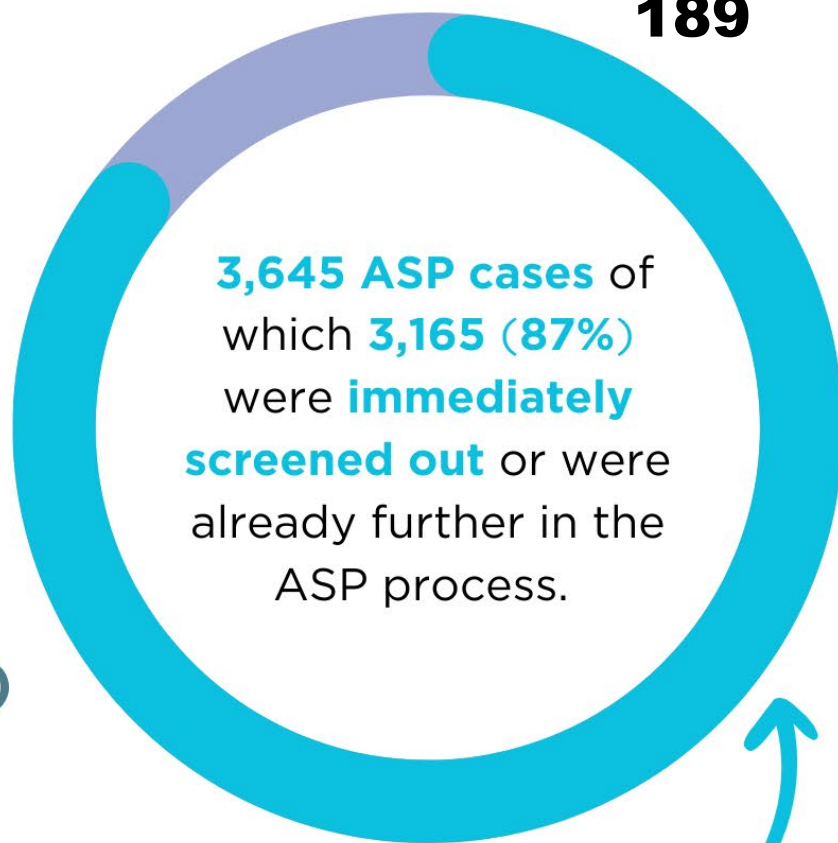
72%

of harm happens most at home.



The age group **most at risk** is that of **40-64 years old** for both sexes

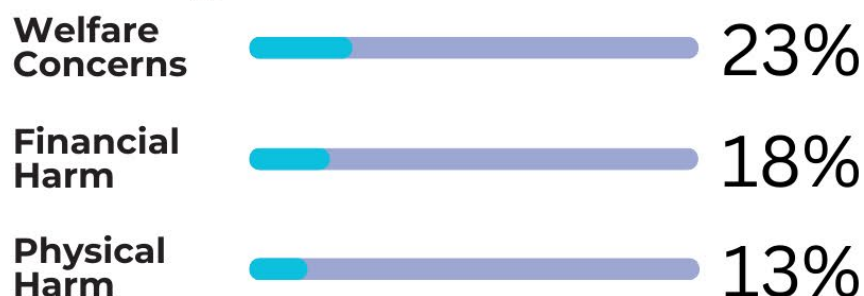
189



18%

increase from the previous year.

Type of harm reported in ASP investigations



Adults with **Learning Disabilities** form the **highest group** that receive ASP investigations (**23%**), followed by those with **Mental Health** needs (**20%**).



Key achievements in 2022-2023

Significant progress has been made in **developing and implementing a more robust approach to quality assurance, including developing a new Learning Review process** and having more effective oversight of the implementation of learning from reviews.

Partners have worked collaboratively together, both in Dundee and across Tayside, to **develop and deliver a high-quality and varied learning and development programme**. This has supported improvement priorities and enabled more practitioners to gain the confidence to participate in improvement activities.

Dundee has invested in **learning and development approaches that have resulted in a high level of Council Officer capacity, confidence and competence**. Action has also been taken to ensure good availability of Mental Health Officer capacity to ASP processes and to maintain a responsive system where a Capacity Assessment is requested.

Our comprehensive arrangements for oversight and support of the independent sector, delivered through a partnership approach, have **supported a high-quality and improvement focused approach to completing Large Scale Investigations**.

Partners have worked together to implement learning from the Thematic Review of Fire Deaths, leading to **significant improvements in the assessment of fire safety risks and provision of fire safety equipment, particularly in Care at Home Services**.



Key priorities for 2023/24

Completing the work that has started in both Dundee and Tayside to **revise our multi-agency ASP policies and procedures** and fully implement the revised national Code of Practice.

Achieving a more consistent approach to supporting adults at risk and their unpaid carers / family members to be appropriately involved at all stages of ASP processes (not just case conferences).

Continued efforts to improve the quality of chronologies, risk assessments and plans and to gain a better understanding of the role that Initial Referral Discussion meetings have as part of wider approach to information gathering, analysis and decision-making within Duty to Inquire and investigations.

Moving to a tiered multi-agency pathway that supports adults at risk of harm from the earliest point of identification through to ASP processes, where these are required.

Implementing a process for capturing experiential feedback from adults and carers who have been subject to/supported individuals through ASP processes.

DUNDEE

Child Protection Committee

(CPC) 2022-2023

2,156
Police
CP Concern reports.



456
Initial Referral Discussions

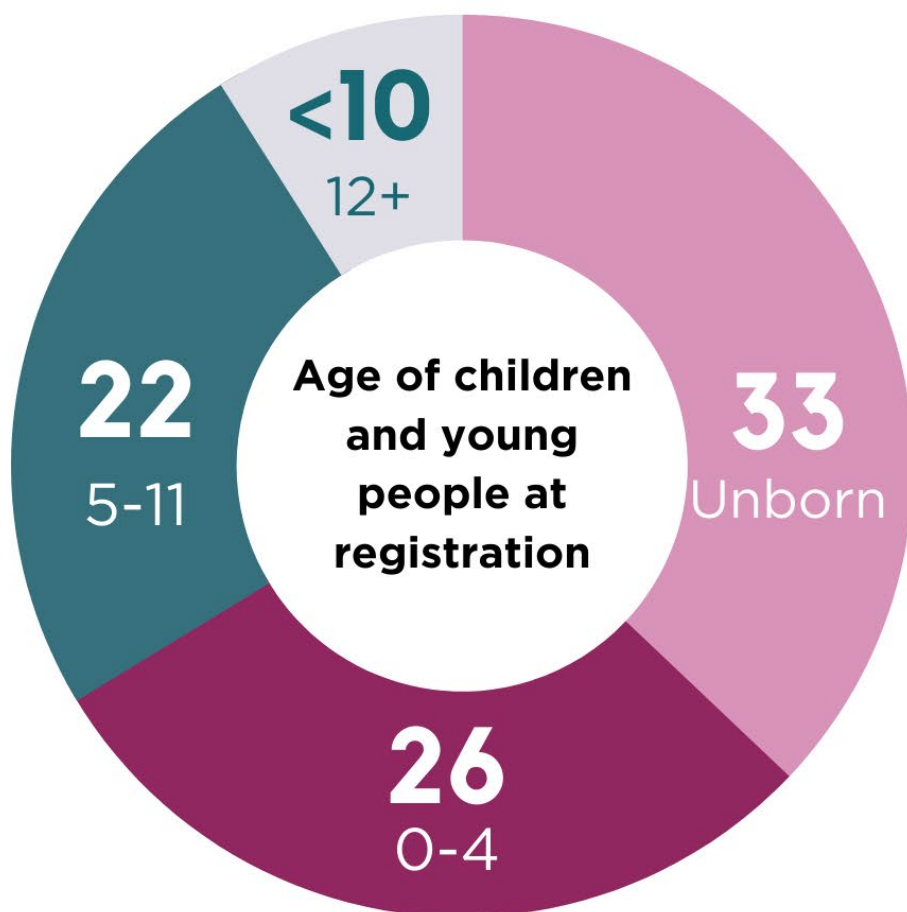
191
7,777
agency contacts with Multi-Agency Screening Hub.

84
children **added** to Child Protection Register in 22/23.



117
Children and young people **removed** from the Protection Register in 22/23 and provided with alternative support.

As of March 2023, there were **27 children** on the Protection Register.



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



Key achievements in 2022-2023

Updating the Dundee Multi-agency Child Protection Procedures to fully incorporate the National Guidance for Child Protection in Scotland.

Creation of the Children and Young People's Charter which aims to **improve the involvement of children and young people (CYP) at both strategic and service level.** The Charter is based on the views of a group of CYP's experiences in the Child Protection and Care Systems and what could have been better for them.

Establishment of the **Children/Young People Experiencing Domestic Abuse (CYPEDA) working group** to ensure strong links are made between Child Protection and Domestic Abuse (DA) specialist services.

Creation of a manager-level post was established in Children & Families social work, with a focus on **improving practice and responses to children and families affected by domestic abuse.**

The CPC has a **well-established dataset** and the Multi-agency Data Subgroup defines themes and priorities to draw to the attention of the CPC. The **data report format was amended** in summer 2022 to reflect new national guidance and focus on exceptional indicators.

Subgroups which focus on **Case Reviews and Quality Assurance are now established** within the CPC structure and themes from these groups and the data group are triangulated to ensure we have a full picture to **inform strategic developments and improvements.**



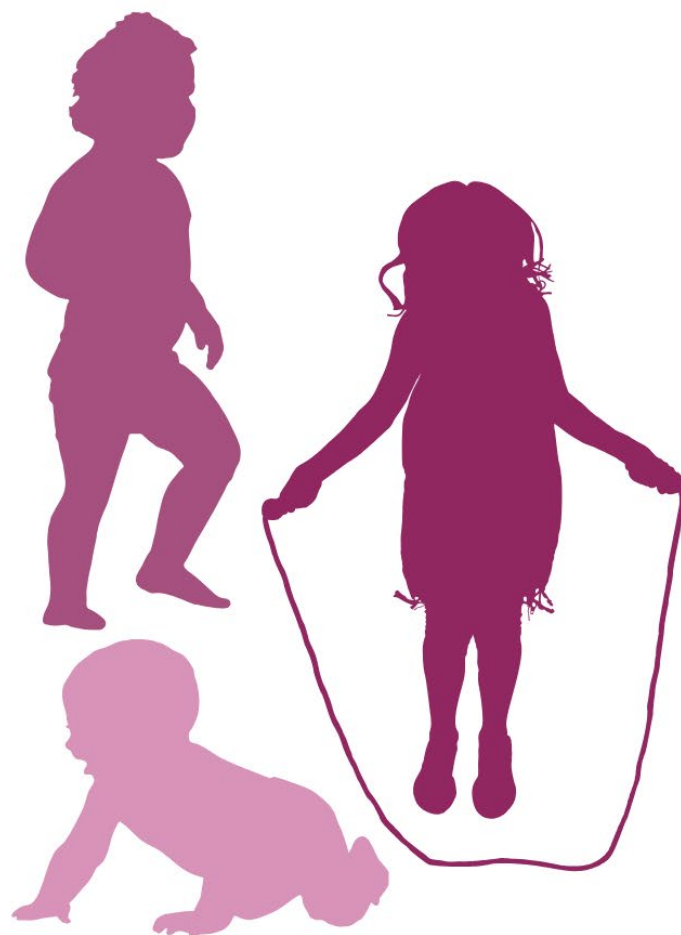
Key priorities for 2023/24

Evaluating how well aspects of the National Guidance for Child Protection in Scotland have been incorporated into local practice and arrangements, and **identifying any gaps that require to be addressed.**

Continue to embed the work of the Children's Charter.

Continue to enhance the work of the CYPEDA working group to develop a more in-depth pathway which will align and be embedded within Getting it Right for Every Child guidance and framework.

Continue to implement the new Joint Investigative Interview Model and Bairn's Hoose.



DUNDEE

Alcohol and Drug Partnership

(ADP) 2022-2023

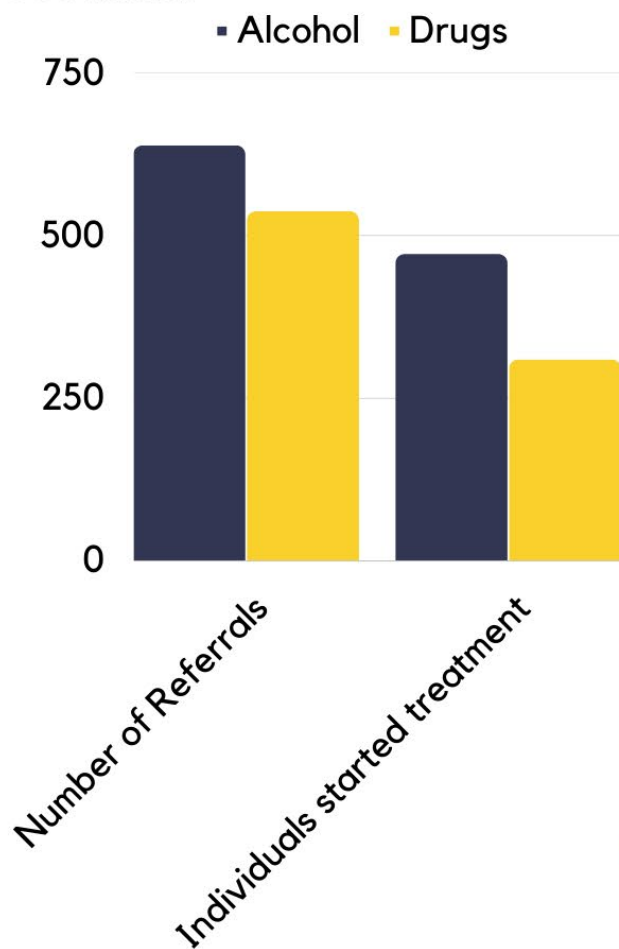
National Records Scotland:



38 Drug deaths in Dundee in 2022 a **17.4% decrease** from 2021.
20 (53%) of these deaths were **female**.

2nd Highest

rate of drug deaths (43.1 per 100,000) of all local authority areas (2018-2022) in Scotland.



In 2022, there were **179 Near-Fatal Overdoses (NFODs)** incidents.

Reduction from 2021 when there were **342 NFODs**.



1,555 Naloxone kits were distributed in 2022/23

Individuals in the most deprived areas of Dundee were

5x more likely to have experienced an alcohol or drug-related hospital stay/discharge than those living in the least deprived areas.



For the past four years, **75%** of all drug deaths have occurred where the deceased was a resident in the 20% most deprived areas.



Key achievements in 2022-2023

Over the last year, the Dundee ADP developed a local multi-agency **Strategic Framework**. The Framework is supported by a two-year rolling Delivery Plan (2023-2025). **The overall aim of the Framework is to reduce harm from alcohol and drug use, support well-being and the recovery of people who experience longer-term challenges associated.**

The Dundee ADP continued to progress with the implementation of **Medication Assisted Treatment (MAT) Standards**, primarily focusing on **Standards 1 – 5 (Phase 1)**. Through this, the ADP **established direct access clinics, increased support offered through Independent Advocacy, improved and permanently established the Near-Fatal Overdose response and implemented a pathway for Residential Rehabilitation**. In the most recent Government Benchmarking Report, Dundee's ratings **improved** in 2023 from the previous year for all five MAT Standards that were involved in Phase 1 of the implementation.

During 2022-23, **six applications** from organisations in Dundee were **successful in obtaining large grants from CORRA for their proposed projects, with a total sum of £2,194,696**. These projects will be implemented in 2023-24.

The Dundee ADP created and designed the **Dundee Alcohol and Drug Prevention Framework** for the workforce to support development and action-planning across the city. **The Framework is intended to provide evidence of best practice that should be considered when monitoring or planning any services, interventions or prevention activity**. Although still in the early stages of implementation, this should result in a prevention-focused system with fewer individuals experiencing issues with drug and alcohol use.



Key priorities for 2023/24

Continue to focus on the implementation of MAT Standards 1-5 (Phase 1). This will include a review of the implementation to date regarding access to services, focusing on the work of the direct access clinics. It will also include expanding the scope of responding to high and immediate risk to include broader risks and vulnerabilities. Work will also progress with Community Pharmacies to increase their support for MAT. To support this, the capacity currently co-ordinating the Near-Fatal Overdose Pathway will be strengthened.

Shift focus to the implementation of **MAT Standards 6 – 10** with a clear focus on **improving links with mental health services and strengthening the Shared Care approach with Primary Care**.

Focus on supporting the specialist substance use organisations to develop effective Family-Focused Approaches, **ensuring carers and families are included and supported**.

Continue and further embed work carried out by the experiential data group to inform strategic decision-making.

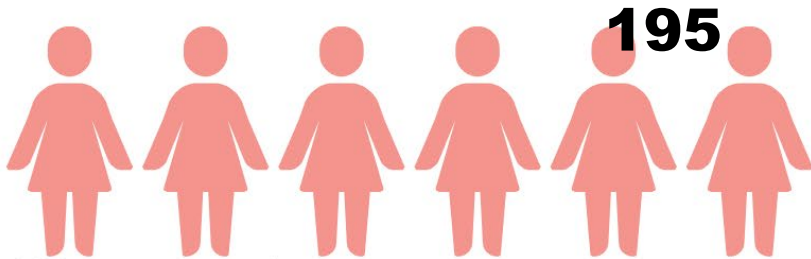
Progress implementation of the **new Dundee Alcohol and Drugs Prevention Framework**.

Focus more on **workforce development and training**.

Launch the Dundee ADP website to ensure that all stakeholders are provided assurance of work being conducted by the Partnership.

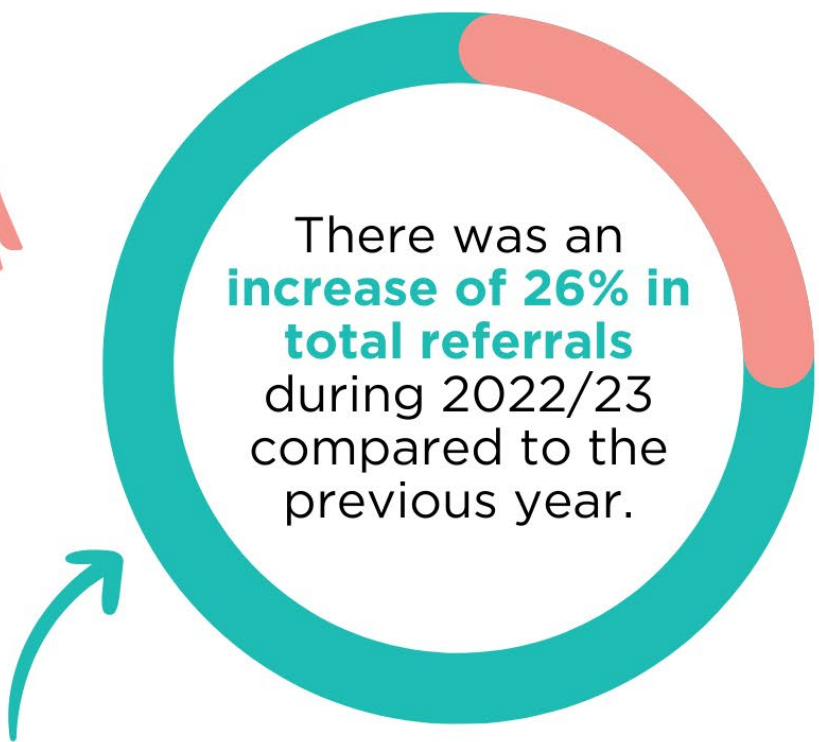
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Violence Against Women Partnership (VAWP) 2022-2023

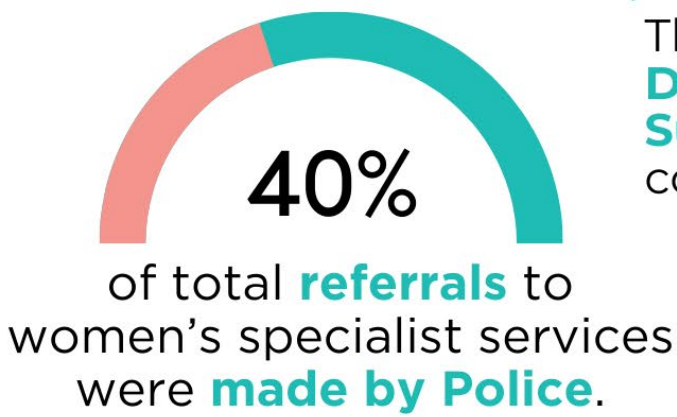


Women who were presented to services were predominantly **26 years or older.**

Third Sector Organisations in 2022/23 supported:

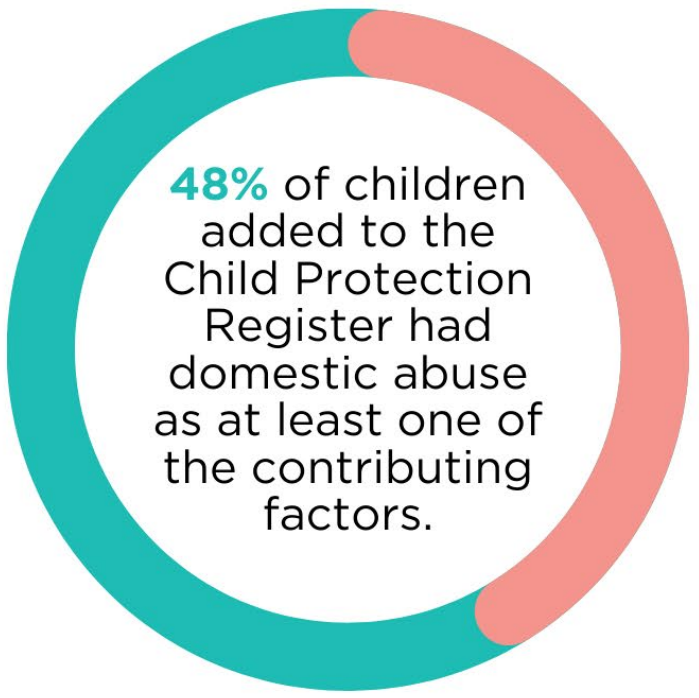
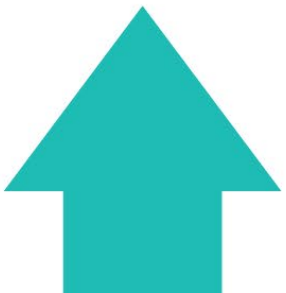


The launch of **ASSIST**, a specialist **Domestic Abuse Advocacy and Support Service**, in April 2022 contributed to this increase.



268 referrals to Multi-agency Risk Assessment Conference in 2022/23.

33% Increase from 2021/22.



Key achievements in 2022-2023

The Dundee VAWP secured funding for a dedicated Gender-based Violence (GBV) Learning and Organisational Development (L&OD) post. **Through this, shared expertise and experiences between the VAWP, L&OD Team and Public Protection were brought together.** This aims to embed a culture change and build capacity in relation to VAW across Dundee at every level of the workforce.

Successfully obtained funding to deliver a **Violence Against Deaf Women Project** which provides advocacy for the Deaf, raises awareness of specific complexities, improves access to VAW services and upskills Women's Aid staff teams on BSL/Deaf Culture.

Establishment of the **Young People's Intelligence Subgroup** to focus on particular concerns for young people in their own relationships. This group has allowed the workforce to be better equipped to **understand the ever-changing worlds of young people to provide relevant advice and support.**

Secured **new funds** for the **CEDAR** project (children experiencing domestic abuse recovery) which is a **group work programme for children and their mothers who are out of the domestic abuse situation and recovering from the experience.** The group work programme aims to rebuild damaged relationships between mother and child(ren) and enable mums to better understand and support their children.

Secured **new funds** for **ASSIST**, a service which **provides advocacy and support to victims (and their children) of domestic abuse who have a case going through court.**

Developing a **social media presence** for the VAWP through the **StandTaygither Instagram** account. This account is used to provide education to the public about gender-based violence, promote the positive work conducted by the VAWP and promote public VAWP event.



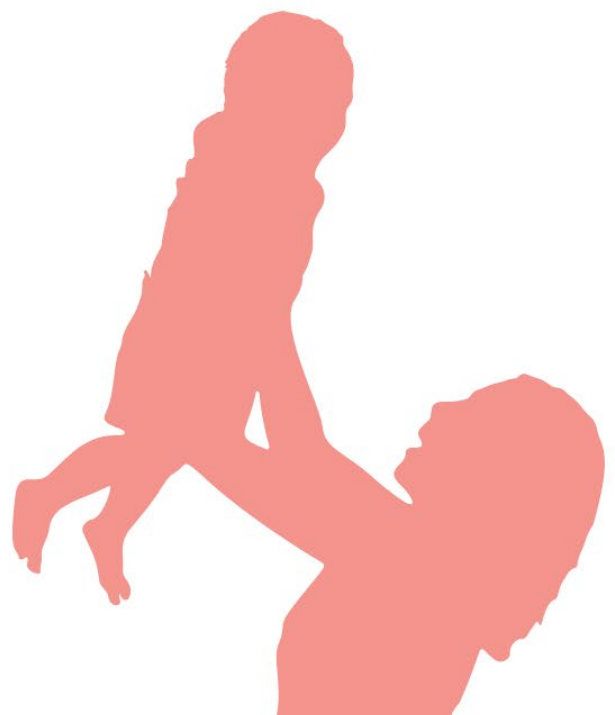
Key priorities for 2023/24

Continue to **develop a collaborative approach to funding for VAW services** and implement national actions from the Strategic review of funding.

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

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

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





1. Protecting People in Dundee

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

1.1 What is Protecting People?

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

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

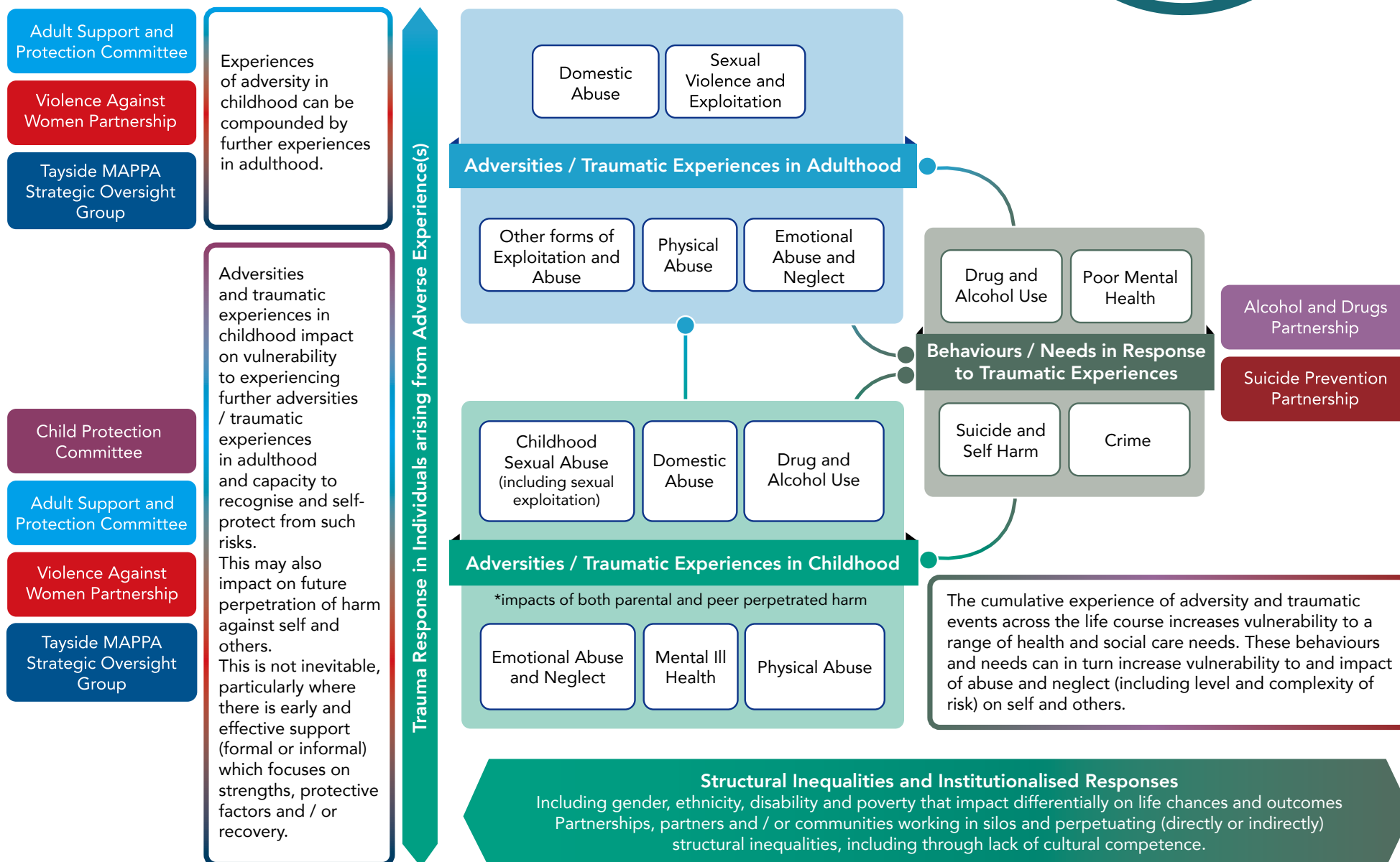
By working together agencies from across the public sector (for example, Dundee City Council, NHS Tayside, Police Scotland, Scottish Fire and Rescue Service), third sector (voluntary and community organisations) and independent sector (such as social care providers) aim to:

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

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

1.2 Why have a Protecting People approach?

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



1.3 What are the Protecting People Committees?

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



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

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

2. What our Data is Telling Us?

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

During 2022-23, some of the key ways in which the PP Committees have used data and information to identify and spread good practice, as well as gaps and areas for improvement have been:

2.1 Minimum Datasets and Data Scrutiny Groups:

2.1.1 Adult Support and Protection (ASP):

A new National ASP minimum dataset is currently under development. Dundee has contributed to this development process. It is intended that the data will be collected and submitted quarterly, replacing the current annual returns, to the Scottish Government. The data will also be used locally to plan and improve services and address any gaps and challenges. This will complement the monthly National SOLACE data set (see below) utilised by the Chief Officers Group (COG) for analysis and provide assurance or highlight risks that need to be mitigated. This new National ASP Minimum Dataset will be introduced at the start of the financial year 2023-24.

It is recognised that the current ASP dataset will need to be updated in line with the new national guidance. This will include information such as the number of ASP inquiries, number of case conferences, actions taken to support individuals and types of harm experienced.

Data is regularly reported to the ASP who scrutinise the information and often ask for further deep dives into areas of interests or concerns. One example during 2022-23 was the small number of older people with Dementia who were referred.

2.1.2 Child Protection Committee (CPC):

Improving the use of qualitative and quantitative multi-agency data has long been a priority of the CPC. This is to inform strategic decision making and the development and delivery of family centred approaches to improve safety and well-being. In recent years, the focus has shifted from the collation of single agency indicators to the synthesis of a wide variety of data inputs to better understand collective impact on outcomes for individuals and communities at risk. The CPC, supported by the Data Subgroup has continued to maintain and further develop the use of the National Minimum Dataset at a local level. Dundee has been one of two early adopters of the updated version, which reflects the new CP Guidance, includes more inputs from other agencies (Police,

Health and SCRA), and focuses more on earlier processes pre-registration. The range of measures in the CPC dataset goes beyond the National Minimum requirement, by adding in data regarding early stages of identification of concerns, MASH (Multi-agency Screening Hub), initial referral discussion (IRD) and investigation. Core values and principles from Getting it Right for Every Child (GIRFEC), The Promise and benchmarking data increasingly inform scrutiny questions applied by the data subgroup to evaluate data and impact.

The CPC receives regular reports from the Subgroup presenting key data and accompanying analysis. During 2022-23 this has continued to support the CPC to identify areas for further analysis and plan improvement activities. One example of this has been continued high figures around domestic abuse resulting in a linked subgroup to further examine the impact on children and young people experiencing domestic abuse and to identify mitigating action: the CEDAR project (Children Effected by Domestic Abuse Recovery), for instance, is beginning to have a positive impact on this group of families. The work of the subgroup also led to an increased focus on earlier processes, including Initial Referral Discussions. Also, on what supports are in place for older children and young people who do not progress through child protection processes but are supported in other ways. This is often through a combination of universal services (especially schools) and third sector projects; this work now links with the GIRFEC Delivery Group which focuses on support for Named Persons to keep children safe.

2.1.3 Violence Against Women (VAWP):

The Dundee VAWP submits annual data returns to the National Equally Safe Performance Framework. This provides insight into the prevalence of Gender-Based Violence in Scotland.

During the pandemic, the VAWP increased the frequency of data collection to understand the impact of lockdown on vulnerable women within Dundee. This minimum data set was based on the National Return, with the addition of qualitative data to understand the lived experiences of women and staff within VAW services. The Partnership has continued to collate monthly data since the pandemic and frequently reviews how their dataset could be altered to provide greater insight. The dataset informs strategic decision making and aids the Partnership to evidence needs for funding.

The VAWP has taken learning from the CPC Data Subgroup's approach to data and replicated this as far as possible within the Partnership. During the pandemic the VAWP increased the amount and the frequency of data collection. Following this, the Partnership has established a Scrutiny Subgroup to analyse and review the data. The data gathered has allowed the VAWP to monitor trends in the city, supported the Partnership with funding applications and helped identify priority areas for focus.

2.2 Our Local Data:

2.2.1 ASP:

- In 22-23 there were 3,645 ASP (an increase of 18% from the previous year) of which 3,165 (87%) were immediately screened out or were already further in the ASP process.
- 95 ASP investigations and 88 Initial Case Conferences were held.
- Welfare concerns were the higher proportion of harm type reported in ASP investigations (23%), followed by financial harm (18%) and physical harm (13%).
- Adults with Learning Disabilities form the highest group that receive ASP investigations (23%), followed by those with Mental Health needs (20%).
- Harm happens most often at home by a significant margin (72% of all ASP investigations).
- The age group most at risk is that of 40-64 years old for both sexes.

2.2.2 CPC:

- In the year 2022-23, there were 2,156 Police-recorded Child Protection Concern Reports.
- During May 2022 to April 2023, there were 456 inter-agency referral discussions.
- During 2022-23 there were 135 children subject to Initial and Pre-birth Child Protection Plan Meetings.
- Over the course of 2022-23 there were 88 new registrations, 117 de-registrations and 15 re-registrations on the Child Protection Register (CPR).
- The age of children and young people at point of registrations was: 33 unborn, 26 aged 0-4, 22 aged 5-11 and 8 aged 12 and over.
- Concerns recorded for why children were placed on the CPR were predominantly domestic abuse, parental mental health and parental drug use.

2.2.3 ADP:

Drug Deaths (2021):

- In 2021, the Tayside multi-agency Drug Death Review Group confirmed 47 drug deaths in Dundee. The average age of drug death casualties in 2021 was 43 years.
- 53 of those who died in Tayside were male (68%), but whilst the male deaths decreased by 21% between 2020 and 2021, female deaths increased by 14%.
- 60 (77%) of the Tayside drug deaths in 2021 occurred amongst people who lived in areas of the greatest socioeconomic deprivation (SIMD 1 and 2).
- At the time of their death, 58 individuals were identified as having been diagnosed with a mental health condition at some point in their lives.
- 39 of the 78 individuals had been in prison or on remand at least once in adulthood.
- **National Drug-related Death** figures for 2022 were published in August 2023. For Dundee there were 38 deaths recorded, with 53% being female. The Tayside Report will be published in due course.

Alcohol Deaths (2021):

- During 2021, there were 46 alcohol specific deaths in Dundee.

Preventing drug deaths and drug-related harm:

- **Naloxone:** During 2022-23 in Dundee, the total number of Naloxone kits distributed was 1555. This includes distribution to individuals and carers by frontline services, Community Pharmacies, homeless services, and several other organisations participating in the Take-Home Naloxone scheme.
- **Near-Fatal Overdoses (NFODs):** In 2022, there were 179 NFOD incidents. This is a reduction from 2021 when there were 342 NFODs where Dundee City was recorded as the area of residence.

Substance related harm and deprivation:

- During 2022-23, individuals in the most deprived areas of Dundee were five times more likely to have experienced a drug-related hospital discharge than those in the least deprived areas.
- Individuals living within the most deprived areas of Dundee City were five times more likely to have an alcohol-related hospital stay than those living in the least deprived areas.
- Overall, for the past four years, 75% of all drug deaths have occurred where the deceased was a resident in a SIMD 1 or 2 area.

Individuals accessing services 2022-23:

	Alcohol	Drugs	Total
Number of Referrals	638	537	537
Individuals started treatment	471	399	870

2.2.4 VAWP:

- During 2022-23 our specialist services in Dundee supported 211 children and 2,191 women.
- There was a 26% increase in referrals to specialist services in 2022-23 compared to 2021-22.
- Referrals were predominantly made to services by Police (40%).
- Self-referrals accounted for 25% of total referrals to specialist services.
- Women who presented to services were predominantly 26 years or older.
- In 2022-23 there were 70 refuge requests, which was a 37% decrease from the previous year.
- Police report there were 2,549 incidents of Domestic Abuse in Dundee during 2022-23.
- 296 Women and young people sought support from local specialist support services for rape and sexual assault.
- In 2022-23 there were 268 cases discussed at the Multi-Agency Assessment Conference (MARAC).
- Of the 89 children added to the CPR, 43% of them had domestic abuse as at least one of the contributing factors.

2.2.5 Suicide Prevention:

- In 2021, Dundee had the second highest rate of suicide deaths in Scotland (alongside Highland). In that year 25 people died by suicide.
- The majority of people in Tayside completing suicide in 2021 were male (77%) and the mean age of those completing suicide was 46 years. However, in Dundee there was a greater proportion of deaths for people aged under 30 years than for Angus and Perth & Kinross.
- Most suicide deaths happened in the persons own home (69%), with 7% happening at a recognised Location of Concern (Tayside figures).
- 58% of people who completed suicide in 2021 were known to use drugs and / or alcohol prior to their death. 58% of people had contact with mental health services in the year prior to their death; and increase on the previous 3-year period where this was 32-33% (Tayside figures).

2.2.6 SOLACE COG Dataset:

The SOLACE Dataset was launched during the COVID-19 outbreak. This allowed the Scottish Government to work with local authorities to understand the impact of the pandemic and the lockdown on vulnerable children, adults and families, as well as how services were responding. Originally this dataset was collected and submitted fortnightly until late November, whereupon it moved to 4 weekly. Through this dataset, local authorities and the Government have been able to identify critical themes and issues impacting PP services/Committees, as well as inform strategy and service developments.

Data on ASP referrals, investigations, case conferences and protection plans are collected along with the numbers being jointly managed under Multi-Agency Public Protection Arrangements (MAPPA) processes. The data set tells us that while ASP referrals show some seasonal variations, the numbers are climbing and have been especially noticeable since the start of 2023. They have increased from an average of 54 per week to 81 per week; welfare concerns have been the most influential factor in this increase. ASP Investigations, case conferences and protection plans have been stable for the year as have the numbers of individuals managed under MAPPA processes.

Data on Child Protection (CP) for the SOLACE dataset shows that the number of children on the Register is decreasing from an average of 62 to that of 40. Other indicators are relatively stable such as the number of children both added and removed from the register, those entering care at home and away from home and those eligible and receiving after-care.

2.2.7 Planet Youth Survey and Health & Wellbeing Census:

Working in partnership with Winning Scotland, a national charity which acts as a catalyst for change, Dundee Children and Families Service and the ADP are part of a Scottish [Planet Youth](#) pilot. The pilot involves a number of other areas in Scotland, including a totality of thirteen secondary schools, two of which are in Dundee; Baldrigon High School and St Paul's RC Academy. Over 500 pupils from Scotland participated in a questionnaire covering:

- mental and physical wellbeing;
- levels of sleep;
- attitudes to school / their own future;
- adverse childhood experiences;
- social behaviours / interests in their local neighbourhood / community;
- sexual behaviours / attitudes to sex;
- self-harm / suicide and exposure to and use of substances including alcohol, drugs, tobacco, vaping, caffeine.

The questionnaires identified key focus areas for prevention work, including, promoting healthy, positive relationships and developing social and learning opportunities in the community for young people. An action plan encompassing these key areas and the four domains of the Planet Youth approach will be developed with a focus on using improvement methodology. Dundee's Planet Youth survey, carried out in two Secondary Schools, found that:

- Alcohol (37%), tobacco (27%) and cannabis (9%) are the substances of greatest use of those young people surveyed in the 30 days before them taking part.
- 2/3 of young people who have tried alcohol did so for the first time by the age of 13.
- One quarter of young people who have tried alcohol received it from a family member.
- The average age of first-time experiences of trying alcohol, being drunk, smoking, using cannabis, vaping, and using illegal drugs was 12/13 years old for the participants of the survey.

2.2.8 Medication Assisted Treatment (MAT) Standards:

Medication Assisted Treatment (MAT) Standards were introduced in April 2022. These Standards are still in development across the country, utilising a phased approach for implementing each one of the ten Standards. The MAT Standards define what is needed for consistent delivery of safe and accessible drug treatment and support in Scotland. All services and organisations responsible for the delivery of care related to recovery have to implement the MAT Standards. The Standards aim to improve access and retention into MAT, to enable people to make informed decisions about care, and to ensure individuals are treated with dignity and respect by using a trauma-informed approach. During 2022-23, Dundee has been working on implementing the ten Standards. Progress on the implementation can be found in the [National Benchmarking Reports](#). Each area is rated on their progress against each Standard annually using a RAGB (Red, Amber, Green, Blue) assessment.

In the most recent Benchmarking Report, Dundee's ratings improved from 2022 to 2023 for all five MAT Standards that were involved in Phase 1 of the implementation. MAT Standards 2 to 5 are all considered a 'Provisional Green', with MAT Standard 1 improving from a Red rating to Amber.

2.2.9 Experiential Data:

To ensure the MAT Standards of care are making a difference to those accessing services; service users, family and staff are interviewed as part of our local experiential data collection. This is used to inform local developments through a thematic analysis and is one of the three key pieces of evidence required by the Scottish Government and contributes to the national implementation benchmarking ratings across the country. Reported experiences of people using the services directly influences each area's rating. Areas will not be rated as having implemented standards unless there is experiential evidence to corroborate.

2.2.10 Annual Drug Deaths Report:

The Tayside Drug Death Review Group is a multi-agency forum which reviews all suspected drug deaths to provide intelligence and strategic guidance to the three Tayside ADPs. The work of the group provides intelligence, learning and strategic guidance to the ADPs. Each year the group produces an annual report, analysing the information gathered from every drug death in Tayside and providing improvement recommendations. Following the publication of the [2021 Drug Death Annual Report](#), the Dundee ADP will hold a large multi-agency event in October 2023 to discuss the recommendation and agree on specific improvement actions. This will also consider new information from the [National Drug-related Deaths](#) figures for 2022 which were published in August 2023.

2.2.11 Annual Suicide Report:

The Tayside Multi-Agency Suicide Review Group is led by Public Health and reviews all suicide deaths in Tayside to inform future suicide prevention activity. The most recent Suicide Review Group [Annual Report](#) that has been published is for 2021. Due to the higher prevalence of drug and alcohol use and poor mental health amongst those people who completed suicide in 2021 the report made a range of recommendations regarding addressing the prevention of alcohol and drug use and early intervention services, as well as learning and development activities for people working in mental health and drug and alcohol services. The National figures for [Probable Suicides](#) occurring in 2022 was published in September 2023.

2.3 Quality Assurance (QA):

2.3.1 ASP:

The Self-Evaluation and Continuous Improvement sub-group of Dundee City Adult Support and Protection Committee (ASPC): This group brings together professionals from agencies with key roles in PP. For example, Police Scotland, Scottish Fire and Rescue Service, NHS Tayside and the local Health and Social Care Partnership (HSCP) are some of the key agencies who come together to work on reviewing current approaches to keeping people safe and how we might make these better. Following the pandemic, the ASPC re-instated its annual multi-agency case file audit in November 2022, with findings now reflected in the refreshed ASP Delivery Plan. Police Scotland has led work to establish a process for IRD audits, with findings reported back to each ASPC meeting. Increased audit activity has been a significant achievement over the last year and is enabling the ASPC to identify and track improvement priorities more effectively. Moving forward the focus will be on maintaining an annual ASPC multi-agency audit supplemented by in-year targeted audits, as well as supporting the HSCP to implement their audit tool on a routine basis.

2.3.2 CPC:

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

It took time to establish the correct representation for the group, but this is in place and the Independent Chair of the CPC also chairs this subgroup. During 2022 the group developed terms of reference and an action plan (closely linked to inspection finding from 2021). Over early 2023 and onwards we have almost finalised a single agency audit schedule, have revised the PP QA Framework (in draft at present) and have presented a proposal for 4 multi-agency audits to the CPC with the first taking place in September. Whilst the case file audit framework is being finalised, Children's Social Work and other agencies have continued with single agency case file audits, which were commented on positively by the Joint Inspection report published in January 2022.

2.3.3 VAWP:

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

The VAWP has been contributing to the development of an integrated PP Quality Assurance Framework and has several activities already underway. For example, the MARAC process, a key mechanism within the VAW sector, is observed annually by Safelives Scotland and the MARAC Steering Group and VAWP receive and respond to the findings of these observations. MARAC also has a performance framework which is scrutinised at the steering group level.

2.4 Learning Reviews:

These are multi-agency reviews of cases where a person has experienced significant harm and there is learning about the way services worked together before, during and after that harm happened to protect and support them. During 2022-23 a total of eight cases were considered for review; six of these were not progressed however, key learning and action points were identified and added to committee improvement plans. In two cases the process is ongoing. During the year, one Significant Case Review (SCR) that was first considered in 2021 was progressed; it is due to report before the end of 2023. You can find out more about the case review process and previously published reports from the [Dundee Protects website](#).

During 2022-23 there has been a focus across the PP Committees on improving our approach to undertaking learning reviews. This includes implementing new national guidance and ensuring that learning from reviews leads to improvements in services and supports. Dundee has worked with the PP Committees in Angus to develop a new Learning Review Protocol. This is based on national guidance and our learning from undertaking case reviews over the last few years. The Protocol introduces a single process for undertaking reviews that will be used in both Angus and Dundee and applies to all types of harm. It has been developed with a clear focus on having a trauma informed process for both family members and the workforce. Over the next year, work will be undertaken to make sure the process is implemented in practice, including continued joint working between Dundee and Angus.

The CPC has also worked over the year to develop a tool and approaches to help them to track the implementation of learning and improvement actions from reviews. The process has been tested for one case and will now be applied to all future cases. Learning from this work is being considered for adoption across all other PP Committees. In the ASPC a series of learning exchange events were held to support the sharing of learning from a previous thematic review of fire deaths, as well as to update on improvement made following the reviews.

2.4.1 Care at Home Services – Response to Thematic Fire Review:

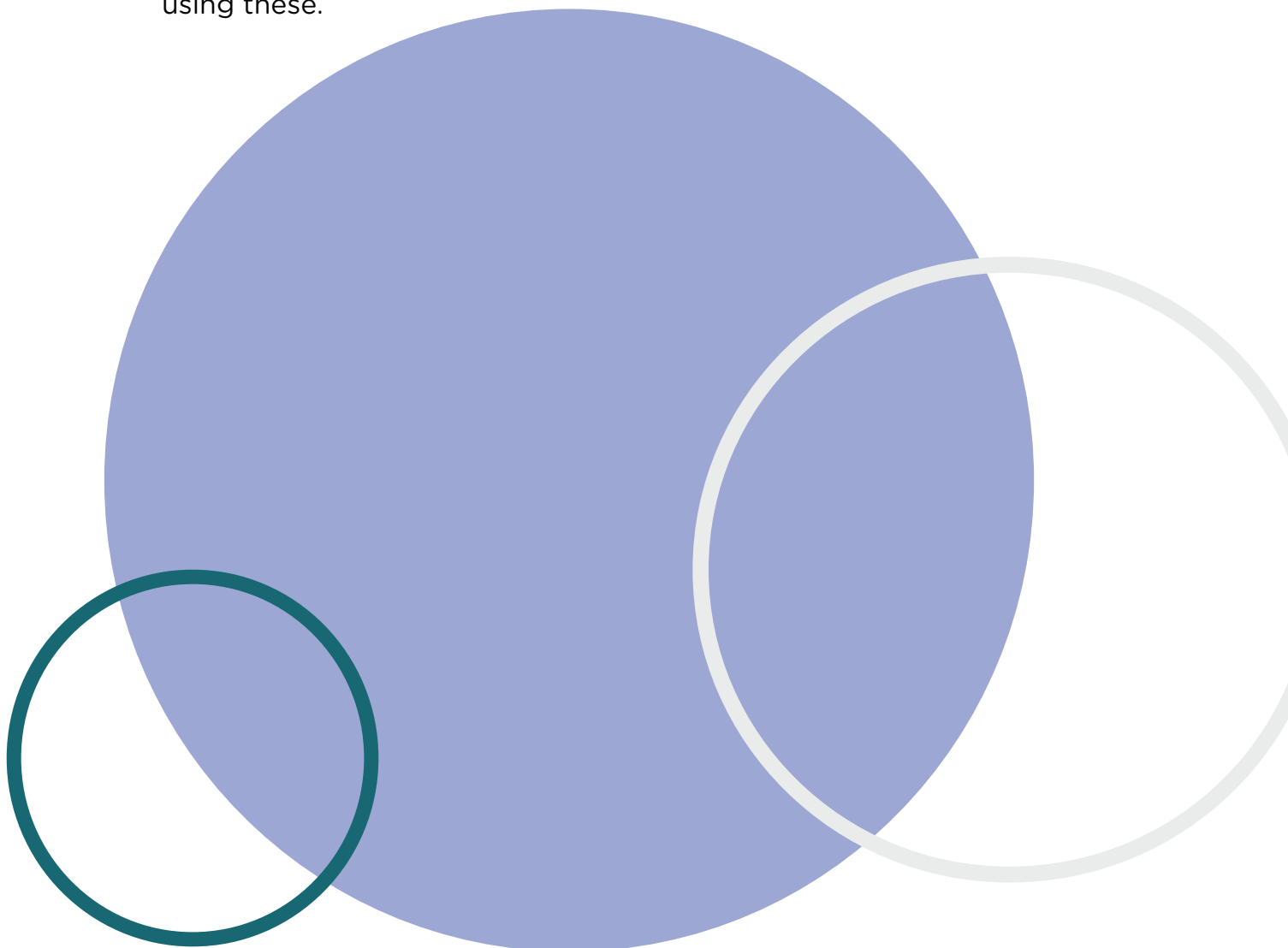
Three of the recommendations made in the thematic review of fire deaths impacted on Care at Home Services provided by Dundee Health and Social Care Partnership (DHSCP) and independent and third sector services. These focused on people working across services being aware of and alert to fire safety risks and addressing these within care and risk management plans, including referring people for home safety checks. They also highlighted the need for any adult who cannot mobilise themselves without assistance to have a fire evacuation plan in place that is known by everyone who needs to know and is updated regularly.

Some areas of existing good practice were identified, including that:

- For every person receiving Care at Home Service their first visit from the DHSCP Care Home Team includes completing a Safety Checklist and Fire Safety Checklist.
- Following the checklists being completed referrals are made to Scottish Fire and Rescue Service (SFRS) for them to complete a home safety visit. Additional equipment can also be installed where fire risk is high – this includes linking smoke alarms to Community Alarms and installing carbon monoxide detectors and heat sensors.
- Care at Home Providers in the independent sector had a range of approaches in place to assess fire risks and refer to SFRS for home safety visits. Some also had experience of using personal evacuation plans.

Some improvements that were made included:

- Additional questions being added to Care at Home Service's Home Safety Checklist to cover personal evacuation plans. A prompt for staff to refer to SFRS for a Home Safety Visit where there might be concerns relating to evacuation was also added. As well as being used for new services users the Care at Home Teams went back and reviewed the checklists for existing service users.
- A series of training sessions were delivered by SFRS to Care at Home staff. A total of seven sessions were held from October 2022 to February 2023. Further sessions are now provided where there is demand for this. The series of training sessions highlighted:
 - the main causes of fire in the home,
 - the people most at risk,
 - how staff can be aware of fire risks when visiting homes,
 - services and safety equipment that SFRS can provide
 - and how to refer for a Home Fire Safety Visit.
 - The DHSCP Home Safety and Fire Safety Checklists and Forms were shared with Care at Home providers in the independent and third sector to consider using these.



3. Protecting People Key Achievements

3.1 Learning and Organisational Development:

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

Prior to the COVID-19 pandemic, a cross-cutting learning and development group operated as a subgroup of the COG. It was however, agreed to suspend this in 2019 to take a proactive direction between the PP team and relevant Learning and Development Advisors to:

- Identify key gaps and where activity is already planned effectively within other groups.
- Carry out mapping and evaluation of the PP learning and development areas, current activity and main gaps.

This work was continued over 2022-2023. We have been working to bring PP L&OD into one place, an online location, that is easily accessible and locates protection training and development within a tiered framework. This will span from basic awareness to skilled and expert levels. The training and development opportunities we focused on are multi-agency and cross-cutting, we are not including single agency training at this point e.g., specific training that specific roles would require (social work, health etc).

We carried out a multi-agency consultation in November 2022 with strong support for the proposal. From this event we also identified representatives to form an oversight group for the framework. The oversight group has been meeting since March 2023.

3.1.2 Adult Protection Learning and Development:

Learning and development is a key strength in our local PP arrangements. Significant and sustained investment through the Council's L&OD Service, supplemented through partnership working with NHS Tayside and wider Tayside colleagues has enabled a comprehensive multi-agency programme of learning and development activity to be made available to staff across all agencies and at all levels. NHS Tayside has recently established a dedicated Public Protection Learning and Development role; in the first instance they are focusing on developing NHS Tayside's first Public Protection Learning and Development Strategy and further enhancing collaborative work on multi-agency learning. Some of the most significant developments during 2022-23 were:

- In February 2023 a PP Training Needs Analysis was undertaken for the HSCP, including ASP aspects, and findings have informed the range of training and development opportunities offered over the last 18-months. It is planned to expand the model to additional agencies and professional groups.
- A range of learning and development offers have been targeted to support

practice improvement and implementation of ASP procedures, including an ASP competency tool, risk assessment tool, chronologies E-learning and multi-agency defensible decision-making training. This has included creating more opportunities for practitioners and team managers to become involved in developing and delivering training.

- The well attended HSCP Practitioner Forum has focused on providing learning opportunities such as action learning sets and case discussions for social work staff, but is now moving to be a multi-agency forum.
- NHS Tayside provide single agency training to ensure health staff have the necessary knowledge and skills to carry out their roles effectively. This includes a core e-learning module on ASP and annual programmes of briefing sessions to support this, they are also developing a Level 2 Adult Protection course.

3.1.3 Child Protection Workshops:

Training workshops are fundamental for continuous learning and development, empowering individuals and bolstering organisational success. The L&OD team has successfully conducted workshops in essential areas including:

- Child Protection and Child Sexual Exploitation
- Suicide prevention in children and young people
- Witness familiarisation
- Offering support regarding the Newly Qualified Child Protection workshops and Child Protection Post-Graduation courses.

These workshops are strategically designed to augment participants' knowledge, skills, and competencies, thereby contributing to personal growth. The significance of these training workshops is multifaceted:

- **Skill Enhancement:** Workshops provide learning experiences and practical skills development, ensuring participants remain updated with the latest policies, trends, and best practices.
- **Knowledge Transfer:** Facilitated by experts and professionals, these workshops facilitate the transfer of specialised knowledge to participants.
- **Team Building:** Group activities and interactive sessions within workshops foster collaboration, nurturing teamwork and enhancing overall organisational teamwork.
- **Adaptability:** Workshops play a crucial role in helping individuals navigate policy changes and evolving work methodologies, ensuring they remain well-informed and adaptable.

The benefits of these training workshops are diverse and impactful:

- **Improved Performance:** Participants can directly apply newly acquired skills, leading to enhanced job performance and heightened productivity. Increasing moral and job satisfaction
- **Innovation:** Exposure to novel concepts and approaches stimulates creativity and innovation among participants.
- **Networking:** Workshops serve as platforms for professionals from diverse backgrounds to connect, facilitating networking and knowledge-sharing beyond the workshop setting.

In addition to in-person workshops, L&OD also offers E-Learning and self-directed learning options. E-Learning is designed to accommodate various learning preferences:

- **Flexibility:** Learners can study at their own pace and convenience, making it ideal for busy professionals and individuals with commitments.
- **Diverse Formats:** E-Learning encompasses a range of formats such as videos, interactive modules, quizzes, and simulations, catering to different learning styles.

Meanwhile, self-directed learning empowers individuals to customise their learning journey:

- **Personalisation:** Learners tailor their experiences based on their interests, goals, and existing knowledge.
- **Ownership:** Self-directed learners take charge of their learning journey, fostering critical thinking, problem-solving skills, and effective self-management.

The L&OD Team also offer a comprehensive array of E-Learning courses regarding Child Protection. These include, but are not limited to: Designated child protection workers course, PP Dundee Children (Equal Protection from Assault) (Scotland) Act 2019, Tayside Chronologies of Significant Events for Children and Young People, Child Sexual Exploitation, GIRFEC, Recognising and responding to Child Neglect and Child Protection and Online Abuse.

L&OD's training workshops, whether through face-to-face, online interactions or flexible E-Learning modules, demonstrate the commitment to individual growth and organisational quality. By encompassing diverse learning methods, L&OD ensures accessibility, flexibility, and effectiveness in catering to the dynamic needs of modern learners within Public Protection.

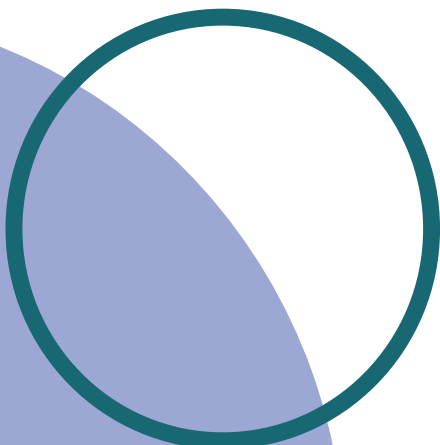
3.1.4 VAW Learning and Development:

In 2022 the Dundee VAWP secured funding for a dedicated GBV L&OD post. Women's Rape and Sexual Assault Centre (WRASAC) and Dundee City Council L&OD service were the partners in this Project, with the worker employed by WRASAC and co-located with the L&OD Team. The aim behind this Project is supported by an expert advisory group made up of key VAW stakeholders. This brings together shared expertise and experience between the VAWP and L&OD Team, Public Protection colleagues and existing initiatives (such as the Gendered Services Project). The Project has built on existing work that is being undertaken which currently aims to embed a culture change and build capacity in relation to VAW across Dundee at every level of the workforce.

To do this, the Project is:

- identifying need;
- designing and delivering training (building on the current local framework and incorporating the national Equally Safe framework as that develops);
- leading ongoing capacity building through critically reflective conversations;
- and developing self-awareness and leadership around understanding the impact of GBV and VAW.

The post holder also now leads the VAW training consortium which is a group of VAW specialist agencies who have worked together to address gaps in training and learning across the multi-agency workforce. The consortium developed a 1.5-day VAW Overview training which has been offered for the last two years and is constantly adapted according to feedback and current knowledge. The consortium is the main source of facilitators for this training, and it has also developed the VAW Training Framework which will feed into the wider PP Training Framework.



3.2 Communication and Engagement:

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

3.2.1 Workforce Collaboration Event:

During 2022-23 the COG undertook some focused work aiming to improve communication between them and the multi-agency PP workforce. A small working group of COG members met throughout the year to consider feedback from the workforce about communication approaches that work best for them and to identify opportunities to work more collaboratively in the future. One of the outcomes from this work was a COG Workforce Collaboration Event held in February 2023. As well as offering an opportunity for staff to network with their colleagues across services, the event included presentations celebrating key developments and improvements in PP services. Staff and COG members participated in workshops focused on key improvement areas: trauma informed practice, lived experience and workforce empowerment. This gave members of the workforce an opportunity to share their views and ideas with COG members. The themes from the workshops then directly informed the work of the Committees and their sub-groups who are progressing these areas of work. In total 158 members of the workforce attended the event, with the majority who completed evaluations saying it was 'somewhat' or 'very' helpful in their learning and development. Having considered the feedback from the event in 2023 it is the COG's intention to hold an annual collaboration event, starting in Spring 2024.



3.2.2 Communications Graduate Trainee Role:

During 2022-23 the PP Committees have partnered with Dundee City Council Communications Service to offer a joint Digital Communications Graduate Trainee role. The role was established because there was an identified need to enhance both public and workforce digital communications in relation to the work of the PP Committees and to raise awareness of vulnerability, risk and harm in the community and how to respond to this. Specifically, the role was established to develop improved ways to distribute key information, develop new digital communication channels, develop digital communication materials and improve the accessibility of information produced by the Committees.

Some of the key pieces of work supported by the graduate trainee include:

- Redevelopment of the CPC and VAWP websites and development of a new website for the ADP - launching before the end of 2023. Work on the ASPC website will be progressed before the end of 2023-24.
- Designing a wide range of public facing information materials, including strategic documents, reports and plans as well as awareness raising and learning and organisational development materials. This has focused on using design to improve the accessibility of information published by the Committees and engaging a wider and more diverse audience in the work of the committees.
- Planning and delivering a workshop on workforce communications as part of the COG Collaboration Event (see above).
- Refreshing the COG's workforce communication strategy.

One of the biggest and ongoing pieces of work the Graduate Trainee has contributed to has been the VAWP Instagram account. Following the VAWP meeting in March 2022 to discuss their priorities for 2022-24, with a shift towards prevention and increased public communication, it was proposed that a shared social media presence would be valuable from the Partnership. Following this, the 'StandTaygither' Instagram account was created. This account is used to:

- Provide the public with educational resources about GBV
- To focus on empowerment
- To promote the positive work conducted by the Partnership
- To promote local VAWP public events
- To bridge the gap with the lack of young people accessing local VAW services

Since its launch, there has been good interaction from local services and members of the public. The VAWP continues to utilise this as a resource to communicate information to the public and hopes it will gain more traction in the future.

3.2.3 VAWP and British Sign Language (BSL):

For several years, Deaf Links have been made aware by the Deaf Community that there was a large gap in accessible service provision for deaf women (who use BSL) who had experienced any form of GBV. Due to BSL being their means of communication, they have never been able to access mainstream specialist support services for women who have experienced such issues. Deaf Links carried out research with Deaf Women in 2021 funded by The Scottish Women's fund which further compounded and evidenced this need. Angus, Perthshire and Dundee Women's Aids also identified this gap and partnered with Deaf Links. They successfully applied for Delivering Equally Safe Funding to deliver a bespoke partnership project for Deaf Women in Tayside who have experienced GBV of any form, current or historic. The Violence Against Deaf Women Project (VADWP) provides advocacy for Deaf Women, awareness raising, access improvement and upskilling on BSL/Deaf Culture for Women's Aids staff teams.

The project has been focusing on building trusting relationships with staff and are making progress on the women involved being open to conversations around VAW issues. They have also been developing content and resources to begin a series of workshops and information sessions in BSL for Deaf Women. This is to bring their awareness and understanding levels to a similar point to hearing women on a range of GBV issues. Having Deaf Women involved in how they wish the workshops and information sessions to be delivered has also given them some ownership and control of how this journey of learning will take place. This is something that has never happened for them before and is reducing their anxiety about being involved. The project has also produced and posted BSL videos on social media over the past few months on issues such as:

- being aware of the implications of sending compromising photos to men/boys (317 views);
- awareness of not accepting GBV/abuse following football matches (1.6K views);
- condoms and consent (417 views);
- manipulation and coercive control (208 views),
- how to approach reporting DV incident in a Deaf environment (122 views);
- and posted a visual on how to recognise if your drink has been spiked (190 views).

Finally, the project has been providing awareness sessions to local service providers to help them identify any barriers Deaf Women would face trying to access their services. The sessions give service staff a brief awareness on BSL, Deaf Culture and the barriers Deaf Women face when accessing services. They also provide information on how to make services more Deaf-friendly and accessible, and how to use communication tactics to communicate with Deaf Women.

3.2.4 Development of the ADP Website:

The ADP is currently in the final stages of developing a website dedicated to substance use issues and information regarding the work the Partnership is doing. This new website will include a comprehensive list of support services in Dundee, will host ADP public-facing documents, and will have a workforce resources section. A key feature of the website will be a 'feedback button', allowing for more open communication between the Partnership and the wider public to occur. This website will be launched before the end of 2023.

3.2.5 Workforce Communication – Induction Packs:

To improve communication with stakeholders and partners, induction materials for the CPC, VAWP and Gendered Services Group, and the ASP outlining the vision of the committee, roles and responsibilities have been developed. The induction packs include information about the PP structure, a role descriptor, person specification and key documents such as strategic plans, delivery plans and national guidance. New members of committees are also offered the opportunity to speak to the Chair or lead officer to gain background knowledge of the work of Committees. The ADP has also committed, within their Delivery Plan, to create their own Induction Pack.

3.3 Trauma:

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

3.3.1 Trauma Steering Group:

Dundee's Trauma Steering Group launched their implementation plan in March 2022 and have been progressing actions throughout the year. These have included:

- The development of a toolkit which brings NHS Education Scotland training resources into one place as well as providing templates and resources for managers and teams to use to implement a trauma informed approach.
- A menu of ways for services, teams, and individuals to get involved in trauma informed practice and development.
- A series of manager briefing sessions to introduce the toolkits and resources available.
- A series of learning exchange events focusing on specific themes such as trauma informed supervision or language.
- The development of a trauma ambassador network.
- The development of a workforce lived experience group (see lived experience section).

Future plans include:

- the formal launch of our Trauma landing page and newsletter;
- Trauma communications week in September 2023;
- ongoing training opportunities and;
- the further development of the work outlined above.

3.3.2 Workforce Wellbeing and Capacity:

The PP Committees and COG have identified that workforce wellbeing and capacity is a critically important issue. These have been included as risks within the strategic risk register. Some of the risks reflect the impact of the pandemic on workforces' health and wellbeing, challenges recruiting to the Public Protection workforce and increased absence levels associated with mental health and wellbeing. Throughout the year as services have focused on maintaining the continuity and quality of service provisions to children, young people, adults and families this has meant there has been less capacity to focus on service development, quality assurance and improvement activity. Individual agencies have developed their own approaches to supporting workforce wellbeing and enhancing recruitment and retention, but the COG has supported a collective focus

on workforce recognition. A short-life working group of Chief Officers met over 2022-23 to focus on ways in which the contribution of the workforce could be recognised and celebrated and how the workforce could be better involved in the work of the PP Committees. Key developments included:

- Establishing opportunities for Chief Officers to visit PP services and supports to help them to build their understanding of the operational realities of providing protection services and challenges faced by the workforce. This allowed Officers to also hear and see, first-hand, the successes and strengths of services.
- Creating opportunities for members of the workforce to attend and observe Committee and COG meetings.
- Updating the PP Workforce Communications Plan to support further work in this area during 2023-24.

3.3.3 Dundee Staff Burnout Report:

In July 2022, Scottish Drugs Forum presented a [report](#) on staff burnout in Dundee. The report was based on a survey with frontline staff, in-depth interviews with frontline managers and focus groups with staff. This project investigated and analysed the nature and extent of burnout amongst staff working in substance use services in Dundee. It identified good practice of self-care and self-help as well as formal support and treatment for staff experiencing burnout.

The report highlights that burnout amongst front line workers in drug and alcohol services can impact on their wellbeing and on service delivery and quality. This includes factors such as poor health and wellbeing of staff, staff absence, staff turnover and negative staff attitudes and values towards clients. All these factors impact on the ability of staff to offer high quality support which helps engage and retain people in treatment and support services. This ultimately risks being a contributory factor to Scotland's increasing drug related deaths.

In addition, regular exposure to drug related deaths, non-fatal overdoses, and the cumulative effect of supporting people with complex needs, including trauma, can mean that front line staff and volunteers are vulnerable to both direct and vicarious trauma through the nature of their work. In recent years, the workforce in this sector has increasingly included people with lived experience of problematic substance use and mental ill health.

The report makes a range of recommendations, including:

- staff caseloads are reduced to realistic maximum levels;
- improve awareness and recognition of the signs of burnout, with regular screening, to help develop better prevention;
- that all types of stigma are challenged;
- that all staff have regular access to supervision, including clinical or external supervision;
- and that organisations improve communications (with a clear focus on listening) with frontline staff.

3.3.4 Implementation of the Newly Qualified Social Worker (NQSW) Supported Year:

In 2022, we continued to strengthen the work we had undertaken in 2021 as an early implementation site for the national NQSW Supported Year programme. We adopted a trauma-informed approach to the design and delivery of the NQSW Supported Year, ensuring that the voices and the wellbeing of the workforce was central to the process.

A significant development in this area has been the introduction of a monthly Continuous Professional Learning (CPL) session for all NQSWs across the organisation. The NQSW CPL Sessions provides NQSWs with opportunities for structured learning, reflective discussions, peer support and a safe environment to explore some of the complexities associated to the social worker role. We also made one-to-one coaching from a qualified social worker available to all NQSWs, recognising the social worker identity and the additional support required for NQSWs within their Supported Year.

The success of the nurturing approach we have adopted in Dundee can be evidenced through some of the feedback we have received from NQSWs. For example, one NQSW stated the NQSW CPL Session “helps set out a journey of learning and development as a social worker” whilst another commented that it,

“Provided an opportunity to share experiences and be supported to express our work related issues and experiences in a safe and supported environment.. ..It also allowed us to shape and influence the areas we felt we needed support in making it feel very collaborative”.

Embedding the trauma informed principles and taking a trauma informed lens to the project has enhanced the experiences of our newly qualified workers currently leading on key protection frontline work across the city working with children, families and vulnerable adults. This project has been short-listed for a LGC award, one of only two Scottish local authorities and won recognition at the Dundee OSCAs for the impact and innovative approach.

3.4 Lived Experience:

3.4.1 Workforce Lived Experience group:

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

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

A careful process has been developed to recruit people to become involved with this work and a small group has been established over 2022-23. The group is forming ideas about the role it wants to take and is already involved in a number of developments.

3.4.2 Authentic Voice:

In Dundee, we recognised we needed to develop a robust approach to ensure lived experience has a meaningful contribution and influence within local strategic planning across our Public Protection Partnerships. This led to the opportunity to work with the National Authentic Voice (AV) Project. Dundee partnered with AV as the pilot area for their leadership workstream, focused on embedding lived experience into strategic forums across Scotland.

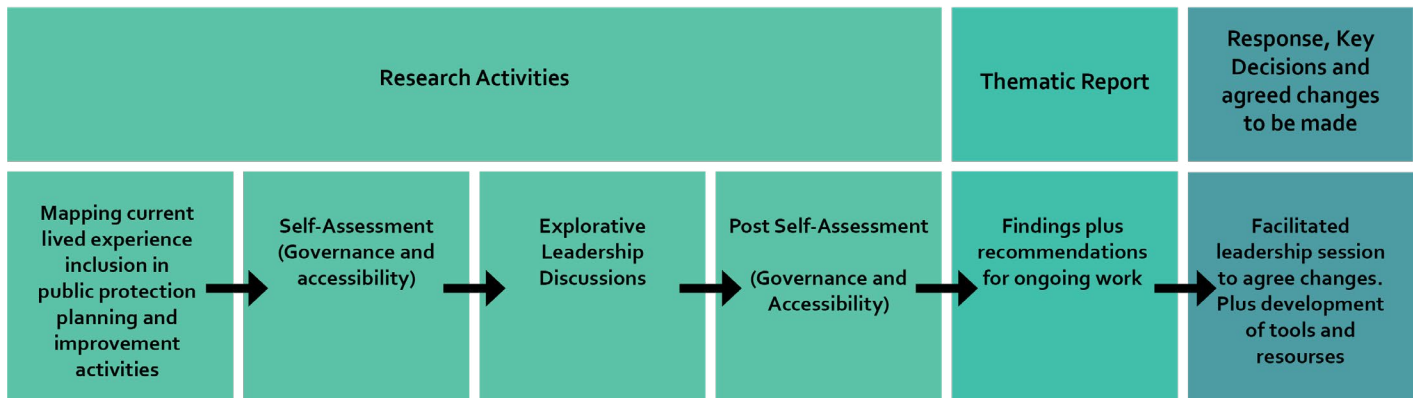
AV is a national project aiming to support local authorities and other community planning organisations to develop the knowledge, confidence, and tools they need to embed survivor voices and lived experience into local systems and service design processes. They do this in a robust, trauma-informed and meaningful way.

Dundee COG have endorsed this as a priority for senior leadership and are committed to engaging in key activities with the project. It is led in collaboration with people who have lived experience, and their input are very much at the heart of the AV project.

3.4.2.1 Project Aims and Outcomes:



3.4.2.2 Projects Key Activities:



Key challenges during these processes were around ensuring key leaders were available to attend the leadership sessions across all of Public Protection amongst the pre-existing variety of priorities and schedules. This was mitigated due to the strong support from the COG. The research was completed in March 2023. We are now working on the thematic report and recommendations with the AV Partners. Once the report is received, we will move onto the next phase of implementation of any recommendations received.

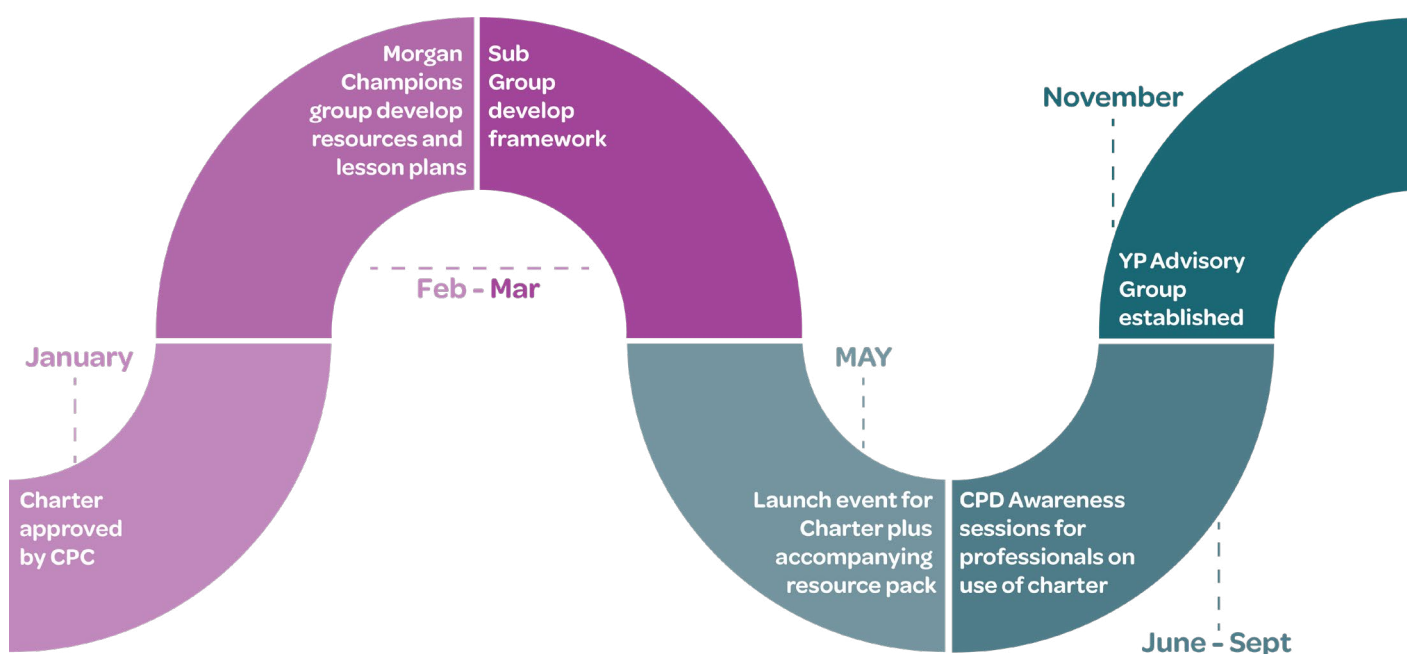
3.4.3 Children and Young People's Charter:

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

Initial conversations took place with a small group of young people who talked to us about their experiences in the Child Protection and Care Systems and what could have been better for them. Their words form the basis of the Charter Principles and the accompanying Framework. What participants mention also aligned with the [Five Principles of Trauma-Informed Practice](#), therefore, these were used as the Charter Principles. We are hugely grateful to all the young people who have been instrumental in developing the Charter and Framework and have sought to be absolutely aligned to everything they have told us.

The Framework that sits alongside the Charter emphasises that this work is not new. It links directly to other strategic priorities and developments and seeks to bring them together into the Framework and show how they all relate to what young people told us was important. We want to focus on how we know all these development and improvements are making a difference to young people and bring that information together into one reporting channel to the CPC.

Young People also developed a resource to assist in raising awareness of the Charter and also of the real issues and challenges that are faced by young people. The 'Fave Five' card game resource has been designed by a group of young people to prompt discussion between young people and staff around the principles of the Children and Young People's Charter. The scenarios are all based on young people's own experiences and are designed to get people thinking about how the principles apply in real life.



3.5 Equalities and Intersectionality:

3.5.1 Gendered Approaches:

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

Through funding secured by the group they have been able to establish the Gendered Services Project and the main achievements of this have been:

- The development of an assessment tool for services to assist them in identifying how they can become more gendered in their design and reduce barriers for women.
- Delivery of training to over 250 staff from the multi-agency workforce in Dundee.
- Development of videos, animations, podcasts and training resources
- All of the above are fully co-designed with women with lived experience

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

- Honeygreen Supervised Accommodation (women only)
- Women's Triage - multi-agency, weekly meeting attended by practitioners for women with complex needs.
- Successful funding bid for a Women's Hub in Dundee - over 2022 WRASAC, as the lead organisation, have employed a Hub Coordinator and secured premises for the Hub. The Hub aims to offer a rotating drop-in model for women in a central location, open 5 days a week and provide easy access to a wide variety of services for women. The team at the Hub aim to support women to make informed decisions and provide information, support and advice primarily focused on substance use but recognising the range of additional challenges that women face alongside. This includes:
 - accommodation;
 - mental health;
 - children, families and relationships;
 - gender- based violence;
 - access to education;
 - training and employment;
 - finance;
 - benefits and debt;
 - legal issues;
 - health and wellbeing;
 - commercial sexual exploitation.
- A trauma-informed approach will also be a key element of service delivery. We know that lack of childcare can be a major barrier for women attending services so a critical element of the hub will be to provide childcare to reduce the barriers women may be facing when trying to engage. **The Hub opened in August 2023.**

3.6 Development and Improvement Work:

3.6.1 Adult Protection Key Processes:

There has been a focused effort to ensure that there is a clear distinction between different phases of the adult protection process. This has been achieved through the revisions of ASP procedures, updating of IT systems and learning and development activity. Alongside a focus on supporting practitioners to decisively move to case conference as soon as it is clear that the criteria for doing so has been met, there has also been a focus on the use of multi-agency Initial Referral Discussions (IRD) as part of inquiry and investigation processes. In 2021 partners across Tayside developed a standardised IRD process, which was implemented during 2022, and Police Scotland has also established a process for routine auditing of IRD meetings, which began in April 2023. This has helped the ASPC to identify that further analytical and improvement work is required in relation to IRD practices.

The presence and quality of chronologies, risk assessments and protection plans as distinct documents within case files remains an area for improvement. In June 2022 the HSCP hosted an event for 20 practitioners working across adult services. This event launched a new process for completing risk assessment and chronologies within Partnership services. This followed on from focused work that had taken place over the previous 3 years where practice teams developed and tested new approaches to these important aspects of protection practice. A series of online sessions were also delivered following the launch event. NHS Tayside launched their single agency chronology in October 2022, supported by health specific guidance. These activities are reflected in the small improvements noted in the presence and quality of both chronologies and risk assessments between multi-agency case file audits carried out in 2020 and 2022. However, this remains a priority within both the ASPC Delivery Plan and HSCP improvement plan.

3.6.2 Adolescent Review:

Stages 1 and 2 of a review were completed by June 2023 with proposals submitted to the Children and Families Executive Board and CPC. This involves the development of a co-located multi-disciplinary team; associated workforce development activities; and new governance arrangements. Initial team development sessions are scheduled to occur in May, June and July 2023; risk assessment training will be delivered in May 2023; a new infrastructure has been put in place to support implementation of the Care and Risk Management protocol; and further discussions on a suitable co-located building are ongoing.

3.6.3 Multi-agency Child Protection Procedures:

Over the last year the CPC has been working together to implement the [National Guidance for Child Protection in Scotland](#). The guidance was revised and published in 2021, setting out comprehensive arrangements for achieving best practice across local Child Protection Systems and Services. All CPCs have been asked to make plans for fully implementing the guidance, including updating their local Child Protection Procedures and Practices, supporting learning and development activity for the workforce and making sure there are systems in place to evaluate the impact of Child Protection Systems. During 2022-23 the Dundee CPC has focused on updating the Dundee Multi-agency Child Protection Procedures to fully incorporated the national guidance. These were launched in May 2023, alongside an E-Learning module for the workforce raising awareness of the changes made to the procedures. During 2023-24 the focus will be on evaluating how well other aspects of the national guidance have been incorporated into local practice and arrangements, identifying any gaps that require to be addressed.

3.6.4 Children/Young People Experiencing Domestic Abuse (CYPEDA) Working Group:

The group was established and is providing opportunities for new and established specialist services to ensure strong links are made and this has been achieved across the domestic abuse (DA) social work post, the CEDAR project, Dundee ASSIST and others.

Part of the aim of the group was to produce a clear pathway for intervention/response to CYP affected by DA, considering these new services and initiatives. We have initially produced a service directory, like the services for [vulnerable women directory](#). We will continue to work on a more in-depth pathway and a key element of this will be to align/embed this within GIRFEC guidance and framework. Another aspect of the group's work was that alongside the pathway/guidance, there would be a skills/knowledge framework and a mapping exercise to include; minimum level skills/knowledge around identifying risks/needs, thresholds, referral routes and planning at every stage of intervention.

In relation to this, the group has discussed the needs of different sections of the workforce and work is ongoing as follows:

- Safe and Together (S&T) is a key aspect of this and briefing sessions have now been re-established and Practitioner forums are up and running
- The VAW Training Consortium continues to run and identified needs from this group are being fed into the consortium for planning purposes.
- All of these aspects link to the development of our PP L&OD Training Framework which we hope to launch shortly. The framework captures all multi-agency PP training which is available as well as identifying and finding solutions to gaps in opportunities. Creative approaches such as webinars, online resources and learning exchange events will be integrated into the framework.

3.6.5 Domestic Abuse Test of Change (DA ToC) – CPC:

A post was created using COVID-recovery funding for a manager level post to be established in Children & Families social work, with a focus on improving practice and responses to children and families affected by domestic abuse. The fact that this was recognised as a priority is evidence of the commitment to VAW and gendered approaches within the service. The ToC aims to improve and enhance practice and outcomes in relation to domestic abuse and child protection by developing a consistent, person-centred (flexible), timely and shared response to adults and children affected by the issue. The ToC promotes the Safe and Together model and Trauma Informed Practice Principles to ensure we partner effectively with survivors and hold perpetrators to account. Furthermore, we are working to develop an in-depth understanding of the dynamics of domestic abuse and coercive control across the partnership services involved. Developing a shared language, holding the risks associated with domestic abuse as partners working together and ensuring staff at the front line are sufficiently supported are the key principles of this ToC.

The ToC has implemented:

- Complex case consultancy forum – key practitioners from specialist VAW agencies, Community Justice service and Police Scotland meet to support social workers with complex cases involving domestic abuse.
- Safe and Together briefings
- Safe and Together practitioner forums
- One-to-one consultancy to staff
- Development of a toolkit for staff

3.6.6 Young People's Intelligence Group:

This group was established as a subgroup of the above working group due to early conversations around particular concerns for young people in their own relationships.

The group is a multi-agency intel sharing session every eight weeks for professionals to share their knowledge around what young people are experiencing in relation to GBV. This is a confidential space, and it is not to disclose cases nor share names. The idea is to equip each other with information that can help us better understand the worlds of young people we work with and build a picture of what they are facing. From there, we can ready ourselves for disclosures, questions and conversations with young people and design intervention with this in mind.

These discussions are leading us to identify:

- Training and resource gaps which are fed into the VAW training consortium.
- Communications/key message that could be developed and shared through the DVAWP Instagram page and other forums as well as development of a workforce briefing.
- Service gaps in provision.
- How the information we are gathering can feed into other developments such as Adolescent review etc.
- Information to feed into national conversations.
- Key information relevant to the Prevention Subgroup.

Key trends we are identifying are mainly based on soft intelligence from group members based on their own interactions with young people and feedback from their wider networks. This is not yet being reflected, in the main, in reported incidents of harm or requests for support from service. It is therefore very hard to quantify the occurrence of abusive / harmful behaviours and how that is changing for young people. In that context there is a need to continue to listen to what young people are saying and ensure that there are safe routes for young people to raise concerns, as well as sources of information that actively challenge harmful narratives in a way that is engaging for young people. There is also a need to ensure that adults who are in contact with children do not inadvertently reinforce these messages. We need to be skilled and confident in challenging harmful narratives, recognising when harm has occurred, and we need to ensure our lack of robust data does not deter us from responding to these issues and having clear, confident and co-ordinated responses.

Work is underway to develop a regular workforce briefing to identify current and emerging trends. This will also include information on dealing with disclosure and appropriate referral/service routes. A learning exchange event was held in May 2023 on these topics. The group hope to be disseminating information by the end of 2023 through the Briefing Paper. Due to the fast-emerging and ever-changing landscape of young people's experiences, the group plan for the Paper to be distributed bimonthly. Information covered should also help inform the VAWP's prevention work.

3.6.7 Transitions (CPC/ASP):

Throughout the last year the CPC and ASPC have continued to consider how arrangements to support joint working and smooth transitions between children's and adult services can be improved. Case review activity during 2022-23 has continued to highlight this as an area for improvement. Whilst changes to multi-agency Child Protection procedures have helped to clarify that legal definitions or age limits should not become a barrier to providing support, there is further work to be done to enhance joint assessment and planning between children's and adult services. During 2023-24, significant developments have been planned in relation to the establishment of a new multi-agency approach to support older young people at risk, with adult services being a key partner to this development.

3.6.8 Alcohol and Drugs Partnership Operational Improvement Work:

3.6.8.1 Near-Fatal Drug Overdoses (NFOD):

During 2022-23 the multi-agency NFOD daily meetings continued to take place (Mondays - Fridays). A Tayside NFOD co-ordinator has been appointed to support, develop and oversee the running of the meeting. The ADP has continued to invest in the Assertive Outreach service delivered by Positive Steps, ensuring all individuals that have experienced NFOD are supported to engage with services. Harm-reduction support is also provided, including the expansion of the take-home naloxone approach.

3.6.8.2 Residential Rehabilitation (RR) and Community Recovery (CR):

Dundee was successful at obtaining CORRA funding to manage the implementation of the Dundee RR and CR pathway. The service, We Are With You have been contracted to manage this project and are able to access additional Scottish Government funding to support increasing number of individuals access residential or community recovery support.

3.6.8.3 Direct Access Clinics:

Dundee introduced community-based direct access clinics to take place five days a week, with Dundee Drug and Alcohol Recovery Service (DDARS) managing four of these clinics and JustBee Production managing a Friday clinic. Individuals are able to drop in to the clinics and, where appropriate, receive same or next day prescribing. Independent advocates and support workers from third sector organisations are also available to provide support as part of the direct access clinics.

3.7 Prevention and Early Intervention:

3.7.1 Prevention Framework Development (ADP):

The Dundee ADP have designed the Alcohol and Drug Prevention Framework for the workforce to support development and action-planning across the city. The core of the content is a series of Evidence Briefings across the lifespan, each providing a summary of current evidence of best practice. The Framework is underpinned by 11 key themes that should be utilised and considered alongside the evidence briefings when monitoring or planning any services, interventions or prevention activity.

The Framework is still in the early stages of implementation, but overtime this should result in a prevention focused system and less individuals' experiences issues with drug and alcohol use. The next year will bring a focus on implementation of the Framework. The Framework will be hosted on the new Dundee ADP website once launched.

3.7.2 Tayside Needs Assessment to Inform the Prevention of Suicide and Self-Harm in Children and Young People:

In August 2022 the Tayside Suicide Prevention Leadership Group published a [Needs Assessment](#) to raise awareness of the importance of suicide and self-harm prevention in young people and to inform local action planning. The report examines data and research evidence as well as mapping current services and sharing stakeholder opinions, all of which inform recommendations for action. The needs assessment was commissioned because the suicide rate in people aged under 25 years in Scotland more than doubled between 2015 and 2019; between 2016 and 2021, 50 young people aged 25 or under died by suicide across Tayside. Whilst recognising there is a significant amount of good work happening to support young people across Tayside, the needs assessment recommended actions under four themes: Prevention, Early Intervention, Services and Working Well Together. In Dundee these areas for action will be considered alongside the new National Suicide Prevention Strategy to inform refreshed Dundee Suicide Prevention priorities and actions during 2023-24.

3.7.3 16 Days of Activism Against Gender-Based Violence (VAWP):

During the 16 Days of Activism campaign (25th Nov – 10th Dec 2022) we saw an amazing response from the public and from the multi-agency workforce. The theme for this year's campaign was 'takeover, take action' and some of the events included:

- Takeover of Stobswell car park with a range of stalls and information on GBV
- Creative workshops and activities – banner making, spoken word nights, pub quizzes, digital arts
- Reclaim the night march
- Social work takeover day
- Ann Summers takeover
- All female club night
- Dundee Women's Aid travelling banner
- Social media takeovers – Dundee International Women's centre and DCC Construction service
- Flashmob and vigil finale events
- And many more



3.8 Governance and Planning:

3.8.1 The Protecting People Strategic Risk Register:

The PP Committees and COG have continued to use the strategic Risk Register to support them to prioritise work throughout 2022-23. The Risk Register has become increasingly embedded in the day-to-day work of the CPC, ASP and the VAWP. At each meeting these groups consider whether or not changes are required to the risks currently on the register and identify any new or emerging risks that need to be considered and added. The Risk Register is increasingly informing improvement work, for example:

- The ASP Committee identified a risk in relation to the identification and response to adults who do not meet the threshold for adult protection intervention but do require other types of services and supports. This has led to changes in the way that adult concern reports are considered and increased use of alternative risk management approaches.
- The CPC added a risk to the register following a joint inspection of services for children at risk of harm relating to response to young people. A range of improvement work has followed on from this, including the development of a new multi-agency service for young people, an operational management oversight group and an intelligence sharing group.
- The VAWP has continued to manage a long-term risk regarding the adequacy of funding for local, specialist services. As well as supporting applications to secure additional investment, representatives have taken a proactive approach to a national funding review commissioned by the Scottish Government. The [report from the review](#) highlights the positive approach being implemented in Dundee.
- The ADP continue to focus on the financial risk and on the specific requirement for sustainable funding to deliver priorities, including the capacity to implement the MAT Standards. The changing landscape of drug and alcohol use, the need to increase the focus on responding to alcohol harm, cocaine and benzodiazepine, will require redirection of funding in the future. There is also the recognition that prevention and early intervention require a greater share of the funding.
- The Committees have also been working together to identify shared risks that are common across all areas of work: for example, the impact of the cost-of-living crisis on levels and complexity of risk.

3.8.1.1 Challenge of the Risk Register:

- The Public Protection Committees can each utilise the Risk Register in different ways. Getting a consistent approach to ensure risks across the Committees are linked where relevant can at times be challenging. This has been an evolving process and still needs work.
- The COG is still working out a process of who takes ownership of risks that cut across all the Committees.

3.8.1.2 Way Forward for the Risk Register:

- The priority during 2023-24 will be to begin embedding the Risk Registers further in the everyday work of the partnership, learning from the approaches used by each of the Committees.
- Continue to develop the cross-cutting Risk Register to ensure it is reflective of all Committees and create a shared PP Committee approach to risk management.

3.8.2 ADP Five-Year Strategic Framework and Two-Year Rolling Delivery Plan:

Over the last year the Dundee ADP developed a local multi-agency [Strategic Framework](#). The overall aim of the Framework is to reduce harm from alcohol and drug use, support wellbeing and the recovery of people who experience longer-term challenges associated. The Strategic Framework is an overall guide which sets out what we will do to achieve this. The Framework is supported by a two-year rolling [Delivery Plan \(2023-2025\)](#).

3.8.3 Outcomes Measurement and Reporting:

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

Example of outcomes gathering: as part of the implementation of MAT Standards, a [national Benchmarking Report](#) is published every 6 months. During 2022-23 the ADP had to gather a range of information demonstrating the outcomes of MAT implementation, including information from individuals with living experience accessing MAT in Dundee.

3.8.3.1 Way Forward:

Through self-evaluation and quality assurance groups and activities, the Committees have worked during 2022-23 to enhance their focus on evidencing the impact of improvement work. This has included holding scrutiny sessions focused on the implementation of actions from case reviews and hearing from services about the difference the changes they have made have had on people who are at risk of harm. However, alongside continuing this work there is a need for the Committees to think about how outcome information can be gathered routinely and reported at a larger scale.

3.8.4 Integrated Data Analysis:

Whilst the PP Committees have made further progress during 2022-23 in using data and quality assurance information to inform their improvement activity, there is a need to do more work on integrated data analysis and reporting. Much of the work that has taken place is based around Committee specific approaches to collating, analysis and reporting data. This has been driven by the need to implement separate national minimum datasets for Child and Adult Protection. Moving forward, there is an ambition to build on the good work that has taken place in each committee to develop a more integrated approach to data collation, analysis and reporting; many individuals and families are supported through multiple protecting processes and services, but data is reported in a way that doesn't fully reflect this.

3.8.4.1 Way Forward:

In the future the PP Committees want to work together to learn from one another and find a way to analysis and report data so that it represents the complexity of their experiences. This is particularly important to help services to develop integrated and trauma-informed responses to individuals and families and understanding the impacts of specific protection processes and services across the whole family.



3.9 Funding and Resource Landscape:

3.9.1 Securing New Funds (VAWP):

ASSIST Court Advocacy: We were funded by the Victim Centred Approach Fund to establish Dundee ASSIST in 2022. This project provides advocacy and support to victims (and their children) of domestic abuse who have a case going through court. The service also works with the highest risk cases of domestic abuse in the city, undertaking risk assessment, safety planning and representing the victims voice at the MARAC meetings.

L&OD developments: We were also successful in securing funding for a GBV learning and development officer who is co-located between DCC L&OD and WRASAC. She has been developing a GBV training framework, coordinating training opportunities and developing new resources for the workforce in Dundee.

CEDAR: Another new project has been the CEDAR project (children experiencing domestic abuse recovery) which is a group work programme for children and their mothers who are out of the domestic abuse situation and recovering from the experience. The groupwork programme is well researched and evaluated, originating in Canada, and aims to rebuild damaged relationships between mother and child(ren) and enable mums to better understand and support their children.

The ADP: The Partnership receives a number of different budgets from the Scottish Government to support the local implementation of the National Mission around substance use. Some of these budgets are recurring and are utilised to support some of the core substance use services (within the Third and Statutory sectors). A number of budgets are allocated annually on a rolling basis, and these are utilised for one-off projects, ToC or capital cost. The ADP has appointed a Commissioning Subgroup to manage the budgets on its behalf.

3.9.2 CORRA Funding Allocations (Substance Use and More):

During 2022-23, six applications from organisations in Dundee were successful in obtaining large grants from CORRA, with a total sum of £2,194,696. These projects will be implemented in 2023-24. Successful projects include:

- Positive Steps - to deliver a new Crisis Response Outreach Service (CROS), primarily to people using substances and extending to other vulnerabilities;
- JustBee Production - to provide a free-to-use community launderette and tailored support to individuals and families who are affected by substance use;
- Jericho House - to increase the range of support available to residents; to make the pathway in and out of the Dundee Jericho House more supportive; and to refurbish the Dundee House;
- Hillcrest Futures - to deliver support for 12-15-year-olds to address their own or a family member's substance use, and remain in education;
- Access to Industry - to provide an employability project for people in recovery from substance dependency, helping them progress towards and into work;
- Dundee Volunteer & Voluntary Action (DVVA) - to expand the Gendered Services Project which works with substance use services in Dundee, improving their understanding and implementation of a gendered approach.

3.10 National Influence:

3.10.1 ASP:

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

3.10.2 ADP:

The Working Better Together project is currently testing innovative approaches to improve join working between substance use and mental health services and the learning will be shared nationally.

The ADP participates on a number of national groups set up to advise and support the implementation of MAT Standards, with specific input on the Experiential Data advisory group/ Information recording and reporting group/ and substance use, mental health.

3.10.3 VAWP:

Dundee VAWP submitted a substantial response to the call for evidence as part of the national strategic review of VAW funding. The work of the Partnership was referenced in the final report from the review as an example of good practice. The gendered services group and project have also gained national attention with Dundee representatives being invited to speak at national level and in other local authority areas.

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

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

4. Protecting People Key Challenges and Way Forward

4.1 Sourcing, Delivering and Releasing Staff for Training Beyond Basic /Awareness Level:

Much of the resource and training that is available at low cost and with easy access (shorter sessions, E-Learning) is aimed at first level, but the workforce is highlighting the need for more advanced level training for specialist staff. To address this challenge the PP team are looking to implement the PP L&OD Framework, including efforts to integrate this into support, supervision and performance review processes. The Framework will encompass all Public Protection Committees (ADP, VAWP, ASPC, CPC and MAPPA). There has also been specific request from front line staff for additional training on the impact of cocaine and benzodiazepines and the ADP has commissioned Hillcrest to deliver this training across Dundee. In the future, information on the changing drug landscape within Dundee will be integrated into the PP L&OD Framework.

Due to continued challenges across services related to recruitment and retention of frontline staff and rising demand for services, it is difficult to release people to allow attendance at training and events and for them to take time afterwards to share and implement their learning and improvement ideas. To address this, the ADP is planning to create a fund for organisations to utilise to cover staff time to support attendance at learning and development events.

4.2 Implementing Improvement Work:

The COG and individual PP Committees have recognised that through the last year it has been challenging to progress all the areas of improvement they have identified, including learning from case reviews. This has been particularly difficult where improvement work has required active input, expertise and skills of people working in frontline protection services. These teams within the workforce have focused on meeting increased demand and complexity of risk, whilst dealing with gaps in normal staff capacity caused by wellbeing, absence and recruitment issues.

Due to the sociodemographic profile of Dundee and the impact that this has on levels of complexity of risk, one of the key challenges experienced during 22/23 has been developing co-ordinated multi-agency responses to adults who are vulnerable and in need of support but who do not meet the statutory threshold for Adult Protection Intervention.

4.2.1 Way Forward:

A priority for 2023/24 will be to review and re-prioritise the improvement plans for both the CPC and the ASPC to ensure a challenging but realistic plan for improvement over the next year in the context of current demands and pressures.

There will also be a large programme of work focused on restructuring the Committees and their working groups to focus on key priorities and allow more time to be used for active improvement work.

4.3 Embedding an Intersectional Approach in All Protecting People Work:

Embedding equalities and an intersectional focus into all our strategic/delivery plans across all areas of PP can be challenging due to the pressures and capacity issues within the system.

Both DCC and NHS Tayside continue to set Equality Outcomes and complete Equality Impact Assessments as part of their statutory duties and in line with requirements set under the Equality Act. In addition, over the last year, DCC Equalities & Fairness Officer has supported DHSCP (including the Integration Joint Board), to develop their own revised Integrated Impact Assessment guidance, system, and processes. This has led to the creation of an agreed improvement plan regarding Integrated Impact Assessments. These are to be utilised within Strategic and Delivery Plans by the Committees to ensure that new proposals do not negatively impact certain characteristics within the Dundee community. Due to this being a new requirement under this format, only the ADP has included it in their latest publications.

The PP Team have already begun to embed intersectional approaches to their work through the Gendered Services Project, Deaf Links partnering and the soon to be launched ADP Prevention Framework. The VAWP Equalities Subgroup also works closely with DCC Equalities & Fairness Officer to ensure that they meet a specific Equality Outcome and set of agreed actions in relation to VAWP and its work within the Council Action Plan. In addition, there is also strengthened Local Community Planning to look at Community Assest transfer to support a range of groups involving/supporting people with protected characteristics as part of the plans for Locality Community Empowerment Teams.

There is however more to be done for all work to be informed by an intersectional approach. This is especially impacted by limited funding, particularly in the VAW sector. For example, we have limited services for BME women in Dundee experiencing VAW.

4.3.1 Way Forward:

- A new sub-group has been created through GSG to address complexities that impact men within Dundee.
- Continued funding of the Gendered Services Project, with working now focussing more on women's health.
- There needs to be more work regarding the LGBTQIA+ community and PP work.
- Closer working with the Equalities Subgroup to ensure equalities are embedded further in all the Protection Committees and utilising the integrated impact assessments.
- Our 16 days campaign 2023 will have a specific focus on the issues facing young women and men in relation to GBV.

4.4 Ensuring staff have access to wellbeing support:

There are ongoing challenges ensuring that individual staff and teams have protected time to access wellbeing support. Across public sector partners there has been significant investment in enhanced workforce wellbeing supports, from low level interventions such as provision of information and resources via staff wellbeing websites through to targeted team development sessions and access to mental health and wellbeing interventions.

4.4.1 Way forward:

As part of an effort to address these challenges, the new [ADP Delivery Plan](#) seeks to address and explore ways to implement recommendations highlighted in the Burnout Report from 2023 onwards. Some of this has already been underway through the Support and Supervision Trauma Informed learning exchanges for managers across public protection.

Our Trauma Implementation plans going forward include a strong focus on workforce wellbeing and there are developments underway to review key policies through a trauma lens and develop guidance toolkits for the multi-agency partnership to support with this area. The trauma work also recognises the importance of informal peer support opportunities as well as more formal mechanisms and development of groups such as the Trauma Ambassador Network and learning exchange events are providing staff with opportunities and space to reflect and learn from each other as well as gain support.

4.5 Improving Communication and Engagement:

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

4.5.1 Way Forward:

- Continue to be proactive in our approach to communications, including with local media.
- Ensure we are making the best possible use of national communication resources at a local level.
- Continue to work collaboratively to secure and maintain enhanced communication and design capacity required to support both public and workforce communications.

4.6 Continue Embedding Lived Experience Work:

There are numerous strands of lived experience work across the PP Committees: AV, Children's Charter, experiential data and Gendered Services Project. It is important that we continue to embed and expand this work but ensure that all lived experience work is trauma informed and meaningful, not tokenistic. One way in which this is currently being done is ensuring that individuals who are contributing their time are compensated through vouchers.

A further challenge for the Committees is ensuring a more streamlined flow of everyday feedback that services users provide frontline services is communicated back to the strategic groups within the Committees.

It is important we continue to recognise and value all lived experience, no matter who this is. Therefore, it is important to continue embedding the workforce with lived experience work to help inform strategic decision making.

4.7 Increasing Focus on Prevention and Early Intervention:

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

4.7.1 Way Forward:

- Implementation of Dundee ADP Prevention Framework.
- Future developments include the creation of the VAWG Prevention Framework.
- Increased capacity to support embedding evidence-based prevention approaches in current practice, funding streams and shift commissioning over the long term across public protection.

4.8 Fiscal Challenges:

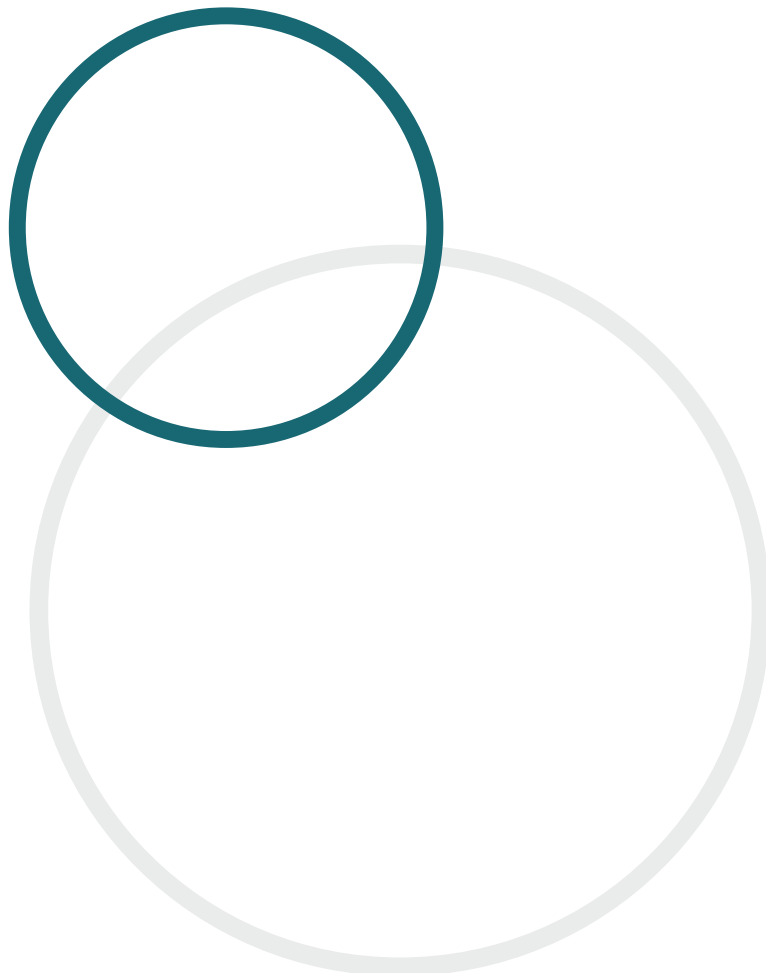
The public sector has continued to face a very challenging financial landscape during 2022-23. This has impacted across a range of PP services and supports, particularly those delivered in the third sector. National funding arrangements for specialist drug and alcohol and violence against women services continue to pose challenges in terms of sustainability of services and longer-term strategic and financial planning, with many sources of funding being temporary, short-term allocations and confirmation of funds available being made very close to the start of each financial year.

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

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

4.8.1 Way forward:

- Throughout the year the PP Committees have focused on taking positive action to mitigate risks associated with financial challenges wherever possible, for example:
- The ADP has established a Commissioning Group to oversee the management of financial allocations that are made by the Scottish Government and to progress financial planning. The group has led the development of an ADP investment and commissioning plan to support the implementation of their new strategic framework and delivery plan.
- The VAWP has established a funding group which has worked to develop a tracker tool which allows us to see the full resource allocated to VAWG services in the city. We are also able to monitor funds which are due to finish and take a more pro-active approach to risks in the system as well as creating an environment of collaboration in terms of funding bids and applications.
- DCC has provided additional funds (£200k over 2 years) to support multi-agency PP activity. Investment of these monies has been focused on capacity building approaches wherever possible, including to improve responses to DA across frontline services, to enhance practice in terms of chronologies and risk assessment in adult services, and to improve approaches to workforce and public communication.



5. Protecting People Priorities for the Upcoming Year (2023-24)

5.1 Cross-Cutting:

During 2023-24 the PP Committees will be focusing on some important areas for further improvement. Over the next 12 months they will be working together to:

- **ENHANCE** our focus on suicide prevention, including developing a new plan for improvement that reflects the national Suicide Prevention Strategy.
- **FURTHER** integrated our work on PP, implementing a new strategic structure that will help the COG and committees to implement priorities for improvement.
- **FOCUS** more on prevention activity, including taking a trauma-informed approach to understanding, responding to and preventing future harm.
- **IMPROVE** our approach to communication, developing more consistent and more easily accessible routes for communicating our work with members of the public and the workforce.
- **ENHANCE** our approach to quality assurance and learning reviews, making sure that these activities inform learning and development and lead to improvements in outcomes for children, young people, adults and families.
- **DEVELOP** an approach to support services to better capture, report and understand outcomes information for people who are supported through protection processes, services and supports.
- **EXPAND** our approach to experiential data collection, making sure that feedback from people involve in protection processes, services and supports is at the centre of our quality assurance approach.
- **FOCUS** on making changes to our strategic and service development approaches to enhance the meaningful impact of lived experience.

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

5.2 Adult Support and Protection Committee:

- **COMPLETING** the work that has started in both Dundee and Tayside to revise our multi-agency ASP policies and procedures and fully implement the revised national Code of Practice.
- **ACHIEVING** a more consistent approach to supporting adults at risk and their unpaid carers / family members to be appropriately involved at all stages of ASP processes (not just case conferences).
- **CONTINUED** efforts to improve the quality of chronologies, risk assessments and plans and to gain a better understanding of the role that IRD meetings have as part of wider approach to information gathering, analysis and decision-making within Duty to Inquire and investigations.
- **MOVING** to a tiered multi-agency pathway that supports adults at risk of harm from the earliest point of identification through to ASP processes, where these are required.
- **IMPLEMENTING** a process for capturing experiential feedback from adults and carers who have been subject to/supported individuals through ASP processes.

5.3 Child Protection Committee:

- **CONTINUE** work to fully implement the National Guidance for Child Protection in Scotland, guided by the results of our ongoing self-assessment.
- **EVALUATING** how well aspects of the National Guidance for Child Protection in Scotland have been incorporated into local practice and arrangements, and identifying any gaps that require to be addressed.
- **CONTINUE** to embed the work of the Children's Charter.
- **CONTINUE** to enhance the work of the CYPEDA working group to develop a more in-depth pathway which will align and be embedded within GIRFEC Guidance and Framework.
- **CONTINUE** to implement the new Joint Investigative Interview Model and Bairn's Hoose.

5.4 Alcohol and Drug Partnership:

- **CONTINUE** to focus on the implementation of MAT Standards 1-5. This will include a review of the implementation to date of MAT standard 1 (access to services) focusing on the work of the direct access clinics. It will also include expanding the scope of MAT3 (responding to high and immediate risk) to include broader risks and vulnerabilities. Work will progress with Community Pharmacies to increase their support for MAT. To support this, the capacity currently co-ordinating the Near-Fatal Overdose Pathway will be strengthened.
- **SHIFT FOCUS** on the implementation of MAT Standards 6 – 10 with a clear focus on improving links with mental health services and strengthening the Shared Care approach with Primary Care.
- **FOCUS** on supporting the specialist substance use organisations to develop an effective Family-Focused Approaches, ensuring carers and families are included and supported.
- **TOGETHER** with the other Tayside ADPs, and within the Dundee PP Training Framework, we plan to focus more on workforce development and training.

5.5 Violence Against Women Partnership:

- **CONTINUE** to develop a collaborative approach to funding for VAW services and implement national actions from the Strategic review of funding.
- **CONTINUE** to develop a collaborative approach to funding for VAW services and implement national actions from the Strategic review of funding.
- **CONTINUE** to grow the following of the StandTaygither Instagram account to ensure a greater cascading of GBV-related education within the public.
- **TO RAISE** the profile of 16 Days of Activism to End Gender-Based Violence within Dundee by investing more resources into the promotion of the campaign.
- **FURTHER** develop the work of the Young People's Intelligence Group and ensure intel is widely disseminated throughout the workforce by creating and dispersing a workforce briefing paper.

More information about the improvement work the committees will be focused on during 2023-24 can be found in their Delivery Plans.

List of Abbreviations Used:

A

ADP: Alcohol and Drug Partnership
ASPC: Adult Support and Protection Committee
AV: Authentic Voices

B

BSL: British Sign Language

C

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

D

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

G

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

H

HSCP: Health and Social Care Partnership

I

IRD: Initial Referral Discussion

L

L&OD: Learning and Organisational Development

M

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

N

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

P

PP: Protecting People

Q

QA: Quality Assurance

R

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

S

SFRS: Scottish Fire and Rescue Service
 SIMD: Scottish Index of Multiple Deprivation
 S&T: Safe & Together

T

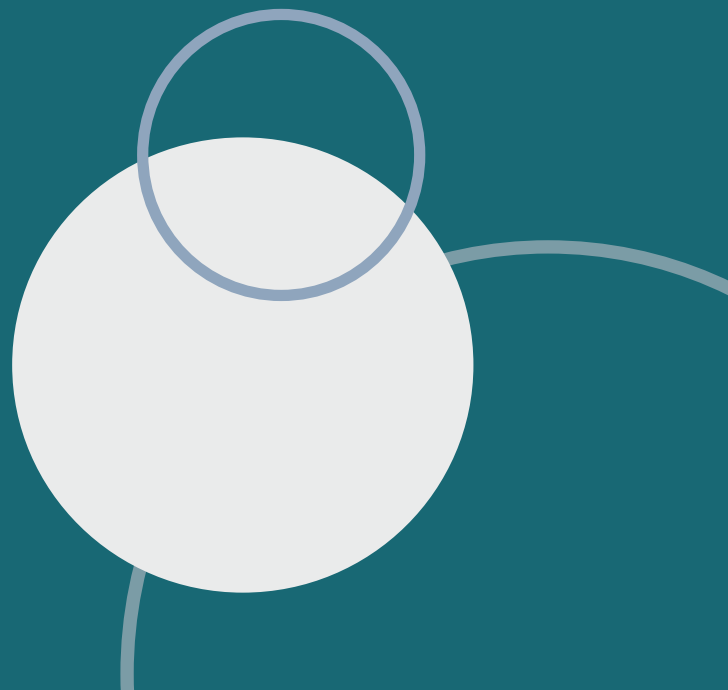
ToC: Test of Change

V

VADWP: Violence Against Deaf Women Project
 VAWG: Violence Against Women and Girls
 VAWP: Violence Against Women Partnership

W

WRASAC: Women's Rape and Sexual Assault Centre



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Protecting People Annual Report Summary 2022-2023

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Foreword

As Chairs of the Protecting People Committees/Partnerships, we are pleased to present this report covering April 2022 to March 2023. This year the four Committees have moved to one Protecting People report to demonstrate the cross-cutting nature of the work undertaken. The Annual Report will highlight key cross-cutting and specific Committee achievements, challenges and areas of future work.

There has been a large volume of work undertaken by the four Committees and their partners over the past financial year, with close multi-agency working continuing to be prioritised. This year allowed the Committees to move past COVID-recovery work and progress both new and work delayed during the pandemic.

A key achievement of the Protecting People Committees was focussing on enhancing learning and organisational development. This has been progressed through creating an online multi-agency Protecting People learning resource and identifying areas of improvement through learning reviews. Further key areas the Protecting People Committees have focussed on are enhancing communication both with the public and the workforce, and meaningfully embedding lived experience into informing strategic decision making.

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

Adult Support and Protection Committee (ASPC): Work to implement improvements following a Thematic Review of Fire Deaths, particularly in Care at Home Services, further development of training available for Council Officers and Second Workers, and developing a more robust approach to quality assurance.

Child Protection Committee (CPC): Development of the Children and Young People's Charter, implementing the national guidance for Child Protection in Scotland, and improving practice and responses to children and families affected by domestic abuse.

Alcohol and Drug Partnership (ADP): Progress with the implementation of Medication Assisted Treatment (MAT) Standards, establishment of direct access clinics, increased support offered through Independent Advocacy, improving and permanently establishing the Near-Fatal Overdose response, implementation of a pathway for Residential Rehabilitation and the creation of the Alcohol and Drug Prevention Framework.

Violence Against Women Partnership (VAWP): Securing funding for a dedicated Gender-based Violence (GBV) Learning and Organisational Development post, creating the Young People's Intelligence and a social media presence through the StandTaygither Instagram.

Despite these achievements, there are still some challenges that persist. Capacity and availability of resources continue to have an impact on Protecting People work and the ability to progress in some areas. Due to persisting challenges of recruitment and retention of frontline staff and the increasing demands on services, it is difficult to release staff to take part in training. This also affects the ability to progress some areas of improvement work.

Funding also remains a challenge, especially within the third sector specialist organisations. Allocations are generally time limited, project based and come from a range of sources. To mitigate this, both the ADP and the VAWP have a sub-group to monitor the availability of funds and the total money in the city for their specific areas to ensure strategic priorities are being addressed. The Partnerships also actively seek out funding opportunities with the ADP being successful in obtaining over £2 million in funds through various third sector projects.

To address these challenges and continue improving Protecting People work across Dundee, the Committees will be working together on key cross-cutting areas. The Committees hope to further integrate the work by implementing a new strategic structure to address risk and vulnerability affecting members of our community collectively. The Committees will also focus on further developing their approach to gather the views from people they are working with to ensure their voice is heard and informs strategic direction, operational processes and service delivery.

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



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



Emma Fletcher
Co-Chair of Alcohol and Drugs Partnership.



Nicola Shepherd
Co-Chair of Alcohol and Drugs Partnership.



Ann Hamilton
Chair of Violence Against Women Partnership.

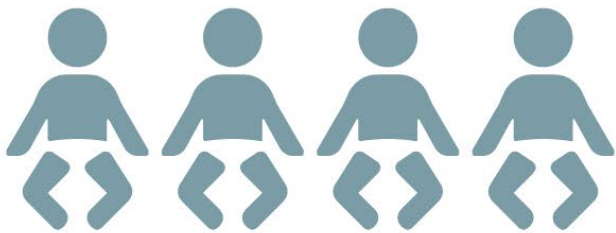
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is Scotland's fourth largest city

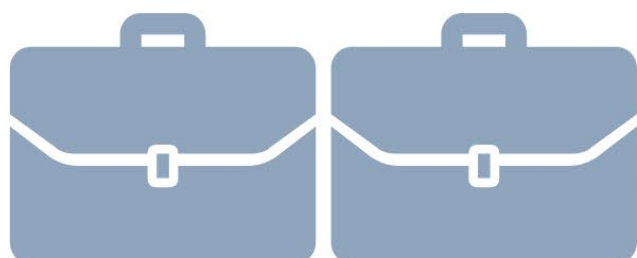
2nd highest population density in Scotland.



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

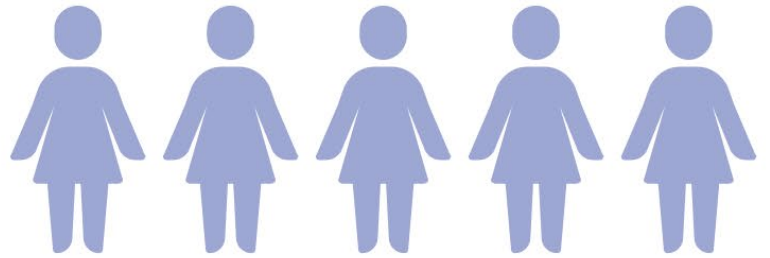


Estimated that **43% of children aged 0-15** live within the 20% most deprived data zones.



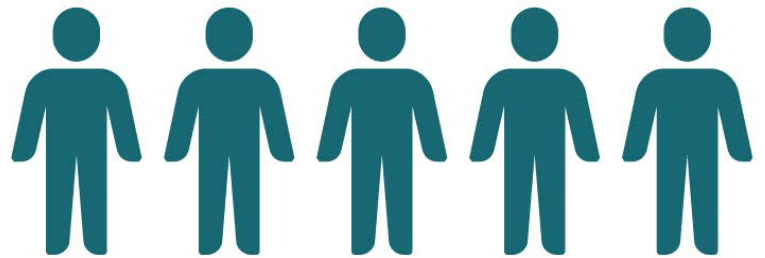
Dundee's 2022 population was estimated to be

148,100



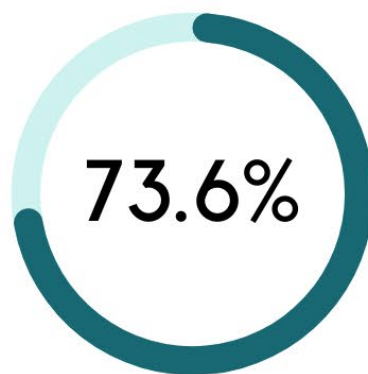
76,100 Females

Life expectancy: 79.1 years

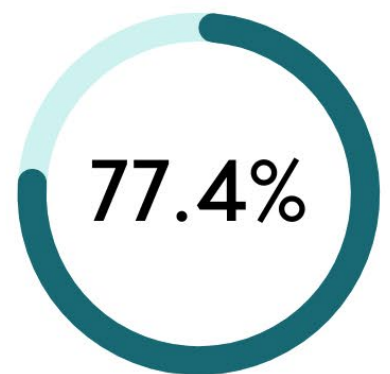


72,100 Males

Life expectancy: 73.5 years



Dundee

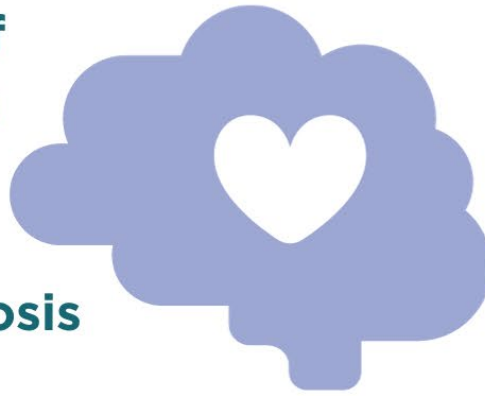


Scotland

In 2022, **73.6% of those aged 16-64** years in Dundee City were economically active.

In 2020/21, **21.84% of Dundee's population had been prescribed drugs for anxiety, depression or psychosis**

(5th highest of all Council areas in Scotland).



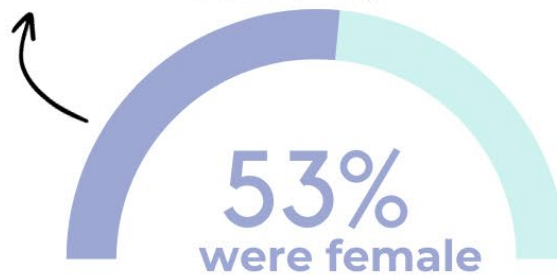
258
29 Suicide
related deaths
in 2022
(**19.6** per
100,000)



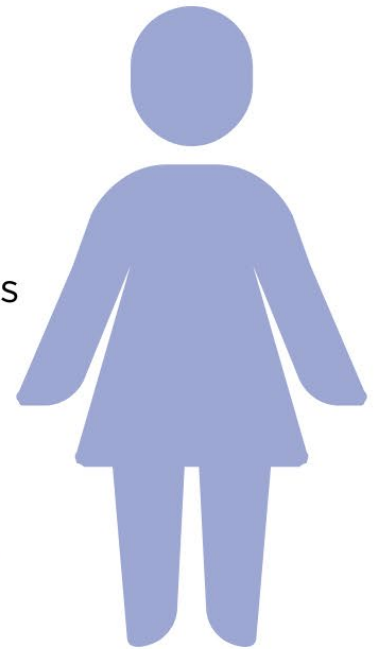
38 Drug deaths
in 2022

(**25.6** per **100,000**)

(2nd highest of all Council areas in Scotland).



37 Alcohol-specific deaths
in 2022
(**24.9** per **100,000**)



519 Sexual crimes recorded by
Police Scotland



2,660 Domestic abuse incidents
reported to Police.
Increase of **6.2%**
from 2021/22



Imprisonment rate:

Dundee City retained the
highest rate of arrival **3.6**
per **1,000** in 2021-2022



Cross-Cutting Key achievements in 2022-2023

The **development of the Protecting People Learning and Organisational Development (PP L&OD) Framework**. The team have been working to bring PP L&OD into one place, an online location, that is easily accessible and locates protection training and development within a tiered framework.

The **Chief Officers Group (COG) hosted a Workforce Collaboration Event** in February 2023. As well as offering an opportunity for staff to network with their colleagues across services, the event included presentations celebrating key developments and improvements in Protecting People services. Staff and COG members participated in workshops focused on key improvement areas, giving them an opportunity to share their views and ideas with COG members.

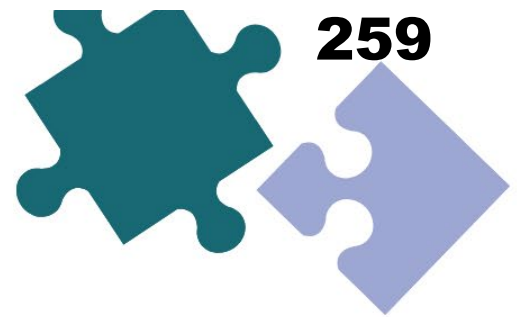
The **Protecting People Committees partnered with Dundee City Council Communications Service to offer a joint Digital Communications Graduate Trainee role**. The role has allowed Committees to develop improved ways to distribute key information, develop new digital communication channels, develop digital communication materials and improve the accessibility of information produced by the Committees.

Dundee's Trauma Steering Group launched their implementation plan in March 2022 and has been progressing actions throughout the year.

In 2022-23 the COG met to focus on ways in which the **contribution of the workforce could be recognised and celebrated** and how the workforce could be better involved in the work of the Protecting People Committees. Developments have included opportunities for COG to visit services to understand challenges faced and opportunities for members of the workforce to attend and observe COG meetings.

Progressing the culture change that workers within the **workforce can have lived experience of trauma and can contribute and co-produce services and strategy**. The Workforce Lived Experience Group is forming ideas about the role it wants to take and is already involved in a number of developments.

Working with the National Authentic Voice Project as a pilot area for their leadership workstream, focused on embedding lived experience into strategic forums across Scotland. The COG has endorsed this as a priority for senior leadership and are committed to engaging in key activities with the project. It is led in collaboration with people who have lived experience, and their input is very much at the heart of the Authentic Voice project.



Challenges

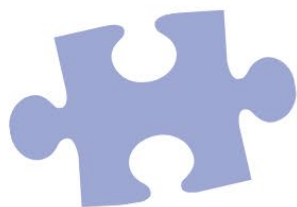
Sourcing, delivering and releasing staff for training beyond basic/awareness level. To address this challenge the Protecting People team are looking to **Implement the PP L&OD Framework which will encompass all Protecting People Committees**.

Implementing improvement work. This has been particularly difficult where improvement work has required active input, expertise and skills of people working in frontline protection services. These teams within the workforce have focused on meeting increased demand and complexity of risk, whilst dealing with gaps in normal staff capacity caused by wellbeing, absence and recruitment issues.

Embedding an intersectional approach in all Protecting People work. The Protecting People Team have already begun to embed intersectional approaches to their work through the **Gendered Services Project, Deaf Links partnering and the soon-to-be-launched ADP Prevention Framework**. There is however more to be done for all work to be informed by an intersectional approach.

Ensuring staff to have access to wellbeing support. To address this, the team seek to implement recommendations from the **Staff Burnout report and review key policies through a trauma lens and develop guidance toolkits for the multi-agency partnership to support this area**.

Improving communication and engagement. One size does not fit all – different audiences have different needs and preferences. Within the resources available it can be challenging to meet everyone's needs and there often must be a process of prioritisation. **Committees will continue to be proactive in their approach to communications, including with local media.**



Challenges

Continue embedding lived experience work. It is important that we expand this work but **ensure that all lived experience work is trauma-informed and meaningful, not tokenistic.**

Increasing focus on prevention and early intervention. Due to strained capacity within frontline and strategic teams, it does not always allow for this focus to be at the forefront, with resources being assigned to crisis-driven responses. We hope to address this by **implementing the Dundee Alcohol and Drugs Partnership Framework and creating a Violence Against Women Prevention Framework.**

The public sector has continued to face a very **challenging financial landscape** during 2022-23. This has impacted a range of Protecting People services and supports, particularly those delivered in the third sector. Throughout the year the **Protecting People Committees have focused on taking positive action to mitigate risks associated with financial challenges wherever possible.** This includes the establishment of the Alcohol and Drugs Partnership Commissioning Group and the Violence Against Women Partnership Funding Group.



260



Key priorities for 2023/24

ENHANCE our focus on suicide prevention, including developing a new plan for improvement that reflects the national Suicide Prevention Strategy.

FURTHER integrated our work on protecting people, implementing a new strategic structure that will help the COG and committees to implement priorities for improvement.

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

IMPROVE our approach to communication, developing more consistent and more easily accessible routes for communicating our work with members of the public and the workforce.

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

DEVELOP an approach to support services to better capture, report and understand outcomes information for people who are supported through protection processes, services and supports.

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

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

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Adult Support and Protection (ASP) 2022-2023

95
ASP
investigations

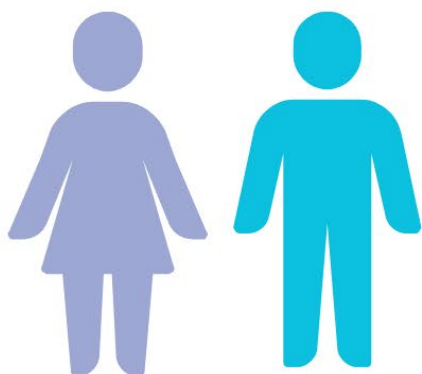


88 Initial case conferences were held.



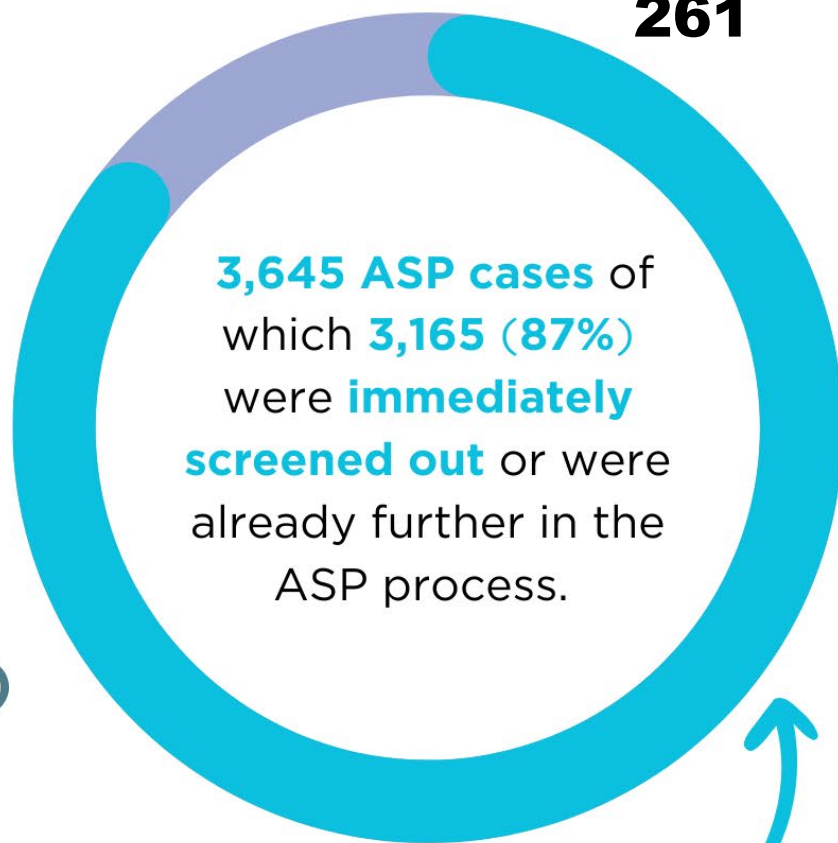
72%

of harm happens most at home.



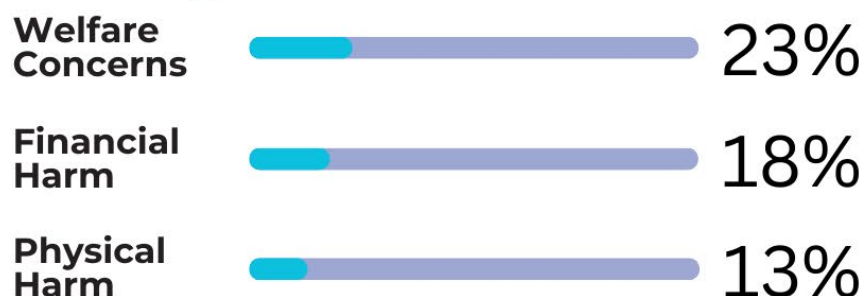
The age group **most at risk** is that of **40-64 years old** for both sexes

261



18% increase from the previous year.

Type of harm reported in ASP investigations



Adults with **Learning Disabilities** form the **highest group** that receive ASP investigations (**23%**), followed by those with **Mental Health** needs (**20%**).



Key achievements in 2022-2023

Significant progress has been made in **developing and implementing a more robust approach to quality assurance, including developing a new Learning Review process** and having more effective oversight of the implementation of learning from reviews.

Partners have worked collaboratively together, both in Dundee and across Tayside, to **develop and deliver a high-quality and varied learning and development programme**. This has supported improvement priorities and enabled more practitioners to gain the confidence to participate in improvement activities.

Dundee has invested in **learning and development approaches that have resulted in a high level of Council Officer capacity, confidence and competence**. Action has also been taken to ensure good availability of Mental Health Officer capacity to ASP processes and to maintain a responsive system where a Capacity Assessment is requested.

Our comprehensive arrangements for oversight and support of the independent sector, delivered through a partnership approach, have **supported a high-quality and improvement focused approach to completing Large Scale Investigations**.

Partners have worked together to implement learning from the Thematic Review of Fire Deaths, leading to **significant improvements in the assessment of fire safety risks and provision of fire safety equipment, particularly in Care at Home Services**.



Key priorities for 2023/24

Completing the work that has started in both Dundee and Tayside to **revise our multi-agency ASP policies and procedures** and fully implement the revised national Code of Practice.

Achieving a more consistent approach to supporting adults at risk and their unpaid carers / family members to be appropriately involved at all stages of ASP processes (not just case conferences).

Continued efforts to improve the quality of chronologies, risk assessments and plans and to gain a better understanding of the role that Initial Referral Discussion meetings have as part of wider approach to information gathering, analysis and decision-making within Duty to Inquire and investigations.

Moving to a tiered multi-agency pathway that supports adults at risk of harm from the earliest point of identification through to ASP processes, where these are required.

Implementing a process for capturing experiential feedback from adults and carers who have been subject to/supported individuals through ASP processes.

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Child Protection Committee

(CPC) 2022-2023



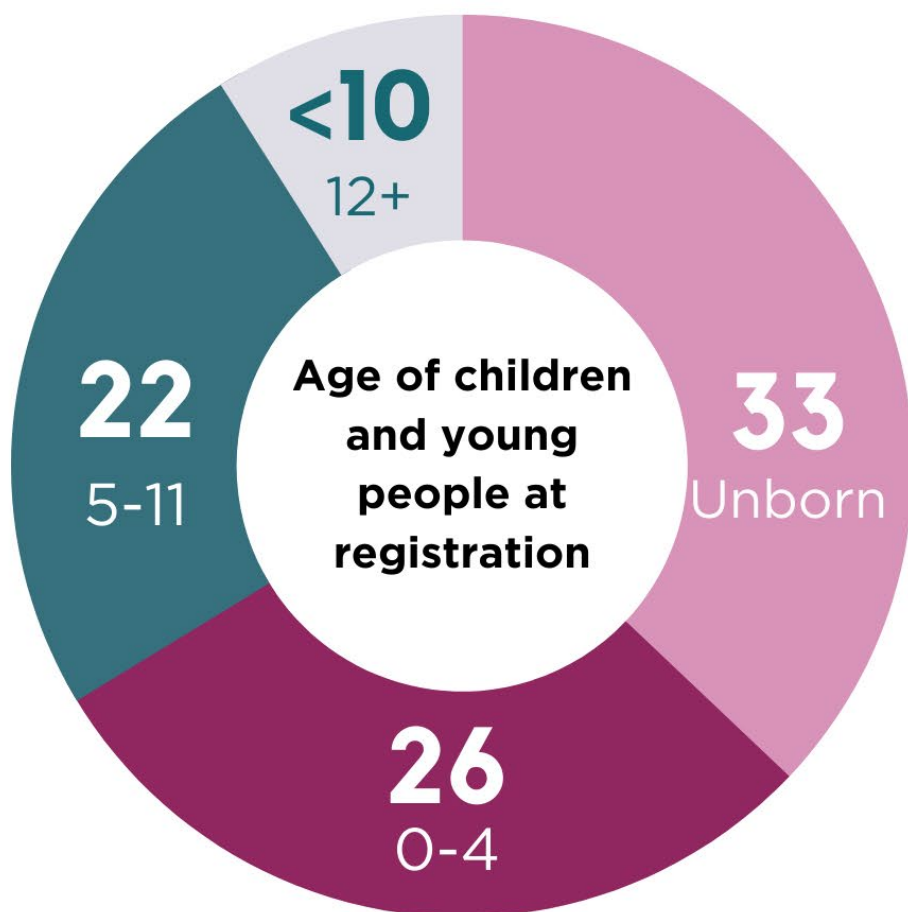
263
7,777
agency contacts
with Multi-Agency
Screening Hub.

2,156
Police
CP Concern reports.



456
Initial Referral
Discussions

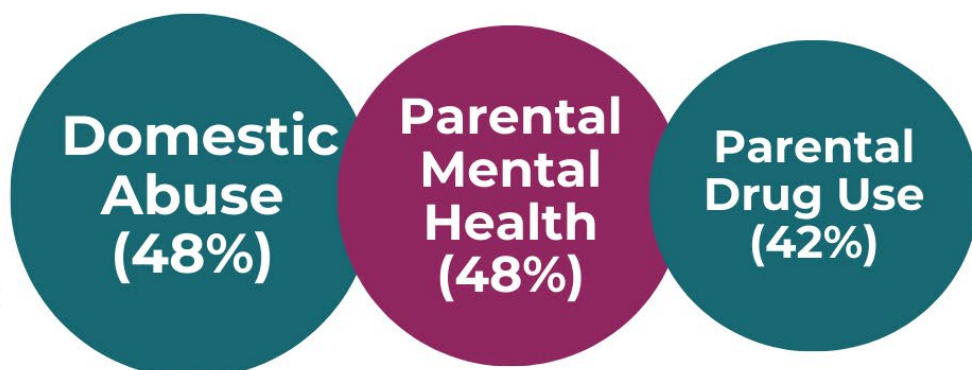
84
children **added** to
Child Protection
Register in 22/23.



117
Children and young
people **removed** from
the Protection
Register in 22/23 and
provided with
alternative support.

As of March 2023,
there were **27 children**
on the Protection
Register.

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



Key achievements in 2022-2023

Updating the Dundee Multi-agency Child Protection Procedures to fully incorporate the National Guidance for Child Protection in Scotland.

Creation of the Children and Young People's Charter which aims to **improve the involvement of children and young people (CYP) at both strategic and service level.** The Charter is based on the views of a group of CYP's experiences in the Child Protection and Care Systems and what could have been better for them.

Establishment of the **Children/Young People Experiencing Domestic Abuse (CYPEDA) working group** to ensure strong links are made between Child Protection and Domestic Abuse (DA) specialist services.

Creation of a manager-level post was established in Children & Families social work, with a focus on **improving practice and responses to children and families affected by domestic abuse.**

The CPC has a **well-established dataset** and the Multi-agency Data Subgroup defines themes and priorities to draw to the attention of the CPC. The **data report format was amended** in summer 2022 to reflect new national guidance and focus on exceptional indicators.

Subgroups which focus on **Case Reviews and Quality Assurance are now established** within the CPC structure and themes from these groups and the data group are triangulated to ensure we have a full picture to **inform strategic developments and improvements.**



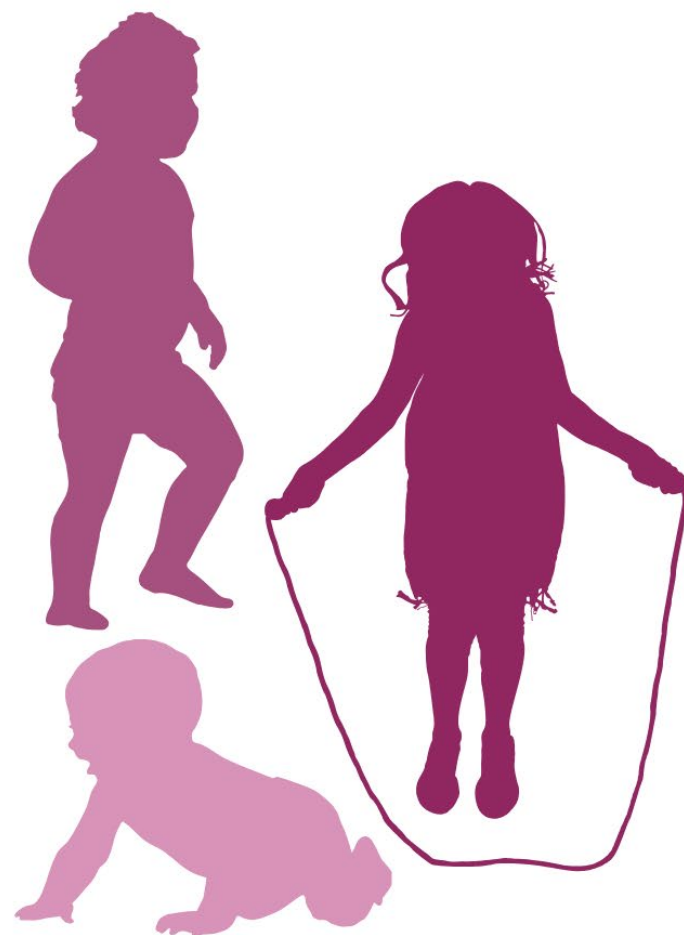
Key priorities for 2023/24

Evaluating how well aspects of the National Guidance for Child Protection in Scotland have been incorporated into local practice and arrangements, and **identifying any gaps that require to be addressed.**

Continue to embed the work of the Children's Charter.

Continue to enhance the work of the CYPEDA working group to develop a more in-depth pathway which will align and be embedded within Getting it Right for Every Child guidance and framework.

Continue to implement the new Joint Investigative Interview Model and Bairn's Hoose.

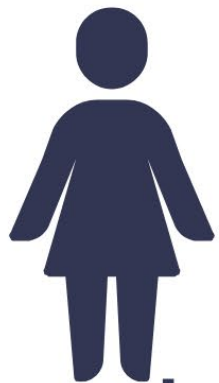


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Alcohol and Drug Partnership

(ADP) 2022-2023

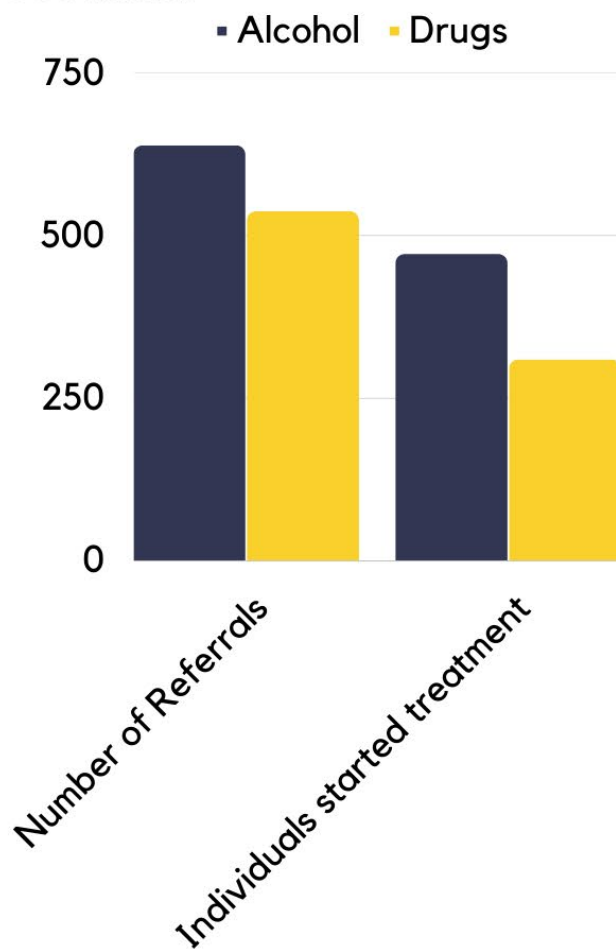
National Records Scotland:



38 Drug deaths in Dundee in 2022 a **17.4% decrease** from 2021.
20 (53%) of these deaths were **female**.

2nd Highest

rate of drug deaths (43.1 per 100,000) of all local authority areas (2018-2022) in Scotland.



In 2022, there were **179 Near-Fatal Overdoses (NFODs)** incidents.

Reduction from 2021 when there were **342 NFODs**.



1,555 Naloxone kits were distributed in 2022/23

Individuals in the most deprived areas of Dundee were

5x more likely to have experienced an alcohol or drug-related hospital stay/discharge than those living in the least deprived areas.



For the past four years, **75%** of all drug deaths have occurred where the deceased was a resident in the 20% most deprived areas.



Key achievements in 2022-2023

Over the last year, the Dundee ADP developed a local multi-agency **Strategic Framework**. The Framework is supported by a two-year rolling Delivery Plan (2023-2025). **The overall aim of the Framework is to reduce harm from alcohol and drug use, support well-being and the recovery of people who experience longer-term challenges associated.**

The Dundee ADP continued to progress with the implementation of **Medication Assisted Treatment (MAT) Standards**, primarily focusing on **Standards 1 – 5 (Phase 1)**. Through this, the ADP **established direct access clinics, increased support offered through Independent Advocacy, improved and permanently established the Near-Fatal Overdose response and implemented a pathway for Residential Rehabilitation**. In the most recent Government Benchmarking Report, Dundee's ratings **improved** in 2023 from the previous year for all five MAT Standards that were involved in Phase 1 of the implementation.

During 2022-23, **six applications** from organisations in Dundee were **successful in obtaining large grants from CORRA for their proposed projects, with a total sum of £2,194,696**. These projects will be implemented in 2023-24.

The Dundee ADP created and designed the **Dundee Alcohol and Drug Prevention Framework** for the workforce to support development and action-planning across the city. **The Framework is intended to provide evidence of best practice that should be considered when monitoring or planning any services, interventions or prevention activity**. Although still in the early stages of implementation, this should result in a prevention-focused system with fewer individuals experiencing issues with drug and alcohol use.



Key priorities for 2023/24

Continue to focus on the implementation of MAT Standards 1-5 (Phase 1). This will include a review of the implementation to date regarding access to services, focusing on the work of the direct access clinics. It will also include expanding the scope of responding to high and immediate risk to include broader risks and vulnerabilities. Work will also progress with Community Pharmacies to increase their support for MAT. To support this, the capacity currently co-ordinating the Near-Fatal Overdose Pathway will be strengthened.

Shift focus to the implementation of **MAT Standards 6 – 10** with a clear focus on **improving links with mental health services and strengthening the Shared Care approach with Primary Care**.

Focus on supporting the specialist substance use organisations to develop effective Family-Focused Approaches, **ensuring carers and families are included and supported**.

Continue and further embed work carried out by the experiential data group to inform strategic decision-making.

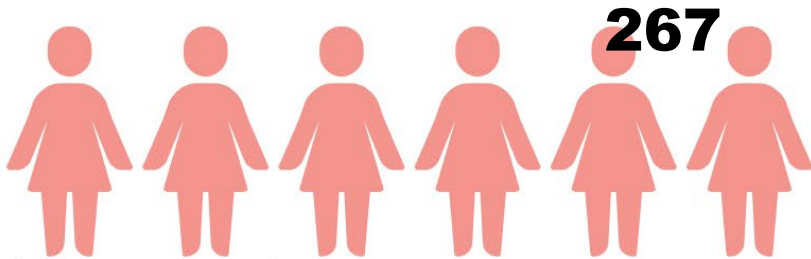
Progress implementation of the **new Dundee Alcohol and Drugs Prevention Framework**.

Focus more on **workforce development and training**.

Launch the Dundee ADP website to ensure that all stakeholders are provided assurance of work being conducted by the Partnership.

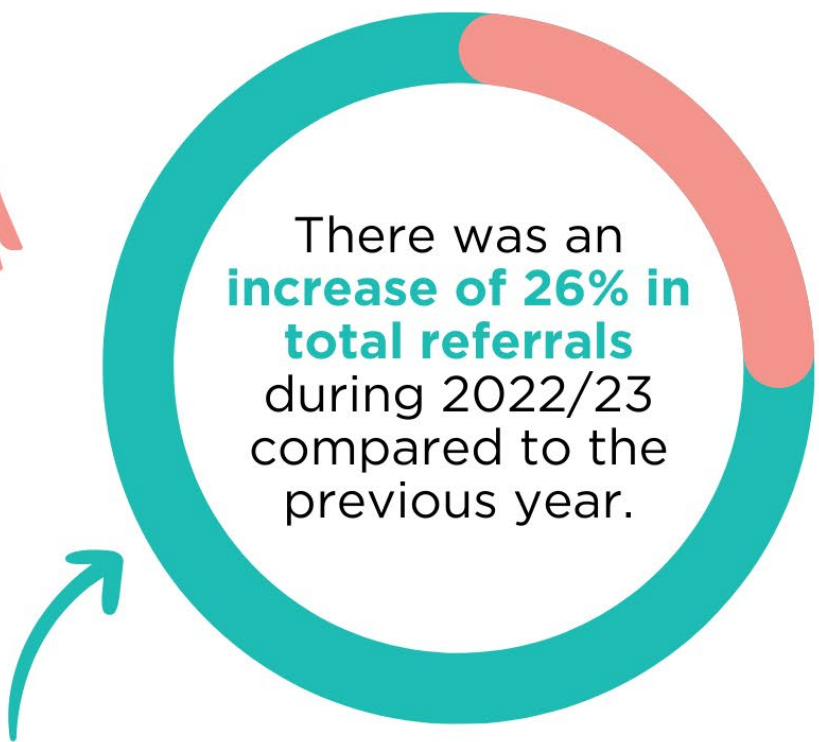
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Violence Against
Women Partnership
(VAWP) 2022-2023

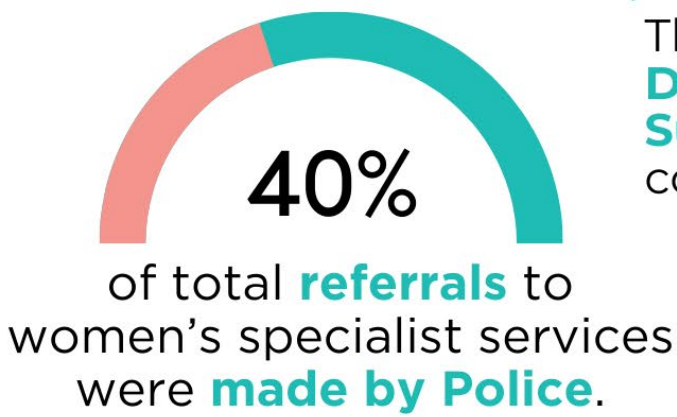


Women who were presented to
services were predominantly
26 years or older.

Third Sector
Organisations in
2022/23 supported:

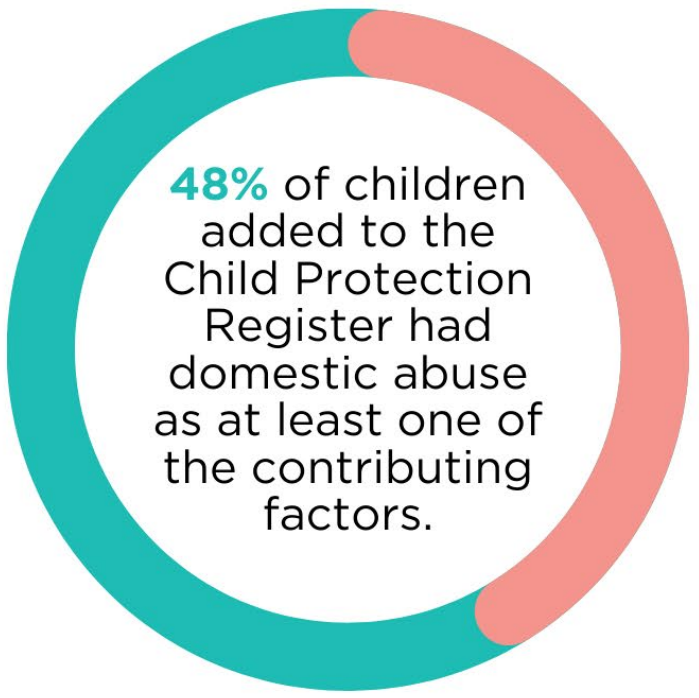
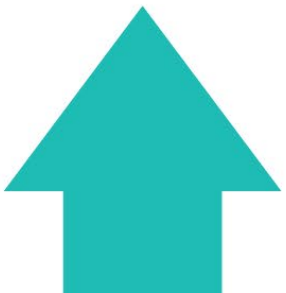


The launch of **ASSIST**, a specialist
**Domestic Abuse Advocacy and
Support Service**, in April 2022
contributed to this increase.



268 referrals
to Multi-agency Risk
Assessment Conference
in 2022/23.

33%
Increase
from
2021/22.



Key achievements in 2022-2023

The Dundee VAWP secured funding for a dedicated Gender-based Violence (GBV) Learning and Organisational Development (L&OD) post. **Through this, shared expertise and experiences between the VAWP, L&OD Team and Public Protection were brought together.** This aims to embed a culture change and build capacity in relation to VAW across Dundee at every level of the workforce.

Successfully obtained funding to deliver a **Violence Against Deaf Women Project** which provides advocacy for the Deaf, raises awareness of specific complexities, improves access to VAW services and upskills Women's Aid staff teams on BSL/Deaf Culture.

Establishment of the **Young People's Intelligence Subgroup** to focus on particular concerns for young people in their own relationships. This group has allowed the workforce to be better equipped to **understand the ever-changing worlds of young people to provide relevant advice and support.**

Secured **new funds** for the **CEDAR** project (children experiencing domestic abuse recovery) which is a **group work programme for children and their mothers who are out of the domestic abuse situation and recovering from the experience.** The group work programme aims to rebuild damaged relationships between mother and child(ren) and enable mums to better understand and support their children.

Secured **new funds** for **ASSIST**, a service which **provides advocacy and support to victims (and their children) of domestic abuse who have a case going through court.**

Developing a **social media presence** for the VAWP through the **StandTaygither Instagram** account. This account is used to provide education to the public about gender-based violence, promote the positive work conducted by the VAWP and promote public VAWP event.



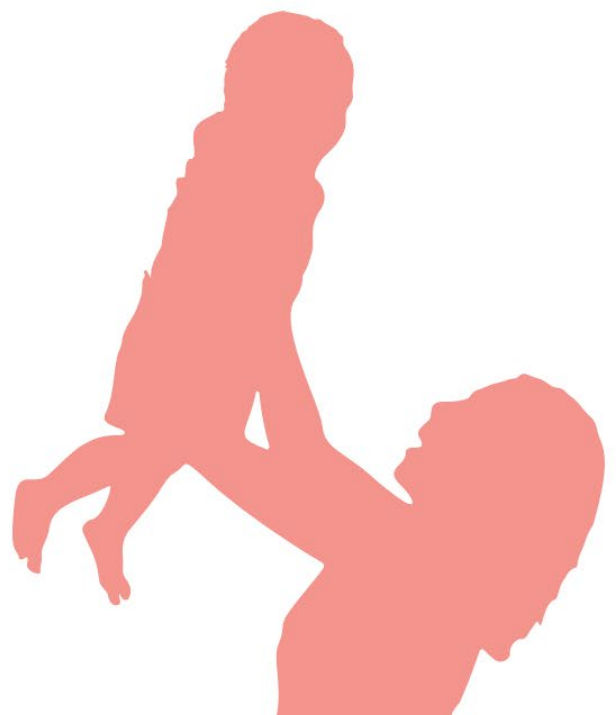
Key priorities for 2023/24

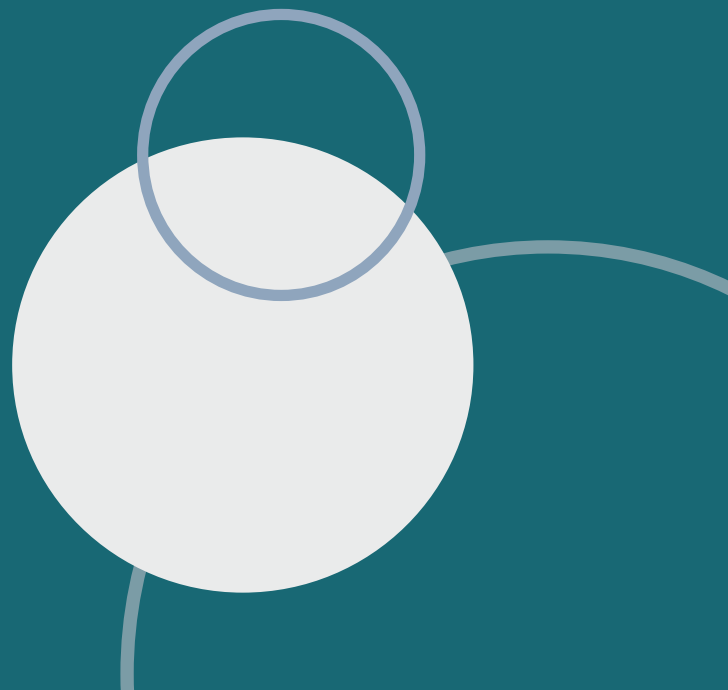
Continue to **develop a collaborative approach to funding for VAW services** and implement national actions from the Strategic review of funding.

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

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

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





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**MAPPA**

Tayside Multi Agency
Public Protection Arrangements

Annual Report

2022-2023





INTRODUCTION

I am pleased to introduce the Tayside Multi-agency Public Protection Arrangements (MAPPA) Strategic Oversight Group (SOG) annual report covering the year from 1st April 2022 to 31st March 2023.

For the purposes of MAPPA Scotland has 10 regional SOG areas, whose membership includes senior representatives from the local Responsible Authorities. The SOG is required to monitor the operation of MAPPA, making changes to improve effectiveness where required. As well as providing local leadership, the SOG is responsible for performance monitoring and quality assurance of MAPPA, and for the co-ordination and submission of the annual report for their respective area. Tayside MAPPA SOG brings together the Responsible Authorities from Dundee City, Angus and Perth and Kinross Councils, NHS Tayside, Police Scotland and the Scottish Prison Service.

During the reporting year the Tayside SOG has largely continued to meet on a virtual basis using video conferencing with one 'in person' meeting in March 2023. Virtual meetings will continue to be used in the coming year with opportunities for 'in person' meetings. This new way of working which we adopted due to necessity during the pandemic has proven to be efficient eradicating travel time and maximising members availability for other duties. That said there is no doubt that meeting in person helps build relationships and promotes healthy engagement so a blend of the two approaches will be used.

We have been working toward delivering our objectives set out in the 2020 -2023 Strategic Plan. There is no doubt that the adaptations we made during the pandemic together with the need to change our way of working impacted on our ability to achieve all of our aims. We will be carrying forward aspects of the plan relating to staff and public engagement and training in our new 2023-26 plan allowing us to continue to develop the understanding of MAPPA in the general workforce and communities. This report contains a case study which I hope helps highlights how MAPPA works and its effectiveness, we are keen to continue to promote the positives of MAPPA which due to the crimes of those managed through the arrangements are naturally viewed in a negative light.

Our objective to monitor and promote the use of the **V**iolent **O**ffender and **S**ex **O**ffender **R**egister (ViSOR) system has been largely successful with the Tayside SOG area Responsible Authorities continuing to use and audit our use of the system alongside single agency information management systems. We are working with partners across the United Kingdom to help specify the requirements and design the ViSOR replacement MAPPS. We expect MAPPS to be ready for roll out within the next three years. As it is a UK national system and the justice systems in the four nations have distinct differences meeting the requirements of all is a challenge. From a Tayside perspective the MAPPA Coordinator sits on a Scottish user group responsible for scoping Scotland's requirements feeding up into the wider UK governance arrangements.

I would like to take this opportunity to thank all involved in the MAPPA process in Tayside for their dedication and professionalism in working together to reduce re-offending and making Tayside a safer place to live in, work in or visit.



Alan Small

Independent Chair of Tayside MAPPA Strategic Oversight Group

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TAYSIDE MAPPA

Tayside is an area of 3000 square miles with a mixture of cities and rural settings, with a population of approximately 416,080.

It has three local authorities, Dundee City Council, Perth & Kinross Council and Angus Council. It is policed by Police Scotland 'D' Division. The Scottish Prison Service (SPS) has three establishments within the area, HMP Perth, the open estate HMP Castle Huntly and the female custody suite HMP Bella Unit. Tayside is also covered by NHS Tayside, in which is the Rohallion Secure Care Clinic providing low and medium secure care to patients for the north of Scotland.

These agencies known as the Responsible Authorities work closely together to protect the public in Tayside from the harm posed by certain offenders.

Multi Agency Public Protection Arrangements (MAPPA) provides the framework and ensures that this process functions effectively.

The offenders contained within MAPPA continue to be:

Registered Sex Offenders (RSOs) - are those individuals who are required to comply with the sex offender notification requirements (SONR) as set out in Part 2 of the Sexual Offences Act 2003.

Restricted Patients - are patients subject to a compulsion order with restriction order, a hospital direction or a transfer for treatment direction; that are patients who are subject to special restrictions under the Mental Health (Care and Treatment) (Scotland) Act 2003.

Other Risk of Serious Harm Individuals - these are individuals who are not required to comply with the SONR or who are not Restricted Patients; but who by reason of their conviction; are considered by the Responsible Authorities to be persons who may cause serious harm to the public at large. These individuals are known as Category 3 offenders.

There are three levels of management within MAPPA and an offender can move between all three levels.

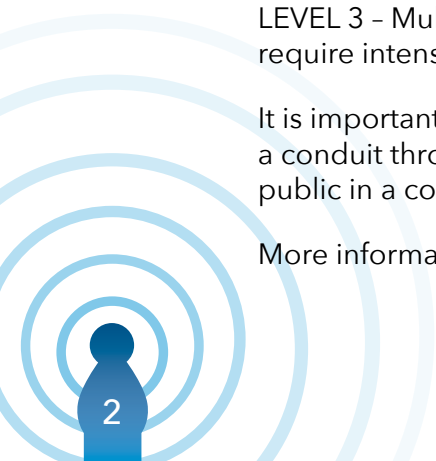
LEVEL 1 - routine risk management, - generally for those who present a medium or low risk of serious harm

LEVEL 2 - Multi agency risk management - for those subject to statutory supervision and are deemed to present a high risk of causing serious harm.

LEVEL 3 - Multi agency public protection panels - used for the critical few who require intense supervision and senior management oversight.

It is important to remember that MAPPA is not in itself a separate agency but is a conduit through which agencies can fulfil their statutory duties and protect the public in a co-ordinated manner.

More information can be found in the MAPPA Guidance 2022.



MAPPA CO-ORDINATION

As we continue to recover from the challenges we all had to face due to COVID-19, the work of the agencies within MAPPA has remained constant. As we move forward MS Teams continues to be used for MAPPA meetings in Angus and Perth & Kinross. However, in Dundee the co-located teams now meet again face to face and those out with the building join via MS Teams creating hybrid meetings.

National meetings continue to be attended by both the MAPPA Co-ordinator and the Independent SOG chair, thus ensuring that any new learning is delivered in Tayside.

MAPPA does not operate in isolation, it is part of the wider Public Protection arrangements. The chair of the MAPPA SOG provides regular reports to all three Public Protection Chief Officers Groups across Tayside and strong links have been established between MAPPA and the various Committees including Child and Adult Protection and Violence Against Women Partnerships.

The MAPPA Co-ordinator continues to liaise closely with staff at HMP Perth. Staff from SOPS and CJSW have also attend pre-release case conferences and provided information at Risk Management Team meetings when required, in cases where onward progression resulting in community access may be a possibility.

MAPPA numbers in custody have remained between 58 and 61 during the period between April 2022 and March 2023. Between April 2023 and September there was an increase to 67 in June but this has fallen back to 57 in September.

Backdated sentences still remain a challenge resulting in some people being released on the day of sentencing with a licence which has been completed very quickly to allow a release that day. The Parole board and SPS establishments are working together to ensure appropriate conditions are shared with community colleagues at the earliest opportunity.



MAPPA IN OPERATION

Protection of the public is the top priority and every decision taken by agencies in the assessment and management of risk posed by individuals subject to MAPPA is taken to keep the public safe, particularly the most vulnerable. As good as the arrangements in Scotland are, they will never completely eliminate risk. The arrangements seek to significantly reduce the opportunity and/or inclination which individuals subject to MAPPA have, to re-offend. Whilst reconviction rates are very low, the public is understandably concerned about sex offenders and the risk they may pose. Managing that risk is a complex task cutting across organisational boundaries of local authority, SPS, Police, Housing and Health. Working together allows partners to create action plans and risk management strategies so that all possible eventualities are covered. Knowing what each other is doing and planning means that as close an eye as possible can be kept on individuals subject to MAPPA.

Managing the risks posed by individuals subject to MAPPA and the involvement of each agency is best illustrated in the case study below.

PERSON A

Person A was convicted of rape and sentenced to life imprisonment with a 14-year punishment period.

If a person is sentenced to life imprisonment, the judge must set a punishment part of the sentence. This is the minimum time the person must spend in prison before they can be considered for release into the community by the Parole Board for Scotland.

The Parole Board for Scotland will only recommend release when it is considered that the prisoner's risk can be effectively managed in the community. The board's recommendation along with licence conditions are sent to the Scottish Ministers who make the final decision.

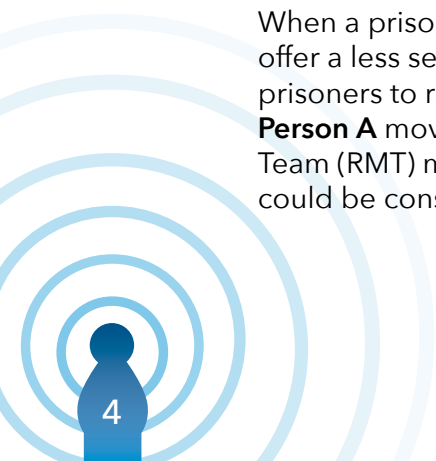
Often a recommendation of the Parole Board is for a prisoner to progress to the Open Estate, HMP Castle Huntly, to prepare for full release.

Person A did progress through his prison sentence and following a Parole Tribunal was moved to the Open Estate.

SCOTTISH PRISON SERVICE (SPS)

When a prisoner is progressed to HMP Castle Huntly "Open Estate". The SPS offer a less secure environment for the purposes of helping and preparing prisoners to reintegrate into the community.

Person A moved to the Open Estate and after two weeks a Risk Management Team (RMT) meeting chaired by a senior SPS manager was held to see if he could be considered for community access. This meeting was also attended by



Person A's community-based Supervising officer (CJSW), his lead investigator from Sex Offender Police Unit (SOPU), Police Scotland, Prison based Social Worker PBSW, and SPS personnel.

The RMT considered all relevant information in reaching a decision regarding **Person A's** progression to Community Access and the range of support that would be needed to successfully manage his transition from custody to the community. At this meeting all License Conditions for his community access were agreed. It was also agreed at this time that access to the community would be a phased approach beginning with 1 overnight stay before working towards a full 7-night Home Leave access.

Whilst in the Open Estate, **Person A** suffered some health conditions which required him to attend hospital for appointments and he was granted unescorted day release (UDR) at these times.

Throughout his sentence **Person A's** community-based Supervising Officer remained in close contact with SPS personnel and his Prison based Social Worker.

Person A was granted home leaves beginning with 1 night, progressing to 2, then 5 nights until he was granted the full 7 nights. On each home leave he was seen by his Supervising officer and his SOPU officer. He managed well at these times and no concerns or issues were raised during his periods of home leave. In 2023 following a Parole Tribunal **Person A** was released on Life Licence.

HOUSING

Whilst in the Open Estate in 2022, the MAPPA Housing Liaison officer, arranged for an older person housing assessment to be carried out with **Person A**. This was completed however, he was assessed as not requiring retirement housing at this time.

Whilst liaising with Community Justice Social Work and Housing prior to his Parole hearing in 2023 it was requested that a reassessment of his housing need be carried out. This was because his health had deteriorated since the initial assessment and following completion of the assessment it was agreed that **Person A** should be considered for retirement housing.

Person A was released in 2023 and provided with temporary accommodation as suitable retirement housing could not be identified prior to this date and he currently remains on the list for retirement housing.

COMMUNITY JUSTICE SOCIAL WORK

Due to the length of time he had served in prison, **Person A** requires intensive support to help him reintegrate into the community. During the first few weeks of release **Person A** had contact with Justice Social Work Services 3 or 4 times

per week. As well as an allocated Supervising Officer, he also has the support of a Criminal Justice Assistant. In addition, he has support from the Police via a Sex Offender Policing Unit officer, who works closely with Justice Social Work to consider decisions about managing risk.

The initial stages after release involved making sure **Person A** was fully aware of his Licence conditions and what restrictions apply to him. This is important because the Licence conditions help to manage the risk he presents and keep himself safe. There are also a lot of initial practical things to do such as applying for benefits, setting up a bank account and registering with a GP. The longer-term issues will involve supporting him to apply for permanent accommodation and liaising with all relevant agencies. This will be to assess any address offered which will be subject to a full Environmental Risk Assessment involving all agencies.

The main issues for **Person A** following release were about managing his finances and structuring his time. **Person A** had lost contact with many family members over the years and only has a few acquaintances in the community who could offer him limited support. When trying to get him involved with agencies or support groups consideration needs to be taken about whether or not disclosure of his status is necessary. These decisions are taken by the allocated workers and police, and discussed at regular MAPPA meetings. **Person A** will continue to be seen on a weekly basis by his Supervising officer.

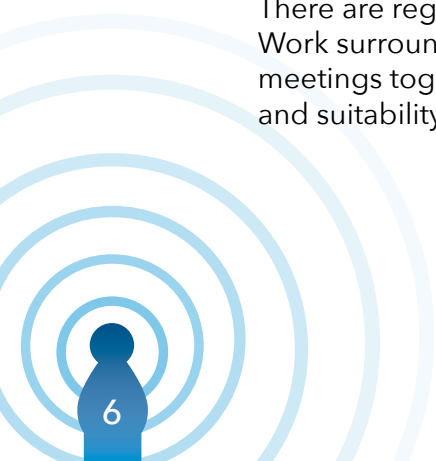
POLICE

Whilst in Open Estate and accessing Unescorted Home Leave, **Person A** was visited on various occasions by the Sex Offender Policing Unit (SOPU). These were routine visits completed to ensure he was compliant with his Licence conditions and in an effort to fill in the information gaps surrounding areas of his life such as health, hobbies and places he frequented.

When initially released from custody into the community, **Person A** was visited by SOPU more frequently however, this was subsequently reduced in accordance with his agreed risk level.

Person A's visits can be time consuming due to his ongoing health problems, and concerns surrounding appropriate use of electronic devices. He has struggled to fully comprehend his Licence conditions, despite these being reiterated to him regularly and it is understandable given the length of time he spent in custody.

There are regular discussions between SOPU and Criminal Justice Social Work surrounding **Person A** and his joint management. There have also been meetings together with external agencies, which are purely held to assess risk and suitability for **Person A** to attend activities.



HEALTH

Whilst in the Open Estate, **Person A** health needs were met full by the prison Health team. The information and systems used are transferrable to the community thus allowing for a degree of continuity around health appointments, updates and health management.

When **Person A** transferred to the community the MAPPA Health Liaison Officer (MHLO) liaised directly with partner agencies, out with the MAPPA meetings for updates to identify any potential concerns which may arise. Information pertaining to risk and how this impact on **Person A's** risk management are discussed to allow agencies to assist in the management of Health and to have a broad knowledge of the complexities of **Person A's** health needs.

Health are present at all MAPPA meetings either via the MHLO or by other trained staff from the Adult Support and Protection team. However, if any NHS Staff have regular contact with **Person A** they would be invited to attend the meeting and update the process and also have the expectation that this would allow for a fully integrated approach to **Person A's** healthcare needs.

MAPPA MEETINGS

MAPPA ensures interventions are informed by thorough risk assessments and regular information sharing. It creates individualised risk management plans, which outline what is expected of the offender, how agencies will supervise and monitor them and what will happen should they fail to comply.

Whilst it is not possible to predict future behaviour or eliminate all risk, bringing information together from a range of agencies enables a thorough understanding of individual offenders. This includes, their offending behaviour, the factors associated with it and the sharing of resources to target any relevant issues and concerns.

MAPPA meetings initially were held every 12 weeks in respect of **Person A** and all of the above agencies as well as the MAPPA Co-ordinator, a Child Protection Social Worker and an Adult Support & Protection Social Work representative attended. At each MAPPA meeting a risk management plan is devised. **Person A** is managed at Level 2.



STATISTICAL INFORMATION

As of 31 March, 2023, there were **401** Registered Sex Offenders managed in the community in Tayside, an increase of **45** offenders on the previous year. Of the **401** there were **149 (37%)** subject to statutory supervision requirement with Community Justice Social Work and managed jointly with Police Scotland, Sex Offender Policing Unit. The other **63%** are managed by Police Scotland who continue to regularly review risk with partners and respond to any identified concerns.

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

ANGUS	112 (an increase of 17 from the previous year)
DUNDEE	162 (an increase of 17 from the previous year)
PERTH & KINROSS	127 (an increase of 17 from the previous year)

It is thought that the increase in numbers is due to the courts returning to normal business and processing more criminal trials.

In this reporting year there have been **89** new offenders convicted and made subject to MAPPA managements.

ANGUS	26
DUNDEE	41
PERTH & KINROSS	22

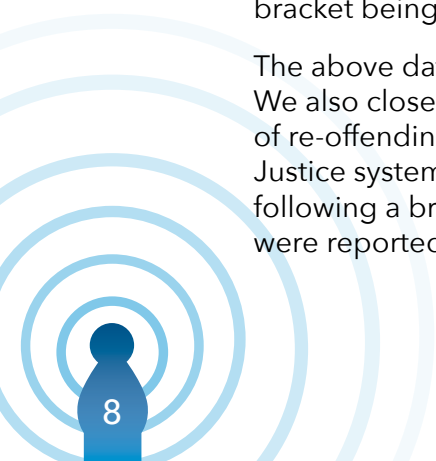
However, just as new people are being convicted and managed under MAPPA there are offenders who have completed their term of registration or those who have died which means their record is therefore archived.

ANGUS	23
DUNDEE	25
PERTH & KINROSS	33

Category 3 offenders continue to be managed under MAPPA and in this year there have been **4** individuals considered and managed by the responsible authorities.

The individuals that are managed under MAPPA cut across all age brackets with the youngest being **18** years old and the eldest being **88** years old. **25%** of the managed individuals are in the 31-40 age bracket with those in the 51-60 age bracket being **20%**.

The above data shows the number of offenders managed in the community. We also closely monitor data on reoffending and breaches. Any situation of re-offending is taken very seriously and managed robustly through the Justice system. During this reporting year **6** offenders were recalled to custody following a breach of their statutory licence conditions and **11 (2%)** offenders were reported for further sexual offending.



MAPPA was introduced in Scotland in 2007 and analysis of the trend over the last 16 years has shown a growth in the number of individuals managed under MAPPA;

	2007	2023
ANGUS	82	112
DUNDEE	109	162
PERTH & KINROSS	84	127

As the numbers have increased so too has the staffing in the Public Protection Teams of the Justice Social Work and the Sex Offender Policing Units ensuring robust risk management and the wider protection of our communities.

WHAT WE SAID WE WOULD DO IN 2022/2023

At the last annual report, the following points were those that the SOG would prioritise

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

The 3 local authority housing liaison officers have met and have produced a template for the collation of the Environmental Risk Assessment (ERA) statistics. These are taken quarterly to the SOG for examination and information.

- Examine National communication strategy and develop a Tayside document

The MAPPA SOG formed a small working group to examine the national communication strategy and thereafter developed a Tayside document. This document was drawn up and has been signed off by the SOG.

- Maintain links with the National MAPPA groups ensuring that any new practice is delivered and embedded locally.

The Independent Chair of the SOG and the MAPPA Co-ordinator continue to attend national meetings allowing for all national issues and new information to be brought back to Tayside for implementation.

- Work with partners to agree a revised information sharing agreement following recent national discussions between the Responsible Authorities. This will include which systems and other means of information sharing are used and the potential to implement a new information management system MAPPS being developed by the Home Office.

The partners continue to work together and representatives from each agency are now members of meetings being held for the implementation of the new Home Office information management system known as MAPPS

WHAT WE WILL DO IN 2023-2024

- The Tayside MAPPA SOG will deliver a new Strategic Plan for the years 2023 -2026. Objectives will include;

Establishing a robust training programme for staff involved in MAPPA. Delivery ensuring that MAPPA is better understood by our wider workforce and our communities

Working with the responsible authorities to agree guidance and training in respect of the interface between the Child Protection Care and Risk Management Process (CARM) and MAPPA

Carry out audit work and self-evaluation which will further enhance the considerable work we have done on our core data set for MAPPA and routine reporting and analysis

Further strengthening the links with Child and Adult Protection Committees and Violence against Woman and girls Partnerships promoting a whole systems approach to protecting people.
- We will continue to;

Monitor the progression of the new Home Office management database MAPPS

Proactively respond to any national learning from published Significant case Reviews



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MAPPA

Tayside Multi Agency
Public Protection Arrangements



REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD –
13TH DECEMBER 2023

REPORT ON: CHIEF SOCIAL WORK OFFICER ANNUAL REPORT 2022-23

REPORT BY: CHIEF SOCIAL WORK OFFICER

REPORT NO: DIJB64-2023

1.0 PURPOSE OF REPORT

- 1.1 This report brings forward for information the Chief Social Work Officer's Annual Report for 2022-23, attached as appendix 1.

2.0 RECOMMENDATIONS

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

- 2.1 Note the content of this report and the Chief Social Work Officer's Annual Report for 2022-23 attached as appendix 1.

3.0 FINANCIAL IMPLICATIONS

- 3.1 None.

4.0 MAIN TEXT

- 4.1 The requirement that every local authority has a professionally qualified Chief Social Work Officer (CSWO) is set out in Section 5 (i) of the Social Work (Scotland) Act 1968, as amended by Section 45 of the Local Government (Scotland) Act 1994. Associated regulations state that the CSWO should be a qualified Social Worker and registered with the Scottish Social Services Council (SSSC).

- 4.2 The CSWO provides a strategic and professional leadership role in the delivery of Social Work services, in addition to certain functions conferred by legislation directly on the officer. The overall objective of the role is to ensure the provision of effective, professional advice and guidance to Elected Members and officers in the provision of Social Work and Social Care services.

The Public Bodies (Joint Working) (Scotland) Act 2014 provides for the delegation of certain Social Work functions to an integration authority but the CSWO's responsibilities in relation to local authority Social Work functions continue to apply to services which are being delivered by other bodies under integration arrangements. Responsibility for appointing a CSWO cannot be delegated and must be exercised by the local authority itself. The CSWO also has a role in providing professional advice and guidance to the Integration Joint Board (IJB).

- 4.3 National guidance requires that the CSWO produces and publishes an annual summary report for local authorities and IJBs on the functions of the CSWO and that the approved report is forwarded to the Scottish Government to contribute towards a national overview of Social Work services. The information in this report complements other more detailed service specific reports on Social Work and Social Care services which have been reported in other ways.

- 4.4 As can be seen in this year's report (attached as Appendix 1), Social Work and Social Care services have continued to deliver quality support which improves lives and protects vulnerable people. Alongside responding to many challenges across the wider public sector and Social Work specific landscape services have continued to both respond to both the direct and indirect impacts of the cost of living crisis.

There are a number of highlights in the report alongside a description of ongoing challenges and priorities ahead. Some specific achievements include:

- An ongoing range of self-evaluation activities the findings of which have provided assurance about the quality and impact of services and informed improvement activities. For example, in Children and Families audits are undertaken by pairs of managers in the service and reports are completed on a quarterly basis highlighting themes, strengths and areas for improvement. The most recent audit cycle, which reported in May 2023, found that overall 92% of files were rated as 'Good' or better (with 63% rated as 'very good' or better). Through the Adult Support and Protection Committee a multi-agency audit of files was undertaken focusing on social work records from the Health and Social Care Partnership (HSCP), areas of strength and for improvement have now been reflected within the Committee and HSCP improvement plans.
- A diverse range of positive collaborations between Social Work and Social Care services delivered by the Council and Health and Social Care Partnership and commissioned services in the third and independent sectors. Examples of innovation and cross service working are the development of a Kinship Carers Hub and Kinship Care Support Services delivered by Kith and Kin. The Adolescent Review has been a collaborative with Police, Health, Education and Third Sector to review practice models and the management of risk when supporting the most vulnerable adolescents and their families. Partnership working has also continued to be crucial to progressing implementation of improvements in drug and alcohol and mental health services.
- The continued development and implementation of a range of learning and development activities to support the Social Work and Social Care workforce to undertake reflective practice, continuous learning and improvements and provide opportunities to develop leadership skills, enhance professional qualifications and undertake protection duties.
- Positive performance across a range of statutory Social Work functions includes:
 - In Children's Services, the overall number of care experienced children and young people continues to reduce. Stability in the workforce continues to allow us to ensure that children, young people and families experience a high level of contact with social work staff and a commitment to relationship-based practice through continuity of worker. Child Protection Registration also remains lower than average and we have invested in collaborative provision with the Third Sector to allow for a range of supports to be available to meet the needs of family in a timely manner even where there are no risks to harm. This work is scaffolded by an embedded Team Around the Child Approach when early intervention is identified as being required.
 - In Community Justice Social work, overall, 65% of all Community Payback Orders were successfully completed in 2022-23. The service continues to be above national average rates of CPO completion. A total of 38, 101 unpaid hours were imposed by Courts in 2021-22, compared with 30, 591 in 2020-21.
 - In the Health and Social Care Partnership, despite a significant increase in demand for social care supports the rate of bed days lost to delayed discharge increased only very slightly on the previous year (80.2 bed days in 2022/23 versus 79.5 in 2021/22) and remained better than the Scottish average position. In spite of this, in terms of national and local unscheduled care targets Dundee continued to support 98% of all discharges happening without a delay. The Partnership has continued to perform well in terms of the number of days people spend in hospital having been admitted in an emergency, including due to mental health reasons

(11% reduction since 2016/17). The number of people benefitting from accessing Self-Directed Support Options 1 and 2 has also continued to increase over the last year.

- 4.5 Ongoing challenges facing Social Work and Social Care services throughout 2022/23 included the legacy impact of the pandemic on service delivery arrangements, workforce wellbeing and the needs of citizens. Demand for services and complexity of need has also increased as the result of the impact of the cost of living crisis on already vulnerable and at risk people living in Dundee. In common with other areas of Scotland, retention and recruitment challenges have also continued to be a significant risk in some service areas, including within commissioned services. This has been a focus locally for risk mitigation, and moving in to 2023 there is some evidence of improvement in terms of recruitment and retention. In common with other public services, Social Work and Social Care were challenged by financial pressures, including reductions in funding to meet the ongoing costs of responding to the pandemic. This will have a further negative impact in 2023/24 when ongoing pandemic funding to the Health and Social Care Partnership will cease to be available.
- 4.6 The 2022/23 annual report is also forward looking and identifies the key challenges and opportunities for the coming year across Children's Services, Community Justice and Health and Social Care. The report identified the following improvement priorities to be progressed by Social Work and Social Care services during 2023/24:
- Continue to **PARTICIPATE** in the co-design process for the National Care Service, reflecting local knowledge and experience.
 - **SUPPORT** our social work and social care workforce to maintain good health and wellbeing.
 - **ENHANCE** our focus on prevention of risk and harm by working collaboratively across the whole GIRFEC pathway for children and young people.
 - **FOCUS** on the continued implementation of Our Promise to Care Experienced Children, Young People and Care Leavers 2023-2026.
 - **FURTHER** progress recovery of Community Justice Services as part of a whole systems remobilisation of community justice services across Scotland.
 - **BUILD** on the progress we have made in improving mental health and wellbeing and drug and alcohol services through collaborative working, focusing on co-production of further developments with people who have lived experience and the workforce.
 - **CONTINUE** work to further roll out our approach to trauma informed practice and leadership and to enhance whole family approaches to protecting people.
 - **ENHANCE** our arrangements for responding to adult at risk by collaborating with partners to design and implement a Multi-agency Adults at Risk Pathway, and further improvement use of chronologies and risk assessments.
 - **CONTINUE** to work with partners across the whole health and social care system, including acute care services, to achieve an unscheduled care response that delivers the right care, in the right place, at the right time, first time.

5.0 POLICY IMPLICATIONS

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

6.0 RISK ASSESSMENT

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

7.0 CONSULTATIONS

- 7.1 The Chief Officer, Chief Finance Officer, Head of Service - Health and Community Care, Dundee City Council Leadership Team and the Clerk were consulted in the preparation of this report.

8.0 DIRECTIONS

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

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

9.0 BACKGROUND PAPERS

- 9.1 The Role of the Chief Social Work Officer – Scottish Government Publication July 2016. Guidance for local authorities and partnerships to which local authorities have delegated Social Work functions.

Diane McCulloch
Chief Social Work Officer

DATE: 13 November 2023

Kathryn Sharp
Service Manager, Strategy and Performance

James Ross
Senior Service Manager, Children and Families Service, Dundee City Council

Dundee City Council

Chief Social Work Officer Annual Report

2022-23



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1. INTRODUCTION

I am delighted to present the Annual Chief Social Work Officer Report for 2022 – 2023. The report highlights the key areas of activities across social care and social work services, as these sit within the statutory functions of the Chief Social Work Officer. It provides an opportunity to highlight the excellent progress made by social work and social care staff in Dundee as we have worked over the last year to move back to a business as usual model following the global pandemic.

There is no doubt that the impact of the pandemic changed the way in which we delivered services, and there will be a lasting legacy which will direct our future models of service delivery. The level of organisational agility demonstrated by our workforce and services is something that we will strive to retain as we go forward and respond to the challenges presented. Ensuring the wellbeing of our staff will be a priority

We can see that the pandemic has had an impact on the citizens of Dundee with an increase in people seeking support at a point where they have a higher level of complexity - across health needs, social needs or for family support. This added to the recruitment challenges experienced across all sectors of social work and social care and has impacted on our capacity to provide the historical models of support.

Despite these challenges, I am confident that the services we are developing will continue to support those who require our assistance the most, and this can be demonstrated through the focus and attention we have placed on identifying areas for improvement where we know we have the greatest risks.

In the last year we have seen improvement in our response to those affected by alcohol and drug use and / or mental health difficulties with both the implementation of the Medication Assisted Treatment Standards and the introduction of the Hope Point Centre. We have maintained our performance in supporting adults to remain in their own homes in the community and to be discharged safely from hospital in a timeous way.

We have ensured families are supported to remain together by investing in collaborative approaches with third and statutory sector and demonstrating an overall reduction in the number of cared for children. Moving into 2023/24, there has been a concentrated effort to reduce the number of young people supported within secure accommodation outwith Dundee, while we strengthen our multi-agency responses adolescents, including points of transition.

Similarly, within Community Justice Services we continue to have a high level of Community Payback Orders and sit above the national average.

Our services have reached out to support people coming into the city, and we have responded to the Humanitarian crisis within Ukraine and other asylum seekers coming to Dundee, ensuring that unaccompanied children are provided with safe and secure home life while they are in our care.

We would not be able to deliver our support without our staff, and workforce development has continued over the last years. We have worked collaboratively across sectors to develop a range of programmes for staff using flexible models of service delivery, including a programme for Newly Qualified social work staff which was recognised in our local awards ceremony.

Finally, I would like to express my gratitude and pride in our staff working in social work and social care services across all of Dundee. Their commitment to delivering exceptional, person centred care and support, against what has continued to be both professionally and challenging times, has to be recognised. To do this, while continuing to listen to the voices of those we work with, for and alongside is commendable.



Diane McCulloch
Chief Social Work Officer

2. GOVERNANCE AND ACCOUNTABILITY ARRANGEMENTS

The Role of the CSWO

The role of the Chief Social Work Officer (CSWO) is outlined in Section 5 (1) of the Social Work (Scotland) Act 1968, as amended by Section 45 of the Local Government (Scotland) Act 1994. The role is undertaken by the most senior registered Social Work manager and has responsibilities to promote leadership, standards and accountability for all Social Work services, including commissioned services. Statutory guidance outlines requirements of the CSWO to:

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

In Dundee, the role of CSWO currently lies with the Head of Service for Health and Community Care (within the Dundee Health and Social Care Partnership). The Head of Service for Integrated Children's Services and Community Justice Social Work undertakes a deputising role as required. The CSWO Governance Framework sets out the ways in which they will discharge the requirements of the role and provide assurances to Elected Members throughout the year.

Overview of Governance Arrangements

The CSWO has direct access to Elected Members, the Chief Executive, Chief Officer of the Integration Joint Board, Executive Directors, Heads of Service, managers and front-line practitioners both within the Council and Health and Social Care Partnership, and with partner agencies in relation to professional Social Work issues. They attend a broad range of

Council and Health and Social Care Partnership leadership and strategic partnership meetings with varying terms of reference as follows:

- Reporting to the Chief Officer of the Integration Joint Board (IJB) and regular meetings with the Chief Executive.
- Member of the Integration Joint Board and IJB Performance and Audit Committee.
- Member of the Tayside Clinical Care Professional Governance Forum, alongside CSWOs from Angus and Perth and Kinross.
- Member of Executive Boards which oversee the implementation of local community planning priorities (shared between the CSWO and their depute).
- Member of the Adult Support and Protection (ASP) Committee, providing advice on Social Work matters relating to vulnerable adults.
- Member of the Alcohol and Drug Partnership (ADP), providing advice on Social Work matters relating to substance misuse.
- Member of the Child Protection Committee (CPC), providing advice on Social Work matters relating to children and young people at risk of harm.
- Member of the Dundee Violence Against women Partnership (DVAWP), providing advice on Social work matters.
- Member of the Chief Officer Group for Protecting People, contributing leadership and oversight on all public protection matters.
- Links to the Tayside Strategic Children and Young People Collaborative through the Depute CSWO.

In addition, the CSWO has provided professional advice to a range of enhanced governance and planning arrangements including Dundee City Council Incident Management Team, the Clinical Care Home Oversight Group and Local Resilience Partnership (particularly in relation to Care for People matters).

The CSWO is also supported by a CSWO Governance Group which brings together the Senior Officers (or their representatives) with responsibilities for all Social Work functions across the city, alongside supporting officers. Their main function is to support the CSWO to discharge their statutory duties and to develop, maintain and oversee the implementation of the Dundee City Council Chief Social Work Governance Framework. In 2018, the Group supported the CSWO to develop a Governance Framework that explicitly described the arrangements in place to support and enable the CSWO to carry out their role effectively. This included:

- Professional advice including where services are commissioned;
- Assisting partners to understand the complexities of Social Work;
- Values and standards of Social Work;
- Practice governance;
- Continuous improvement;
- Supporting evidence informed decision making;
- Workforce planning, learning and recruitment;
- Making decisions relating to the curtailment of individual freedom;
- Assessment and management of certain offenders who present a risk of harm; and,
- Reporting significant serious or immediate risks.

3. SERVICE QUALITY AND PERFORMANCE

3.1 Overview of Key Performance Information and Service Improvements

Children's Services

Following approval by Elected Members of Our Promise to Care Experienced Children, Young People and Care Leavers 2021-23 in June 2021 and annual Child Protection Committee Plans and Reports, developments and trends during the period of this report show a return to more "normal" business after the Covid-19 pandemic, with fewer extreme highs or lows of data variance. Upon publication of the plan, the Independent Care Review noted that the Council and partners are on an ambitious journey' in implementing The Promise and the Joint Inspection of Services to Children and Young People at Risk of Harm published in January 2022 graded services overall as Good, with some specific reference to significant improvements within Children's Social Work.

- The length of time children were supported on the Child Protection Register (CPR) returned to pre-pandemic level, with 87% de-registered after 12 months or less (lower than 2021-22 (95%) and higher than 2020-21 when it was 84%).
- The number of Child Protection Orders (CPOs) remained relatively high at 39 (3 more than previous financial year) but lower than during the height of the pandemic in 2020-21 (when it was 44). Regular updates are provided to the Child Protection Committee on the number of CPOs and quality assurance activity has confirmed that they have all been a proportionate response to the nature and level of immediate risk, whilst emphasising the importance of continuing to work with partners to strengthen preventative support.
- The number of children experiencing care at home or away from home has reduced from around 480 in 2020 and 2021 to 435 in 2022 and a current 430 (figures fluctuate slightly week by week). Following an increase in secure care and external residential placements in 2022-23, the number has reduced from 43 to 32 in 2023-24. This is in conjunction with the continued development of wider preventative support developed in partnership with other services such as the Third Sector and internal capacity building at different stages of the care system
- School attendance for care experienced pupils has also returned to pre-pandemic levels with 87.7% attendance in 2021-22 compared with 87.6% in 2018-19 (academic years). Attendance data for the academic year 2022-23 is not available yet but in 2021-22, compared to the average of all pupils (88.8%) the gap had narrowed. Children and young people in Foster Care have higher attendance levels than the mainstream population. Data confirms that children looked after at home have the least good attendance and children with kinship carers have good attendance during primary school years but by secondary school also have significantly poorer attendance than children not in the care system. There is therefore a targeted focus on supporting parents and kinship carers to improve school attendance.
- There are currently 147 young people receiving aftercare support from the Throughcare and Aftercare Team (very close to the previous two years at 144 and 148), including 36 in Continuing Care where numbers have been gradually increasing as more care leavers continue to be supported past their 18th birthday, including in external residential care. For compulsory throughcare and aftercare (up to age 19), this equates to 78% of all young people eligible (young people are under no obligation to continue receiving support from the team) and compares well to the

national rate of 65%. It continues to reflect the very high levels of support provided by the team and flexible approaches to keep young people engaged.

CHILD PROTECTION AND INTAKE SERVICE

The teams based at Seymour House receive new child protection referrals and the number of enquiries or referrals to the MASH team increased by 8% from 7044 in 2021/22 to 7614 in 2022/23, with Police and Education being the main referrers. Most of these involve guidance or advice and the number of Inter-Agency Referral Discussions has been stable, with 834 children at 821 IRDs in 2022/23 compared to 821 children at 580 IRDs the previous year.

The focus of the teams continues to be providing or arranging ongoing support to families whether or not matters progress to an IRD Meeting or Child Protection Case Conference. Once the teams have completed initial investigation work, to help support children and families in the longer term, they actively utilise support from third sector and community-based organisations. In doing so they use the FORT system and the FORT Co-ordinator, which helps ensure referrals go to the most appropriate support agency.

For families where there are risks identified during pregnancy, the New Beginnings team provides multi-agency, co-ordinated support involving health professionals alongside other partners. The team provides specific supports to address risks relating to mental/physical health, substance use, learning disability and parenting, with around 90% of babies remaining with their birth parent(s) and/or extended family members, with no need for longer-term social work involvement.

For some women who have had children removed from their care, the service has continued to work in partnership with Tayside Council on Alcohol (TCA) to deliver the Pause programme. To date the service has supported over 50 women, all of whom have experienced significant trauma and challenges, including domestic abuse, mental health issues, problem drug/alcohol use, learning disabilities, and who may be care leavers or care experienced.

All the women have reported that the program has helped them to make significant positive changes in their lives with a wide range of positive feedback including "time for yourself", "self -belief", "empathetic approach" and "it's a safe space". The Pause programme ended in March 2023 and has now changed to a bespoke Dundee service model known as the Birch Team, which has greater flexibility regarding timescales for intervention and access to support for a broader range of service users, including birth fathers.

The Social Work Out of Hours Service (OOHS) has also continued to coordinate responses to vulnerable families and adults in crisis, in partnership with key professionals from Health, Police, Private and Third Sector Agencies. Over the past year the OOHS has:

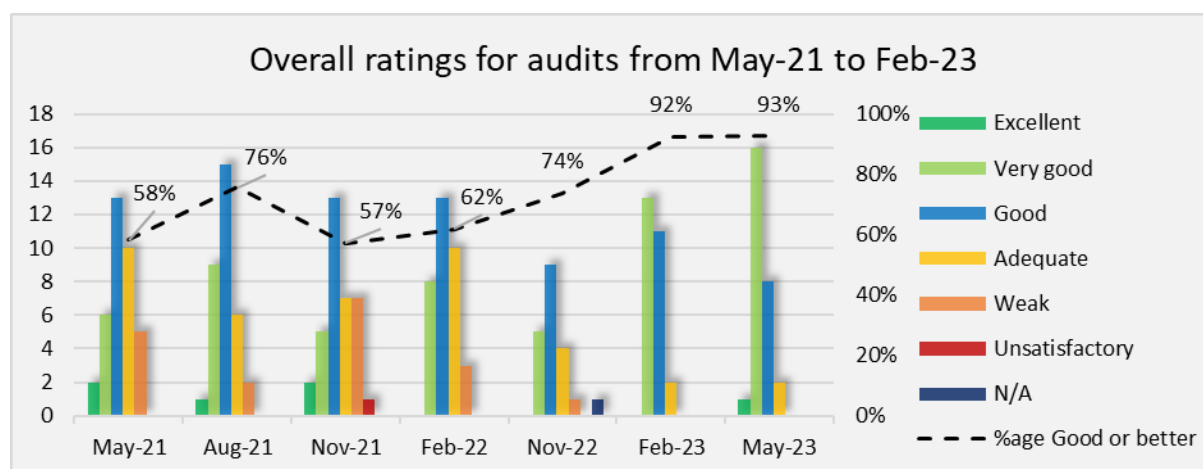
responded to 12,650 telephone calls and undertaken 1,255 face to face visits to service users in line with pre-pandemic activity. Around 70% of OOHS time has been spent providing a response to service users in crisis/emergency situations, with approximately 30% of service time spent undertaking planned work and providing additional support to service users who are already known to daytime services.

CASE FILE AUDITS

For the last two years the Children and Families Service has been carrying out regular audits, which use a Care Inspectorate evaluation tool to focus on the quality of chronologies, assessments, plans and support. The audits are undertaken by pairs of managers in the service and reports are completed on a quarterly basis highlighting themes, strengths and areas for improvement across these key areas. The most recent audit cycle which reported in May 2023 found that overall 92% of files were rated as 'Good' or better (with 63% rated as 'very good' or better).

	Number rated good or better	Percentage rated good or better
Overall	25	93%
Accuracy of Information	25	93%
Assessment	26	96%
Chronology	21	78%
Care Plan	23	85%
Supervision/ Support	23	85%

Following the completion of 7 audit cycles over the 2-year period from May 2021 to May 2023 there is evidence that all categories have shown continuous improvement. Notably the proportion of 'very good' ratings has increased over the two-year period, starting at 17% in May 2021 and increasing to 50% in the most recent audit.



REVIEW OF ADOLESCENT SERVICES

Following the Joint Inspection of Services to Children and Young People at Risk of Harm, the service has led a partnership review of approaches towards older young people. This has concluded with the initial development of a virtual multi-disciplinary team aligned with Young People's Houses and a consistent focus on workforce development, especially in relation to risk assessment. Going forwards, the service is currently exploring a base to co-locate the team and coordinate further joint workforce development and practice. This will include contextual safeguarding, an approach towards the assessment and management of risk when young people are in the community. It is significant that, following completion of this review in March 2023 and single oversight of Adolescent Teams and Young People's Houses, no young people have been placed in secure care and they have been supported and kept safe in the community.

CHILDREN WITH DISABILITIES

The service supported over 140 children and young people with Self Directed Support. It is a pathfinder in a national thematic review of children with disabilities services being undertaken by the Care Inspectorate. This engagement demonstrates our commitment to enhancing and developing our assessment frameworks, planning and review mechanisms to ensure they maximise the supports available to families across the city based on levels and types of need and learning from other areas. A key development is to ensure we have a revised transitions protocol between children and adults' services in partnership with health colleagues. Carefully planned transitions that are inclusive of young people and their families will be core to all practice.

SECURE CARE

During 2022-23 a total of eight young people required support in secure care, which is slightly higher than in the previous two years of six each but involved a cluster in secure care at the same time. The service continues to work with key partners to support the most vulnerable and at-risk young people through collaborative, supportive and defensible approaches to managing risk in the community. This is a key priority in 2023-2024.

PERMANENT ALTERNATIVE CARE AND ADOPTION

In respect of care experienced children and young people who cannot return to their birth parents/carers and require permanent alternative care or adoption, there was an increase from 22 to 28 new Permanence Orders in 2022-23, 15 of which included authority to adopt. In total, 106 children and young people were on Permanence Orders on 31st March 2023 (due to their nature, permanence orders are relatively stable in nature). It represents 25% of all care experienced children and young people.

DEVELOPMENT OF A KINSHIP CARE SERVICE

A dedicated team has been established to provide targeted support to kinship carers. These include not only carers currently caring for 104 children and young people formally in Kinship Care but also those carers of an additional 300 children who are no longer subject to statutory orders or require direct social work support interventions. Research shows that children who are unable to remain with their birth parents benefit greatly when cared for by a family member or a close family friend allowing them to maintain significant relationships with their birth family.

The service is committed to supporting children and young people to reside with their family and the number of children and young people in kinship care continues to rise. A key priority of the team in 2023-24 is working with Pupil Support Workers in schools to help increase school attendance and associated attainment levels. The team will also be implementing therapeutic support to kinship care families to help develop attachments and stabilise arrangements at home.

RESIDENTIAL CHILD CARE SERVICES

The residential childcare service is an area of consistently high practice and our commitment to high quality care has been evidenced in the annual inspections of the houses by the Care Inspectorate. Millview Cottage and The Junction received Care Inspectorate inspection grades of Very Good; Gillburn Cottage received a grade of Good; and Drummond/Forrester

House was inspected over a range of categories with grades from Adequate to Very Good. It received a Very Good for supporting young people with compassion, dignity and respect.

At Fairbairn House, the team was not inspected but they have now moved to the newly opened Craigie Cottage, which will support a younger group of children aged 6 to 12 years. The accommodation at Fairbairn House is also being retained and re-provisioned as a supported housing facility for young people seeking to leave care and requiring structured support.



Millview Cottage, commitment to 'The Promise'

FOSTERING AND ADOPTION

In line with other Local Authorities and Independent fostering agencies the recruitment and retention of foster carers and adopters is a priority for the service in 2023-2024. Nationally, there was an 18% reduction in approved households between 2016-22 and a 4.8% decline in the last 12 months. This is mirrored locally and the service is currently working with The Lens on an 'ideas to action programme' with proposals to be presented to a Council Leadership Team in November 2023. Following an externally commissioned review and a disappointing Care Inspectorate inspection on this service area, the service has also been making good progress with an Improvement Plan and details will be reported after inspectors return in November 2023.

Whilst the fostering service has been subject to a decline in the number of fostering households it actively supports there is considerable success in the care we afford to the most vulnerable children and young people. Our young people are likely to only experience one, planned move of placement within a year. The children and young people receive a high level of attuned care which is evidenced in our increasing Continuing Care placements.

RESOURCE MANAGEMENT GROUP

A Resource management group was relaunched in early 2023 with a wider Terms of Reference to support the focus on changing the balance of community versus residential care. Currently, this sits at 89.1% against a national average of 89.8%, with highs in some

Local Authority areas of over 93% and lows in others of 82%. The RMG provides a forum within which partners can apply shared resources to meet the needs of children and young people in local family-based care arrangements.

VOICE OF CHILD, YOUNG PERSON AND FAMILY

In the formal care system, a new Champions Board model was introduced involving smaller Champions Boards coordinated by Pupil Support Workers in each of the Secondary Schools. Between August 2022 and June 2023 four schools hosted meetings and themes included presence at school, participation in class and self-worth. One group also worked directly with the Child Protection Committee to contribute towards the development of a new city-wide Charter which again mirrors the 5 Trauma Informed Practice principles. All young people involved achieved a Saltire Award for their work. The extent to which the Charter is applied in practice before, during and after key meetings will be considered as part of the routine case file audits.

At their request, a group of 12 care experienced young people also attended a 3-day Columba 1400 Young Person's Leadership Academy. It was a profound experience of personal insight and development for both the group of young people and the team providing support. One facilitator said: 'Your hopes for this week were to become a better leader, become better at communication and to make friendships. From what we have seen we believe you have worked very hard at these hopes and that you have achieved them with flying colours! Congratulations on an amazing week!' The young people said they liked being listened to, respected and offered hope. The same model is being extended to other Champions Boards.

During the year, the Social Work teams also introduced Mind of My Own (MOMO). This digital app empowers care experienced children and young people to provide comments in their own time on the support they receive, including in advance of their own care planning meetings so their voice informs decisions. One Social Worker said: 'It's been a good tool and the main child I use it with enjoyed it – she is 6 and liked the pictures and getting to choose her own answers on screen'. In 2023-24, the tool will also be used to carry out surveys with care experienced children and young people on key themes, to inform further improvements in the way teams provide support. For instance, questions on whether they believe their relationships with brothers and sisters have been appropriately respected and supported.

In 2023-25, actions to extend this work will include the implementation of Infant Pledge with NHS Tayside and the University of Dundee. This promotes a more structured approach towards listening to the 'voice' of babies and infants. A successful funding bid will allow innovative work in this area to come to fruition.

Over the next 12 months, the service will also conduct a survey of care experienced children and young people and parents/carers on the extent to which they consider knowledge of, contact with and/or shared living arrangements with their brothers and sisters was adequately addressed whilst they were provided with alternative care. The findings of this survey will inform any improvements, including how the service mitigates any constraints such as large family groups entering care at the same time, brothers and sisters having different fathers each with Parental Rights and Responsibilities or young people being placed in secure care.

UNACCOMPANIED ASYLUM-SEEKING CHILDREN (UASC)

In the year 2022/23, 10 Unaccompanied Asylum-Seeking Children arrived in the city and the service coordinate support. They are allocated a social worker who take a holistic approach to working with them, ensuring that their physical and emotional health needs are met, as well as ensuring that their education needs are also met, including having access to English language classes if required. Some of these young people have been trafficked and the service takes appropriate action to ensure that they are supported under the National Referral Mechanism with asylum applications made. As this represents a significant additional role requiring specific expertise, an individual Social Worker will provide consistent oversight and support.

Community Justice

Partners continue to develop a range of interventions across the criminal justice system to ensure that timely, proportionate and effective responses can be delivered. At the start of the system in terms of the involvement of the Community Justice Service, when comparing figures for 2021/22 and 2022/23 the number of people referred by the Crown Office Procurator Fiscal Service (COPFS) for a Diversion from Prosecution scheme has increased slightly from 75 to 77. Diversion cases were managed according to the same risk and need criteria as Orders made in Court, with an agreed level of face-to-face contact. In relation to Court business, Community Justice Social Work Reports and sentencing decisions:

- In relation to Court Reports, there was a total of 249 recommendations from the service for Community Payback Orders (CPOs), a very slight decrease from the previous year when there was 252 and more or less stable.
- A total of 447 Community Payback Orders (CPOs) were imposed, up from 353 in 2021-22 though still below a pre-pandemic high of 532 in 2019-20.
- Overall, 65% of all Community Payback Orders were successfully completed in 2022-23. This is a 7% decrease on the previous year's figure of 72%.
- Typically, the service has been above the national average CPO completion rate of 70% over the last 10 years.
- A total of 38,101 unpaid work hours were imposed by Courts in 2021-22, compared with 30,591 in 2020-21.
- As of 31 March 2023, there were 401 Registered Sex Offenders subject to Multi Agency Public Protection Arrangements (MAPPA) across Tayside, 139 of whom reside in Dundee.
- There were 13 new Supervised Released Orders (SROs), an increase from 7 in the previous year. These orders are imposed for prison sentences of less than 4 years where the person is deemed by the Court to require statutory supervision on release.
- There were a total of 153 people serving prison sentences of more than 4 years who will be subject to statutory supervision on release, compared with 150 people the year before. The service coordinates throughcare whilst individuals are in prison and on their return to the community. This represents a volume of cases not impacted by the reduction in court business. A high level of monitoring and prioritised service delivery is required to manage and support people released on licence.
- Dundee continues to implement the Whole System Approach, with Adolescent Team workers and Community Justice workers undertaking 16-17-year-old Diversion from Prosecution schemes and compiling Court Reports for all young people (including those who are care experienced). Six custodial sentences were issued to people aged between 16 and 20 years during 2022/23, compared to two the previous year.

UNPAID WORK

The service continued to receive consistently positive feedback from both the individuals carrying out Unpaid Work and from the recipients. The Team continued to be instrumental in assisting the set-up of community garden spaces across the city by constructing raised beds and helping them with weeding and topping up raised beds with compost. Work began at the end of the 2022/23 year with Campy Growers on their 8-acre site at Camperdown Park (www.campygrowers.uk). The team also constructed 2 sets of composting areas for Fruitbowls Community Garden. Litter picking has continued across various locations and the team took part in several community clean-up initiatives along with colleagues from Environment, Communities and local volunteers. The team has also continued to help restore and bring back to life benches from local parks and gardens. There have been several pieces of substantial work carried out to remove graffiti and the team helped an elderly resident who had recently moved into sheltered accommodation by removing rubble and unwanted items from their garden and laying stone chips. The team also spent time visiting all the sheltered housing complexes and carrying work to help tidy their garden spaces.

The elderly resident who the team carried out the work for told the staff she was delighted with the work that was carried out and her garden is now safer and more manageable for her. A Teacher at one of the schools where we constructed raised beds said he was extremely happy with the work that was carried out and couldn't believe how quickly it was done.



Adult Health and Social Care Services

In adult health and social care performance has continued to be monitored and scrutinised on a quarterly basis. Throughout the year, as well as monitoring performance across key indicators, we have continued to work across our services to better understand poor performance against national indicators. Enhanced performance reporting for discharge management, drug and alcohol services and mental health services has also been maintained.

- Life expectancy at birth is decreasing for males and females in Dundee. Between 2012-14 and 2019-2021 it decreased by almost 2 years for males and by around 18 months for females. Life expectancy varies substantially by the level of deprivation in the geographical area of the population and the occurrence of health conditions and disability.

COMMUNITY HEALTH INEQUALITIES

Dundee Macmillan Improving the Cancer Journey (MICJ) link workers have supported people affected by cancer from across all areas of Tayside during a time of significant upheaval (pandemic and post pandemic). 66% of people who accessed MICJ services during 2022 live in Dundee and 71% of people live in SIMD 1 and 2 (the most deprived) areas – showing that the service is responding to the needs of more vulnerable people living in Dundee. The MICJ Team has contacted more than 2,300 people to offer a holistic needs assessment (HNA). 70% of people contacted said yes to a HNA, resulting in an average of 350 therapeutic conversations a month. This has increased access to local support and information for all who need it. The team ensures the service is there for carers and family as well as people diagnosed with cancer. Since 2019, 280 family and carers completed a Holistic Needs Assessment and this cohort continues to be in the top 5 service user category in 2022. The service has many reciprocal referral partners including Dundee Carer Centre, Leisure Active and Dundee Volunteer and Voluntary Action services that take up referrals to reduce social isolation and create supportive networks for all affected by cancer.

- There has been improved performance in the length of time people spend in hospital when they have been admitted in an emergency. There has been a reduction in the rate from 2016-17 (125,979) to 2022 (113,134) with the pace of reduction increasing during the years when there were COVID-19 emergency measures. The rate increased slightly to 112,989 in 2021-22 as hospitals became more accessible again.
- We have reduced the number of nights people are admitted to hospital due to their mental health, by 4,768 since 2016/17. This is a 11% reduction.
- In 2022/23 Dundee was the 14th best (18th poorest) performing Partnership in Scotland in relation to the number of hospital bed days taken up by people who had a delayed discharge who were aged 75 and over. Lost bed days are counted from the day the patient was assessed as medically fit to return home to the date they were discharged. In 2022/23, for every 100 people aged 75 and over, 80.2 bed days were lost due to a person experiencing delayed discharge. This is a deterioration on the 2021/22 figure, when there were 79.5 days lost for every 100 people aged 75 and over.
- In terms of national and local unscheduled care targets, Dundee continues to perform well, with 98% of all discharges from hospital happening without a delay.

DISCHARGE MANAGEMENT

Prior to the pandemic the Health and Social Care Partnership had established the 'Discharge to Assess' model in partnership with British Red Cross. This service supported frail older adults to return home early by wrapping care around them in their own home setting while they rehabilitated. Pressure on social care services during the pandemic resulted in a significant reduction in the availability of social care staff to provide this service at the same time as an increase in demand. As a result of this, services have been focusing

on redesigning the service into a whole system pathway of care for frail older people that provides care and treatment closer to home, while developing urgent care services which support primary care.

A range of improvement actions have been implemented, ranging from supporting the installation of electronic whiteboard in all wards, through to developing Planned Date of Discharge dashboards with ward level data accessible for all ward staff using posters. This has enabled each individual multidisciplinary team to identify key actions to improve discharge planning processes relevant to them. This programme of improvement work has demonstrated both improved multidisciplinary working and a reduction in length of stay. For example, in General Medicine (Ward 4, Ninewells) work commenced in October 2022, at which time the length of stay was 8.2 days, with a locally set target of 6 days. The impact of the work has resulted in a sustained reduction, achieving the local target.

The Discharge without Delay Programme was designed to accommodate spread and scale across other areas in the system and work continues to sustain and embed the principles of Discharge without Delay across all ward areas. 98% of all discharges from hospital were not delayed in 2022-23.

Within the social care service, a test of change has been undertaken which enhances the review process for existing social care service users. By locating an enablement support worker within the Resource Matching Unit, who works closely with the wider social care team, capacity has been released for new service users.

Prevention of Admission Model

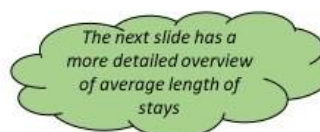
There were 21 case studies submitted as part of the test of change. 18 of the case studies identified that the extra visits provided on an adhoc basis by the provider supported a prevention of admission into hospital model of care delivery.

Whilst we cannot evidence the potential duration of these hospital admissions or, indeed, how long the individual would have waited in hospital for the appropriate level of service to facilitate a safe discharge home, we can propose an average cost saving using the assumptions below:

Time spent in hospital	Number of service users	Cost per day	Total Potential Savings
2 days	18	£287	£10,332
7 Days	18	£287	£36,162
14 Days	18	£287	£72,324
21 days	18	£287	£108,486



*Average cost of hospital
bed day = £287*



Dundee Health & Social Care Partnership

Of the 237 reviews undertaken so far as part of this test, a total of 2,298.5 social care hours have been released back into the system. This has improved access to social care for hospital discharge and has contributed to the reduction in delays.

- Dundee has a high rate of readmissions to hospital, where the patient had been discharged within the last 28 days. In 2022, 2,768 discharges from hospital following an emergency admission, were readmitted within 28 days. This is 13.9% of all elective and emergency hospital admissions. (including day cases but excluding out-patients) Dundee has the second highest 28-day readmission rate in Scotland. We have undertaken significant analysis of re-admissions data, in order to investigate the underlying causes of the high rate of readmissions.
- People in Dundee have a high rate of hospital admissions as a result of falls, with a rate of 33.1 admissions for every 1,000 of the 65 and over population. In 2022 Dundee was the poorest performing Partnership in Scotland. A Falls Data Group is continuing to explore the data to identify what is driving the high rate in Dundee and agree appropriate improvements.

CARE HOMES

A wide range of work has taken place across Care Homes in Dundee during 2022/23 focused on delivering personalised and co-produced services, with positive impacts for people who live there and for the care home workforce. Some examples include:

Janet Brougham House

Colleagues at Janet Brougham House and one of the resident's family have been participating in a project which is run by St Andrews University. The project focusses on different ways of communicating with residents who have limited verbal communication. This is proving to be very effective in their interactions with the residents and in support of a resident who was experiencing severe agitation. Stacy, Manager stated:

“ It has also been rewarding in the sense that we have supported a family member to ‘find his wife again’ by offering him the opportunity to attend the training. His wife who is one of our residents who has advanced dementia, and this has helped with their communication. “

Turriff House

Turriff House were planning the redecoration of their main corridor and the staff wanted to get the service users involved to give it a more personal touch. They collectively came up with the idea of a photography project with the service users taking the pictures and getting them put on canvas to hang on the walls. Stuart Laverick (Activities Co-ordinator) said:

“ We have had the perfect opportunity to get some beautiful pictures as we go out on a bus tour every Wednesday to places like the Botanical Gardens, Forfar Loch, and the Japanese Gardens to name a few, as well as places that have got significant individual memories for the service users. As this was so successful, we are continuing with the project over the summer months this year.”

Menzieshill House Intergenerational Activity Based Projects

Menzieshill House team, residents, young volunteers, and children were recognised by Generations Working Together Excellence Award 2023, for their hard work towards tackling age discrimination. The award recognised Menzieshill's activity programme for promoting quality outcomes for all involved. The activities are organised carefully with the focus of making a difference in breaking down barriers and building understanding between generations. Intergenerational activities involved pupils from Tayview Primary School, Menzieshill Nursery, as well as the local high school and Helms college.

Activities included most recently: 'The journey of the duck egg hatch,' storytelling, singing, sports days, gardening and arts and crafts. Primary school and nursery children get to know the residents individually and learn how games, toys and technology have changed over the years. Young volunteers provide 1-1 social sessions with the residents and form social bonds.

One of the care home residents said of the young people:

"They are lovely. They all have their own idiosyncrasies and personalities- I love getting to know them. They take me right back to when I was that age"

- The National Health and Care Experience Survey 2021/22 reported that 26.8% of Dundee respondents who provided unpaid care felt supported to continue in their caring role; this is lower than the Scottish average of 29.7%.

SUPPORT FOR UNPAID CARERS

Carers are more likely to be affected by poverty and deprivation and are now recognised as a group of people likely to be subject to Health Inequalities. Through the Carers COVID-19 engagement process it was recognised that increasing numbers of carers were experiencing financial hardship. In 2022 Dundee Carers Centre successfully applied for Scottish Government monies for a winter fund to support carers most in need. The fund delivered financial support to 203 carers and their households. In 2023 the Health and Social Care Partnership allocated money to Dundee Carers Centre for the same purpose, on a one-off basis. A local fund was set up for carers to help to alleviate some of the increasing financial pressures being experienced over the winter period (e.g. food and fuel increased costs). It also aimed to enable people to continue their caring roles with less anxiety regarding their health, well-being and financial security during the current cost of living crisis. The 2023 Fund was released in February 2023. Over 500 applications were received and there have been 468 awards this year so far, with spend to date approaching £140k. The average award was £290. This year applicants identified having to make choices between 'heating' and 'eating', and there was a subsequent increase in the percentage of awards for fuel and food.

A key focus over the past year has been enabling adult carers to take part in flexible learning and training opportunities where they can reflect on and value the learning they have undertaken and gain formal recognition of this. An adult learning hub for carers was established, which is continuing to run in Partnership with Brooksbank. At the hub a group of 9 adult carers came together to take part in peer support, flexible learning, and training opportunities such as First Aid qualifications and the carers completed the Adult Achievement Awards, which gave them SCQF level qualifications based on their caring role.

"The carers centre made me realise how valuable I was as a carer and the skills I'd learnt. It then gave me the confidence to grab life again. I'm now in full time employment and working as a development and support worker - an opportunity I'd have never in a million years expected. My employers loved all the skills I'd learnt through caring role."

For both young and adult carers the Partnership is focusing on an early identification, early intervention approach. For young carers this has led to nearly 600 young carers being identified in schools and receiving support from the appropriate agency, when required. This has been made possible by strong partnership working and Carers Centre staff being co-

located in schools. All schools have a young carer co-ordinator and other key services such as Dundee & Angus College and Community Learning and Development Youth Work have also identified young carer champions. New resources such as [the Are You a young Carer leaflet and the primary school resource pack](#) (launched in June 2022) mean that agencies are supported by a range of resources to provide the right support at the right time and the earlier young carers are identified the less likely they are to reach crisis point.

Young Carers Action Day was during March 2022. Carers of Dundee were joined by [The Corner](#), [Youth Employability Service](#), [CLD Youth Work Team](#), and [Partners in Advocacy](#) who provided information to local people on support available to young carers in the city. In Dundee young carers have driven substantial change in their schools, colleges, communities and across the country influencing how the Carers Act has been implemented locally and raising awareness of young carers and young carers rights – and reducing the potential social isolation experienced by young carers.

- Of the people who died during 2022 calendar year, 90.3% of time in the last 6 months of life was spent at home (similar to the 2021/22 financial year). This is considered to be a positive result (1% higher than the Scottish average) and could not be achieved without a strong partnership between acute hospital and community workforce, the third and independent sectors and patients and their families and carers.
- The table below shows the number of people who received Self-Directed Support Options 1 and 2 in the past five years. The amount spent on delivering services and supports under options 1 and 2 has increased considerably from just over £2.5 million five years ago to £7 million in 2022/23. Since the implementation of the Social Care - Self-Directed Support (Scotland) Act 2013 the number of packages of care for people choosing Option 1 has increased year on year. Option 2 increased from £96K in 2015-16 to £2M in 2022-23.

Dundee Self-Directed Support – Options 1 and 2

	2018-19		2019-20		2020-21		2021-22		2022-23	
SDS Option	No. of people	Cost (£)	No. of people	Cost (£)	No. of people	Cost (£)	No. of people	Cost (£)	No. of people	Cost (£)
Option One- Total	103	1,875,294	122	3,432,428	143	3,782,570	187	4,286,293	189	4,987,705
Option One – Adults only	79	1,640,765	81	2,701,005	88	2,682,716	109	2,762,148	128	3,055,640
Option One - Children only	24	234,529	41	731,424	55	1,099,854	78	1,524,146	61	1,932,065
Option Two	70	613,366	161	2,062,732.	164	1,938,700	142	2,036,536	211	2,036,359

Please note : For the above table, Option 2 figures for 2020-21 and 2021-22 have been updated. Mosaic was used for recording SDS option from July 2019, so we have found a more accurate way of extracting this data

PERSONALISATION OF CARE AND SUPPORT

A test of change applying Fair Working Principles and working with care at home providers to use any spare capacity available to meet personal outcomes has been a big achievement for care at home services and external providers during 2022/23. This has helped to better meet outcomes for service users and prevent hospital admissions. The test of change took place between October 2022 and March 2023, with the primary aim of supporting service users achieve positive outcomes and implementing fair working principles.

BENEFITS TO SERVICE USERS

- 100% of providers felt the test of change supported achieving positive outcomes for service users
- 94% of providers felt the test of change helped prevent hospital admissions and maintained continuity of care and support
- 89% felt the test of change helped contribute in maintaining health and wellbeing for service users
- 84% felt the test of change contributed to service users receiving a personalised service and help supported independence by preventing a deterioration or decline in their abilities
- 84% felt the change supported to reduce service users anxieties
- 78% said it helped contribute to service users maintaining a good level of nutrition and hydration

Mental Health

- There was a total of 101 emergency detentions of people in hospital in 2022/23 (97 in 2021/22) and an average of 100 detentions a year in the last 5 years.
- There was a total of 183 short-term detentions of people in hospital in 2022/23 (166 in 2021/22) and an average of 168 a year in the last 5 years.
- There were 56 Compulsory Treatment Orders in 2022/23 (41 in 2021/22). With an average of 45 Compulsory Treatment Orders in the past five years.
- In 2022/23, 58 Social Circumstance Reports were completed (69 in 2021/22). Of the total, 32 Social Circumstance Reports resulted in someone being subject to a short-term detention (43 in 2021/22) and 25 led to Compulsory Treatment Order (27 in 2021/22).
- There were 13 people who were subject to Compulsion Orders with Restriction and 2 people to Treatment Orders during 2022/23. This has remained stable in comparison with previous years. There were 14 Compulsion Orders (no change since 2021/22) and 7 Assessment Orders (6 in 2021/22).
- In 2022/23, there were 38 new Local Authority Guardianship Orders made.

COMMUNITY MENTAL HEALTH SERVICES AND SUPPORTS

Partners have continued to work together to improve the range of services and supports for people with mental health and wellbeing challenges.

[The Independent Inquiry into Mental Health Services in Tayside Progress Report](#), published in July 2021, found a great deal of commitment from staff, partner organisations and others seeking to make a difference for patients and the wider community. New models of mental health and wellbeing support including support for people in crisis, in the community and focused on early intervention have been introduced. A mental health discharge hub, local mental health hubs, development of the city center Community Wellbeing Centre and a new Distress Brief Interventions Service delivered by Penumbra (focused on police referrals to start with, then extending to primary care, A&E and the Scottish Ambulance Service) are some of the changes that have been made in the last year. ***In June 2022 the Independent Oversight and Assurance Group for Mental Health Services in Tayside gave positive feedback about developments in community-based mental health services, including enhanced support to people leaving hospital through the Mental Health Discharge Hub.***

Throughout 2022/23 the Dundee Community Wellbeing Centre has been developed as an initial contact center for anyone in Dundee City who experiences distress, including those with mental health crisis. The Centre, which opened in late August 2023, will be accessible for people who need it at all times. The environment and service has been co-designed with a wide range of people in the city in order to ensure the service is able to respond effectively to the needs of people.

The Distress Brief Intervention (DBI) service has continued to develop and provide essential support to people across Tayside experiencing distress. Run by Penumbra, between April and December 2022 it supported 67 people across Tayside; 27 from Dundee, 27 from Angus and 13 from Perth and Kinross. Of those 67 referrals, 36 of them were between 1st October 22 and 31st December 2022. 52% of the people referred identified as female and the most prevalent age group was 31 to 35. The 2 referral pathways established thus far are through Police Scotland and Primary Care. Both of these routes require further roll out and Police Scotland has introduced DBI Champions to support this process. There are currently 56 officers across Tayside fully trained, of which 21 are based in Dundee. The impact of the service is proving to make a difference for people and evaluation identifies an average reduction of distress levels from 8.1 to 2.

Project SEARCH is a year-long 'transition-to-work program', that provides high-quality, work-related learning and purposeful employment opportunities for young people with learning disabilities and autistic spectrum conditions. <https://www.dfnprojectsearch.org> Despite the challenges that COVID-19 presented, latest statistics show that 73% of Project SEARCH interns secured employment; a figure that was matched here in Dundee in the first year of delivery. The success of the program lies in the collaboration between the Partnership, Dundee & Angus College, and NHS Tayside. Supporting people into employment is a critical aspect of the program and creating opportunities for individuals to experience work across a range of roles in a health and social care environment is not only helpful to the student but also beneficial for services. The 2022/23 cohort of interns have completed their first rotations and enjoyed work experience on the wards, within the medical labs along with admin roles within HR and occupational health.

SUPPORTING DRUG AND ALCOHOL RECOVERY

During 2022/23 the Health and Social Care Partnership Clinical, Care and Professional Governance Group has continued to maintain oversight of a range of risks associated with the Dundee Drug and Alcohol Recovery Service. Whilst some of these risks relate to clinical functions within the service others include demand in excess of resource. Staff recruitment and retention challenges have also continued to have a significant impact on the service throughout the year.

- 40% reduction in the number of suspected non-fatal overdose incidents reported by Scottish Ambulance Service and Police Scotland
- 96% of people referred to services regarding drug or alcohol use began their treatment within 21 days of referral
- In 2022 there was a further reduction in the number of drug related deaths in Dundee, from 52 deaths in 2021 to 38 deaths in 2022. There has also been a year-on-year reduction in the number of people experiencing a non-fatal overdose for the last three years, from an average of 11 people per week to an average of 6 people per week.

Over the past year, the overall progression for Dundee's implementation of the MAT Standards has been significant. Work has progressed at a pace with significant milestones being achieved. It is evident that organisations have worked exceptionally hard to make improvements for people accessing services. There has been a collaborative effort across the city for improvement. Some example of the progress towards these standards are:

- Dundee was one of the first areas in Scotland to establish a multi-disciplinary Non-Fatal Overdose (NFOD) pathway, the learning of which has been used as a basis for models elsewhere in the country. The pathway is in a strong position to move to the next stage and set an example for others to learn from. With a dedicated outreach service, individuals are rapidly followed up after an incident which leads to positive outcomes. During 2022-23, there was a reduction over time in the number of Non-Fatal Overdose incidents. It is expected (but not yet proven) that this reflects the assertive outreach support available to individuals within 72 hours of an overdose incident, supporting them to access treatment and preventing them from experiencing further overdose incidents.
- Residents of Dundee have access to a range of treatment options 5 days a week which includes an innovative drop-in service which is led collaboratively by third and public sectors. Organisations have listened to those with lived experience and adapted service delivery to meet the needs of those needing support. This includes utilising a mixed model of drop in and planned appointments. Independent Advocacy is now available to all those accessing MAT, recognising individuals complex needs and priorities. Prior to setting up the direct access clinics, Dundee experienced a waiting list of over 300 patients. Currently Dundee is meeting the national Waiting-Time Standard and many individuals receive same-day treatment. More specifically, the drop-in system means that the majority of individuals are now seen on the same day that they request help, with an average receiving the prescription suitable for them within 2 days. The 2 days wait reflects a combination of person-led reasons, and procedural practice in the transfer of the prescription for dispensing from community pharmacies. In Dundee, between January and March 2023, all new people proceeding to receive MAT, were able to access their first choice of treatment. This included 53% of MAT prescriptions which were for Methadone, 23% for oral buprenorphine and 24% for injectable buprenorphine. This reflects a

significant improvement in ensuring people are involved in the decisions affecting their care and are supported to make the right choices for them.

- Dundee has taken a strong Gendered Approach to services, including to the delivery of MAT standards, providing training to staff across all services.
- The Dundee Experiential Team have taken a thoughtful and considered approach to interviewing individuals with lived or living experience, which has paid off in the rich data that was collated. The team has been really enthusiastic, put a significant amount of work in to establishing a process that works and supported their interviewers. Based on this the team were asked to attend an in person National Experiential Workshop to share their experience and expertise with other areas in Scotland. As a result of the focus on experiential data, we are already seeing a culture change about the importance of lived experience, including families, and the benefits of this feedback to service improvement.
- The Naloxone programme has been further extended both in terms of service providers supporting community distribution and also members of the workforce carrying Naloxone. Services providing Independent Advocacy, Peer Support and a gendered approach to better meet the specific needs of vulnerable women have been strengthened and work has continued across the city to develop a trauma-informed approach and to further expand anti-stigma work.

Adult Support and Protection

Across the Partnership a number of actions have been taken to improve responses to people at risk of harm. This has included further work to improve the use and quality of chronologies and risk assessments and to share and embed learning from case reviews. Work has also continued to support foreign nationals arriving in Dundee, including to ensure their safety and protection.

- In 2022/23, 3,645 adult protection referrals were received which represents an 18% increase on the previous year. Ninety-five of these resulted in an adult protection investigation and 88 initial case conferences were undertaken. Most referrals (2,710 – 74%) continue to be made by Police Scotland, although it is notable that referrals from the NHS continue to increase year on year, by 76% compared to last year. It is also notable that referrals from the Scottish Fire Service increased by 31% (127 from 97), which is thought to reflect the awareness raising activity that has taken place during this time.
- Of the 95 investigations undertaken, welfare for adults, including older people, continued to be the highest single area of harm, followed by Financial Harm.
- Of the 3,645 referrals 87% were screened out by team managers before the duty to inquire stage. Proportionally, a slightly higher proportion of referrals led to an ASP investigation than in previous years (2.6% to 2.3%) and to case conference (2.4% to 1.9%). The most common outcome for those screened out (51%) continues to be 'Existing support services have been informed of the concern and will manage appropriately (Least restrictive approach)'. Close attention is given to scrutinising changes in expected behaviour of ASP referrals to bring immediate attention to changing trends week on week. In addition, further development of risk assessment and chronology templates is planned to continue in Adult Support and Protection teams in the financial year 2023/24.

In June 2022 the Health and Social Care Partnership hosted an event for 20 practitioners working across adult services. This event launched a new process for completing risk assessment and chronologies within Partnership services. This followed on from focused work that had taken place over the previous 3 years where practice teams developed and tested new approaches to these important aspects of protection practice. A series of online sessions were also delivered following the launch event. Learning and development resources continued to be provided throughout the year, and an audit of case files was completed over the Summer of 2023 to evidence current practice standards and identify areas for further improvement focus.

In the Adult Support and Protection Committee a series of learning exchange events were held to support the sharing of learning from a previous thematic review of fire deaths, as well as to update on improvement made following the reviews. Three of the recommendations made in the thematic review of fire deaths impacted on Care at Home Services provided by Dundee Health and Social Care Partnership and independent and third sector services. These focused on people working across services being aware of and alert to fire safety risks and addressing these within care and risk management plans, including referring people for home safety checks. They also highlighted the need for any adult who cannot mobilise themselves without assistance to have a fire evacuation plan in place that is known about by everyone who needs to know and is updated regularly.

Some areas of existing good practice were identified, including that:

- For every person receiving Care at Home Service their first visit from the Dundee Health and Social Care Partnership Care Home Team includes completing a Safety Checklist and Fire Safety Checklist.
- Following the checklists being completed referrals are made to Scottish Fire and Rescue Service for them to complete a home safety visit. Additional equipment can also be installed where fire risk is high – this includes linking smoke alarms to Community Alarms and installing carbon monoxide detectors and heat sensors.
- Care at Home Providers in the independent sector had a range of approaches in place to assess fire risks and refer to Scottish Fire and Rescue Service (SFRS) for home safety visits. Some also had experience of using personal evacuation plans.

Some improvements that were made included:

- Additional questions being added to Care at Home Service's Home Safety Checklist to cover personal evacuation plans. A prompt for staff to refer to SFRS for a Home Safety Visit where there might be concerns relating to evacuation was also added. As well as being used for new services users the Care at Home Teams went back and reviewed the checklists for existing service users.
- A series of training sessions were delivered by SFRS to Care at Home staff highlighting the main causes of fire in the home, the people most at risk, how staff can be aware of fire risks when visiting homes, services and safety equipment that SFRS can provide and how to refer for a Home Fire Safety Visit. A total of 7 sessions were held from October 2022 to February 2023. Further sessions are now provided where there is demand for this.
- The DHSCP Home Safety and Fire Safety Checklists and Forms were shared with Care at Home providers in the independent and third sector to consider using these.

Throughout the last year the Child and Adult Protection Committees have continued to consider how arrangements to support joint working and smooth transitions between children's and adult services can be improved. Case review activity during 2022/23 has continued to highlight this as an area for improvement. Whilst changes to multi-agency child protection procedures have helped to clarify that legal definitions / age limits should not become a barrier to providing support with the consequence that more young people are being supported through child protection procedures there is further work to be done to enhance joint assessment and planning between children's and adult services. During 2023/24 significant developments are planning in relation to the establishment of a new multi-agency approach to support older young people at risk, with adult services being a key partner to this development.

In response to the National Transfer Scheme (NTS), a working group involving key partners from the Council, NHS Tayside, Further and Higher Education and the Third Sector was established to plan and coordinate a local approach. Building on the experience gained through the resettlement and integration of foreign nationals arriving in the city through different processes, the group is now well established and has extended its remit to include oversight of the response to the conflict in Ukraine. A multi-agency approach was taken to develop a protocol which outlines arrangements for host families receiving Ukrainian children, young people and parents/carers into their homes. There is also a requirement for a home visit to any prospective host family to ensure the accommodation is suitable and an Enhanced Disclosure screening process for host families. A protocol has been put in place to follow up any concerns or issues arising out of this assessment process. Following their arrival, to ensure that prospective host families can provide a safe and supportive home for refugees, the service is providing further assistance, including access to appropriate services. Equally, support is available to intervene in the event of any concerns which arise once the refugee has been placed with the host family.

TRAUMA INFORMED PRACTICE

A key element of the local trauma implementation plan is that as both a cause and consequence of culture change, professionals within the workforce with lived experience of trauma are able to contribute and co-produce services and strategy. A focus on lived experience and more specifically, professionals with lived experience has been a core focus of the Trauma Steering Group over 2022/23. Traditionally activity in relation to engagement of people with 'lived experience' or 'experts by experience' has been seen as separate from people within the workforce. By developing a trauma-informed culture with trauma-informed leaders, local organisations are more likely to create a culture where workforce lived experience is recognised, valued and can be utilised effectively. To develop this strand of the Trauma Steering Group has undertaken early development activities to establish leadership and manager buy-in for trauma implementation and has explored issues relating to safety through extensive clinical psychology input, discussions with HR and Trade Unions. A safe process to engage people within the workforce with lived experience has been developed that includes away to express interest in becoming involved, to receive more detailed information and go through a screening and consent discussion. During 2022/23 the workforce lived experience group was established. The early focus has been on supporting the group to explore and agree their grounds rules and boundaries, and to identify areas of work where they feel they can make a contribution to embedding trauma informed approaches.

Protecting People

CASE REVIEW ACTIVITY

Case reviews (to become known as learning reviews) are multi-agency reviews of cases where a person (or people) has died or experienced significant harm or risk of significant harm and there is additional learning to be gained that may inform improvements in the protection of people at risk of harm. During 2022/23 a total of 8 cases were considered for review by the Child and Adult Support and Protection Committees; 6 of these were not progressed however, key learning and action points were identified and added to committee improvement plans. In 2 cases the process of improvement planning is ongoing. During the year one Significant Case Review that was first considered in 2021 was progressed; it is due to be concluded before the end of 2023. This review is being led by The Adult Support and Protection Committee but is also of relevance to the Violence Against Women Partnership and the Alcohol and Drug Partnership.

In November 2021 a Significant Case Review (SCR) report was published in respect of Young Person K. Associated actions have been monitored by the Child Protection Committee's Case Review Oversight Group. In January 2023 the Committee considered progress made to implement the agreed actions, including evidence of the impact of these actions in practice. In summary, 7 actions were identified as being Green (evidence of implementation and impact) and 7 as Amber (evidence of implementation but not yet evidence of impact). No actions were identified as Red. The Case Review Oversight Group is continuing to monitor the Amber actions and will provide a further report to the Committee in Autumn of 2023.

During 2022/23 the Adult Protection Committee continued to monitor implementation of actions associated with a previous thematic review of fire deaths. All actions have now been completed, including multi-agency arrangements now being in place to ensure that service users who are at risk of fire-related harm are provided with adequate safety equipment. Actions taken by care at home services are described earlier in this report.

The Tayside MAPPA Strategic Oversight Group has not had any new Significant Case Review activity during the reporting year. They have examined recommendations contained within a recent SCR publication from Glasgow, focusing on comparison with the position in Tayside.

CASE REVIEW DEVELOPMENTS

During 2022/23 the CPC's Case Review Oversight Group has continued to collectively manage the development of findings and recommendations from learning reviews to agree improvement actions and oversees implementation and evidence of impact. This includes matters relating to the distribution of learning to the workforce and other stakeholders. One of the key achievements during 2022/23 was to develop an approach to supporting partners to evidence improvement activity undertaken and the impact this has had. This was tested in relation to the SCR on behalf of Young Person K and will now be adopted for any future reviews.

During 2022/23 there has been a focus across the Protecting People Committees on improving the approach to undertaking learning reviews, including implementing new national guidance and ensuring that learning from reviews leads to improvements in services and supports. Dundee has worked with the Protecting People Committees in Angus to develop a new Learning Review Protocol. This is based on national guidance and learning from undertaking case reviews over the last few years. The protocol introduces a single

process for undertaking reviews that will be used in both Angus and Dundee and applies to all types of harm. It has been developed with a clear focus on having a trauma informed process for both family members and the workforce. Over the next year work will be undertaken to make sure the process is implemented in practice, including continued joint working between Dundee and Angus.

DATASETS

The CPC, supported by the Data Sub-Group has continued to maintain and further develop the use of the national minimum dataset at a local level, and Dundee has been one of two early adopters of the updated version, which reflects the new CP Guidance, includes more inputs from other agencies (Police, Health and SCRA), and focuses more on earlier processes pre-registration. The CPC receives regular reports from the Sub-group presenting key data and accompanying analysis. During 2022/23 this has continued to support the CPC to identify areas for further analysis and plan improvement activities. One example of this has been continued high figures around domestic abuse resulting in a linked subgroup to further examine the impact on children and young people experiencing domestic abuse and to identify mitigating action: the CEDAR project (Children Effected by Domestic Abuse Recovery) is beginning to have a positive impact on this group of families. The work of the sub-group also led to an increased focus on earlier processes, including Initial Referral Discussions, and on what supports are in place for older young people who do not progress through child protection processes but are supported in other ways, often through a combination of universal services (especially schools) and third sector projects; this work now links with the GIRFEC Delivery Group (Getting it Right for Every Child) which focuses on support for named persons to keep children safe and accessing additional support by other agencies.

The Adult Support and Protection Committee (ASPC) has continued to develop both the collation of data and its application towards keeping adults safe from abuse and harm across Dundee. The Self Evaluation and Continuous Improvement group scrutinises key performance data and advises the committee of particular areas for further development / explanation. This sub group is chaired by NHS colleagues and is supported by Police Scotland and Dundee City Council. A national minimum dataset is to be introduced nationally in the year 2023/24 and we are ready to submit our data on a quarterly basis. Our use of data also informs practice development on a single agency basis, for example the Health and Social Care Protecting People Oversight Group are using the dataset to improve practice. The current focus is on the impact of recently introduced procedures and practice improvements on the quality of assessment and recording.

Learning from arrangements in place in the CPC, the Violence Against Women Partnership (VAWP) now has in place arrangements to collate key quantitative data on a monthly basis and monitor trends by comparing to returns from the previous two years. Contributors to this data set are: third sector women's services, housing, police, MARAC (Multi-agency Risk Assessment Case Conference), and Children & Families. Returns are compiled into quarterly reports, along with anecdotal quantitative data from the contributors and discussed at the VAWP Scrutiny group. The small group of individuals interrogate the data, identifying new emerging trends, anomalies and areas of further work for the partnership to progress. The Scrutiny Group report is presented at VAWP meetings on a quarterly basis to update the wider partnership. The data set allows the Partnership to monitor emerging trends collectively on a larger scale as opposed to only individual service trends. This has improved the Partnerships insight into key issues facing women presenting to the services and commonalities that are surfacing. Through interrogating areas in the data that are underrepresented such as young women seeking support, the Partnership have generated

discussions and areas of future work to focus on. Through the Gendered Services group, which sits under the VAWP and Alcohol and Drugs Partnership, current work is progressing to develop a cross-cutting, snapshot data set. This will initially be collated on an annual basis and will highlight trends emerging in services over a one-week period. The Group hope to launch this dataset in 2023. This will increase the number of indicators being reported on and will give greater insight into key factors impacting women in Dundee.

Dundee has continued to participate fully in the SOLACE dataset established during the pandemic to monitor key data in relation to public protection functions. Information returns have been routinely shared with members of the Protecting People Committees and Chief Officers Group, supplementing other datasets presented to the groups.

External Scrutiny

Children's Services

Children's residential houses have continued to be inspected as part of the annual inspection regime undertaken by the Care Inspectorate. Services and Managers have worked tirelessly to support staff to care for our most vulnerable young people in Dundee. Three houses from our residential estate were inspected as follows:

The Junction was inspected under 'How well do we support children and young people's rights and wellbeing?' for which we were graded 5, Very Good.

Drummond & Forrester's House was inspected March 2023 and was graded Adequate (3) in 'How well we support children and young people's wellbeing'. This was affected by the high levels of trauma being experienced by 1 young person and the impact of their presentation on others at the time. The services was graded as a 4 (Good) in its Leadership, Quality Assurance, Staff Team and for its Setting.

Gillburn House was inspected in October 2022 and was grade as Good (4) in 'How children and young people feel safe, feel loved and get the most out of life' and 'How the leaders and staff have the capacity and resources to meet and champion children and young people's rights'.

The residential service has 5 different provisions across the City. The houses work in partnership with Educational Psychology, Community Police, Third Sector Organisations and other as required to ensure we have a collaborative approach to meeting the wide-ranging needs of all our young people.

Adult Health and Social Care

During 2022/23 there has continued to be an increase in inspection of adult services towards pre-pandemic levels. During 2021-22 an additional key question to augment frameworks (Key Question 7) was introduced under duties placed upon the Care Inspectorate by the Coronavirus (Scotland)(No.2) Act. For 2022-23 this key question was removed and elements pertaining to infection prevention and control were incorporated under a new quality indicator in Key Question 1 in the relevant frameworks. There was also a further amendment to include a quality indicator focused on meaningful contact, which reflects the right of every adult and older person living in a care home to connect with family, friends and community. During 2022-23 the Care Inspectorate prioritised services they hadn't visited during the pandemic as well as those identified as high risk.

In 2022/23 40 services for adults who are registered with the Care Inspectorate were

inspected with a total of 55 inspections being completed throughout the year. 21 of the 40 services inspected received no requirements for improvement. No service received an Enforcement Notice.

The table below illustrates the number of services receiving a grade of 1-6 in one or more key question along with a comparison from 2021-22. It should be noted that the majority of services were inspected in 2021-22 against a different set of key question criterion, however the information provided in Table 1 nonetheless provides an overview comparison of the overall quality of service provision.

Grade Received by Service	Care Homes		Other Adult Services	
Year	2022-23	2021-22	2022-23	2021-22
Number of Services Inspected	22	13	18	5

6 'excellent' in one or more key questions	1	5%	0	0%	0	0%	0	0%
5 'very good' in one or more key questions	6	27%	1	8%	9	50%	0	0%
4 'good' in one or more key questions	13	59%	3	23%	12	67%	2	40%
3 'adequate' in one or more key questions	12	55%	11	85%	7	39%	5	100%
2 'weak' in one or more key questions	4	18%	5	38%	2	11%	1	20%
1 'unsatisfactory' in one or more key questions	-	-	-	-	-	-	-	-

4 'good' and above in all grades	9	41%	2	15%	10	56%	0	0%
3 'adequate' or below in all grades	3	14%	8	62%	2	11%	3	60%

The gradings data evidences an improvement in grades between 2021-22 and 2022-23 for both care homes and other adult services. In 2022-23 the proportion of care homes and other adult services that received grades of 'good' or above in all key questions increased

significantly. A significant decrease was also apparent in the proportion of registered services that received grades of 'adequate' or below in all key questions. The number of care homes and other adult services that received grades of 'very good' or 'excellent' in at least one key question also increased from 1 in 2021-22 to 16 in 2022-23.

Of the 5 Partnership operate care homes inspected during 2022-23, three ended the year with an evaluation of 'good' against all Key Questions inspected, one with an evaluation of 'very good' against all Key Questions and one with an evaluation of 'excellent' against all Key Questions.

There continues to be a joint commitment to continuous improvement and a proactive approach to improving and sustaining quality which involves care home providers, other adult service providers, the Care Inspectorate and representatives of Dundee Health and Social Care Partnership. This is particularly evident when significant concerns arise. There have been many benefits of such an approach e.g. effective sharing of information, shared agreement about improvement activity required and monitoring of the same until such point concerns have been adequately addressed. Some examples of support provided to care home providers who achieved grades of 'weak' or below in some aspects of their inspection gradings include:

- Enhanced contract monitoring arrangements;
- Additional support from the Care Home Team;
- Commencement of Adult Support and Protection Large Scale Investigations, supported by a voluntary embargo on new admissions; and,
- Support to address staff vacancies in key positions, including appointment of permanent Care Home Managers, and to support Care Home Managers to lead effective improvement activity.

In two of the three services this has resulted in improved gradings, with work ongoing with the third provider at the end of the year.

A number of high performing services were also identified, having received grades of 'excellent' and 'very good' across multiple aspects of the key questions utilised for inspection. Some of the common areas of strength identified across these services included: motivated staff who are eager to provide high quality services; quality of relationships and communication between the service, people they care for and support, unpaid carers and other agencies; good leadership of the service; the availability of a wide range of meaningful social activities; high standards of infection prevention and control practice; adequate staffing resources in place to support high quality service provision; and, a commitment to seeking and listening to feedback from services users and unpaid carers.

Complaints and Compliments

In 2022/23, the total number of social work complaints received was 96, compared with 93 the year before. There were 52 complaints relating to Children's Services, 36 in Dundee Health and Social Care Partnership and 8 in Community Justice. The outcomes were:

- Upheld – 14%
- Partially upheld – 24%
- Not upheld – 53%
- Closed Service Enquiry / Resolved – 9%

Most of the complaints related to 'treatment by or attitude of a member of staff' and 'delay in responding to enquiries and requests'.

The agreed timescales for finalising investigations was met in 81% of cases, with delays usually caused by the complexity of the complaint and the investigation taking longer than expected.

Given the total number of Social Work service users of over 9,000, the number of complaints is a small proportion however services do endeavour to use complaints to improve practice and service improvements which are made as a result of complaints are monitored.

Example of an improvement following a complaint:

A complaint was received by a mental health service regarding the lack of support and communication from staff when a service user was being admitted for treatment. Through the complaints process their complaint was partially upheld. In response to the information provided during the complaints process, the service reflected on the arrangements that they have in place for communication, especially when a person's Care Manager is not available to speak directly with their family members. In the future, the service will ensure that all families are given an alternative designated point of contact when a Care Manager is not available (for example they are on holiday).

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

From Children's Services and Community Justice

"I had a lifestyle which didn't fit with being a parent and lied about a lot of things. When I started to work with social work, I wasn't judged in my mistakes, I was listened to and was given the opportunity to turn my life around for the sake of my baby, who was discharged into my care with support. I don't think I would have been able to cut my inappropriate ties without the support and encouragement from the team."

(Parental Feedback)

"the social workers are "brand new", the rehabilitation plan for my child is clear to follow and I know what is happening"

(Service User Feedback)

"We really enjoyed working with the team, they explained what our baby needed and over time they supported us to reach a decision that our baby should be cared for by my parents. However, we were also helped to learn how we can still play a part in our child's life, as well as how to cook and look after ourselves better."

(Feedback from Parent, New Beginnings Service)

"I never thought I would get to this point of being able to care for my child independently and without social work involvement. I am proud of myself for sustaining this, and don't think I would've been able to do this without the social work team taking the time to allow me to show that I can do this, but at own pace."

"I'm a lot better nowadays, more confident with all of your help. My social worker has noticed a big difference too. I'm around more people than ever before. I am now scoring high with my literacy; I am applying for my driving theory test soon. The walking group, gardening group, and cycling help my mental wellbeing. I really appreciate the help everybody has given me"

(Justice Service User)

From Dundee Health and Social Care Partnership

"Instead of my elderly mum going into hospital she received excellent care from this team. We also felt supported and reassured. She received daily visits as long as they were required. Can't thank them enough."

(feedback regarding Enhanced Care at Home)

"A young gentleman called at my mother's house to pair a new smoke and heat detector alarms with her community alarm. As I had taken my mother for a short wheelchair walk, we were not at home when he arrived.(he) waited for us to return and was incredibly polite, professional, and very nice to my mother and myself despite us throwing him off his schedule. He chatted to my mother ...this was hugely appreciated by my 89-year-old mother. He was full of smiles and really exceed any expectations that a customer might have expected.Maybe a routine task to him, but he has left a lasting positive impression."

(Regarding the Social Care Response Service)

Duty of Candour

All social work and social care services in Scotland have a duty of candour. This is a legal requirement which means that when unintended, or unexpected, events happen that result in death or harm as defined in Health (Tobacco, Nicotine etc. and Care)(Scotland) Act 2016, the people affected understand what has happened, receive an apology, and that organisations learn from the experience and put in place improvements. During 2022/23 there were no incidents in Dundee social care or social work functions where the duty of candour applied.

Awards

In 2022/23 a number of social work and social care services received awards for their work:

- Dundee City Council Outstanding Service and Commitment Awards
 - The Out of Hours Social Work Team won the award in the Customer Focus category.

- The Humanitarian Team – Ukraine Support received a special Lord Provost's Award in the Customer Focus category.
- The Learning and Organisational Development Team won the award for Innovation and Improvement for their Newly Qualified Social Worker Supported Year.
- Scottish Care Awards – Care Home Service of the Year Award
 - Balcarres Care Home (a 35-bed residential and residential dementia care home) was awarded a Care Home Service of the Year Award.

"Balcarres is a very person-centred organisation and what really stood out was the mutual respect between Lynn and her team and residents alike. It is no surprise that word of mouth is so positive. We were particularly impressed with Lynn's unique approach to managing funerals and making residents dreams a reality." (Quote from judge)

The team was also announced as the winners of The Care Team Award Category at the National Great British Care Awards 2023.

3.2 Ability to Deliver Statutory Functions and Key Risks to Delivery

Children and Young People at Risk of Harm

The Children's and Community Justice Social Work Service has continued to experience a stable workforce. The service has little vacancies and staff who are remaining in post enjoy continued professional development opportunities and high levels of supervision. A key area of professional pride is in support to all NQSW's. Stability in the workforce continues to allow us to ensure that children, young people and families experience a high level of contact with social work staff and a commitment to relationship-based practice through continuity of worker. Stability in the workforce allows for confident and competent staff who invest in meaningful relationships with families to respond to unmet need and escalation of concern. Child Protection Registration remains lower than average, but we have invested in collaborative provision with the Third Sector to allow for a range of supports to be available to meet the needs of family timely. This work is scaffolded by an embedded Team Around the Child Approach when early intervention is identified as being required.

Mental Health Statutory Provisions

Mental Health Act duties have continued to be prioritised by the Mental Health Officer (MHO) Service. There has been a significant increase in Mental Health Act work during this reporting period and the MHO service has continued to undertake all assessments and provide applications and reports to the relevant legal hearings in line with the legislation. The increased demand has added extra pressure to the workloads of the individual MHO's, however they have managed to cope and continue with the high standards and meet the timescales required.

The two candidates were successful in completing the MHO course over the last year and have started to complement the MHO duty rota, which has increased the overall capacity of the service. A further candidate will be undertaking the MHO course due to start later this year. The Peer Support Worker roles continue to receive positive feedback and has been a welcome development within the service.

Adults with Incapacity and Welfare Guardianship

The request for MHO reports for welfare guardianship applications continues to be an area of high demand and a concern for the service to meet its statutory requirements. Since the last reporting period there has also been a significant increase in the service receiving requests relating to the provision of Court reports for renewal of welfare guardianship applications. This is a new area of demand that has to be prioritised over the waiting list, otherwise existing welfare guardianship orders will lapse and terminate legal frameworks already in place. This increase in requests to the MHO service is in line with Dundee Sheriff Court practices and is likely to continue. Although, there has been an increase in demand for work under both the Mental Health and Adults with Incapacity Acts, the MHO service has made progress in reducing the overall number of clients and families on the welfare guardianship waiting list. The service is confident that it will continue to address the welfare guardianship waiting list moving forward.

Adult Support and Protection

The number of adult concerns reported to the Partnership continued to rise during 2022/23 (36.45 total), of which 21% proceeded to Duty to Inquire/initial inquiry. The majority of concerns continued to be for adults under the age of 65 who are impacted by multiple and complex needs related to drug and alcohol use, mental health and gender-based violence within a wider context of poverty and deprivation. Of those concerns that did not proceed past the screening stage, 10% were already subject to ASP processes, 7.5% were referred to community care for assessment and 56% had existing services who were managing risk

in-line with the least restrictive approach. The large and growing numbers of adult concerns, particularly from Police Scotland, has been an area of focus for adult protection partners over the last two years. Feedback from partners has also highlighted that there is not yet a shared understanding of thresholds for progressing beyond screening into ASP processes, particularly in relation to the application of the least restrictive principle and use of alternative risk management approaches. Data analysis and self-evaluation findings have informed a series of tests of change. However, whilst our most recent test of change generated positive learning it also clearly demonstrated that we have reached a point where we cannot make changes to one part of the process in isolation – there is a need for a more decisive wider pathway redesign that sees screening arrangements sitting at the center of a tiered system of support and intervention. During 2023/24 the HSCP has been working with partners through the Adult Support and Protection Committee to develop a vision for a Multi-agency Adults at Risk Pathway.

In common with other partnerships across Scotland the HSCP has faced a very challenging financial and resource environment over the last two years. A range of challenges have been experienced in terms of recruitment and retention of key staff groups (including social workers and social work managers) and both vacancy levels and staff absence has been increasing. Alongside significant investment in supporting workforce wellbeing, resources have continued to be prioritised towards frontline services for vulnerable people wherever possible. Ten new posts have been created using Scottish Government monies to ensure that we have sufficient capacity in Social Work teams. However, full utilisation of these funds has been affected by recruitment challenges and pressures continue to be felt across operational social work services, including the First Contact Team. These are being actively managed through a combination of use of agency staff and re-allocation of roles and tasks across remaining staff.

Carers

Throughout 2022/24 the Health and Social Care Partnership, working alongside Dundee Carers Partnership, has continued to prioritise services and supports to meet the needs of unpaid carers. Working through the Carers Partnership a carers investment plan has been agreed to support the delivery of Dundee's Carers Strategy. This has included significant investment across both statutory and third sector services to enhance and expand services and supports available to unpaid carers. The Health and Social Care Partnership has continued to focus on enhance capacity to fully implement the duties contained within the Carers (Scotland) Act, including a focus on identification and assessment of unpaid carers and the use of Adult Carers Support Plans across Partnership services. Collaborative working continues to support an early intervention and prevention focus, where carers are supported to access the help they need when they need and this is not dependent on a formal assessment of need being carried out. For carers with higher levels or greater complexity of needs the focus continues to be on developing assessment and support planning in a personalised and outcome focused way. In common with many other service areas, there have been challenges recruiting to some additional posts within the Partnership to enhance carers support, however this is a priority focus for 2022/23.

4. RESOURCES

In 2022/23, the total net Social Work budget of £128,494,000 was allocated across services as follows:

Service Area	2022/23 Budget £000
Children's Services	£35,537
Community Justice Services	£194 (plus additional Scottish Government Grant Funding of £5165k)
Adult Social Care Services*	£92,763
Total	£128,494

* Delegated to Dundee Integration Joint Board – net of funding transfer from NHS Tayside

4.1 Financial Pressures

Children and Families Service – Dundee City Council

In 2022-23, the Children's Social Work Service experienced significant pressures as a result of a combination of factors. This included reduced internal foster care capacity, which mirrored national trends and placed a greater reliance on the use of external foster care; a spike in the use of secure care, which mirrored regional trends due to some young people meeting the criteria of absconding from care and placing themselves or others at risk which could not be managed in the community; more young people in external residential care remaining there in Continuing Care up to age 21 years; and increased costs. Measures to increase the capacity of Young Person's Houses by implementing a waking nights rota and releasing an additional bedroom were also delayed.

The service is presently addressing these pressures through a variety of associated measures, including work with the Vardy Trust and The Lens to increase the recruitment, support and retention of internal foster carers. This 'ideas to action' programme will come to fruition with an implementation plan in November 2023. The Scottish Government has also recently increased allowance payments to foster carers to a standard rate and provided additional funding. In relation to secure care, a multi-agency review of approaches towards adolescents at risk of harm has been completed, work continues on partnership workforce development and contextual safeguarding is being introduced. Revised Continuing Care fees have been implemented with external residential providers. A waking nights rota is now in place and all houses are now registered for 6 bedrooms with the Care Inspectorate.

Internally, structural change within the service, involving a Senior Service Manager having oversight of both Adolescent Teams and the Young People's Houses, also now promotes a consistent approach towards care and safety planning. In order to further strengthen family-based support and prevent children or young people entering or escalating upwards into potentially unnecessary and costly care arrangements, approaches towards Kinship Care are also being strengthened. The new Kinship Team actively identifies, assesses and supports Kinship Care arrangements and is working with partners to develop wider multi-agency supports. The team is also working closely with schools to provide extra support where young people are at risk of non-attendance, which can increase risks in the community.

These activities and associated trends are both enhancing local support and reducing costs. In 2023-24, the number of children and young people in external residential or secure care has reduced from 43 to 32. The balance of family-based versus residential placements has

increased from 86.9% in 2021-22 to a current 89.1%.

Adult Social Care Services - Integration Joint Board

The delegated budget to the Integration Joint Board (IJB) to support the delivery of adult social work and social care services continued to be impacted by recovery from and response to the COVID-19 pandemic during 2022-23, as well as increasing levels of demand due to changing demographics and prevalence of people with disabilities, mental health and substance use issues.

The COVID-19 pandemic has been the biggest public health challenge facing society, including our health and social care system, in our lifetimes. The impact on the health and social care needs of the population, how supports and services are delivered, on health inequalities and on the health and wellbeing of the health and social care workforce and of unpaid carers has been substantial and wide ranging.

Services delegated to the Integration Joint Board formed a critical part of the overall health and social care system, particularly the wide range of community-based health, social care and social work supports and services. Like in previous years, additional funding was made available from Scottish Government to fully cover the additional pandemic response costs incurred in 2022/23.

Where possible, a range of essential, non-COVID services also continued to be delivered, including face-to-face contact on a risk assessed basis to ensure the most vulnerable in the city continue to receive the support they need.

Throughout 2022/23 the population has also been impacted by the cost of living crisis and information about the city's response over the winter months was publicised widely across the Dundee Partnership including DHSCP. Intelligence gathered from our communities shows that the crisis is having a profound effect particularly on those living in the more deprived areas who were already struggling to make ends meet. Interventions such as food vouchers, no-cost family activities, and free hot meals were organised quickly and appear to be having a positive and protective effect.

DHSCP has been impacted by the same recruitment challenges in a range of disciplines and professions as other health and social care services across Scotland. The lack of capacity in the social care workforce in particular has continued to provide whole-system challenges in reducing delayed discharges from hospital as the acute sector experiences increased demand for beds. Other professions such as Nursing, Allied Health Professionals (e.g. Occupational Therapists, Physiotherapists and Dieticians) and GP's alongside specialist areas such as substance use and mental health services also continue to face recruitment challenges which impact on the availability and effectiveness of services.

With the backdrop of a significantly challenging overall financial settlement, coupled with the impact

of COVID-19 pandemic and cost of living crisis, the IJB reported a year end underlying operational underspend of £7,531k for 2022/23, arising from an underlying underspend of £6,545k in social care budgets and an underlying underspend of £986k in health budgets.

4.2 Financial Modelling for Service Delivery

Children and Families Service – Dundee City Council

As part of its overarching Our Promise and the 5 foundations of The Promise strategy, the Children and Families Services continues to progress a range of initiatives designed to transform the way it manages, delivers and commissions services in partnership with all key

stakeholders across the care system. The service recognises the current financial restraints and is building capacity, confidence and competence at different stages of the informal and formal care systems to ensure families receive support at the right time and concerns or costs do not escalate. This includes coordination of the deployment of Whole Family Wellbeing Funding, income maximisation from different funding streams focused on key priorities and a review of all Third Sector commissioned services.

Adult Social Care Services - Integration Joint Board

During 2022/23, Dundee Health and Social Care Partnership's operational delivery model continued to embed a model of fully integrated health and social care services to support the delivery of the Dundee City Integration Joint Board's strategic priorities. Service managers have responsibility for both council and NHS services as part of their portfolios with a specific focus on service user categories (e.g. older people, mental health). In order to ensure Dundee Health and Social Care Partnership is able to respond effectively to a range of strategic challenges, including tackling Dundee's substance use problem and prevalence of poor mental health, the service has enhanced its senior management team capacity through the establishment of an additional Head of Operational Services post.

Transforming services is key to the Dundee City Integration Joint Board continuing to improve outcomes for service users and performance and service redesign opportunities connected to the overarching strategic priorities. While some of these transformation plans continued to be put on hold during 2022/23 due to the challenges of responding to the COVID-19 pandemic, the changing nature of the response has required some services to continue to evolve at a quicker pace than under normal circumstances.

Financial plans to support the priorities will be developed alongside the Transformation Plans.

5. WORKFORCE PLANNING AND DEVELOPMENT

5.1 Workforce Planning

To deliver quality outcomes in social care and social work, it is essential that employees are equipped with the skills and knowledge to carry out their roles competently and confidently. Workforce planning is becoming increasingly complex as new structures and different models of integration progresses. In Social care and social work in Dundee we are committed to the Fair Work First Commitments, for example payment of the Scottish government Living Wage and would aspire to working towards these recommendations. We have continued to promote fairer working conditions across our contracted services

WORKFORCE OVERVIEW

The social care and social work workforce in Dundee consists of 1350 people employed within Dundee City Council Children (381 people) and Families Service and the Dundee Health and Social Care Partnership (969 people).

10.74% of the workforce are aged 30 years or under, with almost 50% being aged 51 years or older. The majority of people, 82%, are women.

6.1% of the social work and social care workforce identify as having a disability and 3.82% identify as being of a black or minority ethnic origin. When comparing the social work and social care workforce information against 2011' census information, it is apparent that the workforce is under-represented across many of the protected equality characteristics. For example, Dundee's population comprises of 10.64% people of black and minority ethnic origin and 31.27% of people who have a disability.

Just over 2% of the workforce are employed on a temporary basis, with the vast majority being permanent employees. During 2022/2023, 130 people left the social care and social work workforce, with 121 new people joining. Turnover (workforce leavers) was slightly higher in adult social care and social work services than in children's and community justice services. 57% of leavers were aged 51 years or above and only 11% of leavers were aged 30 years or under. Just over 40% of new starts were aged 30 years or under, with 16% being 51 years or older. This turnover pattern provides an indication that some progress is being made in addressing challenges related to the ageing workforce and a desire to increase the young workforce.

During 2022/2023, 20% of leavers (29 people) were in frontline operational roles requiring a professional social work qualification (up to Team Manager level), with a significant difference between 14% of leavers in adult health and social care and 40% of leavers in Children and Families. 17% of new starts (19 people) joined the organisation in equivalent role. Overall Dundee Health and Social Care Partnership saw the biggest in-year reduction in this staff group with a net loss of 10 people, whilst Children and Families had no loss/gain.

When excluding COVID related absence, across the social work and social care workforce 22.03 days were lost per FTE (full-time equivalent) during 2022/2023 (equivalent to 9.58% of total working days). This is higher than the Dundee City Council figure of 13.53 days lost per FTE (6.31% of total working days lost). In social work and social care there has been a steady increase in working days lost per FTE throughout 2022/2023, with a peak in November of 2527 days lost and then a slight decrease in March 2023 when 2428 days were lost in total across the workforce. This pattern is consistent with the Council workforce as a whole with a peak in November, however the Council also had a peak in March 2023. Across the year 18.5% of days lost in social work and social care related to short-term absence and 81.51% related to long-term absence. This differs from the position for the whole Council workforce, where there was significantly lower proportion of days related to long-term absence (71.68%).

The most common reasons for lost days to absence for the social care and social work workforce in 2022/2023: anxiety / stress / depression / other psychiatric illness (47.45%); Musculo Skeletal (15.81%); infectious diseases (7.55%); other known causes (5.77%) and Gastrointestinal (4.82%). There is some variation between these causes of absence and those for the Dundee City Council workforce as a whole; whilst the top 5 reasons for absence were the same, a lower proportion of days lost related to anxiety / stress / depression / other psychiatric illness (40.51%). Considering COVID related absence in the social care and social work workforce, 4.55 days were lost per FTE during 2022/2023 (equivalent to 1.98% of total working days). This compared to 2.59 days (1.21%) for Dundee City Council as a whole. The number of days lost in social care and social work had a peak in January, February and March 2023 and since March has been decreasing; this was consistent with patterns across the Council as a whole. Over the year, 55.72% of days lost to COVID related absence was short-term, with the remaining 44.29% being long-term. Long-term COVID related absence was notably higher in social care and social work than in the Council as a whole (37.34%).

EMPLOYEE HEALTH AND WELLBEING SUPPORT SERVICE

It is recognised that supporting the health and wellbeing of the workforce is vital for the delivery of effective outcomes, not just for those who use services, but importantly to ensure that we have a workforce who feel valued, respected and get the rights supports, at the right time.

The events of 2020 and beyond have highlighted more than ever the importance of good health and wellbeing at work. In addition to economic, work and community disruption, these events created a new focus on the importance of workforce wellbeing. These events also shifted the expectations of the workforce in achieving a healthy work/life balance with compassion and support at the core of how we demonstrate a commitment to wellbeing across the organisation.

Health and Wellbeing developments across the have included the following:

- **Launch of new Health and Wellbeing Framework** - Social work has a large workforce with people from different backgrounds, experience, identities and needs. The new Health and Wellbeing Framework, launched by Dundee City Council in May 2023, reflects this diversity and supports navigation through the challenges that need addressed in order to embrace and value this diversity and support the development of effective wellbeing interventions and outcomes. The Framework can be access using the following link: [Employee Health and Wellbeing Framework](#)
- **Launch of new Employee Health and Wellbeing SharePoint site** - In 2023, the Employee Health and Wellbeing Support Service transitioned from being a direct Covid-related wellbeing response and became an embedded, mainstream response to workforce wellbeing. To support this, a new SharePoint site has been developed. This site provides direct access to information, resources and supports. The new site can be accessed here: [Employee Health & Wellbeing Support Service](#)
- **Partnership working with Able Futures** - Dundee City Council, are now working in partnership with Able Futures. Able Futures delivers the Access to Work Mental Health Support Service which can gives access to a mental health professional. This service is a free, confidential service that does not require a manager referral. It provides regular time to speak with a mental health specialist about issues that are

affecting individuals at work, so that they can learn new ways to look after themselves to feel more resilient and able to cope, as well as finding the confidence to take practical steps to overcome problems and make adjustments to help mental health at work. You can find out more about Able Futures here: [Able Futures](#)

- **Wellbeing Ambassadors** - Wellbeing ambassadors promote general wellbeing across local partnerships. They will offer a listening ear and signpost their colleagues to the resources and support on offer to help improve their health and wellbeing. It is a practical, voluntary role to assist in the promotion of the continued health and wellbeing of one another. The Wellbeing Ambassador network regularly liaises with the NHS Tayside Wellbeing Champions Network to ensure shared learning and consistency of approach.
- **TRiM** - Due to the range and scope of the work undertaken by different services, there will be occasions where employees may be exposed to traumatic incidents. These incidents have the potential to have a long-term impact on individuals or groups. Whilst most individuals will cope with these events, others may find these overwhelming. The longer symptoms are allowed to develop, then the less likely it is that any treatment (if required) will be effective. Dundee uses Trauma Risk Management (TRiM) as a mechanism to deliver support following potential exposure to trauma. This protocol represents a commitment to supporting those who may be affected by a potentially traumatic event. More information about TRiM, including how to make a referral, can be found here: [TRiM Policy, Procedure and Guidance](#)
- **Trauma Informed Reflection, Resilience and Wellbeing Support – direct work with individuals and teams** - There has been a significant amount of face-to-face work undertaken with teams to support them through periods of complex change, with a view to using a trauma informed approach to support resilience and recovery. Change and disruption can have a significant impact on how teams function and work well together. In most cases, ongoing change and general disruption can be managed by effective team support and communication. Change and disruption involves emotions, and making sense of these emotions and the impact this has on individual and collective wellbeing may, for some, not be obvious. You can find out more about this work here: [Team Reflection and Resilience Programme](#)
- **Workforce Wellbeing Fund** - In 2021 Dundee Health & Social Care Partnership was allocated Scottish Government funding to support workforce wellbeing, as part of a national Covid recovery response. Since then, these funds have been used in a variety of ways, across all areas of the Partnership including operational teams in Adult Social Work and Social Care services. The funding has allowed for creative ways to support workforce wellbeing. Some teams have chosen to do recovery and reflection work; others have used money to upgrade workforce areas, provide wellbeing resources, hold wellbeing events that support team wellbeing. Here are some quotes highlighting the positive impact this money has had on various teams:

Team Manager, Learning Disability Service:

"I want to thank you once again for supporting the team to access the wellbeing fund for our Health and Wellbeing event.

In the morning I facilitated a session on Team Reflection and Resilience, due to the nature of the content, I was prepared that this may cause some staff to become emotional, however I wasn't expecting it to trigger so many of the staff. This was a really positive experience as it was a safe place that we were all able to reflect and support each other to focus on the importance of self-care. We then split into smaller groups and some staff took part in relaxation activities.

I have received some great feedback and I can already see the positive impact that this has made within the team."

Team Manager, Community Justice Team:

"I would just like to thank you for delivering and facilitating the Wellbeing Day yesterday.

The day had a really good vibe and the feedback from staff has been very positive. I think the feedback at the end of the day demonstrated the value of the day and how supportive it will be to staff both at work and on a personal level."

THE FUTURE WORKFORCE

Employees are at the heart of excellent social work and social care delivery. Changing models and changing pressures will require significant remodelling of the workforce - e.g., the introduction of a National Care Service. This comes at a time when employee resilience continues to be stretched, and change can seem overwhelming. In order to design the workforce of the future we require to profile the workforce, redesign job roles, undertake a skills analysis and work in a much more integrated way. The focus will continue throughout this to be on increasing the wellbeing of employees. DHSCP has a strategic workforce plan, as does Dundee City Council (the social care workforce has been taken into account in this plan).

In Social Care there is a commitment to invest in the young workforce which has created opportunities, work placements and training opportunities for apprentices within the City Council and externally, including some of our programmes with Dundee and Angus College and Graduate programmes with the local universities.

We will continue to work in partnership with Dundee City Council's Youth Employability Service to develop our apprenticeship offer across Foundation/Modern and Graduate Apprenticeships. We will also continue to support with Work Experience placements and internships for School/College/University/Employability and the workplace training of students.

RECRUITMENT

Over the past year it had become increasingly challenging to appoint to some posts within the Council and HSCP, particularly posts within social work/care sector. This is not just a local issue and is reflected nationally, with COSLA reporting a significant decrease in the number of candidates applying for local authority posts and also the number of employees leaving / retiring from social care.

Improving the quality of candidates and ensuring long-term recruitment and retention is included in the People Strategy and we are working with services to develop workforce

planning strategies required in the next 5 – 10 years to enable us to plan for the future workforce.

We need to be more ambitious about how we recruit, provide opportunity and reward, with retention of transferable skills and capability linked to broader improvement and change. To do this we are/have:

- Improved our employer branding to better promote the benefits of working with Dundee City Council.
- Continued to develop the employee experience/journey and marketing Dundee City Council as an employer of choice.
- Engaged with employability services within Dundee and attended recruitment events / job fairs.
- Continued to utilise employer sponsorship in line with government guidance
- Continued to work with colleagues nationally with Myjobscotland to develop and improve the portal to make it more user friendly.
- Utilised Grow your own approaches and the intention is to support more employees to gain experience through secondments, projects and service design. We have also supported our employees to gain academic and SVQ (Scottish Vocational Qualifications) qualifications through our own professional development funds and training budgets.
- Continued to maximise strong relationships with higher education through the 3 local Universities and others nationally to create new degrees and qualifications for the future. The local Employability Partnership is closely aligned with the Council People priorities. We work very closely in partnership with Skills Development Scotland and others such as Scottish Social Services Council to develop career routes and occupational standards.
- Continued to develop our existing workforce through effective workforce planning and career planning. This will be further enhanced as we modernise some internal recruitment approaches and the modernisation of more flexible and digital working practices.

5.2 Social Work and Social Care Workforce Development

The Council's commitment to our employees is reflected within Our People and Workforce Strategy 2019– 2022 which was relaunched shortly before the COVID-19 pandemic. This includes our approach to Workforce and Succession Planning, Talent Management and Developing the Young Workforce. Within Social Work, there is a culture of shared learning across professional groups and our partnerships.

Despite the challenges of responding to the COVID pandemic, we have continued to invest in and support all areas of workforce learning and development. This has included redesigning delivery and content of core learning to respond to changes in working practice and to incorporate the advantages of new and innovative digital technologies within our learning offers.

Increasingly we are working across Tayside with our partners in local authorities, NHS Tayside and the private and voluntary sectors. We continue to contribute to and build on

collaborative approaches to Learning and Workforce Development with key local and national partners. We have an excellent track record of working alongside practitioners and services to identify and develop the learning they need to practice safely and professionally. This collaborative approach has continued throughout 2020/21 utilising a range of innovative methods and digital tools where appropriate.

CSWO ROLE IN PROMOTING SOCIAL WORK VALUES AND STANDARDS

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

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

Within the Health and Social Care Partnership Workforce and Organisational Development Strategy a number of guiding principles to support the workforce to deliver on the ambitions of integrated health and social care were adopted. These locally created principles sit alongside existing legislative and clinical, care and professional governance requirements, as well as the SSSC Codes of Practice. The principles include: inclusivity and equality, visible leadership, collaborative co-production and reflective practice. These continue to be relevant and support the broad social work and social care workforce to reflect on shared values, and how these values support professional and compassionate delivery of services across the city.

DELIVERY OF QUALIFICATIONS TO MEET REGISTRATION CONDITIONS

Through Dundee City Council's Learning and Organisational Development Service, we continue to deliver a range of mandatory qualifications through their Scottish Qualifications Agency (SQA) Centre to meet registration conditions of our workforce.

Some registration categories require a vocational qualification (work based) which enable the employee to demonstrate that they can work to the national occupational standards for the job that they do.

For others Professional Development Awards (PDA) in Health and Social care Supervision provide necessary academic credits to meet management registration requirements. The

PDA is provided jointly with Assessors/ Verifiers from Angus Council through Dundee City Council SQA centre.

Social services and children and young people vocational qualifications and HNC in Social Services are procured jointly with Angus Council through approved external providers.

PDA in Health and Social Care Supervision at SCQF	Two Unit skill set	SQA Level 2 Social Services and Healthcare at SCQF level 6	SQA Level 3 Social Services and Healthcare at SCQF level 7	CYP Level 3 & HNC	Social Services (CYP) Level 4	Social Service Healthcare level 4 (Adults)
4 DCC	5	15	4	7 DCC	2	1

Information extracted from Learning Assistant for the period 1st Jan – 30th Dec 2022 (with exception of CYP Level 3/HNC taken from MM VLE)

IMPLEMENTATION OF TRAUMA INFORMED PRACTICE AND NATIONAL TRAUMA TRAINING PROGRAMME

Over the last year we have hosted a number of learning and development opportunities to promote and enhance trauma informed practice across our social work and social care workforce and wider partnerships. We have developed a multi-agency, accessible trauma digital page which enables access to resources, learning events and training and signpost to a range of supports such as employee wellbeing services and TRiM (Trauma Risk Management). This page offer our workforce access to a range of national and local resources, toolkits and learning and events calendar. We have also provided opportunities for the workforce to get involved in trauma informed practice and implementation in a range of ways such as our Workforce Lived Experience Group (for those who has experienced trauma and would like to use their lived experience and expertise in service design, improvement and culture change) and our Trauma Ambassador Network, which promotes and shares best practice in a range of multi-agency settings across the city.

DIGITAL SKILLS SUPPORT

As part of our ongoing commitment to upskilling the workforce in respect to digital skills, a number of bite-sized digital skills session were available throughout 2022/23. These sessions were and continue to be led by Digital Champions (champions include social work and social care employees), supported by the Digital Skills Team within Learning and Organisational Development.

As well upskilling the workforce, the Digital Skills Team continue to provide enhanced support and advice to the workforce, developing and delivering a range of information and bespoke learning sessions for employees across Children and Family Service and Dundee Health and Social Care Partnership.

The Digital Skills Team provided critical support and to social workers and social care workforce enabling them to access critical statutory learning on new digital platforms and tools such as MS Teams.

LEADERSHIP DEVELOPMENT

Dispersed leadership remains a key priority for our social work and social care workforce. This year we have delivered a collaborative systems leadership programme, bringing together participants from across many functions of adult social work, health and children and families services. There are plans to further progress this model and leadership offer. In Children's and Community Justice Social Work, managers are carrying out formal leadership and management qualifications. The Senior Service Manager is also currently completing the Chief Social Work Officer Post-Graduate Diploma.

CONTINUOUS PROFESSIONAL DEVELOPMENT AND SOCIAL WORK PATHWAYS

We continue to invest in our social work and social care workforce to embed a shared learning culture where best practice is promoted, nurtured and shared across the city. We support and promote a range of specialist modules delivered by the Open University, which can be undertaken as a standalone, enhancing existing practice with the potential to progress onto a sponsored social work professional qualification.

In 2022/23 we recruited and sponsored a further six internal candidates to undertake their professional social work qualification, with a further four now fully qualified as social workers through this pathway in June 2023.

We promote a range of specialist and enhanced learning opportunities for employees, which has continued throughout 2022/23. Postgraduate Certificate in Child Welfare and Protection, Adult Support and Protection, Mental Health Officer Award and Practice Learning Qualification remain in place and are currently prioritised in relation to our statutory duties and best practice.

"I shared papers and ideas which were directly relevant firstly for permanence and then latterly for kinship with the rest of the team(s). It was helpful to update on latest research around assessment and intervention. Beyond this I found the areas around direct work with children and families of particular interest and again shared these with the team. We also discussed the wider themes of relationship based social work practice in an environment which is increasingly constrained by organisational input/output models of working. I benefited from securing the time around the teaching days and using a combination of study days, flexi and leave for the assignments. I enjoyed the course and would recommend it to others."

(Social Worker in Children and families Service undertaking Child Welfare and Protection PG Course)

MENTAL HEALTH OFFICER (MHO) AWARD

We provide a significant investment in developing the MHO workforce across the city. MHO's are social workers with a minimum of two years post qualifying experience who have undertaken an intensive period of study and successfully completed the Mental Health Officer Award (MHOA), thereafter appointed (yearly) to undertake statutory functions within the role MHO by the CSWO.

We have had two successful candidates gaining their qualification and appointed as MHO's and continue to support the MHO workforce around learning, peer support and talent management of the future MHO workforce. This year we hosted a number of information

sessions to support and promote the recruitment for next year's award intake, with a further two successful candidates.

We continue our membership with the East of Scotland MHO Programme Partnership, financially contributing to a MHO Award Co-ordinator.

PRACTICE LEARNING OPPORTUNITIES

In 2022/2023, we have continued to work towards increasing placement capacity across the organisation. We have supported one employee to undertake their Practice Learning Qualification (PLQ) at Robert Gordon University whilst also providing ongoing support and learning opportunities to our existing Practice Educators and Link Workers through Practice Learning Forums. We also continue to promote and encourage those not currently involved in Practice Learning to undertake their Link Worker training via Learning Network West. This investment in the workforce enables us to offer more practice learning opportunities, develop leadership skills and embed a learning culture throughout the social work and social care workforce.

Our focus on increasing placement capacity for social work students enabled us to provide a total of 22 placements throughout the academic year of 2022/2023. Not only did these placements span across undergraduate and postgraduate programmes, but also supported social work students from Dundee University and Robert Gordon University. Further developments also included the introduction of a Student Induction Checklist and an online Practice Learning resource as a means of supporting Practice Educators and Link Workers in their role.

As part of our focus on strengthening relationships with external partners and increasing statutory experience for social work students, we also collaborated in a test-of-change which involved us working in partnership with Dundee University and two third sector agencies, to pilot a Student Hub. We further strengthened our links with Dundee University by inviting them to our Practice Learning Forums and offering opportunities for them to share their research with our Practice Educators and Link Workers. We also continue to provide learning opportunities for students through ad-hoc guest presentations delivered at the University by some of our practitioners.

IMPLEMENTATION OF THE NEWLY QUALIFIED SOCIAL WORKER (NQS)W SUPPORTED YEAR

In 2022, we continued to strengthen the work we had undertaken in 2021 as an early implementation site for the national NQSW Supported Year programme. We adopted a trauma-informed approach to the design and delivery of the NQSW Supported Year, ensuring that the voices and the wellbeing of the workforce was central to the process.

A significant development in this area has been the introduction of a monthly Continuous Professional Learning (CPL) session for all NQSWs across the organisation. The NQSW CPL Sessions provides NQSWs with opportunities for structured learning, reflective discussions, peer support and a safe environment to explore some of the complexities associated to the social worker role. We also made one-to-one coaching from a qualified social worker available to all NQSWs, recognising the social worker identity and the additional support required for NQSWs within their Supported Year.

The success of the nurturing approach we have adopted in Dundee can be evidenced through some of the feedback we have received from NQSWs. For example, one NQSW

stated the NQSW CPL Session *“helps set out a journey of learning and development as a social worker”* whilst another commented that it *“provided an opportunity to share experiences and be supported to express our work related issues and experiences in a safe and supported environment...it also allowed us to shape and influence the areas we felt we needed support in making it feel very collaborative”*.

PROTECTION

A wide range of Dundee and Tayside Partnership wide child and adult protection learning resources and digital workshop were developed and continue to be available for the multi-agency workforce, enhancing knowledge, skills and competence of the wider workforce and for those with specific responsibilities in relation to child protection. Some of the learning resources developed continue to be available and include Child Protection Tayside Professional Curiosity and Challenge, Tayside Chronologies and Significant Events learning resource, Equal Protection from Assault Child Protection resource, Designated Child Protection Worker among others. As well as a range of available digital and e-learning resources, a range of remote live training, learning opportunities and webinars have been available to the social work, social care and wider multi-agency workforce. These webinars, learning exchange events and digital training sessions have included awareness raising of a range of workforce best practice tools developed by the GIRFEC Delivery Group, trauma learning exchange and lunch time learning sessions, a range of thematic protection sessions i.e. self-neglect and hoarding and delivery of a range of workshops sharing learning from initial and significant care reviews across Tayside.

Adult Support and Protection Week

In February 2023, Dundee coordinated a calendar of events to celebrate and promote national adult support and protection day. These activities and events spanned across 2 weeks offering a range of workshops, webinars and learning opportunities for the social work, social care and multi-agency workforce. Dundee and Tayside events ranged from self-neglect and hoarding, adult protection and trauma, adult protection awareness, learning from thematic reviews of fire deaths, investigative interviewing and financial harm awareness.

Development work has continued with practitioners who have specific Council Officer functions under the Adult Support and Protection (S) Act 2007. Our Adult Support and Protection Council Officer training programme was redesigned and adapted and is now delivered on a Tayside wide basis. A further two cohorts were delivered throughout 2022/23. Our Tayside programme is now recognised as a best practice, collaborative national model, endorsed by the National Adult Support and Protection Coordinator.

Key elements of the programme include:

- The development of an ASP learning tool, enabling practitioners to evaluate and track their knowledge, skills and competence against key adult support protection quality indicators.
- Individual learning plans and supervision tool, line manager input and feedback.
- Accessible learning resource which follows the programme.

- Self-directed learning tasks.
- 9 Practice workshops, running over a 6–8-month period.

Practitioners who undertook the programme were asked the following “What difference has this made to your practice so far?”

- *“Increased confidence in recognising and responding to ASP concerns.”*
- *“More confident in undertaking my role and where it sits in the process.”*
- *“Thinking differently about risk and risk assessment.”*
- *“Can offer a person-centered and rights-based response to concerns.”*
- *“Enabled greater reflection on the term ‘capacity’ when thinking about skills, means and opportunity.”*

A Council Officer refresher course is now offered and delivered on a Tayside basis; 174 Council Officers have undertaken the refresher training since November 2022, with a specific focus on updates to the national Code of Practice:

“Helpful having update on the revised codes of practice, very thorough in terms of legislation”

“I enjoyed the opportunity to revisit the whole process of ASP investigations. Also the legislative context. And the opportunity to ‘practice’ interviewing.”

“I have more knowledge in terms of being able to defend position in complex situations. Great emphasis on trauma.”

Digital learning resource are in place to support both the CO course and the refresher and some CO sessions have now been opened up to multi-agency staff.

Newly Qualified Social Worker (NQSW) Child Protection Programme

Dundee and Angus Council continue to work in partnership to deliver an induction process for supporting newly qualified social workers to feel competent, confident and knowledgeable when working with children and families where there are child protection concerns.

This innovative programme model is underpinned by three key components:

1. Access to a digital NQSW learning resource, includes individual competency learning audit tool.
2. Practice development workshops, co-facilitated by experienced operational social work managers from Children and Family Service (now delivered remotely).
3. The use of an evidence-based augmented reality stimulation (*Rosie-2) immersing NQSWs into a complex home visit navigating through the home exploring practice issues with accompanying research around disguised compliance, professional curiosity, neglect, and other complex harm among other themes.

Adult Protection Practitioners Forum

The well attended HSCP Practitioner Forum has focused on providing learning opportunities such as action learning sets and case discussions for social work staff, but is now moving to be a multi-agency forum. The group also produces a quarterly newsletter and has a SharePoint site that acts as a hub for signposting to additional learning resources and access to existing policies and procedures. Involvement in the Forum has led some practitioners to become involved in service improvement and strategic groups, including the MOSAIC Oversight Group, working group revising the HSCP policies and procedures, and groups developing new practice tools and resources (including chronologies). From the Practitioners Forum a new Social Work Team Manager Forum is now also emerging.

TURASLEARN

TURASLearn is NHS Education for Scotland's (NES) learning platform. It provides a wide range of educational resources for the health and social care workforce. Dundee City Council, in partnership with Angus and Perth and Kinross Council's, have worked with NES to develop a Tayside learning platform hosted on TURAS. The Tayside portal enables partners from a range of services across the city from including NHS Tayside employees, third and independent sector employees and volunteers' access to a range of protection learning resources previously unavailable to them.

TURASLearn continues to be promoted across all social work and social care services, both with the organisation and with those who deliver services on behalf of or as part of Dundee Health and Social Care Partnership. It has proved to be an invaluable resource to allow the social care workforce to access additional learning and other resources designed to support their own and others health, psychological wellbeing as well as raise awareness of key learning and protection.

6. Challenges for the Year Ahead

At this time, I have identified a small number of improvement priorities that I will seek to support the social work and social care workforce and out partners to progress over the next 12 months:

Continue to **PARTICIPATE** in the co-design process for the National Care Service, reflecting local knowledge and experience.

SUPPORT our social work and social care workforce to maintain good health and wellbeing.

ENHANCE our focus on prevention of risk and harm by working collaboratively across the whole GIRFEC pathway for children and young people.

FOCUS on the continued implementation of Our Promise to Care Experienced Children, Young People and Care Leavers 2023-2026.

FURTHER progress recovery of Community Justice Services as part of a whole systems remobilisation of community justice services across Scotland.

BUILD on the progress we have made in improving mental health and wellbeing and drug and alcohol services through collaborative working, focusing on co-production of further developments with people who have lived experience and the workforce.

CONTINUE work to further roll out our approach to trauma informed practice and leadership and to enhance whole family approaches to protecting people.

ENHANCE our arrangements for responding to adult at risk by collaborating with partners to design and implement a Multi-agency Adults at Risk Pathway, and further improvement use of chronologies and risk assessments.

CONTINUE to work with partners across the whole health and social care system, including acute care services, to achieve an unscheduled care response that delivers the right care, in the right place, at the right time, first time.

2022-2023

22-2023

2022-2023

22-2023

2022-2023

Head of Health and Community Care/
Chief Social Work Officer
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REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 13TH DECEMBER 2023

REPORT ON: DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP WORKFORCE PLAN 2022-2025

REPORT BY: CHIEF OFFICER

REPORT NO: DIJB75-2023

1.0 PURPOSE OF REPORT

- 1.1 The purpose of this report is to inform the Integration Joint Board of updates to the Dundee Health and Social Care Partnership Workforce Plan 2022-2025 to reflect recent changes in strategy, policy and workforce demographics.

2.0 RECOMMENDATIONS

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

- 2.1 Note the updates to the Dundee Health and Social Care Partnership Workforce Plan 2022-2025.

3.0 FINANCIAL IMPLICATIONS

- 3.1 The actions set out within the Workforce Plan will be contained within the Integration Joint Boards delegated budget.

4.0 BACKGROUND

- 4.1 In June 2022 the Dundee IJB approved and published the first Dundee Health and Social Care Partnership Workforce Plan. The plan set the framework within which a range of activity has progressed over the last year to address the Scottish Government's Five Pillars for workforce planning and development: Plan, Attract, Train, Employ and Nurture.

- 4.2 This annual update sets out:

- What has changed over the last year in relation to the governance and strategic context for workforce planning.
- Refreshed workforce data and intelligence.
- Progress made against the action points identified in June 2022, and refreshed priority actions for the coming year.

It also takes account of feedback received about the workforce plan from a range of stakeholders, including direct feedback from the Scottish Government.

5.0 NATIONAL CONTEXT

- 5.1 Shortly after the publication of the DHSCP Workforce Plan the Scottish Government recommenced implementation of the Health and Care (Staffing)(Scotland) Act 2019 (the Act). It is planned that all provisions will be in force by April 2024 and reporting arrangements for IJBs will commence after the end of the 2024/25 financial year. Whilst not setting minimum staffing levels or being prescriptive about skills mix, the Act aims to provide the basis for provision of appropriate staffing in NHS and care services in order that safe and high-quality care and support leads to improved outcomes for people. It is intended to support decisions made about staffing requirements, service delivery models and service redesign. As well as a focus on staffing levels, the Act includes provision in relation to supporting staff training and development. It is anticipated that as implementation progresses new staffing method tools will become available for use, particularly for social care and social work services (adding to those already available within health services).
- 5.2 In July 2023 the Scottish Government reached an initial agreement with local government and the NHS about accountability arrangements for the proposed National Care Service (NCS). This clarified that the NHS and Councils across Scotland will continue to employ the health and social care workforce; staff will not transfer to employment within the NCS. Whilst the establishment of the NCS may have a variety of other implications for workforce planning, this provides clarity regarding future employment arrangements.

6.0 DUNDEE CONTEXT

- 6.1 In June 2023 the IJB published their new Plan for Excellence in Health and Social Care in Dundee. This is a 10-year strategic commissioning framework focused on ensuring that people in Dundee have the best possible health and wellbeing. The plan identified 6 strategic priorities:
- Inequalities – support where and when it is needed most.
 - Self-care – supporting people to look after their wellbeing.
 - Open door – improving ways to access services and supports.
 - Planning together – planning services to meet local need.
 - Workforce – valuing the workforce.
 - Working together – working together to support families.
- 6.2 Following on from the agreement of the Plan for Excellence, work is now underway to develop a HSCP Annual Delivery Plan, and an IJB Resource Framework and Performance Framework to support implementation and monitoring of impact. Workforce will be a significant element of the Resource Framework; in the future the ambition is that there will be a clear alignment between the Plan for Excellence, the Resource Framework and this Workforce Plan.
- 6.3 The Workforce priority within the Plan for Excellence has a focus on wellbeing, learning and development. It sets out strategic shifts to be achieved over the short (2023-2026), medium (2026-2029) and long-term (2029-2033) (see Appendix 1). These shifts have now been fully integrated into the work of the Workforce Planning Group via their action plan.
- 6.4 In December 2022 the IJB approved Dundee Health and Social Care Partnership's first Property Strategy. The strategy includes an objective "to ensure that health and social care services are provided from environments that ensure the wellbeing of our workforce". This objective has now also been incorporated into the Workforce Planning Group action plan.
- 6.5 In April 2023 the IJB agreed new Equality Outcomes for the next 4-year period. One of the new outcomes focuses on the IJB contributing to an "improved culture within the workforce to actively challenge discrimination, through a focus on eliminating race discrimination in the workplace." This follows a series of reports at a national (UK and Scotland level) since the pandemic focused on experiences of racism within the health and social care workforce.

7.0 FINANCE CONTEXT

- 7.1 The Integration Joint Board's 2023/24 budget is approximately £300m of which around £115m (approximately 38%) relates to directly employed staffing costs. Of the remaining budget, £95m (31%) is utilised to commission independent and voluntary sector organisations who also directly employ social care staff to deliver services on behalf of Dundee Health and Social Care Partnership. A further £53m (18%) is also utilised by NHS Independent Contractors who employ staff in GP practices, Dental practices, Opticians and Community Pharmacies.
- 7.2 During 2022/23 and 2023/24, the Cost of Living crisis has placed significant financial pressure on employees, with subsequent national pressure to uplift wages to ease this burden. NHS Agenda for Change staff have received an average of 14.4% increase across the 2 years, Local Authority staff have received an average increase of approximately 11-12% across the same period, and private and voluntary sector staff providing direct adult social care have seen their minimum hourly rate increasing from £10.50 (April 2022) to £10.90 (April 2023) with an expected increase to £12.00 from April 2024 (as part of the Scottish Government's National Policy).
- 7.3 Good practice principles for Fairer Working Conditions within commissioned Care at Home workforce are now being consistently implemented, following a test of change during 2022/23.
- 7.4 Recovery and remobilisation from Covid-19 pandemic has had a very significant impact on the health and wellbeing of many individuals and teams – the Scottish Government provided additional funding (£115k) to support Wellbeing of staff in HSCP teams, which in turn is hoped will play a part in helping to improve morale, recruitment, retention and return to work after sickness absence. This funding has been utilised in various ways depending on the needs and preferences of individual teams, including facilitated away days, team building activities and equipment for staff rest areas.
- 7.5 The financial implications to meet these increasing workforce costs, as well as support further growth in the workforce to meet the increasing demographic demands of Dundee's local population, are significant and challenging. The IJB's 5-year Financial Outlook indicates a gap of £36m during the next 5 financial years.

8.0 DATA AND INTELLIGENCE

- 8.1 During the last year a new risk has been identified in relation to the lack of availability of workforce data and intelligence. Whilst a Workforce Data Working Group have been working collaboratively to identify, collate and analyse relevant workforce data from NHS Tayside, Dundee City Council and the range of service providers in the third and independent sector, there are significant challenges in being able to obtain the right information to fully inform future workforce planning and support. This risk arises due to differences in the data systems used by different employers, different levels of data quality and concerns regarding information governance arrangements. The Workforce Planning Group is continuing to support the Data Working Group to understand and address these challenges.
- 8.2 Data included in the published Workforce Plan has been refreshed and expanded and this data can be viewed in Appendix 2.

9.0 PROGRESS AND FUTURE PLANS

- 9.1 Over the last year, alongside adapting to changing national, local and financial context for workforce planning, progress has been made across all of the five pillars for workforce planning. Some highlights of progress made are set out below, this is not an exhaustive list of all ongoing activity across HSCP services:
- PLAN (supporting evidenced based workforce planning)
 - Workforce Data Working Group has been established and has progressed work to develop an integrated data dashboard for the health and social care workforce.

- Individual services have continued work to test and implement workforce planning tools, where these are available to them, with most significant progress being made across AHP and nursing.
- NHS Tayside has developed a toolkit to support teams to implement the 6-step approach to workforce planning.
- A Primary Care sustainability survey has provided new data round workforce challenges within that are of service.
- Approaches to supporting international recruitment have been progressed.
- Workforce networks for equality and diversity and for workforce members with lived experience of trauma and adversity have been established, alongside a short-life working group focused on race discrimination in the workplace.
- A range of actions have been progressed focused on widening routes for development and progression, including targeted work with Mental Health Officers, Occupational Therapists, Council Officers, Band 4 Assistant Practitioners, the young workforce, and alternative models for retirement.
- ATTRACT (domestic and international recruitment to attract the best staff)
 - Expanded attendance at Job Fairs to promote opportunities within the health and social care workforce.
 - Range of actions led by Dundee City Council targeted at recruiting, supporting and developing the young workforce including into entry level posts within health and social care.
 - Trialling of alternative work patterns within specific services in response to feedback from existing employees and potential future candidates.
- TRAIN (supporting staff through education and training)
 - Continued promotion of and engagement with comprehensive learning and development programmes offered through Dundee City Council and NHS Tayside.
 - Transformational Practice Development programme is available to the health and social care workforce.
 - Continued use of iMatters to understand impact and value of learning and development for workforce members.
 - Range of service specific learning and development activity in response to identified training and development needs, including leadership and management training.
- EMPLOY (making organisations 'employers of choice')
 - Continued operation of range of mechanisms that support partnership between workforce stakeholders, including Staff Partnership Forum and organisational change policies and procedures.
 - Tests of change focused on Fair Work within the independent sector and HR action learning sets.
 - Implementation of Dundee City Council Quality Conversations approach focused on recognition of contribution and future learning and development planning for individual employees.
- NURTURE (creating a workforce and leadership culture focusing on the health and wellbeing of all staff)
 - Investment of workforce wellbeing funds (allocated by Scottish Government) to support individual team activities targeted to improve health and wellbeing.
 - Work with Dundee City Council to support development of policy, procedures and supporting training regarding Mentally Well Workforce and trauma-informed practice.
 - Focused analysis of absence data to inform future health and wellbeing actions.
 - Continued investment in approaches to support workforce members who are unpaid carers, including achievement of Carers Positive Awards by NHS Tayside and Dundee City Council.

9.2 Following the annual review of progress, the Workforce Planning Group has also updated their action plan for the forthcoming year. This will continue to focus on the five pillars for workforce planning, against which Dundee IJB's strategic shifts have now been full aligned (see section 6 above). Many of the areas of progress highlighted in section 9.1 will continue into next year, however some additional areas of activity will include:

- Further workforce analysis and planning activity focused on General Practice and commissioned services in the third and independent sector.
- Enhanced support to individual teams to implement the 6-step approach to workforce planning at team / service level.
- Focused efforts to overcome challenges related to workforce data integration (see section 8) to enable implementation of an integrated data dashboard and reporting.
- Implementation of workforce planning tools as these become available for use.
- Expanding the scope and availability of leadership and management training.
- Developing approaches to support implementation of values-based recruitment.
- Development of a HSCP Digital Strategy, including consideration of digital supports to and training needs of the workforce.
- Improved workforce communications, including update to digital information (website).
- Expanding opportunities for workforce voice to influence strategic planning activity across the Partnership.
- Implementation of appropriate approaches to ensuring that workforce leavers are supported to participate in meaningful Exit Interviews.
- Actions to encourage and support higher response rates to iMatters across Partnership teams and services.
- Actions focused on raising awareness of workforce wellbeing supports and increasing the number of workforce members utilising those supports.
- Staff wellbeing conference to be held in January 2024.

10.0 POLICY IMPLICATIONS

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

11.0 RISK ASSESSMENT

Risk 1 Description	Workforce is an identified risk on the DHSCP Strategic Risk Register and details the consequences of not being able carry out strategic objectives and support the people of Dundee. It is also a key factor in the risks for Dundee Drug and Alcohol Service, Mental Health Services and Primary Care and other strategic risks.
Risk Category	Workforce
Inherent Risk Level	Likelihood 5 x Impact 5 = 25 (Extreme risk)
Mitigating Actions (including timescales and resources)	The Workforce Plan and actions will mitigate the risks identified.
Residual Risk Level	Likelihood 3 x Impact 4 = 12 (High risk)
Planned Risk Level	Likelihood 3 x Impact 3 = 9 (High risk)
Approval recommendation	Given the mitigating actions noted above this risk level is deemed to be acceptable.

12.0 CONSULTATIONS

- 12.1 The Chief Officer, Heads of Service, Health and Community Care and the Clerk were consulted in the preparation of this report. Additionally, DHSCP Senior Management Team, DHSCP Workforce Planning Group and the DHSCP Staffside Forum were invited to comment.

13.0 BACKGROUND PAPERS

- 13.1 None.

Vicky Irons
Chief Officer

~~DATE~~ 17 November 2023

Jenny Hill
Head of Health and Community Care

Lynsey Webster
Senior Officer, Strategy and Performance

Appendix 1

Short-term (2023-2026)

The workforce is benefiting from having a wider range of more easily accessible mental health and wellbeing supports available to them. This includes supports for bereaved staff members.

There are clear local routes for the young workforce to enter a career in health and social care. More young people are accessing these, particularly young people from disadvantaged communities and **protected equality groups**.

Recruitment and retention has improved in key areas, including **Primary Care**, Social Care, Mental Health and Drug and Alcohol services.

Enhanced workforce wellbeing supports have helped to reduce overall levels of staff absence and turnover.

People working within the health and social care workforce receive clear and understandable information about the work of the **IJB** and **Health and Social Care Partnership**.

The **IJB** has a fuller understanding of health and social care workforce needs and has agreed a plan to address gaps and challenges. This plan is being implemented in practice.

People working within the health and social care workforce have benefited from opportunities to develop their leadership skills and confidence.

People working within the health and social care workforce have better opportunities to influence the work of the **IJB**.

Medium-term (2026-2029)

All providers who are contracted to deliver health and social care services are fully complying with Fair Work practices.

All health and social care services are delivered by a workforce working in fully **integrated teams**.

Staff who are **unpaid carers** say they want to and are well supported by their employers to continue in their caring role.

Staff within the health and social care workforce have improved levels of confidence and competence with a range of relevant digital technologies.

Staff are active participants in self-evaluation and quality assurance approaches that enable them to reflect, learn and plan for improvement.

Staff working in health and social care services say they feel valued, well supported and would recommend their place of work.

There is strong and visible integrated leadership of health and social care from senior staff.

Long-term (2029-2033)

The health and social care workforce has the right number of staff, in the right place, doing the right things to meet the needs of people in Dundee.

Health and social care services are provided from environments that ensure the wellbeing of the workforce.

The diversity of the health and social care workforce reflects the overall population of Dundee, particularly in terms of **protected characteristics**.

The health and social care workforce has a more diverse range of ages, supporting more effective succession planning.

Overall health and social care services have a positive culture that supports the delivery of excellent care and support.

Appendix 2 -

Our Current workforce

Dundee Health and Social Care Partnership is responsible for a range of services provided by staff employed in Dundee City Council, NHS Tayside and the private and voluntary sector. The Partnership has 995 969 staff (900 834 WTE) who are employed by Dundee City Council and 1,630 1,555 (1,325 1269 WTE FTE) staff who are employed by NHS Tayside. Collectively, 87% are female.

The largest staff groups are nurses (825) 791 in Nursing and Midwifery family group, social and home care workers (615) 532 people with job title 'casual social care officer', 'home care organiser', 'home care worker', 'social care officer', 'social care organiser', 'social care worker' and allied health professionals (320) (308). These posts collectively account for 67% 63% of the total Council and NHS workforce aligned to the Partnership.

Across each service, at least 40% 48% of the total NHS and Council employed workforce is aged 50+

Figure 1 % of age groups 50+ employed by DCC and NHS Tayside who work in the DHSCP

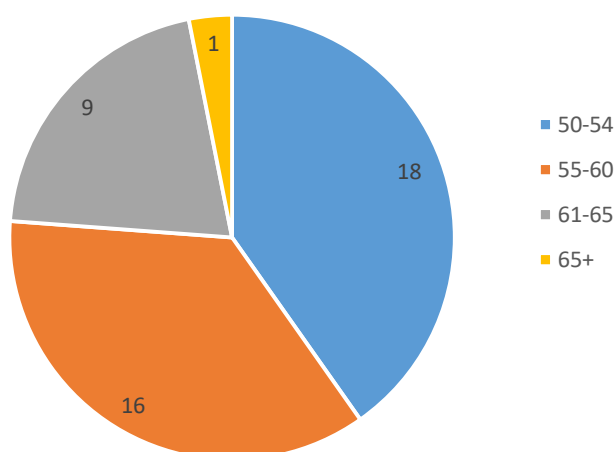


Figure 2 number of employees in each age group 50+ employed by DCC and NHS Tayside who work in the DHSCP

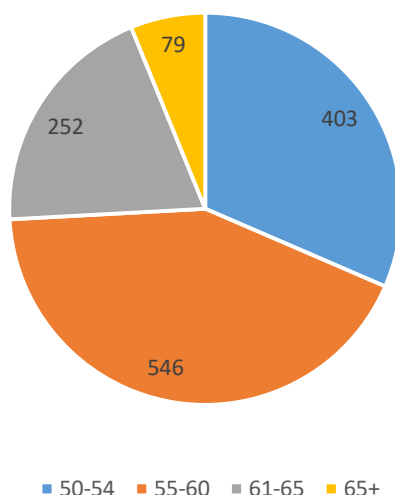


Figure 2 shows the number of employees who are in each age group. 403 people (15.5% of the total workforce) are age 50-54, 546 people (21% of the total workforce) are age 55-60, 252 people (10% of the total workforce) are age 61-65 and 79 people (3% of the total workforce) are age 65+.

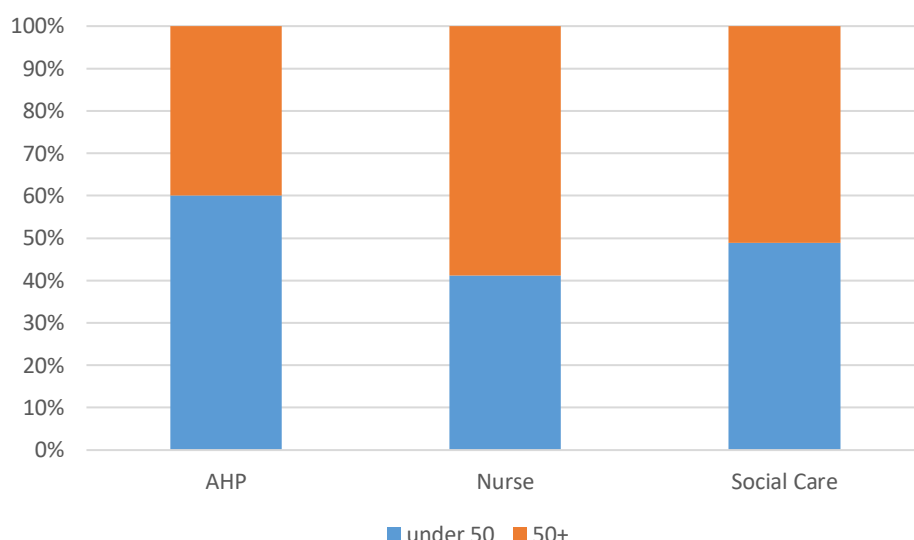
Looking at the DCC employees, across each of these 50+ age groups the majority of employees are in the lower, pay grades. 75% are in grades 7 of less. 53% (278 people) are social care workers, officers or organisers. Looking at the employees who are aged over 60, 71 people (53% of those aged 60+) are social care workers.

Looking at the NHS employees, 465 employees aged 50+ (61%) are in the nursing and midwifery family group. 111 employees aged 60+ (56%) are in the nursing and midwifery family group.

More in-depth analysis continues to be completed, which looks at a range of parameters including area of work and division, however due to small numbers in some areas these cannot be published so that individuals cannot be identified.

The chart below looks at the proportion of staff aged 50+ in each of the 3 largest staff groups.

Figure 3 Proportion of staff over and under age 50



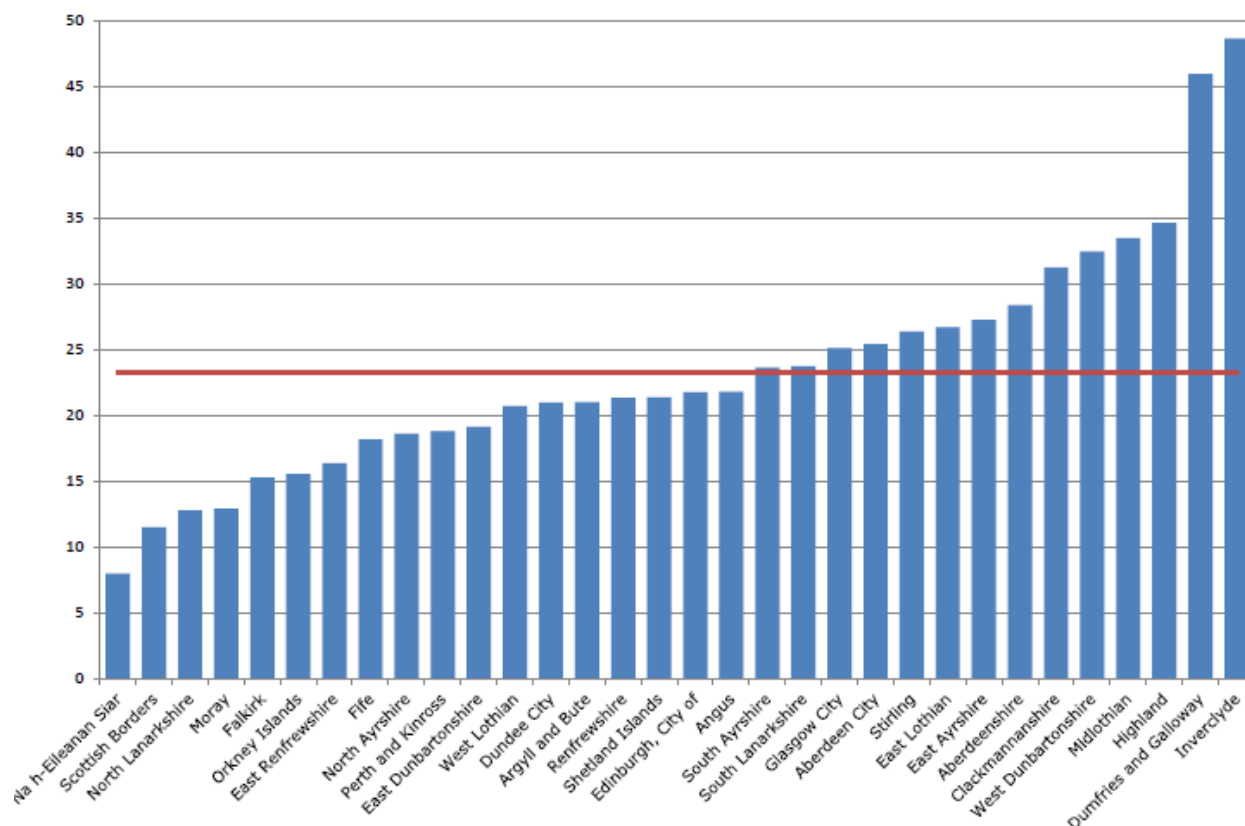
Within the 3 largest staff groups, there is a high proportion of the workforce who are aged 50+; 50% (51%) of social care workers, 55% of nurses (59%) and 78% (40%) of allied health professionals. The proportion of nurses and social care workers who are aged 50+ has increased since 2022. More in-depth analysis continues to be completed, which looks at the many roles within these categories, such as physiotherapists and occupational therapists which are categorised as Allied Health Professionals (AHPs). Due to small numbers in some areas this level of detail cannot be published so that individuals cannot be identified, however generally the Occupational Therapy professionals have a higher proportion of the older age groups than other allied health professions.

Mental Health Officers (MHOs) are social workers with a minimum 2 years post qualifying experience who have gained the Mental Health Officer Award. There are currently 14 MHOs, 7 have exclusive MHO duties and 4 work as a social worker and have a satellite MHO role. There are an additional 3 MHOs who are not practicing social workers.

There was an estimated 37 hours per week shortfall in MHO hours reported for 2022.

Of the 7 MHOs with exclusive MHO duties, 3 of the 7 are aged 50+ and all 7 are aged 40+. 6 of the 7 are female.

Figure 4 Hours per week spent on MHO duties per 10,000 population by Local Authority 2022



Source: SSSC Mental Health Officers (Scotland) Report 2022

We are also looking at the characteristics of staff employed by NHS Tayside and Dundee City Council, including whether they have informed their employer about a disability, sexual orientation, religion and ethnicity. This will continue to be analysed in order to ascertain if trends are consistent with the general population and if there are any significant variations in where people work and how much they are paid.

- 30 (1.8%) of the 1,630 NHS employees recorded that they have a disability. And 342 (26%) of the 1,630 employees recorded either 'don't know' or 'prefer not to say'. 1,176 (72%) of the 1,630 NHS employees recorded that they did not have a disability. 108 employees stated they have a disability which is 4.3% of all employees. This is lower than the 8.3% of Dundee residents aged 16-74 who stated in the 2011 Census that they have a disability which limits day to day activities a lot.
- 53 of the 1,630 NHS employees stated they were from a minority ethnic background, which is 3.3% of all NHS employees. This is lower than the 5.6% of Dundee residents ages 16+ who stated they were from a minority ethnic group in the 2011 Census.
- 66 (4%) of the 1,630 NHS employees defined themselves as LGBTQ, 174 (11%) reported that they 'did not know', 158 (10%) reported that they would 'prefer not to say' and 1,232 (76%) reported that they were heterosexual.

The results of the 2022 Census will be explored as they become available.

We will continue to develop our understanding of our workforce profile to promote equalities and fairness and the findings will be used to inform our Action Plan

Commissioned Services

Our biggest workforce is in our commissioned services and we require to do more detailed profiling of this workforce. We are not currently able to see this as WTE rather than a headcount.

The Workforce Data Group has been looking at how data from commission services can be collected in a way that minimises further burden on these services and utilises data already collected for other purposes. A mapping exercise has been conducted which has identified relevant information from existing contract monitoring and the group is currently investigating how this can be processed in an efficient way to allow the information to be aggregated and analysed.

Table 5 Care Home Staff in Dundee

	No. Staff	% Female	% age 55+
Public	200	85%	35%
Private	1140	82%	25%
Voluntary	80	87%	25%

Source: SSSC Workforce Data 2021 (Dec 2022)

Table 6 Housing Support / Care at Home Staff in Dundee

	No. Staff	% Female	% age 55+
Public	530	87%	38%
Private	730	89%	19%
Voluntary	1500	74%	23%

Source: SSSC Workforce Data 2021 (Dec 2022)

Table 7 Adult Day Care Staff in Dundee

	No. Staff	% Female	% age 55+
Public	80	88%	25%
Private	0	0%	0%
Voluntary	180	72%	17%

Source: SSSC Workforce Data 2021 (Dec 2022)

Staffing levels are monitored via contractual arrangements to ensure services can operate effectively. Dundee Health and Social Care Partnership is committed to the Fair Work First Commitments, for example payment of the real Living Wage and would aspire to working towards these recommendations through the period of this plan.

We have continued to promote fairer working conditions across our contracted services. A number of good practices have been developed alongside stakeholders (living wage, enhanced weekend and public holiday pay, zero-hour contracts, travel costs, equipment costs, safe recruitment check costs) and these continue to be monitored across providers with the intention to incorporate these principles more fully within procurement frameworks and contractual arrangements.

The Future Workforce

Staff are our key resource and changing models and changing pressures will require significant remodelling of the workforce. This comes at a time when staff resilience is low and change can seem overwhelming. In order to design the workforce of the future we require to profile the workforce, redesign job roles, undertake a skills analysis and work in a much more integrated way. The focus will continue throughout this to be on increasing the wellbeing of staff.

Employment Rates

Figure 8 Employment and Unemployment (April 22 – March 23)

All People	Dundee City (No.)	Dundee City %	Scotland %	Great Britain %
Economically Active	71,900	73.6%	77.4%	78.4%
In Employment	65,500	66.9%	74.7%	75.5%
Employees	60,900	62.8%	67.3%	66.0%
Self Employed	4,500	4.1%	7.1%	9.2%
Unemployed	3,900	5.6%	3.5%	3.6%

Source ONS Annual Population Survey

<https://www.nomisweb.co.uk/reports/lmp/la/1946157411/report.aspx>

Dundee has an employment rate of 73.6%, with the same rate of men in employment as women. This is less than the rate of 77.4% reported for Scotland. The largest proportion of the working population in Dundee are employed in Professional or Associate Professional Occupations (43.9%) which is higher than the 40.9% of the Scottish population in these occupations. This reflects the City nature of Dundee, where many professional companies are based and also the 2 Universities and Ninewells teaching hospital.

11.6% of the Dundee population work in the 'Caring, Leisure and Other Service Occupations Group, which is higher than the 8.5% of this employment group working across Scotland. As many people chose to leave social care employment to work in retail, 9.7% of the working population work in the 'Sales and Customer Service' employment group and this is higher than the 7.5% across Scotland. This again reflects the City nature on Dundee where retail premises are clustered within the city centre and in retail parks. This indicates a higher competition for workers and a potential pull from the social care sector to work in retail.

Dundee has an unemployment rate of 5.6%, which is higher than the 3.5% reported for Scotland. Dundee has an economic inactivity rate of 24.7%. This is higher than the 23.8% reported for Scotland.

Out of Work Benefits

Figure 9 Out of Work Benefits Claimant Count August 2023

All People	Dundee City (No.)	Dundee City %	Scotland %	Great Britain %
Aged 16+	4,360	4.5%	3.2%	3.7%
Aged 16-17	30	1.1%	0.6%	0.2%
Aged 18-24	885	5.3%	4.5%	4.9%
Aged 25-49	2,525	5.0%	3.6%	4.2%
Aged 50+	920	3.3%	2.1%	2.7%

Source ONS Annual Population Survey

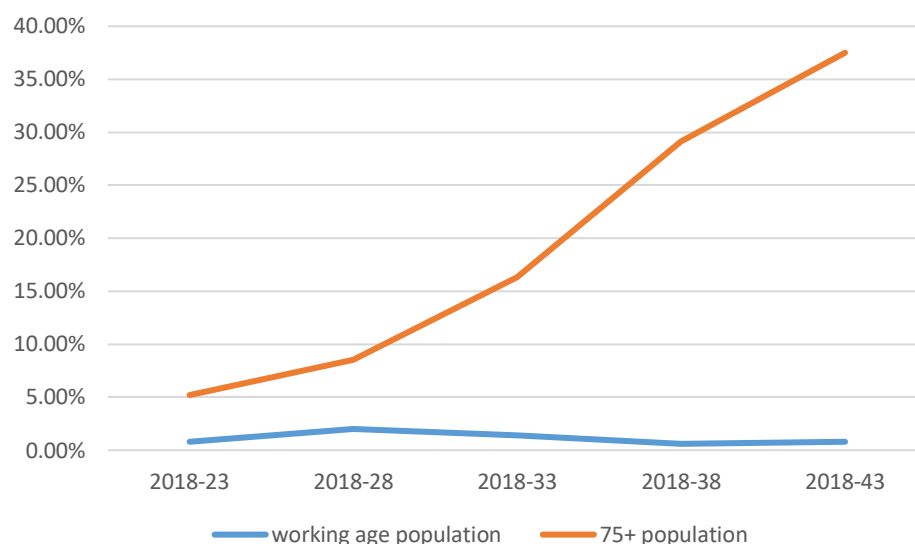
<https://www.nomisweb.co.uk/reports/lmp/la/1946157411/report.aspx>

A larger proportion of the Dundee population receives out of work benefits across all age groups, than Scotland as a whole.

Working Age Population

Unlike many other Local Authorities, the working age population is projected to increase by 2% by 2028, although this increase is disproportionate to the increase in the aged 75+ population by 8.5%, many of whom will have health and social care needs

Chart 10 Projected % change in Population (2018-based)



Source: NRS, 2018-based Sub-National Population Projections Scotland.

Developing a Young Workforce

The Health and Social Care Partnership has invested heavily in the young workforce and has created opportunities, work placements and training opportunities for apprentices within the Partnership.

We will continue to work in partnership with Dundee City Council's Youth Employability Service to develop our apprenticeship offer across Foundation/Modern and Graduate Apprenticeships. We will also continue to support with Work Experience placements and internships for School/College/University/Employability Training Students.

There are currently 3 Modern Apprentice's working within the Adult Learning Disabilities service. There are no Graduate Apprentice's in this area.

We have also supported HNC Social Services students from Dundee and Angus College with work placements. There were 6 students accommodated from the 22/23 cohort and 4 placements have been offered for the 23/24 cohort.

Workforce Wellbeing

The impact of the pandemic and current pressure on staff has been profound. We do not have good information regarding absence levels in the private and voluntary sector, but we know they have been badly impacted by the pandemic. While COVID-19 related absences have stabilised, staff are tired and there is a high level of sickness absence across all areas of staffing.

Figure 11 Non COVID-19 related absence rates

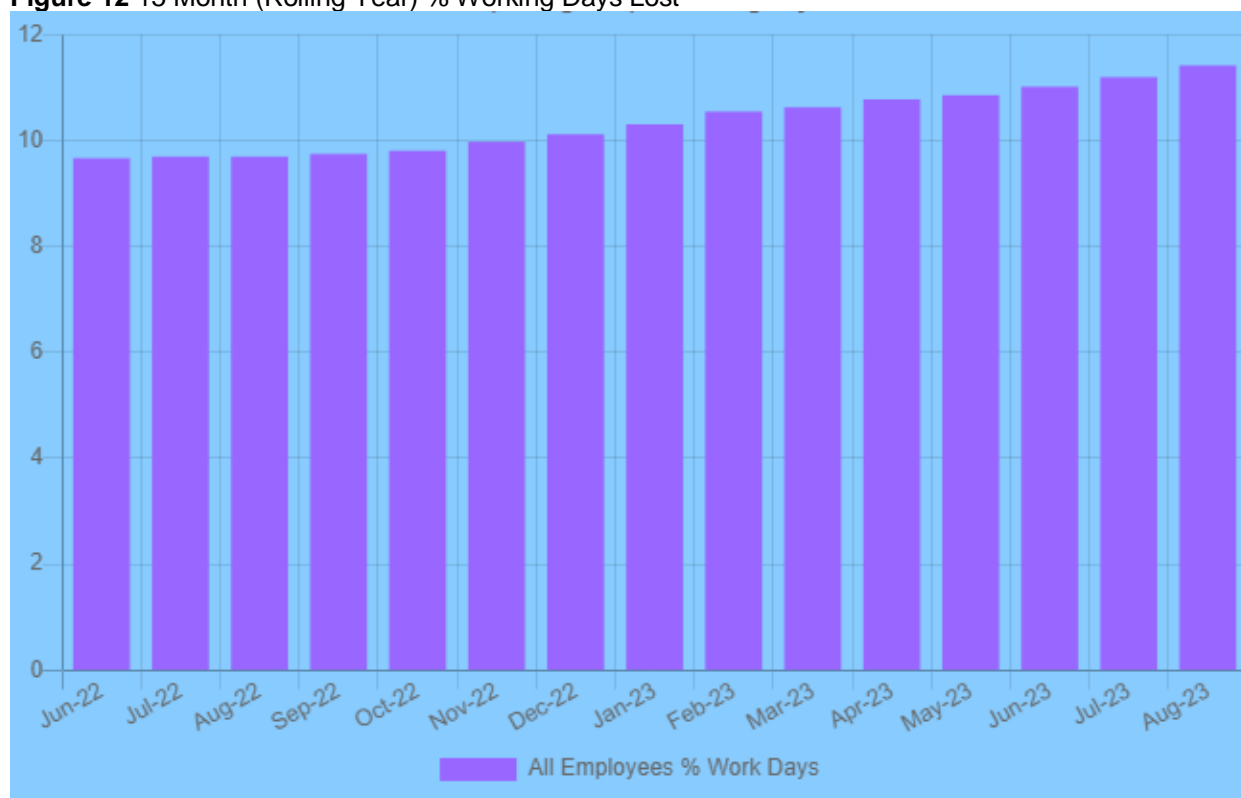
Employer	19/20	20/21	21/22	22/23
NHS Tayside	5.9%	5.1%	5.5%	6.2%
Dundee City Council	7.8%	9.5%	14.2%	10.6%

DCC calculates as % days lost and NHS Tayside calculates as % hours lost

We also know that the impact on wellbeing has been significant, particularly on the social care workforce.

Dundee City Council employees

Figure 12 15 Month (Rolling Year) % Working Days Lost



The % working days lost has increased each month over the previous 15 months from 9.67% in June 2022 to 11.42 in August 2023.

The % of days lost to short term absence for the 12-month period preceding August 23 for all employees was 17.29%. There has been an increase in the % of days lost to short term absence for all employees compared with August 22 when it was 13.84%.

The % of days lost to long term absence for the 12 months preceding March 23 for all employees was 82.71%. There has been a decrease in % of days lost to long term absence for all employees compared with August 22 when it was 86.16%.

The 4 absence categories with the highest % of days lost are

1. Anxiety / stress / depression / other psychiatric illness (42.92 % of total days lost)
2. Other Musculo-Skeletal (18.62 % of total days lost)
3. Infectious Diseases (8.1 % of total days lost)
4. Other Known Causes (7.87% of total days lost)
5. Gastrointestinal (4.69% of total days lost)

Industrial Injury

The % working days lost to Industrial Injury is <1% and the top sickness categories in the 12 months to August 2023 were 'Other Musculo Skeletal', 'Injury / Fracture' and 'Infectious Diseases'.

Workforce Availability

Figure 13 *Number of new starts*

Employer	19/20	20/21	21/22	22/23
NHS Tayside	152	234	186	335
Dundee City Council	42	42	79	84

Figure 14 *Number of new leavers*

Employer	19/20	20/21	21/22	22/23
NHS Tayside	208	234	243	283
Dundee City Council	73	45	103	97

We are looking at reasons for leaving posts, however due to small numbers by reason we cannot publish this information.

Staff turnover across both employers decreased between 2021/22 and 2022/23, from 10.4% to 10.0% for Dundee City Council employees and from 12.8% to 17.8% for NHS Tayside employees

The Care Inspectorate collects a weekly snapshot of vacancy rates for care homes for adults and older people. The response rate fluctuates each week from around 30-80%. At 12 September 23 there was a vacancy rate of 9.72% in care homes for adults (71% response rate) and a vacancy rate of 6.28% in care home for older people (68% response rate).

The total Mental Health Officer (MHO) available hours are 282.21 hours per week. There has been an overall MHO shortfall identified of 37.00 hours, which relates to the current vacancy. A shortfall has been identified in terms of Adults with Incapacity (AWI) work.

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REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD –
13TH DECEMBER 2023

REPORT ON: BEST VALUE ARRANGEMENTS & ASSESSMENT 2023/24

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: DIJB69-2023

1.0 PURPOSE OF REPORT

The purpose of this report is to provide assurance that the Integration Joint Board and partners have arrangements in place to demonstrate that Best Value is being achieved.

2.0 RECOMMENDATIONS

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

- 2.1 Notes the content of this report and the full Best Value assessment as set out in Appendix 1 to this report
- 2.2 Notes that the outcome of this assessment provides assurance that Best Value is being achieved through the Integration Joint Board's governance arrangements and activities.

3.0 FINANCIAL IMPLICATIONS

None

4.0 MAIN TEXT

4.1 Background

- 4.1.1 It is the duty of the Integration Joint Board to secure Best Value as prescribed in Part 1 of the Local Government in Scotland Act 2003. Best Value is defined as the 'continuous improvement in the performance of the organisation's functions'.
- 4.1.2 The IJB's first Best Value Self Assessment report was presented to the Performance and Audit Committee in September 2020 (Article XXIII of the minute refers). Audit Scotland recommended in its 2021/22 Annual Audit Report for Dundee IJB that management progress its Best Value plans during 2022/23 to ensure reporting mechanisms are in place to demonstrate and report annually on the IJB's arrangements to support best value.
- 4.1.3 The Best Value framework developed by the Scottish Government was revised in 2020 and has been applied to the IJB's governance arrangements and activities in order to demonstrate that the IJB is delivering Best Value and is securing economy, efficiency, effectiveness and equality in service provision.
- 4.1.4 This review of the IJB's systems and processes is currently being undertaken. The outcome of this assessment is attached as Appendix 1 to this report and concludes that Dundee IJB has sufficient evidence to determine that Best Value is being achieved.

5.0 POLICY IMPLICATIONS

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

6.0 RISK ASSESSMENT

Risk Description	Risk that the IJB is unable to demonstrate it delivers best value across its activities
Risk Category	Governance
Inherent Risk Level	Likelihood 3 x Impact 5 = 15 (Extreme Risk)
Mitigating Actions (including timescales and resources)	Implementation of a Best Value framework with associated actions
Residual Risk Level	Likelihood 2 x Impact 4 = 8 (High Risk)
Planned Risk Level	Likelihood 2 x Impact 3 = 6 (Moderate Risk)
Approval recommendation	Given the mitigating actions in place the risk should be accepted

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	✓
	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: 17 November 2023

Theme 1: Vision and Leadership

Effective political and managerial leadership is central to delivering Best Value, through setting clear priorities and working effectively in partnership to achieve improved outcomes. Leaders should demonstrate behaviours and working relationships that foster a culture of cooperation, and a commitment to continuous improvement and innovation.

In achieving Best Value, an Integration Joint Board will be able to demonstrate the following:

- Members and senior managers have a clear vision for their area that is shared with citizens, key partners and other stakeholders.
- Members set strategic priorities that reflect the needs of communities and individual citizens, and that are aligned with the priorities of partners.
- Effective leadership drives continuous improvement and supports the achievement of strategic objectives.

Theme 1	Measure/Expected Outcome	Evidence/Outcome
1	The IJB's vision for its area is developed in partnership with its citizens, employees, key partners and other stakeholders.	The IJB vision is set out in the Strategic Commissioning Framework. In June 2023 the IJB agreed the new, replacement plan. You can read The Plan for Excellence in Health and Social Care in Dundee: Strategic Commissioning Framework 2023 – 2033 on our website. This Plan describes our 6 strategic priorities for the next ten years and the key actions required to deliver on our ambitious vision for the city. This Plan is also influenced by a series of Partnership strategies, each of which respond in detail to different needs across the city. These local strategies are led by Strategic Planning Groups, which comprise of people who use services, their carers and people delivering services (from the HSCP, NHS, Council and other agencies in the Third and Independent Sector)
2	Members set strategic priorities that contribute to achieving the IJB's vision, reflect the needs of communities and individual citizens, and are aligned with the priorities of partners. They take decisions that contribute to the achievement of those priorities, in particular when allocating resources and in setting and monitoring performance targets.	Dundee City Integration Joint Board's Strategic and Commissioning Plan sets out the context within which integrated services in Dundee operate. The IJB 2023-2033 Strategic Commissioning Framework can be accessed here . The strategic and commissioning plan is informed by the strategic needs assessment for health and social care, which is updated regularly (update completed in June 2023). The overarching strategic needs assessment is supported by more focused assessments for specific care groups and specific localities. The strategic and commissioning plan is aligned to the Dundee City Plan (local outcome improvement plan for community planning partners). This includes a health, care and wellbeing theme that is led by the Health and Social Care Partnership
3	The IJB's vision and strategic priorities are clearly communicated to its citizens, staff and other partners.	The Strategic Commissioning Framework is accessible through the Dundee Health and Social Care Partnership (HSCP) website . A summary version of the plan has been produced to aid public accessibility here
4	Strategic plans reflect a pace and depth of improvement that will lead to the realisation of the IJB's priorities and the long-term sustainability of services.	The Strategic Commissioning Framework focuses on 6 strategic priorities which are: <ul style="list-style-type: none"> • Inequalities -Support where and when it is needed most. • Self Care -Supporting people to look after their wellbeing. • Open Door -Improving ways to access services and supports. • Planning together -Planning services to meet local need.

Theme 1	Measure/Expected Outcome	Evidence/Outcome
		<ul style="list-style-type: none"> • Workforce -Valuing the workforce. • Working together -Working together to support families. <p>The 2023-2033 plan is consistent with the aspirations set out within the City Plan for Dundee 2017-26 and NHS Tayside Annual Operating plan and medium term plan.</p>
5	<p>Service plans are clearly linked to the IJB's priorities and strategic plans. They reflect the priorities identified through community planning, and show how the IJB is working with partners to provide services that meet community needs.</p>	<p>The Strategic Planning Groups have developed strategic plans. The following strategic plans have been approved by the IJB:</p> <ul style="list-style-type: none"> • A Caring Dundee 2: A Strategic Plan for Supporting Carers in Dundee 2021-24 https://www.dundeehscp.com/sites/default/files/publications/a_caring_dundee_2_.pdf <ul style="list-style-type: none"> - This Plan follows on from the foundations laid by the previous local Carers Strategy; building on the achievements of this and continuing to maintain A Caring Dundee. This Strategy provides a framework for a Delivery Plan that will be developed with local Carers and agencies to ensure that the Strategic Vision becomes a reality. While also acknowledging that a growing number of Carers have continued to give vital care and support to partners, family members and friends. • Dundee Alcohol and Drug Partnership's Strategic Framework 2023-2028 – This plan sets out a commitment to work together to prevent harm and support recovery. We have developed a performance management framework, investment plan and strategic risk register to support the implementation of the strategic framework and delivery plan. • Dundee Mental Health and Wellbeing Strategic Plan 2019-2024 - Our vision is that the people of Dundee will have positive wellbeing and a good quality of life to help prevent mental health problems occurring, and that those with mental ill health will get the respect, support, treatment and care they require to recover without fear of discrimination or stigma.
6	<p>Priority outcomes are clearly defined, and performance targets are set that drive continuous improvement in achieving those outcomes.</p>	<p>The vision sits alongside Scotland's long term aim for people to live longer, healthier lives at home or in a homely setting. Scotland's National Health and Wellbeing Outcomes guide our work:</p> <ul style="list-style-type: none"> Outcome 1: People can look after and improve their own health and wellbeing and live in good health for longer. Outcome 2: People, including those with disabilities or long-term conditions, or who are frail, can live, as far as reasonably practicable, independently and at home or in a homely setting in their community. Outcome 3: People who use health and social care services have positive experiences of those services, and have their dignity respected. Outcome 4: Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services. Outcome 5: Health and social care services contribute to reducing health inequalities. Outcome 6: People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being.

Theme 1	Measure/Expected Outcome	Evidence/Outcome
		<p>Outcome 7: People using health and social care services are safe from harm.</p> <p>Outcome 8: People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.</p> <p>Outcome 9: Resources are used effectively and efficiently in the provision of health and social care services.</p> <p>You can see the Partnership's quarterly performance reports on our website. https://www.dundeehscp.com/publications</p> <p>Performance against the national health and wellbeing indicators (aligned to the national outcomes) is scrutinised by the Performance and Audit Committee on a regular basis. Additional indicators contained within the managing performance under integration suite are also reported quarterly.</p> <p>Historically measuring performance under integration indicators have been subject of target setting, however the IJB agreed that this was not appropriate for 2022/23 due to the pandemic and the Scottish Government also did not require Partnership's to set targets (as had been the case in previous years).</p>
7	There are clear and effective mechanisms for scrutinising performance that enable the taking of informed decisions and the measuring of impacts and service outcomes.	<p>During 2022-23 the Performance and Audit Committee (PAC) of the Integration Joint Board (IJB) continued to be responsible for scrutinising the performance of the Partnership in achieving its vision and strategic priorities, including overseeing financial performance and other aspects of governance activities.</p> <p>The PAC receives quarterly local performance reports, including benchmarking data from other Health and Social Care Partnerships across Scotland.</p> <p>These meetings were moved to virtual meetings during the pandemic and will continue to be held this way going forward</p>
8	There is a corporate approach to continuous improvement, with regular updating and monitoring of improvement plans.	<p>Benchmarking with other Partnerships assists the interpretation of data and identifies areas for improvement. Partnerships with similar traits, including population density and deprivation have been grouped into 'family groups', which consist of eight comparator Partnerships. Dundee is placed in a family group along with Glasgow, Western Isles, North Lanarkshire, East Ayrshire, Inverclyde, West Dunbartonshire and North Ayrshire.</p> <p>You can see the Partnership's quarterly performance reports on our website. https://www.dundeehscp.com/publications</p>
9	<p>The IJB and its partners agree on how the key elements of Best Value will contribute to achieving the commonly agreed local priorities and outcomes.</p> <p>These key elements include the need to:</p> <ul style="list-style-type: none"> • secure continuous improvement, in particular for those services aligned to the IJB's priorities • provide customer- and citizen-focused public services, which meet the needs of diverse communities 	<p>In the Annual Performance Report 2022-23 (currently unaudited) we reorganised our focus to have a more direct connection with the 6 Strategic Priorities as set out in the Dundee Strategic and Commissioning Framework 2023-33. We have organised our Performance under these 6 Strategic Priorities and the performance and actions reported, link across to each of the 8 Best Value themes and 9 National Health and Wellbeing Outcomes.</p>

Theme 1	Measure/Expected Outcome	Evidence/Outcome
	<ul style="list-style-type: none"> • achieve the best balance of cost and quality in delivering services (having regard to economy, efficiency, effectiveness and equalities) • contribute to sustainable development • encourage and support innovation and creativity. 	
10	Members and senior managers communicate the approach to Best Value methodically throughout the IJB in terms that are relevant to its staff and set out clear expectations of them. The IJB has a positive culture in which its people understand its vision and objectives and how their efforts contribute to their achievement, and they are engaged with and committed to improvement.	<p>The Partnership has been part of and has contributed to the statutory Best Value Audit of Dundee City Council which was published in September 2020. The Accounts Commission is the public spending watchdog for Local Authorities and is responsible for assessing Best Value. The Council's audit focused on their vision and strategic direction, performance, planning for use of resources, delivery of services with partners and continuous improvement. The Accounts Commission found that whilst the Council and its partners have a clear and ambitious vision for Dundee, that there is a need to accelerate the pace of change in addressing complex and deep-rooted challenges such as poverty and drug and alcohol use. The Commission also noted risks in relation to the financial sustainability of the IJB and the likelihood that this would be further exacerbated by the impact of the pandemic. The IJB members sign off audit reports and have sight of Audit Scotland reports and are aware of and promote best value</p>
11	Members and senior managers are self-aware. They commit to training and personal development to update and enhance their knowledge, skills, capacity and capabilities to deliver Best Value and perform their leadership roles, and they receive sufficient support to do so.	<p>Reliance is placed on the established and documented systems of performance and development reviews embedded within each partner for all senior managers.</p> <p>Several IJB development events have been held.</p>
12	Leadership is effective and there is good collaborative working. Members and senior managers have a culture of cooperation and working constructively in partnership, informed by a clear understanding of their respective roles and responsibilities and characterised by mutual respect, trust, honesty and openness and by appropriate behaviours.	Several IJB development events have been held . Members & senior managers often come together to focus on specific issues such as budget and risk

Theme 2 – Governance and Accountability

Effective governance and accountability arrangements, with openness and transparency in decision-making, schemes of delegation and effective reporting of performance, are essential for taking informed decisions, effective scrutiny of performance and stewardship of resources.

In achieving Best Value, an integrated Joint Board will be able to demonstrate the following:

- A clear understanding and the application of the principles of good governance and transparency of decision-making at strategic, partnership and operational levels.
- The existence of robust arrangements for scrutiny and performance reporting.
- The existence of strategic service delivery and financial plans that align the allocation of resources with desired outcomes for the short, medium and long terms.

Theme 2	Requirement	Evidence/Outcome
1	Members and senior managers ensure accountability and transparency through effective internal and external performance reporting, using robust data to demonstrate continuous improvement in the IJB's priority outcome measures.	Data is routinely reported through quarterly performance reports and the statutory Annual Performance Report (both internally and externally, as detailed in Theme 1.
2	Management information and indicators that allow performance to be assessed are widely and consistently used by the IJB. Senior management regularly receives information that is used to inform members about performance.	Data is routinely reported through quarterly performance reports and the statutory Annual Performance Report (both internally and externally, as detailed in Theme 1. Each month a senior management summary is sent out detailing the financial position with key areas of concern noted before figures are taken to the IJB on a quarterly basis
3	Performance is reported to the public, to ensure that citizens are well informed about the quality of services being delivered and what they can expect in future.	Performance and Audit committee minutes and papers are available on the HSCP and Dundee City Council websites. The Annual Performance Report is published on the Partnership website and a summary version is produced and published to aid public accessibility.
4	Learning from previous performance, and from the performance of other local authorities, informs the review and development of strategies and plans to address areas of underperformance.	Across public protection responsibilities, including adult support and protection as delegated function, extensive arrangements are in place through learning review process and regional and national networks to share learning to support improvement. National networks are utilised to share best practice and gain learning from other partnership areas, this includes Chief Officers and CFO networks, integration managers networks and networks focused on specific care groups, such as the Scottish Government's carers leads meeting.
5	Key organisational processes are linked to, or integrated with, the planning cycle; these include strategic analyses, stakeholder consultations, fundamental reviews, performance management, staff appraisal and development schemes, and public performance reporting.	The Strategic Commissioning Framework is part of our continued conversation with the people of Dundee and our partners. We will work through established community and citywide engagement structures, listening to the voices of people using services, carers, volunteers, the third and independent sectors to plan flexible, sustainable services. As part of our

Theme 2	Requirement	Evidence/Outcome
		<p>commitment to collaboration, the Partnership will monitor progress of this Plan on an ongoing basis, and will report through the Integrated Strategic Planning Group, to the IJB and other partner bodies.</p> <p>Strategic needs assessment processes are linked to strategic planning cycles; with the strategic needs assessment being a key companion document to the strategic and commissioning plan. Stakeholder consultation is a statutory requirement when reviewing or developing strategic plans, as well as a core commitment across all service planning, development and improvement. Further work is required to fully develop and align a performance management framework that explicitly supports the strategic and commissioning plan.</p>
6	<p>The IJB has a responsible attitude to managing risk, and business continuity plans (including civil contingencies and emergency plans) are in place to allow an effective and appropriate response to planned and unplanned events and circumstances.</p>	<p>The IJB's Strategic Risk Register is reported to the IJB.</p> <p>The IJB also has oversight of each partner's risks as they relate to the delegated functions.</p> <p>A risk section is included within each IJB and Performance and Audit Committee Report to provide oversight to the Board or Committee of the risks associated with the decisions they are being asked to make. These risks are reflected within the IJB's risk register and monitored through the Pentana risk management system</p> <p>The risk management strategy sets out escalation process.</p>
7	<p>Key discussions and decision-making take place in public meetings, and reasonable measures are taken to make meeting agendas, reports and minutes accessible to the public, except when there are clear reasons why this would be inappropriate.</p>	<p>IJB meetings are open to the public. IJB and Performance and Audit committee minutes and papers are available on the HSCP website.</p> <p>As they now meet virtually the recordings are also available on the website</p>
8	<p>The IJB's political structures support members in making informed decisions.</p>	<p>The IJB members when acting on IJB business act in the interest of the IJB and not their political affiliation</p>
9	<p>The scrutiny structures in the IJB support members in reviewing and challenging its performance.</p>	<p>The IJB standing orders and the Terms of Reference of the Performance and Audit Committee can be accessed here.</p>
10	<p>Members and senior managers promote the highest standards of integrity and responsibility, establishing shared values, mutual trust and sound ethics across all activities. Effective procedures are in place to ensure that members and staff comply with relevant codes of conduct and policies. This includes ensuring that appropriate policies on fraud prevention, investigation and whistleblowing are established and implemented.</p>	<p>The Code of Conduct, Register of Interests and Register of Gifts and Hospitality are in place for the IJB.</p> <p>Reliance is placed on each partner's arrangements for the investigation of fraud, whistle blowing and procurement processes.</p> <p>Reliance is placed on the policies and procedures in place for partnership staff to report breaches of the IJB/partner's values. This includes whistleblowing policies, competency-based recruitment, induction courses, online training, and mechanisms to raise concerns/seek feedback, including confidential routes and the promotion of equality and dignity at work.</p>
11	<p>Members and senior managers understand and effectively communicate their respective and collective roles and</p>	<p>The induction process provides an overview of responsibilities. The scheme of delegation assists that decisions are made by those best placed to make</p>

Theme 2	Requirement	Evidence/Outcome
	responsibilities to members and staff. They understand that effective delegation enables and supports the IJB's ability to achieve Best Value.	those decisions
12	An information governance framework is in place that ensures proper recording of information, appropriate access to that information including by the public, and legislative compliance.	Dundee IJB has adopted the Model Publication Scheme 2014 which has been produced and approved by the Scottish Information Commissioner. It is approved until 31 May 2018 and updated 26 March 2021. The IJB has recently had submitted it's Records Management plan to the NRS (National Records Scotland). The IJB handles very little personal data but is registered with the Information Commissioners Office
13	Technological innovation and digital transformation are promoted and used to ensure accessibility of performance information and public accountability	IJB and Performance and Audit committee minutes and papers are available on the HSCP and Dundee City Council websites. All formal meetings are recorded electronically. Annual Accounts and Performance reports are published on the website. Partners social media accounts are relied on to promote key IJB publications and information
14	Members and employees across the IJB understand and implement their responsibilities in relation to its Standing Orders and Financial Regulations.	Scheme of delegation is in place which is currently under review and due to be revised in early 2024 (last reviewed and revised in 2019). Internal audit review of structure and reporting lines The IJB places reliance on the robust frameworks of corporate governance within each partner to provide assurance to the IJB that there are effective internal control systems in operation to meet the strategic commissioning intentions and to comply with all relevant legislation, policies and guidance, as appropriate. The Annual Governance Statement is published in the IJB Annual Accounts drawing on a wide range of evidence to inform the view on the implementation of the directions.
15	There are clear governance and lines of accountability when delivering services via a third party, and there is evidence of the application of the principles within the 'Following the Public Pound' guidance when funding is provided to external bodies.	Services delivered through third parties are bound by a contractual agreement. A contract monitoring process examines actual against planned outcomes. The IJB benefits from a dedicated Social Care Contracts Team that forms part of the delegated workforce. Working in partnership with corporate procurement teams in both Dundee City Council and NHS Tayside the delegated team provides expert advice and support for procurement functions as well as strategic commissioning.

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Theme 3 – Effective Use of Resources

Making the best use of public resources is at the heart of delivering Best Value. With clear plans and strategies in place, and with sound governance and strong leadership, an integrated Joint Board will be well placed to ensure that all of its resources are deployed to achieve its strategic priorities, meet the needs of its communities and deliver continuous improvement.

In achieving Best Value, an integrated Joint Board will be able to demonstrate the following:

- It makes best use of its financial and other resources in all of its activities.
- Decisions on allocating resources are based on an integrated and strategic approach, are risk-aware and evidence-based, and contribute to the achievement of its strategic priorities.
- It has robust procedures and controls in place to ensure that resources are used appropriately and effectively, and are not misused.
- It works with its partners to maximise the use of their respective resources to achieve shared priorities and outcomes.

Theme 3	Requirement	Evidence/Outcome
Staff	<p>1. A workforce strategy is in place that sets out expectations on how the IJB's staff will deliver its vision, priorities and values.</p> <p>2. The strategy is translated into workforce plans, covering employee numbers, skills, knowledge, competencies and organisational structures, that demonstrate how staff will be deployed to deliver the services planned for the future. Plans are regularly reviewed at appropriate intervals according to a clear review cycle.</p> <p>3. All employees are managed effectively and efficiently, and know what is expected of them. Employee performance is regularly assessed through performance appraisal, with individuals and teams being supported to improve, where appropriate.</p> <p>4. Members and senior managers understand and demonstrate that effective delegation is an important contribution to the IJB's ability to achieve Best Value.</p> <p>5. The contribution of staff to ensuring continuous improvement is supported, managed, reviewed and acknowledged.</p> <p>6. The IJB demonstrates a commitment to fairness, equity and safety in the workplace; it adopts relevant statutory guidance through progressive workplace policies and a commitment to best practice in workplace relationships.</p> <p>7. Leaders ensure that there is the organisational capacity</p>	<p>The Workforce Plan 2022-25 was published in July 2022.</p> <p>We have an established Workforce and Organisational Development Strategy to ensure that the Partnership recruits, develops and retains the right people, in the right place, at the right time to deliver positive outcomes for the people of Dundee. The strategy covers all employees within service areas within the remit of the Partnership. This includes those employed by NHS Tayside, Dundee City Council, third and independent sectors, volunteers, peer mentors and unpaid carers.</p> <p>Our Action Plan is organised under the Scottish Government's 5 Pillars – Plan, Attract, Train, Employ and Nurture. Underpinning each of these actions are a number of agreed policy directions of travel:</p> <ul style="list-style-type: none"> ✓ We will continue to develop our understanding of our evolving workforce requirements for key risk areas such as Primary Care, Social Care, Mental Health and Addictions services. ✓ We will continue to develop new job roles such as advance practitioners and Band 4 practitioners across physical health, mental health and District nursing ✓ We will continue to develop integrated roles ✓ We will continue to promote Health and Social Care as a career choice for young people ✓ We will continue to support the health and wellbeing of staff across the Partnership ✓ We will continue our workforce development including developing

Theme 3	Requirement	Evidence/Outcome
	to deliver services through effective use of all employees and other resources. They communicate well with all staff and stakeholders, and ensure that the organisation promotes a citizen- and improvement-focused culture that delivers meaningful actions and outcomes.	<p>innovative approaches that support integrated leadership development and trauma informed practice</p> <p>✓ We will build capacity in support functions to ensure operational services are supported effectively</p> <p>✓ We will continue to explore the use of digital and other technology to improve workforce and service users experience</p> <p>✓ We will continue to find positive ways to support staff who are carers</p> <p>Partner processes are used to communicate with staff and provide learning and workforce development opportunities</p>
Asset management	<p>1. There is a corporate approach to asset management that is reflected in asset management strategies and plans, which are subject to regular review.</p> <p>2. There is a systematic and evidence-based approach to identifying and managing risks in relation to land, buildings, plant, equipment, vehicles, materials and digital infrastructure.</p> <p>3. The IJB actively manages its asset base to contribute to its objectives and priorities.</p> <p>4. Fixed assets are managed efficiently and effectively, taking account of availability, accessibility, safety, utilisation, cost, condition and depreciation.</p>	<p>Whilst no assets are delegated to the IJB, we recognise the need to continue to improve the way that people move between large hospitals and the community, how we would redesign models of non-acute hospital-based services and re-invest in community-based services including our response to protecting people concerns.</p> <p>Fixed assets including land, property, IT, equipment and vehicles are managed efficiently and effectively by each partners and are aligned appropriately to shared priorities.</p>
Information	<p>1. Information is regarded as a strategic resource and is managed accordingly.</p> <p>2. There is a clear digital strategy in place, which includes resilience plans for information systems.</p> <p>3. Information is shared appropriately, and the IJB seeks to develop data compatibility with its partners.</p>	<p>Reliance is placed on the processes and controls for information sharing which have been established by each partner. This includes:</p> <ul style="list-style-type: none"> • compliance with General Data Protection Regulations • the arrangements for the Data Protection Officer, Senior Information Risk Owner • learning from events to raise the level of resilience across the partnership e.g. the response by the DCC partner to IT disruption due to power failure. <p>All IJB formal board meetings and committees are minuted and made public for transparency</p>
Financial management & planning	<p>1. There is clear alignment between the IJB's budgets and its strategic priorities.</p> <p>2. Regular monitoring and reporting of financial outturns compared with budgets is carried out, and corrective action taken where necessary to ensure the alignment of budgets and outturns.</p> <p>3. Financial plans show how the IJB will fund its services in</p>	<p>The IJB Scheme of Delegation and Financial Regulations are in place ensuring an effective framework for budgetary control.</p> <p>IJB financial monitoring reports are presented to the IJB Committee.</p> <p>The IJB's financial monitoring position is also reported regularly to the partner agencies</p>

Theme 3	Requirement	Evidence/Outcome
	<p>the future. Long-term financial plans that include scenario planning for a range of funding levels are prepared and linked to strategic priorities.</p> <p>4. An appropriate range of options is considered when taking decisions, and robust processes of option appraisal and self-assessment are applied.</p> <p>5. The IJB has clear plans for how it will change services and realise efficiencies to close future budget gaps.</p> <p>6. Members and senior managers have a clear understanding of likely future pressures on services and of how investment in preventative approaches can help alleviate those pressures, and they use that understanding to inform decisions.</p> <p>7. Financial performance is systematically measured across all areas of activity, and regularly scrutinised by managers and members.</p> <p>8. There is a robust system of financial controls in place that provides clear accountability, stakeholder assurance, and compliance with statutory requirements and recognised accounting standards.</p> <p>9. The IJB complies with legal and best practice requirements in the procurement and strategic commissioning of goods, services and works, including the Scottish Model of Procurement. There is clear accountability within procurement and commissioning arrangements.</p> <p>10. There are clear and effective governance and accountability arrangements in place covering partnerships between the IJB and its arm's-length external organisations (ALEOs), including for performance monitoring and the early identification of any significant financial and service risks; there is evidence of the application of the principles of 'Following the Public Pound.'</p> <p>11. The IJB has a reserves policy that supports its future financial sustainability, and its reserves are held in accordance with that policy.</p>	<p>Level of financial detail reported to the IJB increased on areas with significant variances or risk. Explanations within the monitoring reports to members in relation to changes to the approved budget was incorporated</p> <p>Reliance is placed on the financial monitoring and financial planning arrangements which have been established by each partner to achieve financial balance.</p> <p>Reliance is placed on the strategies for procurement and the management of contracts (and contractors) which have been established by each partner to demonstrate appropriate competitive practice. A Social Care Procurement Policy is in place which sets out the framework within which the service purchases care services. This combines the fundamentals of the corporate procurement strategy with social care specific issues. The service hosts the social care contracts team which ensures this policy is adhered to.</p> <p>The IJB has no Arms Length external organisations. External service providers have social care contracts in place along with a contracts monitoring process.</p> <p>The reserves policy is audited annually as part of the annual accounts process</p>
Performance management	<p>1. Effective performance management arrangements are in place to promote the effective use of the IJB's resources. Performance is systematically measured across all areas of activity, and performance reports are regularly</p>	<p>The IJB can demonstrate that continuous improvement is incorporated into its strategy and plans. Areas for improvement have been identified through the governance self-assessment process and Annual Internal Audit Report. Progress against these is monitored by the Performance and Audit</p>

Theme 3	Requirement	Evidence/Outcome
	<p>scrutinised by managers and elected members. The performance management system is effective in addressing areas of underperformance, identifying the scope for improvement and agreeing remedial action.</p> <p>2. There is a corporate approach to identifying, monitoring and reporting on improvement actions that will lead to continuous improvement in priority areas. Improvement actions are clearly articulated and include identifying responsible officers and target timelines.</p> <p>3. The IJB uses self-evaluation to identify areas for improvement. This includes the use of comparative analyses to benchmark, monitor and improve performance.</p> <p>4. The IJB takes an innovative approach when considering how services will be delivered in the future. It looks at the activities of other organisations, beyond its area, to consider new ways of doing things. A full range of options is considered, and self-assessment activity and options appraisal can be demonstrated to be rigorous and transparent.</p> <p>5. Evaluation tools are in place to link inputs, activities and outputs to the outcomes that they are designed to achieve. There is evidence to demonstrate that improvement actions lead to continuous improvement and better outcomes in priority service areas.</p> <p>6. The IJB seeks and takes account of feedback from citizens and service users on performance when developing improvement plans.</p> <p>7. Improvement plans reflect a pace and depth of improvement that will lead to the realisation of the IJB's priorities and the long-term sustainability of services.</p> <p>8. Performance information reporting to stakeholders is regular and gives a balanced view of the IJB's performance, linked to its priority service areas. The information provided is relevant to its audience, and clearly demonstrates whether or not strategic and operational objectives and targets are being met.</p> <p>9. The IJB demonstrates a trend of improvement over time in delivering its strategic priorities.</p>	<p>Committee.</p> <p>An audit of performance management was undertaken during 2020/21 and reported in November 2021. This identified significant strengths in relation to performance management arrangements, with areas for improvement to be taken forward in 2021/22 and through the review of the strategic and commissioning plan.</p> <p>IJB's outcomes are monitored across a set of performance indicators that has been developed to cover the delegated functions and the nine national health and well-being outcomes. These performance measures are reported to the Performance and Audit Committee.</p> <p>A range of additional datasets and performance monitoring arrangements have been developed during the pandemic period, for example regular datasets relating to care home oversight, unmet need within social care and delayed discharge. An overview of issues and emerging challenges I shared with IJB members through fortnightly briefings.</p> <p>In 2021/22 the IJB was a partner within the Alcohol & Drug Partnership's self assessment of progress against the recommendations of the Dundee Drug Commission.</p> <p>The HSCP uses a comprehensive performance monitoring system - Pentana to support recording and reporting on performance for some suites of indicators.</p> <p>HSCP participate in Local Government Benchmarking Framework and provide input to monitoring of the Council Plan, City Plan and NHST Annual Operational Plan.</p> <p>Performance data is validated by Public Health Scotland (PHS).</p> <p>Internal Audit and External Audit conduct periodic reviews of the accuracy of reporting.</p> <p>Dedicated Local Intelligence Support Team Analysts and the HSCP's internal performance management resources are sourcing, linking and interpreting data in order to better understand and project patterns of service demand. This analytical work is providing insights into delivering better plans, designing improved service user pathways and contributing to the achievement of the Health and Social Care outcomes.</p>

Theme 3	Requirement	Evidence/Outcome
		<p>Feedback from citizens is obtained in a variety of ways, this includes through complaints and compliments as well as feedback through engagement activities. During 2020/21 engagements activities included carers engagement and large-scale public surveys undertaken with the Dundee Partnership to evidence the impact of the pandemic on citizens.</p> <p>Quarterly performance reports are presented to the Performance and Audit Committee. An Annual Performance Report is produced, and the Carers Partnership also now produce an annual performance report. The CSWO report and the annual report of the Adult Support and Protection Committee both contain information relating to delegated services and are presented to the IJB.</p> <p>A review of IJB and Performance and Audit Committee reports provides evidence of performance against:</p> <ul style="list-style-type: none"> • objectives, targets and service outcomes • past performance • improvement plans • other relevant bodies <p>being used but not all together all the time.</p>

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Theme 4 – Partnerships and Collaborative Working

The public service landscape in Scotland requires local authorities to work in partnership with a wide range of national, regional and local agencies and interests across the public, third and private sectors. An integrated Joint Board should be able to demonstrate how it, in partnership with all relevant stakeholders, provides effective leadership to meet local needs and deliver desired outcomes. It should demonstrate commitment to and understanding of the benefits gained by effective collaborative working and how this facilitates the achievement of strategic objectives. Within joint working arrangements, Best Value cannot be measured solely on the performance of a single organisation in isolation from its partners. An integrated Joint Board will be able to demonstrate how its partnership arrangements lead to the achievement of Best Value.

In achieving Best Value, an integrated Joint Board will be able to demonstrate the following:

- Members and senior managers have established and developed a culture that encourages collaborative working and service provision that will contribute to better and customer-focused outcomes.
- Effective governance arrangements for Community Planning Partnerships and other partnerships and collaborative arrangements are in place, including structures with clear lines of responsibility and accountability, clear roles and responsibilities, and agreement around targets and milestones.

Theme 4	Requirement	Evidence/Outcome
1	Members and senior managers actively encourage opportunities for formal and informal joint/integrated working, joint use of resources and joint funding arrangements, where these will offer scope for service improvement and better outcomes.	The Dundee City IJB was established during 2015/2016. Integrated delivery of health social care services commenced on 01 April 2016. 2022/2023 is the seventh year of operation for the IJB. Partnership working is supported through active participation in and leadership of the Dundee Partnership, including themes for health, care and wellbeing. Key partnerships are also in place in relation to public protection responsibilities through the Chief Officers Group and public protection committees.
2	The IJB is committed to working with partner organisations to ensure a coordinated approach to meeting the needs of its stakeholders and communities. This includes: <ul style="list-style-type: none"> • scenario planning with partners to identify opportunities to achieve Best Value • collaborative leadership to identify Best Value partnership solutions to achieve better outcomes for local people • proactively identifying opportunities to invest in and commit to shared services • integrated management of resources where appropriate • effective monitoring of collective performance, including self-assessment and reviews of the partnership strategy, to ensure the achievement of objectives • developing a joint understanding of all place-based capital and revenue expenditure. 	Partnership working is supported through active participation in and leadership of the Dundee Partnership, including themes for health, care and wellbeing. Key partnerships are also in place in relation to public protection responsibilities through the Chief Officers Group and public protection committees. Close working and collaboration with the third and independent sector is in place.
3	Members and senior managers identify and address any	Barriers to joint working previously identified within the MSG self-

Theme 4	Requirement	Evidence/Outcome
	impediments that inhibit collaborative working. The IJB and its partners develop a shared approach to evaluating the effectiveness of collaborative and integrated working.	assessment have been reflected in ongoing work to review the Dundee Integration Scheme. Reliance is placed on the personal development, performance appraisal and formal supervision processes in place within each partner to ensure all employees are managed effectively and efficiently, know what is expected of them and are assisted to maximise their full potential. This also includes the learning and professional development required to support statutory and professional responsibilities and achieve organisational objectives and quality standards. Staff governance arrangements are well embedded across the partnership and recognise the contribution to ensuring continuous improvement and quality.
4	In undertaking its community planning duties the IJB works constructively with partners to agree a joint vision for the Community Planning Partnership and integrates shared priorities and objectives into its planning, performance management and public reporting mechanisms. Service plans clearly reflect the priorities identified through community planning, and show how the IJB is working with partners to provide services that meet stakeholder and community needs.	The Chief Officer chairs the Health, Care and Wellbeing Executive Board of the Dundee Partnership. The Partnership also hosts the strategic support team for public protection arrangements. The Partnership participates in performance reporting arrangements for community planning / city plan – including both performance data and narrative updates on progress achieved against priorities. The IJB Strategic Commissioning Plan is consistent with the priorities set out within the City Plan for Dundee 2017-26 and the NHS Tayside Annual Operating plan. The priorities in the 2019-2022 Strategic Commissioning Plan are consistent with and support the Scottish Government nine National Health and Wellbeing Outcomes which apply across all health and social care services. Hosted services arrangements are in place with Perth and Angus Health & Social Care Partnerships

Theme 5 – Working with Communities

Local authorities, both individually and with their community planning partners, have a responsibility to ensure that people and communities are able to be fully involved in the decisions that affect their everyday lives. Community bodies – as defined in the Community Empowerment Act 2015 (section 4(9)) – must be at the heart of decisionmaking processes that agree strategic priorities and direction.

In achieving Best Value, an Integration Joint Board will be able to demonstrate the following:

- Early and meaningful engagement and effective collaboration with communities to identify and understand local needs, and in decisions that affect the planning and delivery of services.
- A commitment to reducing inequalities and empowering communities to effect change and deliver better local outcomes.
- That engagement with communities has influenced strategic planning processes, the setting of priorities and the development of locality plans.

Theme 5	Measure/Expected Outcome	Evidence/Outcome
1	Members and senior managers ensure that meaningful consultation and engagement in relation to strategic planning take place at an early stage and that the process of consultation and engagement is open, fair and inclusive.	<p><u>Dundee Health and Social Care Participation and Engagement Strategy</u> sets out the approach that the IJB will deploy in working with key stakeholders to strategically develop Health and Social Care services in Dundee. Extensive consultation was undertaken to develop the Strategic Commissioning Framework including events and surveys of which is documented in an <u>involvement report</u>. Local Health and Wellbeing networks feed into strategic planning groups to reflect views of the community, particularly those that are more disadvantaged</p> <p>The performance framework has been developed to support the implementation of the strategic commissioning intentions.</p> <p>The IJB has approved a Communication and Engagement Strategy (DIJB49-2019 – IJB meeting of the 17 December 2019)</p>
2	Members and senior managers are proactive in identifying the needs of communities, citizens, customers, staff and other stakeholders; plans, priorities and actions are demonstrably informed by an understanding of those needs.	<p>The overarching strategic needs assessment is maintained through regular reviews. Care group needs assessments have also been developed to support service planning and improvement.</p> <p>We have published Locality Profile information about the people who live in each of the eight Community Planning Partnership areas. This information helps inform planning in these areas and supports us to analyse if progress has been made towards the Partnership outcomes for people living in these areas.</p> <p>The IJB Performance and Audit Committee receive regular Performance Reports, with statistics comparing Dundee with other areas and including differences in Local Community Planning Partnership areas. This information is analysed, and comparisons made between areas of deprivation regarding important statistics like: Emergency Hospital Admissions rates; number of bed days; and amount of Delayed Discharge. This information informs plans to address health inequalities.</p>

Theme 5	Measure/Expected Outcome	Evidence/Outcome
		<p>HSCP officers are represented on Local Community Planning Partnerships. Data in locality health profiles is being linked with that from other sources (benefits and housing) to enhance understanding of issues affecting residents in more deprived areas, specifically the Local Fairness Initiative datazones. The HSCP is heavily involved in the PHS Partnership Pathfinder which is focusing on poverty and attempting to support identification of short term inequalities indicators for the city</p>
3	<p>Communities are involved in making decisions about local services, and are empowered to identify and help deliver the services that they need. Suitable techniques are in place to gather the views of citizens, and to assess and measure change in communities as a result of service interventions.</p>	<p>The IJB has actively involved and consulted with stakeholders on the development of the 2 previous Strategic Commissioning Plans (2016/21 and 2019/22), the new Strategic Commissioning Framework (2023-2033) and the implementation of transformational changes. Reliance is also placed on the participation and engagement arrangements each of the partners has in place. Three Local Health and Wellbeing Networks (HWBN) comprising of residents and local staff are the agreed mechanism for the IJB and SPGs to gain a community and wider stakeholder perspective in the development and implementation of plans. The recently formed Community Health Advisory Forum(CHAF) with residents from all deprived parts of the city are now being consulted on a range of strategic and service developments</p>
4	<p>Active steps are taken to encourage the participation of hard-to-reach communities.</p>	<p>The IJB's equalities outcomes were reset for 2023-2027. The engagement programme related to the Strategic and commissioning Framework 2022/23 see involvement report. Included engagement with people from protected Characteristic groups and the equality outcomes align with the priorities in the Framework.</p> <p>Links with HWBNs/ CHAF for the views of people affected by poverty. HSCP is also represented on Dundee's Fairness Leadership Panel with a focus on the impact of poverty on mental health and wellbeing</p>
5	<p>The IJB and its Community Planning Partnership work effectively with communities to improve outcomes and address inequalities.</p>	<p>The IJB has set equality outcomes and publishes a mainstreaming update report at least every 2 years. https://www.dundeehscp.com/equality-matters-dundee-health-and-social-care-partnership Officers participate in the equality mainstream groups within both NHST and DCC as well as advancing the IJB's only equalities activities. Significant contributions have been made to arrangements within NHST and DCC for their BSL action plans. Inequalities is one of the 6 strategic priorities within the strategic and commissioning plan. The range of work taken to address inequalities is evidenced in the Annual Performance Report. HSCP is represented on LCPPs, which comprise officers, elected members and local people</p>

Theme 5	Measure/Expected Outcome	Evidence/Outcome
6	A locality-based approach to community planning has a positive impact on service delivery within communities, and demonstrates the capacity for change and for reducing inequality in local communities by focusing on early intervention and prevention.	<p>Locality managers' portfolios currently include a combination of service specific responsibilities which are city wide (e.g., older people care at home, learning disabilities) as well as an overview of the needs of their locality areas as part of the transition to full locality based integrated health and social care services.</p> <p>A dedicated officer focusing on community health inequalities complements the integrated responsibilities to address inequalities and focus on early intervention and prevention in HSCP locality managers roles.</p>
7	Members and senior managers work effectively with partners and stakeholders to identify a clear set of priorities that respond to the needs of communities in both the short and the longer term. The IJB and its partners are organised to deliver on those priorities, and clearly demonstrate that their approach ensures that the needs of their communities are being met.	<p>The IJB Strategic Commissioning Framework set out the intention to review the way care is delivered in a number of settings. The IJB relies on the frameworks established by each partner to undertake rigorous reviews and option appraisal processes of all areas of partnership activity from a whole system perspective. There are clear processes for stakeholder engagement in reviews.</p> <p>The HSCP involvement in Dundee Partnership ensures strategic and cross cutting engagement in the priority areas for improvement identified in the City Plan, including reducing inequalities in income, attainment and health</p>
8	The IJB engages effectively with customers and communities by offering a range of communication channels, including innovative digital solutions and social media.	<p>HSCP website is a useful source of information and easily accessible reference point. Reliance is placed on the provision of communication support by NHST and DCC.</p> <p>Dundee Carers Centre is contracted to provide carers with information and advice and the Carers of Dundee website is maintained by Dundee carers centre with a wide, extensive amount of information for carers and those they support.</p> <p>Information related to the IJB is shared on social media channels supported by its community partners to ensure wide access to health related information</p>
9	The IJB plays an active role in civic life and supports community leadership.	The Engage Dundee survey was developed in partnership between Public Health Scotland, HSCP, Community Learning and Developments, NHST, Dundee City Council and the Third Sector. It went live in Oct/ Nov 2023 and explores the impact of the cost of living crisis on Dundee residents, including on their health and wellbeing. Figures will be used to shape local, service and strategic responses.

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Theme 6 – Sustainable Development

Sustainable development is commonly defined as securing a balance of social, economic and environmental wellbeing in the impact of activities and decisions, and seeking to meet the needs of the present without compromising the ability of future generations to meet their own needs. The United Nations Sustainable Development Goals provide a fuller definition and set out an internationally agreed performance framework for their achievement. Sustainable development is a fundamental part of Best Value. It should be reflected in an integrated Joint Board's vision and strategic priorities, highlighted in all plans at corporate and service level, and a guiding principle for all of its activities. Every aspect of activity in an integrated Joint Board, from planning to delivery and review, should contribute to achieving sustainable development.

In achieving Best Value, an integrated Joint Board will be able to demonstrate the following:

- Sustainable development is reflected in its vision and strategic priorities.
- Sustainable development considerations are embedded in its governance arrangements.
- Resources are planned and used in a way that contributes to sustainable development.
- Sustainable development is effectively promoted through partnership working.

Theme 6	Measure/Expected Outcome	Evidence/Outcome
1	Leaders create a culture throughout the IJB that focuses on sustainable development, with clear accountability for its delivery across the leadership and management team.	The No Poverty, Zero Hunger and Good Health & Wellbeing Sustainable Development Goals of the Scottish Government are strongly reflected within the Strategic Commissioning Framework (SCF) of the IJB. The National Performance Framework (NPF) is the main mechanism for localising and implementing the SDG's, including the National Health and Wellbeing Outcomes and Indicators that are fully incorporated into the SCF. Delivery and accountability of the SCF is the main focus of the leadership and management team as evidenced in all reports to the IJB and Performance and Audit Committee. Outcomes focused on sustainable development and tackling poverty and inequality are reflected across all of the strategic priorities contained within the SCF. Sustainable development is key to the IJB achieving its own priorities
2	There is a clear framework in place that facilitates the integration of sustainable development into all of the IJB's policies, financial plans, decision making, services and activities through strategic-, corporate- and service-level action. In doing so, the IJB will be able to demonstrate that it is making a strategic and operational contribution to sustainable development.	HSCP work closely with its parent bodies to support the implementation of the relevant climate change plans and strategies of DCC and NHST. Financial sustainability is a key priority for the IJB and the partners and work continues to be progressed to develop medium to longer term financial planning. A five-year financial framework (2023/24 to 2027/28) was approved in March 2023. This will be updated in March 2024 as part of the 2024/25 budget setting process and reflecting the impact of current pressures. The impact on Equalities and Partnership goals, with particular focus on Human Rights, is included in all reports presented to the IJB.
3	The IJB has set out clear guiding principles that demonstrate its, and its partners', commitment to sustainable development.	Reliance is placed on the arrangements each partner has to progress sustainability action plans.

Theme 6	Measure/Expected Outcome	Evidence/Outcome
4	There is a broad range of qualitative and quantitative measures and indicators in place to demonstrate the impact of sustainable development in relation to key economic, social and environmental issues.	The National Performance Framework is Scotland's Wellbeing framework and the Sustainable Development Goals of the Scottish Government share the same aims contained in this. The IJB's outcomes are monitored across the set of performance indicators that has been developed to cover the delegated functions and the nine national health and well-being outcomes.
5	Performance in relation to sustainable development is evaluated, publicly reported and scrutinised.	The IJB report on the Public Bodies Climate Change Duties 2017: can be accessed here .

Theme 7 – Fairness and Equality

Tackling poverty, reducing inequality and promoting fairness, respect and dignity for all citizens should be key priorities for local authorities and all of their partners, including local communities.

In achieving Best Value, an integrated Joint Board will be able to demonstrate the following:

- That equality and equity considerations lie at the heart of strategic planning and service delivery.
- A commitment to tackling discrimination, advancing equality of opportunity and promoting good relations both within its own organisation and the wider community.
- That equality, diversity and human rights are embedded in its vision and strategic direction and throughout all of its work, including its collaborative and integrated community planning and other partnership arrangements.
- A culture that encourages equal opportunities and is working towards the elimination of discrimination.

Theme 7	Measure/Expected Outcome	Evidence/Outcome
1	The IJB demonstrates compliance with all statutory duties in relation to equalities and human rights.	<p>The IJB is fully compliant with their statutory equality duties. During 2023/24 there has been a specific focus in ensuring compliance with, and improving the quality of, equality impact assessments supporting IJB decision-making. This has included changes to processes, templates and briefings / educational sessions for both IJB members and supporting officers. Both the IJB's Equality Outcomes and Mainstreaming Update reports are up-to-date: Board Equality Mainstreaming Report 2023-2027. In addition to maintaining their own equality framework, the IJB also co-operates with and places reliance on each partner's Equality and Diversity framework.</p> <p>Equality and diversity is at the center of all that the IJB and the partners do – this is reflected in the outcomes contained within the Strategic Commissioning Framework. The approach to equality and diversity covers both as a service provider and in support of the health and social care workforce is supported by the equality and diversity frameworks and actions against general and specific duties are monitored. Information is available in accessible formats, plain English approaches are increasingly being adopted and reasonable requests for adapted versions of any work will be met. Interpreting services are available via NHS Tayside (supplemented by external providers where required). All budgets, policies and service changes are subject to Equality and Diversity Impact Assessment which highlights any specific adjustments required</p>
2	The IJB is taking active steps to tackle inequalities and promote fairness across the organisation and its wider partnerships, including work and living conditions, education and community participation.	The Dundee Integration Joint Board Equality Mainstreaming Report 2023-2027 details its Equality Outcomes and how these will be measured so that everyone in Dundee to have the highest achievable level of health and wellbeing.

Theme 7	Measure/Expected Outcome	Evidence/Outcome
3	The IJB and its partners have an agreed action plan aimed at tackling inequality, poverty and addressing fairness issues identified in local communities.	The IJB is committed to engagement. The Dundee Health and Social Care Partnership Participation and Engagement Strategy outlines the approach that the IJB will deploy in working with key stakeholders to strategically develop health and social care services in Dundee.
4	The IJB engages in open, fair and inclusive dialogue to ensure that information on services and performance is accessible to all, and that every effort has been made to reach hard-to-reach groups and individuals.	The Dundee Health and Social Care Partnership Participation and Engagement Strategy complements the well-developed methods of participation and engagement adopted by DCC, NHST and the Third and Independent sectors. Although the strategy provides a consistent approach, alternative forms of engagement are adopted to involve individuals, groups and communities who may be harder to reach.
5	The IJB ensures that all employees are engaged in its commitment to equality and fairness outcomes, and that its contribution to the achievement of equality outcomes is reflected throughout its corporate processes.	Reliance is placed on NHS Tayside and DCC's programme of training and awareness raising.
6	The IJB engages with and involves equality groups to improve and inform the development of relevant policies and practices, and takes account of socio-economic disadvantage when making strategic decisions	Engagement and consultation processes are in place and the IJB liaises with the Scottish Government and the Scottish Health Council. All major change programmes are delivered within the parameters recommended in the relevant best practice guidance.
7	The equality impact of policies and practices delivered through partnerships is always considered. Equality impact information and data is analysed when planning the delivery of services, and measuring performance.	Equality and diversity impact assessment is an integral part of the IJB's and the partner's processes in particular policy or service change proposals. Equality and Diversity Impact Assessment Guidance and Forms are available for staff. Training and support is also available on request. In 2022-23 a revised format for Integrated Impact assessments was developed and learning sessions delivered. These are still under review. See equality matters pages on Dundee HSCP website for European Human Rights Commission information
8	The IJB's approach to securing continuous improvement in delivering on fairness and equality priorities and actions is regularly scrutinised and well evidenced.	Dundee IJB has its own mainstreaming equality duties. Reliance is placed on the arrangements each partner has in place to mainstream equality and diversity. The equality outcomes help the IJB and the partners understand the impact on equality groups. Mainstreaming Reports published by the partners include the equality outcomes. Further work which continues to be progressed to embed equalities matters across the HSCP. The IJB Equality Outcomes and Mainstreaming Equality Framework sets out the priorities for addressing equality issues. Regular monitoring and reporting on progress against the agreed equality outcomes is performed.



REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 13 DECEMBER 2023

REPORT ON: DUNDEE IJB 2024/25 BUDGET OUTLOOK

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: DIJB71-2023

1.0 PURPOSE OF REPORT

- 1.1 The purpose of this paper is to provide the Integration Joint Board (IJB) with an overview of the IJB's delegated budget 2024/25.

2.0 RECOMMENDATIONS

It is recommended that the IJB:

- 2.1 Notes the content of this report including the range of estimated cost pressures impacting on the IJB's delegated budget 2024/25 including anticipated funding levels from the partner bodies and resultant projected budget shortfall.
- 2.2 Notes the budget development process for the agreement of the IJB's 2024/25 Revenue Budget as outlined in section 4.7 of this report.

3.0 FINANCIAL IMPLICATIONS

- 3.1 The range of anticipated additional cost pressures likely to impact on the IJB's delegated budget for 2024/25 as well as the implications of new responsibilities associated with the provision of the new Scottish Government funding set out in sections 4.2 to 4.6 of this report continue to be assessed and refined by IJB officers. Furthermore, the actual levels of funding to be received from the partner bodies and the detail of the additional Scottish Government funding for IJB's are subject to ongoing discussion and review. Once these are concluded, the Chief Finance Officer will be in a position to present a proposed budget to the IJB at its meeting on 27th March 2024 for consideration. At present, the financial gap is anticipated to be around £10.7m.

4.0 MAIN TEXT

- 4.1.1 Dundee Integration Joint Board was presented with a 5-year financial outlook at the meeting on 21st June 2023 (DIJB36-2023). That report set out the range of potential financial gaps within the IJB's delegated budget over the coming years. Based on a range of assumptions at that time, it was reported that this could potentially result in savings totalling approximately £36m being required over the next five financial years (2023/24 to 2027/28).
- 4.1.2 The latest financial planning for 2024/25 has involved bringing these assumptions up to date with information that is now known as well as revised assumptions on other elements. These include the impact of agreed 2023/24 pay awards for both NHS and Council employed staff and relevant additional funding, emerging cost pressures experienced in 2023/24 and any ongoing impact, national policy developments including the proposed uplift to £12 per hour for Adult Social Care workforce from the current level of £10.90 (to take effect from April 2024), anticipated pay awards for 2024/25, prescribing cost pressures (activity volumes and pricing), and any other new commitments.

- 4.1.3 Planning assumptions for 2024/25 currently include a 2% uplift on baseline budgets from NHS Tayside and 'flat cash' funding from Dundee City Council.
- 4.1.4 As part of the 2023/24 IJB Budget, the IJB agreed to a number of non-recurring savings in addition to the use of reserves to support the financial position. Given the non-recurring nature of these interventions, there is a need to remove these from the 2024/25 budget thereby creating a further in year pressure of £3.7m.
- 4.1.5 Further details will be forthcoming following the Scottish Government's Budget Statement, which is planned for 19th December 2023. Any further funding announcements as a result of the statement will be incorporated into the development of the 2024/25 Financial Plan and will be subject to discussion at IJB Budget Development Sessions and update reports.

4.2 Financial Outlook

- 4.2.1 The combined impact of the revision of the assumptions and adjustments for known pressures for 2024/25 results in estimated cost pressures of £19.9m with an estimated financial gap of £10.7m once funding uplifts and assumed additional funding for new policies are applied. While this is still an estimated position at this stage, the IJB will need to consider a range of options to ensure it sets a balanced budget by the end of March 2024. The overall position also reflects current years financial pressures which may not be able to be contained due to the demand lead nature of the expenditure. A figure of £3m has been included within the £19.9m to reflect these pressures.

4.3 Pay Costs

- 4.3.1 The financial outlook makes the same assumptions as the partner bodies in relation to possible pay uplifts for 2024/25, with Dundee City Council assuming a 3% uplift and a 2% uplift applied for NHS services. It should be noted that Scottish Government has previously given a commitment to fully fund NHS pay increases therefore any increase from this 2% is anticipated to result in a corresponding increase in funding. The combined cost pressure from assumed 2024/25 pay awards is £2.7m.
- 4.3.2 The staff costs pay pressure includes the additional cost of the increased local government pay award recently agreed for 2023/24. In line with Dundee City Council assumptions, the IJB had assumed a 4% uplift however the final agreed pay deal was settled at in excess of 6%. Given the tiered approach and the number of lower paid staff employed by the HSCP, the impact on the budget has been higher than many council services. This alone has resulted in an unfunded cost pressure of around £1.1m. The Scottish Government committed to provide local authorities with additional funding to cover some of this cost however at this stage no assumption has been made that resultant funding to Dundee City Council will be transferred to the IJB.

4.4 External Care Provider Costs

- 4.4.1 The IJB commissions a significant amount of services from the independent and third sector. A number of cost pressures are anticipated to impact on the budget required to sustain these services over 2024/25. A main driving factor will be the Scottish Government's continued implementation of Fair Work in adult social care with the increase in the minimum adult social care rate from £10.90 per hour to £12 per hour from April 2024. This is expected to be fully funded by the Scottish Government. This increase in rate will also drive an increase in the costs of the National Care Home Contract weekly fee rate, which will also consider other inflationary pressures facing the care home sector. This new rate has not been agreed yet for 2024/25. Given the financial pressures facing other care providers not covered by the increase of £12 per hour, provision has been made to increase contractual payments should the IJB agree to do so. The total additional provision made in the budget for external care provider costs is £6.5m.

4.5 Prescribing

- 4.5.1 Primary care prescribing costs have continued to increase significantly during 2023/24 across Scotland and this is expected to continue over 2024/25 with price increases a major factor in this rise. Currently, estimates on volume and price growth have been made based on the most recent information available which is limited in 2023/24 due to challenges with the new national prescribing system. The additional cost pressure for prescribing is anticipated to be around £800k in 2024/25.

4.6 Demographic Pressures

- 4.6.1 Making provision for demographic pressures across older people and adult services has been a feature of the IJB's budget for a number of years given the age profile and needs the city's population faces. Funding for demographic pressures is not provided by either of the partner bodies therefore the IJB has to find funding for these within its delegated budget. A provision of over £2m has been made to fund such pressures for 2024/25.

4.7 IJB's Budget Development Process 2024/25

- 4.7.1 Given the scale of the financial challenge faced by the IJB for 2024/25, a significant amount of work is required over the coming months to enable the IJB to set a balanced budget by the end of March 2024.
- 4.7.2 A number of IJB development sessions have been arranged through December to March to explore the implications of the Scottish Government's Budget, the proposed funding settlements from the partner bodies and the range of interventions the IJB will need to take to achieve financial balance. Furthermore, an updated budget report will be presented to the IJB meeting in February for consideration. It is anticipated that the IJB will meet on the 27th March 2024 to agree its 2024/25 revenue budget

5.0 POLICY IMPLICATIONS

- 5.1 This report has been subject to the Pre-11A Screening Tool and does not make any recommendations for change to strategy, policy, procedures, services or funding and so has not been subject to an Integrated Impact Assessment. An appropriate senior manager has reviewed and agreed with this assessment.

6.0 RISK ASSESSMENT

Risk 1 Description	There is a risk that the IJB will not be able to balance its resources and achieve its strategic objectives should the combination of the level of funding provided through the delegated budget and the impact of the IJB's Transformation Efficiency Programme be insufficient.
Risk Category	Financial
Inherent Risk Level	Likelihood 4 x Impact 4 = 16 (Extreme)
Mitigating Actions (including timescales and resources)	Developing a robust and deliverable Transformation Programme Negotiations with Dundee City Council and NHS Tayside to agree the most advantageous funding package as part of the development of the IJB's delegated budget.
Residual Risk Level	Likelihood 3 x Impact 4 = 12 (High)
Planned Risk Level	Likelihood 3 x Impact 4 = 12 (High)
Approval recommendation	Despite the high level of risk, it is recommended that this should be accepted at this stage of the budget process with a reviewed position set out as the proposed budget is set out to the IJB in March 2023.

7.0 CONSULTATION

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

8.0 DIRECTIONS

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

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

9.0 BACKGROUND PAPERS

- 9.1 None.

Dave Berry
Chief Finance Officer

DATE: 29 November 2023



REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD –
13 DECEMBER 2023

REPORT ON: FINANCIAL MONITORING POSITION AS AT OCTOBER 2023

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: DIJB67-2023

1.0 PURPOSE OF REPORT

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

2.0 RECOMMENDATIONS

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

- 2.1 Notes the content of this report including the overall projected financial position for delegated services for the 2023/24 financial year end as at 31st October 2023 as outlined in Appendices 1, 2, and 3 of this report.
- 2.2 Instructs the Chief Officer to develop a financial recovery plan for the current financial year to be considered by the IJB at its meeting in February 2024 or earlier and if approved, present to Dundee City Council and NHS Tayside as per the terms of the Integration Scheme.

3.0 FINANCIAL IMPLICATIONS

- 3.1 The projected financial position for Dundee Health and Social Care Partnership for the financial year to 31st March 2024 shows a net operational overspend of £6,606k.
- 3.2 This projected overspend continues to exceeds the parameters of the IJB's approved 2023/24 financial plan, whereby up to £3m of IJB reserves have been identified to support the IJB's financial position at the year end. The projected position also recognises anticipated winter demand pressures, which should result in the ability to access up to £1m of reserves identified to support winter pressures.
- 3.3 Under the terms of the Integration Scheme, should the IJB project an overspend during the year, it must develop a financial recovery plan and present it to the partner bodies for consideration. Should this not be sufficient to cover the overspend, the IJB should utilise its reserves to support the financial position. A financial recovery plan is being developed by officers which will be presented to the IJB meeting in February 2024 at the latest.

4.0 MAIN TEXT

4.1 Background

- 4.1.1 As part of the IJB's financial governance arrangements, the Integration Scheme outlines that "The Chief Finance Officer will ensure routine financial reports are available to the Chief Officer and the Integration Joint Board on a timely basis and include, as a minimum, annual budget, full year outturn projection and commentary on material variances."

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

4.2 Projected Outturn Position – Key Areas

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

4.3 Services Delegated from NHS Tayside

- 4.3.1 The financial position for services delegated from NHS Tayside to the IJB details a projected underspend of £149k for the financial year.
- 4.3.2 Community-based health services managed directly by Dundee Health and Social Care Partnership are projected to underspend by (£69k) along with the additional cost of risk sharing adjustments for Lead Partner Service (formerly referred to as Hosted Services) projected to overspend of £159k. Prescribing is showing a projected underspend of (£239k) with other Primary Care services projected to be at break-even position.
- 4.3.3 Key drivers of underspends across various services continued to be staffing vacancies, with ongoing challenges of recruitment and retention of staff. This is similar across a number of medical, nursing, Allied Health Professionals (AHPs) and other staffing groups and across various bands and skills-mix.
- 4.3.4 Key drivers of overspends are mainly as a result of reliance on bank, agency or locum staff (with premium cost implications) to fill vacancies or cover due to staff sickness where patient acuity and / or safe-staffing levels necessitate the use of these additional staff (this is particularly noted in in-patient service areas, i.e. Psychiatry of Old Age, Medicine for the Elderly and Palliative Care), plus the increased cost of prescribed drug costs in substance use services.
- 4.3.5 Supplementary spend during the first 7 months of 2023/24 totals £3.73m. This includes £432k on additional part-time hours and overtime, £466k on medical locums, £250k on agency nursing, £2,417k on bank nursing and £161k other. Sickness absence rates for NHS employed staff within HSCP have averaged at 6.0% during the first 6 months of 23/24.
- 4.3.6 In recent years, GP and Other Family Health Services Prescribing had contributed an underspend to the overall financial position. However as previously forecast, the projected position for 2023/24 is now showing an overspend of £1,306k. The figures continue to be marginally better than expected in the 2023/24 Financial Plan (as reported in the Budget Setting report of 29 March 2023 where a cost pressure of £1,545k is anticipated and acknowledged in the Plan). Ongoing regular monitoring of the local and regional Prescribing financial position is undertaken within multi-disciplinary meetings. Nationally, it is recognised that prices have also been impacted by short supply for certain items with price premiums required to meet wholesale cost increases, and this continues to cause some fluctuations and uncertainty. The IJB should note that due to issues with the transition to a new pharmacy payment system nationally from which the local prescribing expenditure information is drawn, there is only 3 months of actual verified prescribing spend for 2023/24 available therefore there is continues to be a high level of estimation in the projections. (It is normal for data to be received 2 months in arrears to allow for national review and verification, however the data received for 2023/24 is currently 4 months in arrears). There is currently no clarity regarding when more recent information will become available.

- 4.3.7 Other Primary Care Service projected overspend is mainly driven by the share of cost pressure relating to GP 2C practices. Furthermore, In October 2023, NHS Tayside received the 2023/24 budgetary allocation to fund General Medical Services (GMS) (around £78m). Unfortunately, there are some uncertainties regarding this allocation which poses potential risk to all Tayside IJBs. Separately, a national assessment of the allocations indicates that they will leave Health Boards with a series of commitments that have not received an appropriate inflationary funding uplift. This increases financial pressures on GMS budgets. Updates are currently being prepared for Primary Care management forums describing the financial planning position.
- 4.3.8 Members of the IJB will be aware that Angus and Perth and Kinross IJBs provide Lead Partner (formerly referred to as Hosted Services) arrangements for some services on behalf of Dundee IJB and a number of services are led by Dundee on behalf of Angus and Perth and Kinross. These are subject to a risk sharing agreement whereby any over or underspends are reallocated across the three Tayside IJBs at the end of the financial year. The financial monitoring position of these services in their totality are reflected in each of the Lead IJB's financial monitoring reports and for information purposes the projected net impact of these services on each IJB's budgeted bottom line figure is noted. More detail of the recharges from Angus and Perth and Kinross IJBs to Dundee IJB are noted in Appendix 3. This shows net impact of these adjustments to Dundee being an increased cost implication of £159k which mainly relates to a significantly higher spend within GP Out of Hours Medical Service led by Angus IJB. The Out of Hours overspend is as a direct result of changes to the patient pathway now embedded in the service model following Covid-19 pandemic. Work is ongoing within the service to develop a financial recovery plan and future sustainable service delivery model and it is noted that the position appears to be improving with the forecast overspend showing a reduction from previous report.
- 4.3.9 Members will also be aware that In-Patient Mental Health services are also a delegated function to Tayside IJB's, having previously been hosted by Perth & Kinross IJB. In early 2020/21, the operational management of these services was returned to NHS Tayside, however under health and social care integration legislation the strategic planning of these services remains delegated to the 3 Tayside Integration Joint Boards. The development of a financial recovery plan for Inpatient Mental Health Services and a strategic finance and resource framework has been delayed. Timescales were set out in Priority 4: Streamline & Prioritise the Living Life Well Change Programme for the development of a resourcing framework to support delivery of a Whole System Change Programme including an outline financial plan by 30 June, 2023, and, financial recovery actions for in-patient services to be reported to Integration Joint Boards (IJBs) and NHS Tayside by 30 September 2023. The three Chief Officers for the IJBs and Director of Finance for NHS Tayside have agreed to work collaboratively on a financial framework which will deliver on a new model of care across the continuum of need. A recovery plan for inpatient mental health services financial pressures anticipated in 2023/24 was considered by the Executive Leadership Group on 22 November 2023 and an assessment of the impact of this will be considered further by officers prior to reporting to the IJB. The Dundee IJB forecast position does not include any financial implication for In-Patient Mental Health services.

4.4 Services Delegated from Dundee City Council

- 4.4.1 The projected financial outturn for services delegated from Dundee City Council to the IJB shows an overspend of £3,756k for the financial year.
- 4.4.2 A key driver of underspending areas continues to be from vacancies as a result of recruitment and retention challenges across various teams, professions and grades.
- 4.4.3 Key drivers of overspend include ongoing lower chargeable income levels and premium cost of sessional and agency staff to fill vacant posts where necessary. During the first 7 months of 23/24, sessional staffing costs of £626k and overtime payments of £276k have been incurred along with agency staffing costs of £726k

- 4.4.4 Following further discussions between COSLA and Trade Unions, which is now anticipated to reach agreement on 23/24 Pay Award for Council-employed staff, it is recognised that the provision of 4% pay award is no longer realistic and the provision reported in previous Finance Report may still be insufficient. The financial projection now includes an increased provision of 2.8% to reflect a weighted-average 6.8% pay award. It is also currently assumed this additional 2.8% is unfunded and will require to be managed within existing IJB funding streams. As a result, an increased cost pressure of £1,072k is now included in the projected position. Should any additional Scottish Government funding be received to partly offset this pressure this will be reflected in future financial monitoring reports.
- 4.4.5 An additional cost pressure is also noted within external Care at Home spend, partially due to managing the significant increased demand levels being experienced this year. Furthermore, the agreed contract change to paying providers for planned shifts under Fairer Working Conditions in Home Care arrangements agreed at the IJB meeting of 21st June, 2023 (Article XIII of the minute of meeting refers) has resulted in varying efficiencies in the utilisation of downtime and operational managers continue to work with providers to improve this. This position will be closely monitored to ensure funding is utilised as efficiently and effectively as possible. However as a result of managing this increased demand, there are benefits for patients and service users as well as the wider health and social care system and pathways through reduced hospital delayed discharges and reduced social care unmet need.

4.5 Reserves funding to manage recognised gap

- 4.5.1 The 2023/24 Financial Plans and Budget setting report also includes utilisation of up to £3m of IJB Reserves to manage the gap within the integrated position. This means that the IJB's financial position was planned as an overspend of £3m for 2023/24. The current projected operational overspend is therefore higher than originally anticipated.
- 4.5.2 In addition, further £1m was set aside to support winter planning and pressures. The current projected position includes some additional costs to support winter preparations as well as assumptions that spend will be proportionately higher during the second half of the year, therefore it is likely that this Reserves funding will be utilised and drawn down to partially offset the projected overspend position.
- 4.5.3 The remaining projected overspend (£2.606m) is currently not earmarked against any identified Reserve and this shortfall would likely be covered from General Reserves at year end should further financial management interventions not successfully reduce the projected deficit.

4.6 Reserves Position

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

Table 2

Reserve Purpose	Closing Reserves @ 31/3/23
	£k
Mental Health	635
Primary Care	1,535
Community Living Fund	613
NHST - Shifting Balance of Care	1,600
Drug & Alcohol	925
Strategic Developments	2,500
Revenue Budget Support	3,000

Service Specific	1,995
Other Staffing	377
Total committed	13,179
General	10,789
TOTAL RESERVES	23,968

- 4.6.2 Scottish Government funding in relation to Primary Care Improvement Fund, Mental Health Strategy Action 15 Workforce and Alcohol and Drugs Partnerships can only be spent on these areas and reserve balances have been taken into consideration for these funds by the Scottish Government when releasing further in-year funding.

5.0 POLICY IMPLICATIONS

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

6.0 RISK ASSESSMENT

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

7.0 CONSULTATIONS

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

8.0 DIRECTIONS

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

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

9.0 BACKGROUND PAPERS

9.1 None.

Dave Berry
Chief Finance Officer

Date: 15th November 2023

Christine Jones
Partnership Finance Manager

						Appendix 1
DUNDEE INTEGRATED JOINT BOARD - HEALTH & SOCIAL CARE PARTNERSHIP - FINANCE REPORT 2023/24						Oct-23
	Dundee City Council Delegated Services		NHST Dundee Delegated		Partnership Total	
	Net Budget	Projected Overspend / (Underspend)	Net Budget	Projected Overspend / (Underspend)	Net Budget	Projected Overspend / (Underspend)
	£,000	£,000	£,000	£,000	£,000	£,000
Older Peoples Services	52,092	2,341	19,740	655	71,833	2,996
Mental Health	7,592	198	4,802	(215)	12,395	(17)
Learning Disability	32,007	1,478	1,628	(98)	33,636	1,380
Physical Disabilities	7,949	(235)	0	0	7,949	(235)
Drug and Alcohol Recovery Service	1,805	(355)	4,575	325	6,380	(30)
Community Nurse Services/AHP/Other Adult	-138	(107)	18,047	117	17,909	10
Lead Partner Services			25,437	296	25,437	296
Other Dundee Services / Support / Mgmt	4,128	436	31,541	(132)	35,669	304
Centrally Managed Budgets			-1,553	(1,018)	(1,553)	(1,018)
Total Health and Community Care Services	105,437	3,756	104,219	(69)	209,655	3,687
Prescribing (FHS)			34,400	1,416	34,400	1,416
FHS Drugs Prescribing Cost Pressure Investment			1,545	(1,545)	1,545	(1,545)
Other FHS Prescribing			-856	(110)	(856)	(110)
General Medical Services			30,494	33	30,494	33
FHS - Cash Limited & Non Cash Limited			23,826	(33)	23,826	(33)
Large Hospital Set Aside			20,776	0	20,776	0
Total	105,437	3,756	214,404	(308)	319,841	3,448
Net Effect of Lead Partner Services*			(5,373)	159	(5,373)	159
Financial Plan Gap (integrated budget)					(3,000)	3,000
Grand Total	105,437	3,756	209,031	(149)	311,468	6,606
*Lead Partner Services (formerly known as 'Hosted Services') - Net Impact of Risk Sharing Adjustment						

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						Appendix 2
DUNDEE INTEGRATED JOINT BOARD - HEALTH & SOCIAL CARE PARTNERSHIP - FINANCE REPORT 2023/24						Oct-23
	Dundee City Council Delegated Services		NHST Dundee Delegated Services		Partnership Total	
	Annual Budget £,000	Projected Overspend / (Underspend) £,000	Annual Budget £,000	Projected Overspend / (Underspend) £,000	Annual Budget £,000	Projected Overspend / (Underspend) £,000
1						
Psych Of Old Age (In Pat)			5,523	160	5,523	160
Older People Serv. - Ecs			284	-30	284	-30
Older Peoples Serv. -Community			1,107	-150	1,107	-150
Ijb Medicine for Elderly			6,743	325	6,743	325
Medical (P.O.A)			821	275	821	275
Psy Of Old Age - Community			2,838	-150	2,838	-150
Medical (MFE)			2,425	225	2,425	225
Care at Home	24,355	3,457			24,355	3,457
Care Homes	29,500	-213			29,500	-213
Day Services	1,203	42			1,203	42
Respite	751	-169			751	-169
Accommodation with Support	1,102	23			1,102	23
Other	-4,818	-800			-4,818	-800
Older Peoples Services	52,092	2,341	19,740	655	71,833	2,996
2						
Community Mental Health Team			4,802	-215	4,802	-215
Care at Home	833	29			833	29
Care Homes	587	299			587	299
Day Services	65	-12			65	-12
Respite	-3	54			-3	54
Accommodation with Support	5,340	131			5,340	131
Other	771	-303			771	-303
Mental Health	7,592	198	4,802	-215	12,395	-17
3						
Learning Disability (Dundee)			1,628	-98	1,628	-98
Care at Home	-387	373			-387	373
Care Homes	3,074	122			3,074	122
Day Services	8,056	685			8,056	685
Respite	1,997	2			1,997	2
Accommodation with Support	22,217	-282			22,217	-282
Other	-2,949	579			-2,949	579
Learning Disability	32,007	1,478	1,628	-98	33,636	1,380
4						
Care at Home	1,199	-97			1,199	-97
Care Homes	2,119	-352			2,119	-352
Day Services	1,416	-82			1,416	-82
Respite	-30	-7			-30	-7
Accommodation with Support	767	130			767	130
Other	2,478	174			2,478	174
Physical Disabilities	7,949	-235	0	0	7,949	-235
5						
Dundee Drug Alcohol Recovery			4,575	325	4,575	325
Care at Home	0	0			0	0
Care Homes	277	186			277	186
Day Services	64	-1			64	-1
Respite	0	0			0	0
Accommodation with Support	401	-139			401	-139
Other	1,064	-402			1,064	-402
Drug and Alcohol Recovery Service	1,805	-355	4,575	325	6,380	-30

		Dundee City Council Delegated Services		NHST Dundee Delegated Services		Partnership Total	
		Annual Budget £,000	Projected Overspend / (Underspend) £,000	Annual Budget £,000	Projected Overspend / (Underspend) £,000	Annual Budget £,000	Projected Overspend / (Underspend) £,000
6							
	A.H.P.S Admin			521	7	521	7
	Physio + Occupational Therapy			7,545	-20	7,545	-20
	Nursing Services (Adult)			9,154	63	9,154	63
	Community Supplies - Adult			344	53	344	53
	Anticoagulation			483	15	483	15
	Other Adult Services	-138	-107			-138	-107
	Adult Services	-138	-107	18,047	117	17,909	10
7							
	Palliative Care - Dundee			3,637	240	3,637	240
	Palliative Care - Medical			1,624	190	1,624	190
	Palliative Care - Angus			444	15	444	15
	Palliative Care - Perth			2,070	115	2,070	115
	Brain Injury			2,048	198	2,048	198
	Dietetics (Tayside)			3,773	90	3,773	90
	Sexual & Reproductive Health			2,556	-100	2,556	-100
	Medical Advisory Service			80	-11	80	-11
	Homeopathy			33	15	33	15
	Tayside Health Arts Trust			82	0	82	0
	Psychological Therapies			6,455	0	6,455	0
	Psychotherapy (Tayside)			1,278	-215	1,278	-215
	Perinatal Infant Mental Health			424	0	424	0
	Learning Disability (Tay Ahp)			933	-240	933	-240
	Lead Partner Services	0	0	25,437	296	25,437	296
8							
	Working Health Services			1	50	1	50
	The Corner			651	-45	651	-45
	Dundee 2c (gms) Services			482	308	482	308
	Ijb Management			806	-85	806	-85
	Partnership Funding			25,402	0	25,402	0
	Urgent Care			1,900	-40	1,900	-40
	Community Health Team			224	-45	224	-45
	Health Inclusion			1,198	-230	1,198	-230
	Primary Care			877	-45	877	-45
	Support Services / Management Costs	4,128	436			4,128	436
	Other Dundee Services / Support / Mgmt	4,128	436	31,541	-132	35,669	304
	Centrally Managed Budget			-1,553	-1,018	-1,553	-1,018
	Total Health and Community Care Services	105,437	3,756	104,219	-69	209,655	3,687
	Other Contractors						
	FHS Drugs Prescribing			34,400	1,416	34,400	1,416
	FHS Drugs Prescribing Cost Pressure Investment			1,545	-1,545	1,545	-1,545
	Other FHS Prescribing			-856	-110	-856	-110
	General Medical Services			30,494	33	30,494	33
	FHS - Cash Limited & Non Cash Limited			23,826	-33	23,826	-33
	Large Hospital Set Aside			20,776	0	20,776	0
	Grand H&SCP	105,437	3,756	214,404	-308	319,841	3,448
	Lead Partner Services Recharges Out			-15,587	-69	-15,587	-69
	Lead Partner Services Recharges In			10,114	327	10,114	327
	Hosted Recharge Cost Pressure Investment			100	-100	100	-100
	Adjustment			-5,373	159	-5,373	159
	Financial Plan Gap (integrated budget)					-3,000	3,000
	Grand Total	105,437	3,756	209,031	-149	311,468	6,606

NHS Tayside - Lead Partner Services Hosted by Integrated Joint Boards			Appendix 3
Recharge to Dundee IJB			
Risk Sharing Agreement - October 2023			
	Annual Budget £000s	Forecast Over / (Underspend) £000s	Dundee Share of Variance £000s
Lead Partner Services - Angus			
Forensic Service	1,158	140	55
Out of Hours	9,179	1,288	507
Tayside Continence Service	1,507	257	101
Locality Pharmacy	2,798	0	0
Speech Therapy (Tayside)	1,449	9	4
Sub-total	16,091	1,694	667
Apprenticeship Levy & Balance of Savings Target	(874)	(46)	(18)
Total Lead Partner Services - Angus	15,218	1,647	649
Lead Partner Services - Perth & Kinross			
Prison Health Services	4,888	(129)	(51)
Public Dental Service	1,821	(297)	(117)
Podiatry (Tayside)	3,695	(389)	(153)
Sub-total	10,404	(815)	(321)
Apprenticeship Levy & Balance of Savings Target	48	(2)	(1)
Total Lead Partner Services - Perth&Kinross	10,451	(817)	(322)
Total Lead Partner Services from Angus and P&K	10,114		327

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

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ITEM No ...14.....

DIJB73-2023

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

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

- ✓ Attended
 A Submitted Apologies
 A/S Submitted Apologies and was Substituted
 No Longer a Member and has been replaced / Was not a Member at the Time