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

City Chambers
DUNDEE
DD1 3BY

21st February, 2022

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 refer to the agenda of business issued in relation to the meeting of the above Integration Joint Board which is to be held remotely on Wednesday, 23rd February, 2022 at 10.00am and would like to advise you that the Chairperson has agreed that the undernoted item of business be considered as a matter or urgency in terms of Standing Order No 5.3 in view of the timescales involved.

Yours faithfully

VICKY IRONS
Chief Officer

6(a) RYEHILL MEDICAL PRACTICE

The Chief Officer and Dr David Shaw will update the Integration Joint Board on the current situation.

DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD
DISTRIBUTION LIST

(a) DISTRIBUTION - INTEGRATION JOINT BOARD MEMBERS

Role	Recipient
VOTING MEMBERS	
Elected Member (Chair)	Councillor Ken Lynn
Non Executive Member (Vice Chair)	Trudy McLeay
Elected Member	Councillor Lynne Short
Elected Member	Bailie Helen Wright
Non Executive Member	Anne Buchanan
Non Executive Member	Donald McPherson
NON VOTING MEMBERS	
Chief Social Work Officer	Diane McCulloch
Chief Officer	Vicky Irons
Chief Finance Officer (Proper Officer)	Dave Berry
Registered medical practitioner (whose name is included in the list of primary medical services performers)	Dr David Wilson
Registered Nurse	Sarah Dickie
Registered medical practitioner (not providing primary medical services)	Dr James Cotton
Staff Partnership Representative	Raymond Marshall
Trade Union Representative	Jim McFarlane
Third Sector Representative	Eric Knox
Service User residing in the area of the local authority	Linda Gray
Person providing unpaid care in the area of the local authority	Martyn Sloan
Director of Public Health	Dr Emma Fletcher
PROXY MEMBERS	
Proxy Member (NHS Appointment for Voting Member)	Dr Norman Pratt
Proxy Member (NHS Appointment for Voting Member)	Jenny Alexander
Proxy Member (DCC Appointment for Voting Members)	Depute Lord Provost Bill Campbell
Proxy Member (DCC Appointment for Voting Members)	Councillor Steven Rome
Proxy Member (DCC Appointment for Voting Member)	Councillor Margaret Richardson

(b) CONTACTS – FOR INFORMATION ONLY

Organisation	Recipient
NHS Tayside (Chief Executive)	Grant Archibald
NHS Tayside (Director of Finance)	Stuart Lyall
Dundee City Council (Chief Executive)	Greg Colgan
Dundee City Council (Executive Director of Corporate Services)	Robert Emmott
Dundee City Council (Head of Democratic and Legal Services)	Roger Mennie
Dundee City Council (Legal Manager)	Kenny McKaig
Dundee City Council (Members' Support)	Jayne McConnachie
Dundee City Council (Members' Support)	Dawn Clarke
Dundee City Council (Members' Support)	VACANT

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)	Anne Marie Machan

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

City Chambers
DUNDEE
DD1 3BY

17th February, 2022

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 refer to the agenda of business issued in relation to the meeting of the above Integration Joint Board which is to be held remotely on Wednesday, 23rd February, 2022 at 10.00am and now enclose the undernoted item of business which was not received at the time of issue.

Yours faithfully

VICKY IRONS
Chief Officer

5 PERFORMANCE AND AUDIT COMMITTEE

(b) CHAIRPERSON'S ASSURANCE REPORT **- Page 1**

(Report No DIJB15-2022 by the Chairperson of the Performance and Audit Committee, copy attached).

DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD
DISTRIBUTION LIST

(a) DISTRIBUTION - INTEGRATION JOINT BOARD MEMBERS

Role	Recipient
VOTING MEMBERS	
Elected Member (Chair)	Councillor Ken Lynn
Non Executive Member (Vice Chair)	Trudy McLeay
Elected Member	Councillor Lynne Short
Elected Member	Bailie Helen Wright
Non Executive Member	Anne Buchanan
Non Executive Member	Donald McPherson
NON VOTING MEMBERS	
Chief Social Work Officer	Diane McCulloch
Chief Officer	Vicky Irons
Chief Finance Officer (Proper Officer)	Dave Berry
Registered medical practitioner (whose name is included in the list of primary medical services performers)	Dr David Wilson
Registered Nurse	Sarah Dickie
Registered medical practitioner (not providing primary medical services)	Dr James Cotton
Staff Partnership Representative	Raymond Marshall
Trade Union Representative	Jim McFarlane
Third Sector Representative	Eric Knox
Service User residing in the area of the local authority	Linda Gray
Person providing unpaid care in the area of the local authority	Martyn Sloan
Director of Public Health	Dr Emma Fletcher
PROXY MEMBERS	
Proxy Member (NHS Appointment for Voting Member)	Dr Norman Pratt
Proxy Member (NHS Appointment for Voting Member)	Jenny Alexander
Proxy Member (DCC Appointment for Voting Members)	Depute Lord Provost Bill Campbell
Proxy Member (DCC Appointment for Voting Members)	Councillor Steven Rome
Proxy Member (DCC Appointment for Voting Member)	Councillor Margaret Richardson

(b) CONTACTS – FOR INFORMATION ONLY

Organisation	Recipient
NHS Tayside (Chief Executive)	Grant Archibald
NHS Tayside (Director of Finance)	Stuart Lyall
Dundee City Council (Chief Executive)	Greg Colgan
Dundee City Council (Executive Director of Corporate Services)	Robert Emmott
Dundee City Council (Head of Democratic and Legal Services)	Roger Mennie
Dundee City Council (Legal Manager)	Kenny McKaig
Dundee City Council (Members' Support)	Jayne McConnachie
Dundee City Council (Members' Support)	Dawn Clarke
Dundee City Council (Members' Support)	VACANT

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)	Anne Marie Machan

ITEM No …5(b)…….

REPORT TO: **HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD - 23 FEBRUARY 2022**

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

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

REPORT NO: **DIJB15-2022**

This assurance report relates to the meeting of the Performance and Audit Committee of the 2nd February 2022.

Decisions Made and Instructions Issued by the Committee

- Due to the nature of the reports laid before the Committee being for information and noting there were no requirements for the Committee to make decisions or issue instructions.

Issues to highlight to the Board

- I welcomed everyone to the meeting and noted this would be my last meeting as Chair of the Committee given my impending retirement from NHS Tayside Board and therefore the IJB. I have thoroughly enjoyed my time as Chair of the PAC and would like to thank the Committee members for their contribution to the scrutiny of the performance of the IJB's delegated services and to the officers for their work in preparing reports for the Committee's consideration and their responses to members questions.

- We followed up on a number of action points set out in the Action Tracker which continues to develop following feedback from Committee members.

- The presentation of the Dundee Health and Partnership Performance Report Q2 2021/22 report as ever resulted in a good discussion with members continuing to scrutinise areas requiring improvement with falls, admissions and readmissions all at the centre of discussions. The committee were given the assurance that these remain priority areas for attention by the partnership. Variances in delayed discharge performance across localities in the city were also highlighted and officers agreed to bring back a further detailed report on this to support members understanding of the position and action which can be taken.

- A specific report on Care Inspectorate gradings (National Indicator 17) was presented to the Committee as requested at the November 2021 meeting given performance locally had decreased from 88.4% in 2015/16 to 79.9% in 2020/21. The more in-depth analysis was unable to identify any specific clear trends or reasons for the deterioration of performance over the range of care homes, housing support services, care at home and day care services provided by various care providers (including the local authority) over the period. Following discussion, the Committee was given assurance of the various controls and processes in place to ensure indicators of deteriorating performance are identified and acted upon as quickly as possible with support provided to care providers as necessary.

- The Committee received progress reports in relation to the 2021/22 Internal Audit Plan and Governance Action Plan and noted their respective progress. The inclusion of a green/amber/red progress indicator to the Internal Audit plan update report was noted as a welcome development.

- The need for an induction process for IJB members was highlighted and with future potential changes in membership ahead the Committee heard that plans are being made to hold induction sessions once new members to the IJB have been appointed.

- The Clinical, Care and Professional Governance exception report was discussed with moderate assurance provided to the committee. The issue of the timing of these reports and those required for the NHS Tayside Care Governance and Professional Governance Committee was highlighted given these are out of line. Further consideration of how these will be provided in future will take place to ensure the Committee has the most updated information without duplicating reporting to different audiences. Dundee Drug and Alcohol Recovery Service continues to have four of the top five risks across the HSCP. While these scores remain high the committee noted improvements in recruitment to this service. Clinical treatment of patients within the mental health risk is showing an improving picture in terms of recruiting to support an alternative model of care for this team. Recruitment across medical, nursing, Allied Health Professionals and social care staff increases the challenges for service delivery consider the impact of Covid 19 and the winter pressures.

- The Committee was also provided with the Quarter 2 Complaints Performance Report for 2021/22 although it was noted this only contained social work complaints information with no comprehensive NHS complaints information received to populate the report. This was being progressed by officers to ensure information is received for the next report. The report noted an increase in the number of social work complaints compared to the same period in 2020/21 although complaint levels are now returning to pre-pandemic levels as services have started to re-open.

- An update to the IJB's Strategic Risk Register was presented to the Committee which highlighted a number of emergent risks being escalated. These include risks around the provision of Primary Care services, staffing challenges in Mental Health services, the IJB's arrangement as being a Category One responder, General Data Protection Regulations and the development of a National Care Service. These will be reflected in the Strategic Risk Register shortly for members to review and comment on.

Trudy McLeay
Chair **17 February 2022**

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

City Chambers
DUNDEE
DD1 3BY

15th February, 2022

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 Integration Joint Board which is to be held remotely on Wednesday, 23rd February, 2022 at 10.00am.

Members of the Press or Public wishing to join the meeting should contact Committee Services on telephone (01382) 434228 or by email at committee.services@dundeecity.gov.uk by no later than 12 noon on Monday, 21st February, 2022.

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

Yours faithfully

VICKY IRONS
Chief Officer

A G E N D A

1 APOLOGIES

2 DECLARATION OF INTEREST

3 MEMBERSHIP

(a) APPOINTMENT – VOTING MEMBER

It is reported that Trudy McLeay will retire from NHS Tayside Board on 31st March, 2022 and that NHS Tayside Board have nominated Pat Kilpatrick as replacement Voting Member on the Integration Joint Board effective from 1st April, 2022.

The Integration Joint Board is asked to note the position.

(b) RESIGNATION – NON VOTING MEMBER

It is reported that Linda Gray has tendered her resignation as a Non Voting Member on the Integration Joint Board effective from 7th February 2022. Ms Gray had been appointed to the Integration Joint Board in the capacity of Service User Representative.

The Integration Joint Board is asked to note the position and that notification of her replacement will be reported in due course.

4 MINUTE OF PREVIOUS MEETING AND ACTION TRACKER

(a) MINUTE - Page 1

The minute of previous meeting of the Integration Joint Board held on 15th December, 2021 is attached for approval.

(b) ACTION TRACKER - Page 9

The Action Tracker (DIJB14-2022) for meetings of the Integration Joint Board is attached for noting and updating accordingly.

5 PERFORMANCE AND AUDIT COMMITTEE

(a) MINUTE OF PREVIOUS MEETING OF 2ND FEBRUARY, 2022 - Page 17

(Copy attached for information and record purposes).

(b) CHAIRPERSON'S ASSURANCE REPORT

(Report No DIJB13-2022 by the Chairperson of the Performance and Audit Committee, copy to follow).

6 COVID ASSESSMENT CENTRE

The IJB would like to note formal thanks to all of those involved in establishing and operating the Covid Assessment Centre at Kings Cross Hospital, Dundee as the service draws to a close.

The service was originally established over the first weekend of the emerging pandemic in 2020, and has coordinated community based assessment and care in Partnership with Tayside General Practices throughout the Pandemic.

Thanks are extended to all of the original team who used their initiative to establish the new centre, to our HSCP management leads, to Out of Hours operational and clinical teams, to GP practices, to our nursing teams to the services areas who worked flexibly across the Kings Cross site, to estates, to IT, to facilities and cleaning staff, and to all the colleagues from other services who helped at the peak of the pandemic.

Dr David Shaw will offer some personal reflections of the CAC, and joins the Chief Officer to recognise and thank for all of those involved.

7 DUNDEE ADULT SUPPORT AND PROTECTION COMMITTEE – MID TERM REPORT - Page 23

(Report No DIJB2-2022 by the Independent Convenor, Dundee Adult Support and Protection Committee, copy attached).

8 ARRANGEMENTS FOR MANAGING HIGH RISK OFFENDERS - Page 59

(Report No DIJB4-2022 by the Independent Chair, Tayside MAPPA Strategic Oversight Group, copy attached).

9 DUNDEE CHILD PROTECTION COMMITTEE ANNUAL REPORT 2021 - Page 81

(Report No DIJB1-2022 by the Independent Chair, Dundee Child Protection Committee, copy attached).

10 JOINT INSPECTION OF SERVICES FOR CHILDREN AT RISK OF HARM IN DUNDEE CITY – FINDINGS AND IMPROVEMENT PLANS - Page 133

(Report No DIJB3-2022 by the Independent Chair, Dundee Child Protection Committee, copy attached).

11 FAIRER WORKING CONDITIONS – HOME CARE - Page 183

(Report No DIJB5-2022 by the Chief Officer, copy attached).

12 STRATEGIC AND COMMISSIONING PLAN 2019/2022 – STATUTORY REVIEW - Page 187

(Report No DIJB6-2022 by the Chief Officer, copy attached).

13 PREVENTION OF HOMELESSNESS DUTIES – A JOINT SCOTTISH GOVERNMENT AND COSLA CONSULTATION (DIJB7-2022)

In September 2017, the First Minister set out a new commitment to eradicate rough sleeping, transform the use of temporary accommodation in Scotland and end homelessness. Ministers subsequently established the Homelessness and Rough Sleeping Action Group (HARASAG) to make recommendations on how these changes could be achieved. In response to those recommendations, in November 2018, the Scottish Government and COSLA published the Ending Homelessness Together action plan (updated in October 2020), which included a commitment to develop wide-reaching prevention duties. At the request of the Scottish Government, Crisis convened the Prevention Review Group, chaired by Professor Suzanne Fitzpatrick, to develop recommendations for legal duties on Scottish local authorities and wider public bodies to prevent homelessness. The recommendations of the Prevention Review Group were published in February 2021 (https://www.crisis.org.uk/media/244558/preventing-homelessness-in-scotland.pdf) and are now subject of a joint consultation by the Scottish Government and COSLA.

The consultation aims to support the introduction of legislation as part of the upcoming Housing Bill in year two of the current Parliament, which leads to system change and person-centred and trauma-informed service responses to meet individual needs to better prevent homelessness. The consultation invites views in two broad areas:

1. Introducing new duties (through a Housing Bill expected in 2023) on a range of public bodies and landlords to prevent homelessness, particularly by asking and acting on a risk of homelessness, as well as responsibilities relating to strategic and joint planning.

2. Changing existing homelessness legislation to ensure homelessness is prevented at an earlier stage, including a proposal to extend the duty to take reasonable steps to prevent homelessness p to six months before, to maximise the housing options available to people and to prescribe what reasonable steps may include.

The consultation period is to 31 March 2022. The consultation document and supporting information can be accessed at: https://www.gov.scot/publications/prevention-homelessness-duties-joint-scottish-government-cosla-consultation/documents/

The consultation includes proposals that have a direct and indirect impact on Integration Joint Boards. This includes proposing new statutory responsibilities specifically for health and social care partnerships/integration authorities, social workers and for GPs, as well as seeking views on how any new responsibilities might be best implemented in practice. Proposals also cover aspects such as case co-ordination and joint planning that impact upon how health and social care services and practitioners work in partnership with other public and third sector partners.

Through discussion with partner organisations it has been agreed that work will take place through the Homelessness Partnership (a strategic planning group of the HSCP) to develop a partnership response to the consultation wherever possible. However, it has also been noted that individual partners, including the Health and Social Care Partnership, may decide to submit separate responses on specific matters directly impacting their functions.

The Integration Joint Board is asked to note the consultation and intended approach to developing a response.

14 REVISION OF DUNDEE HEALTH AND SOCIAL CARE INTEGRATION SCHEME (DIJB8-2022)

In December 2020, the Integration Joint Board was informed that NHS Tayside and Dundee City Council had completed the statutory review of the Dundee Health and Social Care Integration Scheme (required by section 44 of the Public Bodies (Joint Working) Scotland Act 2014) and had agreed that a revised scheme should be prepared (Article X of the minute of the meeting of the Dundee Integration Joint Board held on 15th December 2020 refers). The report provided to the Integration Joint Board at that time set out the intended approach to the preparation of a revised scheme and committed to providing an update on progress no later than 31st March 2021. A further update was provided to the Integration Joint Board in August 2021 on the progress of work to prepare a revised scheme (Article VI of the minute of the meeting of the Dundee Integration Joint Board held on 25th August 2021 refers).

The work to progress the production of a revised scheme has continued to progress more slowly than had originally been intended. This has largely been due to the continued pressures on all parties arising from the pandemic, including the most recent surge in infections.

At the current time the following key areas of progress have been achieved:

- All sections of the scheme have now been reviewed and proposed amendments identified. This has been progressed through consultation with relevant stakeholders, from example the Tayside GIRFE Group which leads on Clinical, Care and Professional Governance and the Directors of Finance / Chief Finance Officer Group.

- A draft of the proposed revised integration scheme for each IJB has been submitted to the Tayside Chief Executives Group for consideration.

The next step in the process of completing the revision of the scheme is the approval of the draft scheme by NHS Tayside Board and Dundee City Council for public consultation. Sections 46 (4) and 46 (5) of the Public Bodies (Joint Working) (Scotland) Act 2014 require the Health Board and local authority to jointly consult on the draft revised scheme and to take into account views expressed in finalising the scheme prior to it being submitted to Scottish Ministers for approval. The timeline for submission of the draft scheme to NHS Tayside Board and Dundee City Council and subsequent consultation is being considered by the Tayside Chief Executives Group. The revised scheme must be submitted to Scottish Ministers for approval no later than June 2022.

The Integration Joint Board is asked to note the updated position.

15 PSYCHOLOGICAL THERAPY SERVICES STRATEGIC UPDATE - Page 211

(Report No DIJB9-2022 by the Chief Officer, copy attached).

16 SUPPORTING PEOPLE WITH LEARNING DISABILITIES – STRATEGIC UPDATE - Page 227

(Report No DIJB10-2022 by the Chief Officer, copy attached).

17 COMMUNITY WELLBEING CENTRE DEVELOPMENT (DIJB13-2022)

A report was submitted to Dundee Integration Joint Board in April 2021 outlining the plans to develop a Community Wellbeing Centre as part of broader developments in the provision of mental health crisis and urgent care in Tayside. At that time, it was envisaged that it would take up to 12 months for the development to realise, with project completion for the end March 2022.

A potentially suitable building to host the Centre was identified in April/ May 2021, and a specification submitted to Hillcrest in June 2021. In August 2021, Hillcrest provided initial plans which were revisited as the space on offer was potentially tight in relation to the specification. Hillcrest undertook further work on plans and submitted revised proposals to the Dundee Health and Social Care Partnership in October 2021. These plans were agreed and discussions moved to agree the capital costs that would be incurred in order to progress plans.

Following discussions in Autumn, anticipated capital costs increased from the initial assumption and work has been ongoing to identify ongoing rent costs and revenue requirements around staffing.

Hillcrest have now secured agreement from their Board to proceed with the capital works, on the basis of costs being met by both Hillcrest and the Dundee Health and Social Care Partnership. Work is also underway to determine the value of the contract for a voluntary sector provider to run the Centre. Financial planning for the Centre, will consider projected revenue costs and potential available funding which is likely to come from new Scottish Government funding for Mental Health and/or social care.

Hillcrest will progress the work on the building, including the detailed design and tender stage prior to construction. Given the current building delays, related to the provision of building materials and manpower at this time, Hillcrest have advised that the work will not be completed within the original deadline of March 2022. They have provided assured that once budget approvals are in place, this will be progressed as quickly as possible and they will advise of anticipated timescales for completion once this is clearer.

A stakeholder group has been in operation since November 2021 and will be fully involved in co-producing the service specification for the Centre. DVVA will lead on the stakeholder group processes, and will engage with community groups and Health and Wellbeing networks through a conversation café model from the end January to early February. A series of questions about how the Centre should look; feel and what should happen there; has been developed by DVVA and will be used to gather as many views as possible. The Stakeholder Group will review all contributions and it is anticipated that the invitation for organisations to tender will be distributed in early March. A Prior Information Notice is due to be sent out imminently to potential organisations who would be interested. The delay in invitation to tender, will mean that an organisation will not be awarded the contract before May/ June, however, the benefits of a fully engaged stakeholder group driving the development of the Centre are significant.

Progress continues to be made with the additional support that is linked to the Centre development. The Ambulance vehicle is fully operational, and Penumbra have appointed a manager for the DBI Service and have a detailed implementation plan with associated timeline.

In summary, progress continues to be made, however, the anticipated timescale for the Centre to be operational has now been revised to August 2022.

The Integration Joint Board is asked to note the position.

18 FINANCIAL MONITORING POSITION AS AT DECEMBER, 2021 - Page 263

(Report No DIJB11-2022 by the Chief Finance Officer, copy attached).

19 DUNDEE IJB 2022/2023 BUDGET DEVELOPMENT UPDATE - Page 277

(Report No DIJB12-2022 by the Chief Finance Officer, copy attached).

20 MEETINGS OF THE INTEGRATION JOINT BOARD 2021 – ATTENDANCES - Page 283

(A copy of the Attendance Return DIJB14-2022 for meetings of the Integration Joint Board held over 2021 is attached for information and record purposes).

21 DATE OF NEXT MEETING

The next meeting of the Integration Joint Board will be held remotely on Friday, 25th March, 2022 at 10.00 am.

DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD
DISTRIBUTION LIST

(a) DISTRIBUTION - INTEGRATION JOINT BOARD MEMBERS

Role	Recipient
VOTING MEMBERS	
Elected Member (Chair)	Councillor Ken Lynn
Non Executive Member (Vice Chair)	Trudy McLeay
Elected Member	Councillor Lynne Short
Elected Member	Bailie Helen Wright
Non Executive Member	Anne Buchanan
Non Executive Member	Donald McPherson
NON VOTING MEMBERS	
Chief Social Work Officer	Diane McCulloch
Chief Officer	Vicky Irons
Chief Finance Officer (Proper Officer)	Dave Berry
Registered medical practitioner (whose name is included in the list of primary medical services performers)	Dr David Wilson
Registered Nurse	Sarah Dickie
Registered medical practitioner (not providing primary medical services)	Dr James Cotton
Staff Partnership Representative	Raymond Marshall
Trade Union Representative	Jim McFarlane
Third Sector Representative	Eric Knox
Service User residing in the area of the local authority	Linda Gray
Person providing unpaid care in the area of the local authority	Martyn Sloan
Director of Public Health	Dr Emma Fletcher
PROXY MEMBERS	
Proxy Member (NHS Appointment for Voting Member)	Dr Norman Pratt
Proxy Member (NHS Appointment for Voting Member)	Jenny Alexander
Proxy Member (DCC Appointment for Voting Members)	Depute Lord Provost Bill Campbell
Proxy Member (DCC Appointment for Voting Members)	Councillor Steven Rome
Proxy Member (DCC Appointment for Voting Member)	Councillor Margaret Richardson

(b) CONTACTS – FOR INFORMATION ONLY

Organisation	Recipient
NHS Tayside (Chief Executive)	Grant Archibald
NHS Tayside (Director of Finance)	Stuart Lyall
Dundee City Council (Chief Executive)	Greg Colgan
Dundee City Council (Executive Director of Corporate Services)	Robert Emmott
Dundee City Council (Head of Democratic and Legal Services)	Roger Mennie
Dundee City Council (Legal Manager)	Kenny McKaig
Dundee City Council (Members' Support)	Jayne McConnachie
Dundee City Council (Members' Support)	Dawn Clarke
Dundee City Council (Members' Support)	VACANT

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)	Anne Marie Machan

At a MEETING of the **DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** held remotely on 15th December, 2021.

Present:-

Members	Role
Ken LYNN (Chairperson)	Nominated by Dundee City Council (Elected Member)
Trudy MCLEAY(Vice-Chairperson)	Nominated by Health Board ((Non Executive Member)
Lynne SHORT	Nominated by Dundee City Council (Elected Member)
Helen WRIGHT	Nominated by Dundee City Council (Elected Member)
Donald MCPHERSON	Nominated by Health Board (Non Executive Member)
Vicky IRONS	Chief Officer
Dave BERRY	Chief Finance Officer
David WILSON	Registered Medical Practitioner (whose name is included in the list of primary medical services performers)
Sarah DICKIE	Registered Nurse
James COTTON	Registered Medical Practitioner (not providing primary medical services)
Diane MCCULLOCH	Chief Social Work Officer
Raymond MARSHALL	Staff Partnership Representative
Eric KNOX	Third Sector Representative
Linda GRAY	Service User residing in the area of the local authority
Martyn SLOAN	Person proving unpaid care in the area of the local authority
Emma FLETCHER	Director of Public Health

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

Christine JONES	Partnership Finance Manager
Jenny HILL	Head of Health and Community Care
Arlene MITCHELL	Locality Manager
Lynne MORMAN	Health and Social Care Partnership
Derek AITKEN	Health and Social Care Partnership
Anne Marie MACHAN	Audit Scotland Representative
Kathryn SHARP	Strategy and Performance Service Manager
Lynsey WEBSTER	Strategy and Performance Service Senior Officer
Sheila WEIR	Finance and Support Services Section Leader

Ken LYNN, Chairperson, in the Chair.

Prior to commencement of the business the Chair took the opportunity to welcome Dr David Wilson to his first meeting of the Integration Joint Board.

The Chief Officer and Dr Emma Fletcher also appraised the membership the Integration Joint Board of the current position in relation to the ongoing health emergency and operational management of this which was noted.

I APOLOGIES

Apologies for absence were submitted on behalf of Jim McFarlane, Trade Union Representative.

II DECLARATION OF INTEREST

There were no declarations of interest

III MEMBERSHIP – APPOINTMENT

It was reported that at the meeting of NHS Tayside Board held on 28th October, 2021, it was agreed that Dr David Wilson be appointed as a non-voting member of the Integration Joint Board in the capacity of Registered Medical Practitioner whose name is included in the list of primary medical performers.

The Integration Joint Board agreed to note the position.

IV MINUTE OF PREVIOUS MEETING AND ACTION TRACKER

(a) MINUTE

The minute of meeting of the Integration Joint Board held on 27th October, 2021 was submitted and approved subject to amendment to Article XII of the minute to reflect observations of Dr Emma Fletcher about the high risks identified in the annual report and for updates to be received over the following year in this regard.

(b) ACTION TRACKER

The Action Tracker (DIJB56-2021) for meetings of the Integration Joint Board was submitted and noted.

V PERFORMANCE AND AUDIT COMMITTEE

(a) MINUTE OF PREVIOUS MEETING OF 24TH NOVEMBER, 2021

The minute of the previous meeting of the Performance and Audit Committee held on 24th November, 2021 was submitted and noted for information and record purposes.

(b) CHAIRPERSON'S ASSURANCE REPORT

There was submitted Report No DIJB66-2021 by Trudy McLeay, Chairperson of the Performance and Audit Committee, providing an Assurance Report to the Integration Joint Board on the work of the Performance and Audit Committee.

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

VI CHIEF SOCIAL WORK OFFICER ANNUAL REPORT 2020/2021

There was submitted Report No DIJB58-2021 by the Chief Social Work Officer bringing forward, for Members' information, the Chief Social Work Officer's Annual Report for 2020/2021.

The Integration Joint Board agreed:-

(i) to note the content of the report and the Chief Social Work Officer's Annual Report for 2020/21 which was attached to the report as an Appendix.

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

(ii) to note that the Chief Social Work Officer would look to provide a briefing on future reports to the membership in advance of submission to the Integration Joint Board to assist their understanding of matter;

(iii) to note following the suggestion by Donald McPherson that future reports of this nature may benefit from utilisation of graphics within content to further explain areas such as Key Performance Indicators that the Chief Social Work Officer would review the presentation of the report for the following year and that this would also include a guide to any acronyms indicated; and

(iv) to note that the Chief Social Work Officer would submit a report to a future meeting on the Community Custody Unit and how this was being supported.

VII MULTI-AGENCY PROTECTING PEOPLE GOVERNANCE ARRANGEMENTS

There was submitted Report No DIJB60-2021 by the Chief Officer providing an overview of multi-agency governance and strategic arrangements for protecting people activities across the Dundee Partnership, including the contribution of the Health and Social Care Partnership.

The Integration Joint Board agreed:-

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

(ii) to note the arrangements that were in place for the representation of the Health and Social Care Partnership at the Chief Officers Group and Protecting People Committees as outlined in sections 4.2 and 4.4 of the report.

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

(iii) to note the observation of Donald McPherson that the Scottish Ambulance Service, who were often a first point of contact in relation to public protection were not a member of the Chief Officers Group and the advice of Kathryn Sharp that although they were not part of the group they had been involved in adult protection and that the membership of the Dundee Adult Support and Protection Committee was currently under review as advised by Diane McCulloch; and

(iv) to note that Kathryn Sharp would look at use of colour definition within future reports for ease of reference.

VIII LEADERSHIP OF PUBLIC PROTECTION ARRANGEMENTS

There was submitted Report No DIJB59-2021 by the Chief Officer updating the Integration Joint Board regarding arrangements for leadership of the strategic Public Protection Agenda by the Chief Officers (Public Protection) Strategic Group, including key developments over the last nine months and future strategic ambitions.

The Integration Joint Board agreed:-

(i) to note the role of the Chief Officers (Public Protection) Strategic Group in providing leadership for the protection of children and adults at risk as outlined in section 4.2 of the report;

(ii) to note the work undertaken by the Chief Officers (Public Protection) Strategic Group over the last nine months to enhance arrangements for public protection, including supporting the joint inspection of services for children at risk of harm and the ongoing pandemic response as outlined in sections 4.3, 4.4 and Appendices 1 and 2 of the report;

(iii) to note the priorities for the Chief Officers (Public Protection) Strategic Group for the next six months as outlined in section 4.6 of the report; and

(iv) to direct the Chief Officer to provide further updates regarding the work of the Chief Officers (Public Protection) Strategic Group and key developments in public protection to the Integration Joint Board on a six-monthly basis.

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

(v) to note the concern expressed by Eric Knox about long-term longevity for the Third Sector to provide critical services for the community when Covid funding ceased.

IX DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP STRATEGIC NEEDS ASSESSMENT

There was submitted Report No DIJB61-2021 by the Chief Officer together with the revised Dundee Health and Social Care Partnership Strategic Needs Assessment, a companion document to the Strategic and Commissioning Plan, and the Carers Needs Assessment, required under section 31 (2) of the Carers (Scotland) Act 2016.

The Integration Joint Board agreed:-

(i) to note the need to have in place a strategic needs assessment and carers needs assessment to support strategic planning and commissioning for health and social care services as outlined in sections 4.1 and 4.7 of the report;

(ii) to approve the revised Dundee Health and Social Care Partnership Strategic Needs Assessment, full and summary versions, which were attached to the report as Appendices 1 and 3; and

(iii) to approve the Carers Needs Assessment, full and summary versions which were attached to the report as Appendices 2 and 4.

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

(iv) to note that Kathryn Sharp would look to provide a briefing session for members in advance of the submission of future reports of this nature to assist their understanding of commissioning aspects of the report; and

(v) to note following enquiry from Councillor Lynn in relation to the number of people in Dundee with Hepatitis C indicated in the report that the Chief Social Work Officer would clarify this with Public Health and advise the membership accordingly.

X TRAUMA-INFORMED PRACTICE AND LEADERSHIP

There was submitted Report No DIJB62-2021 by the Chief Officer providing an overview of trauma-informed practice and leadership, including national strategy, local arrangements for implementation and future plans.

The Integration Joint Board agreed:-

(i) to note the content of the report, including local approaches to trauma-informed practice and leadership, progress to date and planned next steps; and

(ii) to instruct the Chief Officer to provide an update report no later than April 2022, including the finalised trauma-informed practice and leadership implementation plan.

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

(iii) to note the intention of Kathryn Sharp to provide a briefing to the membership on this area of work in the new year following further work with the Improvement Service.

XI FINANCIAL MONITORING POSITION AS AT OCTOBER 2021

There was submitted Report No DIJB63-2021 by the Chief Finance Officer providing the Integration Joint Board with an update of the projected financial monitoring position for delegated Health And

Social Care Services for 2021/2022 including an overview of the costs and financial risks associated with Dundee Health and Social Care Partnership's response to the Covid-19 crisis.

The Integration Joint Board agreed:-

(i) to note the content of the report including the overall projected financial position for delegated services to the 2021/2022 financial year end as at 31st October, 2021 as outlined in Appendices 1, 2, 3 and 4 of the report;

(ii) to note the costs and financial risks associated with Dundee Health and Social Care Partnership's response to the Covid-19 crisis as set out in section 4.5 of the report; and

(iii) to note that officers within the Health and Social Care Partnership would continue to carefully monitor expenditure and develop a range of actions to mitigate any overspend.

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

(iv) to note the explanation of the Chief Finance Officer in relation to concerns expressed by Bailie Wright on the content of the Risk Assessment section of the report and that the Chief Finance Officer would look at the way this was described in future reports.

XII SCOTTISH GOVERNMENT ADDITIONAL INVESTMENT: WINTER PLANNING FOR HEALTH AND SOCIAL CARE

There was submitted Report No DIJB64-2021 by the Chief Finance Officer providing the Integration Joint Board with information on a range of measures and new investment being put in place nationally by the Scottish Government to help protect health and social care services over the winter period and to provide longer term improvement in service capacity, and how this would impact and be managed through Dundee Health and Social Care Partnership.

The Integration Joint Board agreed:-

(i) to note the content of the report and the anticipated service capacity enhancements that were being developed by officers in the Health and Social Care Partnership;

(ii) to note the additional funding streams that would be received by the Integration Joint Board and instruct the Chief Finance Officer to report on any significant variations to the next Integration Joint Board meeting in February 2022;

(iii) to approve the increased contract payments to Commissioned Service Providers to enable the increased hourly wage payment to staff providing direct care with effect from 1st December, 2021, as detailed in section 4.7.5 of the report;

(iv) to instruct the Chief Finance Officer to report on progress to the April 2022 Integration Joint Board meeting; and

(v) to remit the Chief Officer to issue direction to Dundee City Council as indicated in section 8.0 of the report.

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

(vi) to note following enquiry from Donald McPherson that Jenny Hill would submit a report to the February meeting of the Integration Joint Board on staffing matters for independent care providers in relation to payment arrangements between visits to clients.

XIII WINTER PLAN - NHS TAYSIDE AND PARTNER ORGANISATIONS

There was submitted Report No DIJB67-2021 by the Chief Officer presenting to the Integration Joint Board the Winter Planning arrangements for NHS Tayside and the Tayside Health and Social Care Partnerships for 2021/2022. This was an integrated plan that provided cohesive plans for winter across the Health and Social Care Partnerships and Acute Services, supported by the remobilisation plans and influenza (flu) planning.

The Integration Joint Board agreed:-

(i) to note the content of the report, including the overview of whole system working in preparation for anticipated winter challenges as outlined in sections 4.1 to 4.3 of the report; and.

(ii) to endorse and approve the Winter Plan (NHS Tayside and Partner Organisations 2021/2022), which was attached to the report as Appendix 1, for submission to the Scottish Government.

XIV DUNDEE INTEGRATION JOINT BOARD BUDGET DEVELOPMENT 2022/2023

There was submitted Agenda Note DIJB65-2021 reporting that annual work had commenced in relation to the development of the Integration Joint Board's delegated budget for 2022/2023. A more detailed update would be provided in February 2022, with the Chief Finance Officer presenting a proposed budget for consideration at a special meeting in March 2022.

As in previous years, 3 development sessions were also planned with Integration Joint Board Members between January 2022 and March 2022 to discuss in detail the implications of the Scottish Government's budget on the Integration Joint Board's, the impact of budget pressures, budget development progress as well as opportunities and priorities under consideration during the budget setting process.

The UK Government Autumn Budget and Spending Review 2021 was presented on 27th October, 2021. The Scottish Government published its spending plans for 2022/2023 on 9th December, 2021 with the detail behind that thereafter being communicated to local authorities, Health Boards and Integration Authorities.

Discussions were underway between officers of the Health and Social Care Partnership and both Dundee City Council and NHS Tayside colleagues to understand the likely implications and underlying cost assumptions for the delegated budgets, and the range of potential cost pressures that the Integration Joint Board was likely to face in 2022/2023 and beyond being developed.

The ongoing impact of the Covid-19 pandemic and associated Recovery and Remobilisation priorities and expenditure continue to be reviewed. During 2020/2021 and 2021/2022, additional funding had been provided from Scottish Government to meet this additional expenditure, however current indications were that this funding source was only available until 31st March, 2022. The potential implications of this would be outlined as part of the Integration Joint Board's budget process.

Alternative sources of funding, many of which were described as recurring, had been identified within Scottish Government's Winter Planning Funding programme further details of which were contained in report considered at Article XIII of this minute.

The impact of additional Covid-19 funding ceasing and additional Winter Planning funding being available would need to be incorporated into the Budget Planning process for 2022/2023.

The Integration Joint Board agreed to note the ongoing work to date and that a more detailed report would be presented to the February 2022 meeting.

XV MEETINGS OF THE INTEGRATION JOINT BOARD 2021 – ATTENDANCES

There was submitted a copy of the attendance return Report No DIJB57-2021 for meetings of the Integration Joint Board held to date over 2021.

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

XVI DATE OF NEXT MEETING

The Integration Joint Board agreed to note that the next meeting of the Integration Joint Board would be held remotely on Wednesday, 23rd February, 2022 at 10.00 am.

Ken LYNN, Chairperson.

ITEM No …4(b)……..

DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – ACTION TRACKER – MEETING ON 23 FEBRUARY 2022

No	Meeting	Minute Ref	Heading	Action Point	Responsibility	Original Timeframe	Status	Comment
1.	23/06/21	VII(iv)	LEADERSHIP OF PUBLIC PROTECTION ARRANGEMENTS	Training on Trauma Informed Leadership to be extended to the membership of the Integration Joint Board;	Strategy and Performance Service Manager	30th July 2021	In progress	Ongoing discussions with Improvement Service. Timescale tied to national developments; session likely to follow local government elections in May 2022. Links to on-line training have been circulated in the meantime.
2.	23/06/21	VII (vi)	LEADERSHIP OF PUBLIC PROTECTION ARRANGEMENTS	Chief Social Work Officer to provide information on Governance Arrangements on Protecting People Bodies including the appointment of Independent Chairs to these in her next report to the Integration Joint Board on Suicide Prevention.	Chief Social Work Officer	Next Reporting Period	Complete	Report submitted for IJB on 15 December 2021.
3.	23/06/21	VII (vii)	LEADERSHIP OF PUBLIC PROTECTION ARRANGEMENTS	Strategy and Performance Service Manager to collate information from the Trauma Steering Group for possible update to the Integration Joint Board.	Strategy and Performance Service Manager	30th July 2021	Complete	Report submitted for IJB on 15 December 2021.
4.	23/06/21	VIII(iv)	STRATEGIC AND COMMISSIONING PLAN – COVID IMPACT AND STRATEGIC REVIEW	Head of Health and Community Care to submit a report on Fair Work to the next meeting of the Integration Joint Board in consultation with Raymond Marshall and Jim McFarlane.	Head of Health and Community Care	25th August 2021	Complete	Report submitted for IJB on 23 February 2022

5.	23/06/21	VIII(vi)	STRATEGIC AND COMMISSIONING PLAN – COVID IMPACT AND STRATEGIC REVIEW	The Partnership to get in touch with the Steering Group behind the Campaign "Make Dundee a Living Place"	Chief Officer	30th July 2021	In progress	Follow up required – anticipated conclusion by June 2022
6.	25/8/21	IV (ii)	SUICIDE PREVENTION STRATEGIC UPDATE	to remit to the Chief Officer to submit a report to a future Integration Joint Board meeting regarding the outcomes of the suicide prevention stakeholder event planned for November 2021 as outlined in section 4.3.4 of the report.	Chief Officer	June 2022 (Awaiting external production of report)	In progress	Event 'Suicide Prevention is Everyone's Business' was held on 23rd Nov`ember via Microsoft Teams. The event was well attended and a record of the outcomes is being produced. This will be shared once available.
7.	25/08/21	IV(iii)	SUICIDE PREVENTION STRATEGIC UPDATE	to remit to the Chief Officer to submit the draft Dundee Suicide Prevention Strategic and Commissioning Plan for approval once this has been refreshed as outlined in section 4.3.5 of the report.	Chief Officer	August 2022	In progress	The outcome report from the event held on 23rd November will inform the completion of a final draft of the Dundee Plan for submission to IJB in April 2022.
8.	25/08/21	IV(iv)	SUICIDE PREVENTION STRATEGIC UPDATE	to remit to the Chief Officer to submit the draft Tayside Suicide Prevention Action Plan 2021/2024 for approval once this had been finalised as outlined in section 4.3.5 of the report.	Chief Officer	August 2022	In progress	The outcome report from the event held on 23rd November will inform the final draft of the Tayside Action Plan, this will be submitted to IJB once available.
9.	25/08/21	IV(vii)	SUICIDE PREVENTION STRATEGIC UPDATE	to note the request of Bailie Wright for information on suicide trends over the Covid Pandemic period to be provided should they become available;	Chief Officer	27th October 2021	Complete	Information will be provided directly to Bailie Wright as this becomes available.
10.	25/08/21	V(v)	CARERS INVESTMENT PLAN UPDATE	to note the observation of Martyn Sloan on the benefit of more detail on what was to be provided through the Investment Plan and that Dave Berry would look to issue the Integration	Chief Finance Officer	27th October 2021	In progress	Further work being undertaken through sessions with stakeholders to report back through the Carers Partnership. To be

				Joint Board with more information in this regard such as staffing matters.				presented to the April 2022 IJB
11.	25/08/21	VII(vi)	DUNDEE PRIMARY CARE IMPROVEMENT PLAN UPDATE	to instruct the Chief Officer to provide a further report on progress made in the fourth year of delivering the Dundee Primary Care Improvement Plan to a future meeting of the Integration Joint Board.	Chief Officer	27th October 2021	In progress	Report to come to April 2022 IJB
12.	25/08/21	VIII(ii)	MENTAL HEALTH AND WELLBEING STRATEGIC UPDATE	to remit to the Chief Officer to present a report outlining the outcome of the review of Dundee Mental Health and Wellbeing Strategic Plan to the meeting of the Integration Joint Board to be held in October 2021.	Chief Officer	27th October 2021	Complete	Presented to IJB in October 2021
13.	25/08/21	IX(iv)	FINANCIAL MONITORING POSITION AS AT JUNE 2021	to note that Dave Berry would refine the content of the report for next meeting in relation to explanation of underspends and overspends following enquiry from Bailie Helen Wright in relation to impact of Covid.	Chief Finance Officer	27th October 2021	In progress	Deferred to 2022/23 due to other priorities to be delivered against available resources
14.	25/08/21	X(v)	ALCOHOL AND DRUG PARTNERSHIP SELF-ASSESSMENT FINDINGS	to seek additional opportunities to increase funding from both local and national sources, in order to progress the revised action plan and to address developing service requirements.	Chief Officer	27th October 2021	Complete	Local partners have continued to work with the Scottish Government and to access funding available through the National Drugs Mission.
15.	25/08/21	XI(iii)	ANGUS AND DUNDEE STROKE REHABILITATION PATHWAY REVISION	to request a detailed implementation plan was brought back to Dundee Integration Joint Board.	Chief Officer	27th October 2021	In progress	Implementation plan being developed with the aim of bringing to both Dundee and Angus IJB's by April 2022
16.	27/10/21	VIII(ii)	ANNUAL PERFORMANCE REPORT	to instruct the Chief Officer to update the Annual Performance Report with financial year 2020/2021 data for all National Health and Wellbeing indicators as soon as data was made	Chief Officer	15th December 2021	In progress	March 2022

				available by Public Health Scotland as outlined in section 4.2.2 of the report.				
17. .	27/10/21	VIII(iv)	ANNUAL PERFORMANCE REPORT	to note following enquiry from Donald McPherson that Kathryn Sharp would liaise with Clare Lewis-Robertson on the future accessibility of the report and inclusion of graphics and KPI information and would also seek to include feedback from service users on content for inclusion in the next report and also lookto provide opinion from Carers as suggested by Martyn Sloan.	Strategy and Performance Service Manager	15th December 2021	Complete	Suggested enhancements have been noted and will be taken into account in preparation of 2021/22 annual report.
18.	27/10/21	VIII(v)	ANNUAL PERFORMANCE REPORT	to note following enquiry from Donald McPherson on the differentiation between complaints received between the health side and social care side and observations in relationsto complaintson attitude and behaviours the explanation from Jenny Hill that this information was gathered from two different complaint systems and that she would look at thisin more detail for next meeting.	Head of Health and Community Care	15th December 2021	Complete	A more detailed review of these complaints identified difficulties in the way they were being recorded. Many were actually disagreement with policy rather than staff behaviour
19.	27/10/21	IX(ii)	MENTAL HEALTH AND WELLBEING PLANNING IN LIGHT OF THE IMPACT OF COVID 19 ON CITIZENS IN DUNDEE	to remit the Chief Officer to submit further progress reports to future Integration Joint Board meetings.	Chief Officer	April 2022	Ongoing	Report to come to April IJB
20.	27/10/21	IX(v)	MENTAL HEALTH AND WELLBEING PLANNING IN LIGHT OF THE IMPACT OF COVID 19 ON CITIZENS IN DUNDEE	to note following enquiry from Councillor Short in relation to the section 4.5 of the report on protected characteristics that Arlene Mitchell would share information with Councillor Short around the	Senior Service Manager – Mental Health/Learning	15th December 2021	In Progress	Information will be shared

				inequalities analysis undertaken with Public Health.	Disabilities/ Psychology			
21.	27/10/21	IX(vi)	MENTAL HEALTH AND WELLBEING PLANNING IN LIGHT OF THE IMPACT OF COVID 19 ON CITIZENS IN DUNDEE	to note following enquiry from Councillor Short that the Chief Officer would examine the possibility of briefings being held for the membership of the Integration Joint Board on protected characteristics	Chief Officer	15th December 2021	In progress	To be arranged following new IJB membership confirmed
22.	27/10/21	X(vi)	INDEPENDENT INQUIRY INTO MENTAL HEALTH SERVICES IN TAYSIDE PROGRESS REPORT JULY 2021	to note that Arlene Mitchell would submit a report providing a strategic update on Learning Disabilities and Autism to the meeting of the Integration Joint Board to be held in February 2022.	Arlene Mitchell	15th December 2021	Complete	Report submitted for IJB on 23 February 2022.

23.	27/10/21	X(x)	INDEPENDENT INQUIRY INTO MENTAL HEALTH SERVICES IN TAYSIDE PROGRESS REPORT JULY 2021	to note following enquiry from Councillor Short that the Chief Officer would get further information on the creation of the new Independent Group led by Fiona Lees and how this would connect to the existing Tayside Executive Leadership Group and advise the Integration Joint Board accordingly.	Chief Officer	15th December 2021	In progress	Follow up required
24.	27/10/21	XIII(iv)	CARERS STRATEGY – A CARING DUNDEE	to instruct the Chief Officer, working in collaboration with the Carers Partnership, to develop a delivery plan and performance framework to support the implementation of A Caring Dundee 2 and submit this to the IJB for approval not later than 31st March, 2022.	Chief Officer	15th December 2021	In progress	Now April 2022

25.	27/10/21	XVI(iv)	ANNUAL COMPLAINTS PERFORMANCE	to note following enquiry from Donald McPherson in relation to section 13.1 of the report that Dave Berry would arrange for a breakdown on figures on the number of complaints not upheld and partially upheld to be provided to the membership.	Chief Finance Officer	15th December 2021	In progress	To be provided by March 2022
26.	15/12/21	VI(ii)	CSWO ANNUAL REPORT 2020/2021	to note that the Chief Social Work Officer would look to provide a briefing on future reports to the membership in advance of submission to the Integration Joint Board to assist their understanding of matter.	Chief Social Work Officer	Next reporting period	In progress	December 2022
27.	15/12/21	VI(iv)	CSWO ANNUAL REPORT 2020/2021	to note that the Chief Social Work Officer would submit a report to a future meeting on the Community Custody Unit and how this was being supported.	Chief Social Work Officer	April 2022	In progress	Report to be submitted to IJB in April 2022
28.	15/12/21	IX(iv)	DHSCP STRATEGIC NEEDS ASSESSMENT	to note that Kathryn Sharp would look to provide a briefing session for members in advance of the submission of future reports of this nature to assist their understanding of commissioning aspects of the report.	Strategy and Performance Service Manager	Next reporting period	In progress	
29.	15/12/21	IX(v)	DHSCP STRATEGIC NEEDS ASSESSMENT	to note following enquiry from Councillor Lynn in relation to the number of people in Dundee with Hepatitis C indicated in the report that the Chief Social Work Officer would clarify this with Public Health and advise the membership accordingly.	Chief Social Work Officer	ASAP	Complete	Information issued to the Integration Joint Board on 20/12/21
30.	15/12/21	X(ii)	TRAUMA INFORMED PRACTICE AND LEADERSHIP	to instruct the Chief Officer to provide an update report no later than April 2022, including the finalised trauma-	Chief Officer	April 2022	In progress	

				informed practice and leadership implementation plan.				
31.	15/12/21	XI(iv)	FINANCIAL MONITORING POSITION AS AT OCTOBER 2021	to note the explanation of the Chief Finance Officer in relation to concerns expressed by Bailie Wright on the content of the Risk Assessment section of the report and that the Chief Finance Officer would look at the way this was described in future reports.	Chief Finance Officer	ASAP	Complete	Risk assessment amended accordingly
32.	15/12/21	XII(iv)	SCOTTISH GOVERNMENT ADDITIONAL INVESTMENT WINTER PLANNING FOR HEALTH AND SOCIAL CARE	to instruct the Chief Finance Officer to report on progress to the April 2022 Integration Joint Board meeting.	Chief Finance Officer	April 2022	In progress	
33.	15/12/21	XII(vi)	SCOTTISH GOVERNMENT ADDITIONAL INVESTMENT WINTER PLANNING FOR HEALTH AND SOCIAL CARE	to note following enquiry from Donald McPherson that Jenny Hill would submit a report to the February meeting of the Integration Joint Board on staffing matters for independent care providers in relation to payment arrangements between visits to clients.	Head of Health and Community Care	February 2022	Complete	Report submitted for IJB on 23 February 2022.

At a MEETING of the **PERFORMANCE AND AUDIT COMMITTEE OF THE DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** held remotely on 2nd February, 2022.

Present:-

Members	Role
Trudy MCLEAY(Chairperson)	Nominated by Health Board ((Non Executive Member)
Lynne SHORT	Nominated by Dundee City Council (Elected Member)
Helen WRIGHT	Nominated by Dundee City Council (Elected Member)
Donald MCPHERSON	Nominated by Health Board (Non Executive Member)
Vicky IRONS	Chief Officer
Dave BERRY	Chief Finance Officer
James COTTON	Registered medical practitioner (Not providing primary medical services)
Tony GASKIN	Chief Internal Auditor
Diane MCCULLOCH	Chief Social Work Officer
Martyn SLOAN	Person providing unpaid care in the area of the local authority

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

Christine JONES	Partnership Finance Manager
Clare LEWIS-ROBERTSON	Health and Social Care Partnership
Kara BROWN	Audit Scotland
Matthew KENDALL	Health and Social Care Partnership
Anne Marie MACHAN	Audit Scotland Representative
Kathryn SHARP	Strategy and Performance Service Manager
Lynsey WEBSTER	Strategy and Performance Service Senior Officer

Trudy MCLEAY, Chairperson, in the Chair.

Prior to the commencement of the business the Chair advised that she would be retiring from her position as a Non-Executive Member with NHS Tayside effective from 31st March 2022 and that as such this would be her last meeting of the Committee. Tributes were made to the personal contribution she had made over her period of office as Chair of the Committee.

I APOLOGIES FOR ABSENCE

There were no apologies for absence submitted on behalf of:-

Raymond MARSHALL	Staff Partnership Representative

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 24th November, 2021 was submitted and approved.

(b) ACTION TRACKER

There was submitted the Action Tracker (PAC8-2022) for meetings of the Performance and Audit Committee.

The Committee agreed to note the content.

IV DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP PERFORMANCE REPORT – 2021/2022 QUARTER 2

There was submitted Report No PAC1-2022 by the Chief Finance Officer updating the Performance and Audit Committee on 2021/2022 Quarter 2 performance against the National Health and Wellbeing Indicators and 'Measuring Performance Under Integration' interim targets.

The report also proposed a revised approach and format for quarterly performance reports based on feedback received from Integration Joint Board Members and internal audit colleagues.

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) of the report; and

(iii) to note the performance of Dundee Health and Social Care Partnership, against the 'Measuring Performance Under Integration' indicators summarised in Appendix 1 (table 3) of the report).

Following questions and answers the Committee further agreed:-

(iv) to note reply from Dr Kendall following enquiry from Bailie Wright in relation to the admissions figures for the Coldside area that work in relation to Falls was continuing and that so far the data collected was not showing any pattern for lighting or pavement conditions being the cause;

(v) to note that Kathryn Sharp would send Bailie Wright a copy of the previous Falls Report for her reference;

(vi) to note the advice of Trudy McLeay that in relation to elderly people in Dundee there was currently a Safe Slipper Campaign taking place arranged by Richard McIntosh whereby elderly people could exchange their slipper footwear for safer walking alternatives to assist their stability and lessen possibility of any falls;

(vii) to note the observation of Cllr Short in relation to percentage information expressed there would be benefit for baseline figure information to be contained in future reports to allow a further understanding of the position;

(viii) to note following enquiry from Cllr Short that Dave Berry would take forward the possibility of the Integration Joint Board being appraised of work undertaken by Robin Falconer through the Health and Wellbeing Networks in Maryfield and Coldside areas;

(ix) to note following enquiry from Trudy McLeay that Lynsey Webster would further investigate the figures and underlying causes in relation to Emergency Admissions which were showing a deterioration;

(x) to note the request from Trudy McLeay for the Committee to be provided with a timeframe for Quarter 2 Data and that there may be benefit for report from Lynne Morman to be issued to the Committee for their reference;

(xi) to note the observation from Donald McPherson in relation to the variance between the figures for Delayed Discharge between The Ferry area and the other areas in Dundee and what could be learned from this and that in this respect the advice of the Chief Officer that a full report on Delayed Discharge would be submitted to the next meeting of the Committee;

(xii) to note that Cllr Short would take forward the possibility of using electronic messages at bus stops with officers of Dundee City Council for the purpose of making the public further aware of help which could be provided and where that could be obtained; and

(xiii) to note as indicated by Dr Cotton the importance of providing narrative within reports to assist understanding of figures provided so that data is understood and explained in context.

V NATIONAL INDICATOR 17 – INSPECTION GRADINGS ANALYSIS

There was submitted Report No PAC2-2022 providing the Performance and Audit Committee with an in-depth analysis of performance against national indicator 17 (care inspectorate gradings). This report also provided an overview of approaches within the Dundee Health and Social Care Partnership to monitor the quality of services and to provide improvement support where required.

The Committee agreed:-

(i) to note the content of the report;

(ii) to note the analysis of performance against national indicator 17 contained within Appendix 1 (section 4) of the report; and

(iii) to note the range of mechanisms through which the Dundee Health and Social Care Partnership monitors the quality of social care and social work services on an ongoing basis, both for internal services and those that are externally commissioned, as detailed in section 5 of the report.

Following questions and answers the Committee further agreed:-

(iv) to note the work of the Oversight Working Group for Care Homes as advised by Diane McCulloch and the significant level of scrutiny that Care Homes had been under over the period of the Pandemic; and

(v) to note the advice of Kathryn Sharp following enquiry from Councillor Short that comparitive data on level of service between national and local providers was published on an annual basid by Public Health Scotland.

VI DUNDEE INTEGRATION JOINT BOARD INTERNAL AUDIT PLAN PROGRESS REPORT

There was submitted Report No PAC3-2022 by the Chief Finance Officer providing the Performance and Audit Committee with an update on the ongoing work from the 2021/2022 plan and the one remaining review from the 2020/2021 plan.

The Committee agreed to note the continuing delivery of the audit plan and related reviews as outlined in the report and in Appendix 1 of the report.

VII GOVERNANCE ACTION PLAN PROGRESS REPORT

There was submitted Report No PAC4-2022 by the Chief Finance Officer providing the Performance and Audit Committee with an update on the progress of the actions set out in the Governance Action Plan.

The Committee agreed:-

(i) to note the progress made in relation to the actions set out in the Governance Action Plan as outlined in Appendices 1 and 2 of the report.

Following questions and answers the Committee further agreed:-

(ii) to note following enquiry from Trudy McLeay that Dave Berry would be looking to arrange for inductions for members to be progressed following the possible change in membership which may take place over the coming months and that induction information was also available on a national level;

(iii) to note following enquiry from Donald McPherson in relation to the range of actions with deadlines of 31st March 2022 that these dates may be subject to change as actions are progressed by Managers through Pentana.

VIII CLINICAL, CARE AND PROFESSIONAL GOVERNANCE

There was submitted Report No PAC5-2022 by the Clinical Director providing an update to the Performance and Audit Committee on the business of the Dundee Health and Social Care Partnership Clinical, Care and Professional Governance Group. The report was presented as an SBAR (Situation, Background, Assessment and Recommendations).

The Committee agreed:-

(i) to note the exception report for the Dundee Health and Social Care Partnership Clinical Care and Professional Governance;

(ii) to the proposal to amend the reporting format to reflect that adopted by NHS Tayside Care Governance Committee as detailed in section 4.1 of the report; and

(iii) to note that the authors were recommending that the report provided moderate assurance.

Following questions and answers the Committee further agreed:-

(iv) to note following enquiry from Trudy McLeay the range of supports including training available to staff in relation to dealing with violence and aggression;

(v) to note that advice of Diane McCulloch that regularity of reporting arrangement for this report would be examined and that content may be reported on an annual basis in future;

(vi) to note following enquiry from Trudy McLeay in relation to whether or not the Mental Health Emergency Ambulance was only available for Adults and not children that Diane McCulloch would confirm if any requests had been made for treatment of children;

(vii) to note following enquiry from Donald McPherson in relation to complaints received that in future dates of complaints would be indicated in the report;

(viii) to note as advised by Dr Kendall that the service liaised with complainants over the period of their complaint advising them of the position in relation to progress over the period of investigation and the support also given to the staff member who may be subject to a complaint;

(ix) to note as advised by Diane McCulloch the range of efforts being made by the Partnership in relation to recruitment and retention of staff at various levels and specialisms; and

(x) to note following enquiry from Donald McPherson in relation to work undertaken in Perth of awareness raising of the position of GP Practices the explanation from Vicky Rons on support provided in Dundee to provide assistance and support to GP Practices and that she would liaise further with Dr David Shaw and Shona Hyman in this regard towards submitting a report on this to a future meeting of the Integration Joint Board.

IX QUARTERLY COMPLAINTS PERFORMANCE 2ND QUARTER 2021/2022

There was submitted Report No PAC6-2022 by the Chief Finance Officer summarising the complaints performance for the Health and Social Partnership in the second quarter of 2021/2022. The complaints included 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; and

(ii) to note the work which had been undertaken to address outstanding complaints within the HSCP and to improve complaints handling, monitoring and reports detailed in sections 4.6 and 4.13 of the report.

X DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP STRATEGIC RISK REGISTER UPDATE

There was submitted Report No PAC7-2022 by the Chief Finance Officer updating the Performance and Audit Committee in relation to the Strategic Risk Register and on strategic risk management activities in Dundee Health and Social Care Partnership.

The Committee agreed:-

(i) to note the content of the Strategic Risk Register Update Report;

(ii) to note the extract from the Strategic Risk Register attached as Appendix 1 to the report; and

(iii) to note the emergent risks as outlined in section 6 of the report.

Following questions and answers the Committee further agreed:-

(iv) to note following enquiry from Bailie Wright in relation to recruitment of staff to provide Breast Screening Service in Dundee or whether the public would have to travel to Aberdeen for this service that Diane McCulloch would establish the position with NHS Tayside and that the Partnership were also monitoring the postion of recruitment of Consultants and Doctors;

(v) to note following enquiry from Martyn Sloan in relation to the use of downwad arrow symbology in report the advice of Dave Berry that this related to previous assessment of risk and that it was now lower; and

(vi) to note following enquiry from Martyn Sloan in relation to members having access to Pentana the advice of Clare Lewis-Robertson that this issue would be covered during development session on Risk Appetite

XI ATTENDANCE LIST

There was submitted Agenda Note PAC9-2022 providing attendance returns for meetings of the Performance and Audit Committee held to date over 2022.

The Committee agreed to note the position as outlined.

XII DATE OF NEXT MEETING

The Committee agreed to note that the next meeting of the Committee would be held on Wednesday, 23rd March, 2022 at 10.00 am.

Trudy MCLEAY, Chairperson.

ITEM No …7……..

REPORT TO: **HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 23 FEBRUARY 2022**

REPORT ON: **ADULT SUPPORT AND PROTECTION COMMITTEE – MID-TERM REPORT 2020/21**

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

REPORT NO: **DIJB2-2022**

1.0 PURPOSE OF REPORT

1.1 The purpose of this report is to inform the Integration Joint Board that the Independent Convenor of the Dundee Adult Support and Protection Committee (ASPC) has produced their mid-term report for the period April 2020 to March 2021.

2.0 RECOMMENDATIONS

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

2.1 Note the content of this report and of the Independent Convenor's Mid-term Report (attached as Appendix 1).

2.2 Note the progress achieved in response to the recommendations made by the Independent Convenor in the Biennial Report 2018-20 (section 4.4).

2.3 Note the areas for improvement identified within the annual report which are to be incorporated into the Adult Support and Protection Committee's delivery plan (section 4.5).

3.0 FINANCIAL IMPLICATIONS

3.1 None.

4.0 MAIN TEXT

4.1 In response to serious shortcomings in the protection and safeguarding of adults at risk of harm in Scotland, the Scottish Government introduced the Adult Support and Protection (Scotland) Act 2007. The main aim of the Adult Support and Protection (Scotland) Act 2007 is to keep adults safe and protect them from harm. The Act defines an adult at risk as people aged 16 years or over who are unable to safeguard their own well-being, property, rights or other interests;

- are at risk of harm; and
- because they are affected by disability, mental disorder, illness or physical or mental infirmity, are more vulnerable to being harmed than adults who are not so affected.

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

In line with the requirements of the Act, the Dundee Adult Support and Protection Committee was established in July 2008.

4.2 Section 46 of the Act requires the Independent Convenor to prepare a Biennial Report outlining the activities of the Adult Support and Protection Committee and more widely the progress made in Dundee in protecting adults at-risk of harm. The report is organised around a number of themes agreed by the Adult Support and Protection (Scotland) Act 2007 Code of Practice (Revised April 2014). The last Biennial Report was published in 2020, however the Independent Convenor also produces a mid-term report in years in which there is no biennial report required.

4.3 The mid-term report contains updates on the commitment to ensure that the protection of people of all ages is a key strategic priority, as well as wider developments to strengthen multi-agency responses to protecting people concerns. It outlines how the Adult Support and Protection Committee has continued to work closely with all relevant partners, including the Integration Joint Board, the Community Safety Partnership and other relevant strategic planning groups, to ensure strategies and priorities are aligned and co-ordinated. The Independent Convenor's Mid-term Report April 2020 to March 2021, is attached at Appendix 1.

4.4 Progress on Previous Recommendations in Biennial Report 2018-2020

4.4.1 During the last twelve months the Dundee Adult Support and Protection Committee has focused on two specific areas of work; the statutory duties for the local authority contained within the Adult Support and Protection (Scotland) Act 2007 and development of partnership working. Key areas of progress include:

- **Statutory duties within the Adult Support and Protection (Scotland) Act 2007**
    - A learning and development programme for Council Officers has been developed and delivered through a blended-learning approach. A Council Officer forum and adult support and protection operational managers forum has also been developed.
    - Utilising learning for the Child Protection Committee the Adult Support and Protection Committee has improved the collation, reporting and scrutiny of key performance data relating to statutory duties.
    - A test of change has been progressed in relation to screening of adult concern reports. Planning for this test took place during the reporting year with implementation from March 2021 onwards. This has led to a reduction in the number of adult concern reports, bringing Dundee into line with other local authority areas across Scotland, by ensuring access to proportionate and timely supports through alternative routes.
    - Work has been undertaken in partnership across Tayside to review operational protocols that support key adult support and protection processes, such as inter-agency referral discussions.
- **Partnership working**
    - A thematic review of fire deaths across the city was completed and has identified areas of strength as well as areas for improvement. The thematic review process has been reported to relevant local, regional and national groups to ensure that learning is effectively disseminated.
    - Focused work has been undertaken to improve the integration of adult support and protection duties and practice into hospital discharge pathways. Work has also been undertaken to review and strengthen pathways that support assessment on capacity.
    - The development of a common model for risk assessment has been progressed and alongside this there has also been activity to enhance arrangements for response to people who do not meet the three-point test for adult support and protection intervention, including the test of change referred to above.
    - Partners have continued to work together to raise awareness of financial harm and scam activity.

- During the year NHS Tayside has continued to develop its infrastructure and capacity for implementing adult support and protection duties, including enhancing staffing levels within their corporate protecting people strategic support team. The enhanced capacity within the team will help NHS Tayside to meet increased demands as well as to comply with local and national guidance and participate fully in partnership working.

4.4.2 In addition to the areas of work outlined in 4.4.1, the Adult Support and Protection Committee has continued to maintain an overview and support the workforce and services in their response to the pandemic. This has included continued use of a strategic risk register to identify and mitigate risks to continuity and quality of service delivery. A range of services have utilised digital technology as part of blended approaches to service delivery, including the use of virtual inter-agency referral discussions and case conferences. There has also been an enhanced focus on public awareness raising. This has included providing information to the public on the increased use of scams within communities and identifying and responding to risks associated with hidden harm. Enhanced supports for third and independent sector providers and unpaid carers have also been developed. A key risk area monitored by the Adult Support and Protection Committee during the pandemic has been reporting on the impact on people living in care home settings and ensuring that appropriate protective measures are in place.

4.4.3 The Mid-Term Report also provides detailed performance information regarding adult support and protection processes, including trend over time where this is available. Over the last year numbers of adult concern reports have continued to rise; this has directly informed the test of change in relation to screening processes described at section 4.4.1. Increased concern reports include a significant rise in the number of concerns raised by the NHS Tayside workforce, reflecting focused awareness raising and staff development activity delivered over the last two years. It remains the case that a very low proportion of adult concerns are assessed as meeting the three-point test and go on to receive a formal adult support and protection response. However, all reported concerns are followed-up and appropriate support offered when needed. Consistent use of investigations, inter-agency referral discussions and case conferences and recording of decision making is recognised as a continued area for improvement.

4.5 Conclusions, Recommendations and Future Plans.

4.5.1 All Adult Support and Protection activity needs to be considered in the context of the strengths and areas for improvement identified by external scrutiny reports, the Transforming Public Protection Programme and the content of the Convenor's Biennial Report.

4.5.2 The Independent Convenor will lead a development session for the Adult Support and Protection Committee before the end of the current financial year to agree revisions to the committee's current delivery plan. Priority areas for further improvement work that will be considered include:

- Workforce development activity targeted at improving early identification of risks associated with self-neglect, hoarding, domestic abuse, hate crime and internet safety.

- Strengthening arrangements for engagement with adults at risk of harm, unpaid carers and wider communities.

- Strengthening arrangements for consideration of findings from learning reviews, including dissemination of learning, action planning and evaluation of impact. This will take into account learning already gained by the Child Protection Committee.

- Further improvements in operational practice, specifically the use of single and multi-agency chronologies, implementation of recently revised inter-agency referral discussions process and recording of decision making.

- Developing a multi-agency adult support and protection quality assurance and self-evaluation framework, including developing increased opportunities for workforce involvement in these activities.

5.0 POLICY IMPLICATIONS

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

6.0 RISK ASSESSMENT

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

7.0 CONSULTATIONS

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

8.0 DIRECTIONS

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

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

9.0 BACKGROUND PAPERS

9.1 None.

Elaine Torrance DATE: 25 January 2022
Independent Convenor, Dundee Adult Support and Protection Committee

Andrew Beckett
Lead Officer, Protecting People

Kathryn Sharp
Service Manager, Strategy and Performance

If not you ...who?

Adult Support & Protection Committee Dundee

Mid Term Summary Report

April 2020 - March 2021

www.dundeeprotects.co.uk

Adult Support & Protection Committee Dundee

Contents

Independent Convener of Dundee Adult Support and Protection Committee 1

Welcome to Dundee Adult Support and Protection Committee's Annual mid-term report for 20/21 which is a snapshot of our partnership's approach to provide adult support and protection leadership and effective operational processes across the city.

The report covers the period from April 2020 to March 2021 and, as can be seen by the information in the report this has been a busy, challenging and productive period for the Adult Support and Protection Committee recognising that the period covered in this document was made more challenging by the impact of the COVID19 pandemic. This has been reflected in the types of harm and risks that we have seen and in our mobilisation of services and the strategic leadership required to meet the challenges associated with this.

Whilst all agencies individually responded with their own operational plans the Adult Support and Protection Committee met more regularly to ensure there was an effective multi -agency response to strategic and key identified risks.

In my role as Independent Convenor I was really impressed by the way all key partners responded quickly and flexibly, shared information effectively and kept an ongoing focus on recognising and responding to adults at risk of harm. This close partnership working continues to respond to the ongoing challenges of the pandemic which impact on staff, communities, families and individuals. As we move forward there remains more to be done and our priorities for the coming year are detailed towards the end of this report.

I would like to thank all the members of the Committee for their ongoing support and dedication and I also recognise the tremendous effort made by all staff in all of our partner agencies during the pandemic and thank them for their ongoing commitment to provide support during this difficult time. Finally, my thanks also to the ongoing support provided by all communities and everyone in Dundee who play a key role in keeping the people of Dundee safe.

With thanks.

Elaine Torrance
Independent Convenor
Dundee Adult Support and Protection Committee


If not
you
...who?

Adult Support and Protection in Context 2

Adult Support and Protection is the only area of Public Protection governed by specific legislation in so far as it places a legal duty on local authorities to inquire and investigate cases where harm is known or suspected.

The act defines adults at risk as those aged 16 years and over who:

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

This is commonly referred to as the '3-point test' and is the benchmark by which any legislative intervention is determined.

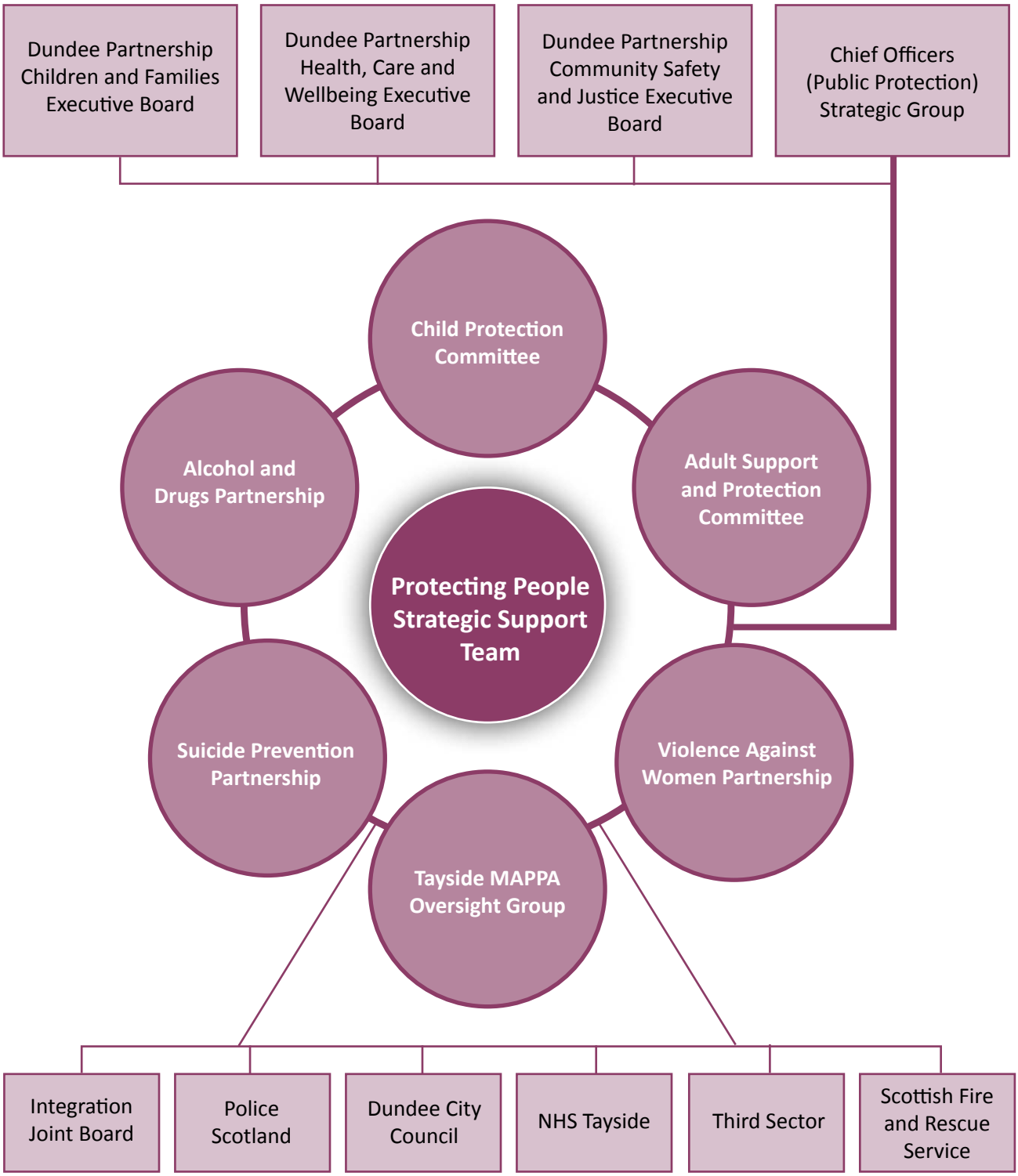
This presents challenges as it sets the bar for legislative intervention very high and means that vulnerable people effected by substance use, domestic violence and the majority of mental health conditions are generally not covered.

Governance and Oversight in Dundee

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

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

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


Dundee Partnership Children and Families Executive Board
Dundee Partnership Health, Care and Wellbeing Executive Board
Dundee Partnership Community Safety and Justice Executive Board
Chief Officers (Public Protection) Strategic Group
Child Protection Committee
Alcohol and Drugs Partnership
Adult Support and Protection Committee
Protecting People Strategic Support Team
Suicide Prevention Partnership
Violence Against Women Partnership
Tayside MAPPA Oversight Group
Integration Joint Board
Police Scotland
Dundee City Council
NHS Tayside
Third Sector
Scottish Fire and Rescue Service

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

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

The structure of the Partnership, the role of the Integrated Joint Board and the role of staff within the joint services has been the focus of much work in respect of Adult Support and Protection. The Chief Officers Group is committed to ensuring that the protection of people of all ages continues to be a key Strategic Priority. Further key priorities are: Strategic Priorities of Early Intervention/ Prevention, Person Centred Care and Support, Models of Support, Pathways of Care, Health Inequalities and Managing our Resources Effectively. By focussing on these the multi-agency responses to Protecting People concerns is strengthened.

The Adult Support and Protection Committee continues to work closely with all relevant partners to ensure our strategies and priorities are aligned and coordinated.

Our Response to COVID-19 3

The initial phase of the pandemic (March - July 2020) involved building on strong relationships between partners to ensure a sustained focus on service continuity for priority groups.

A strategic risk register was established informed by multi-agency operational challenges. The introduction of Chief Officer Group and ASPC Executive Groups initially monitored and coordinated mitigating activity and latterly maintained the risk register as a current, relevant means of strategic overview.

To encourage early identification of concerns and promote timeous support, targeted public and workforce communication made use of a variety of media with extensive use of social media, video and radio campaigns and physical bag drops at community support centres.

To mitigate risk of infection working environments and arrangements changed considerably in line with public health guidance, including testing and vaccination programmes. The multi-agency workforce demonstrated high levels of resilience, flexibility and commitment over this period; this has been acknowledged by the COG and CPC **https://www.youtube.com/watch?v=4DxrLPlmFBY**.

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

The leadership and workforce responses to COVID-19 have significantly increased the speed and impact of responses across the partnership to vulnerable groups. Subject to further evaluation and informed by reflective sessions and planned workforce and community consultation, this will be built upon and strengthened in next iteration of the ASPC business Plan.

The following examples detail some of the progress made by partners towards addressing some of the challenges presented by COVID-19

- Core processes including Initial referral Discussions and Case Conferences used technology to convene virtually. Where possible, vulnerable people and their carers were supported to access and use this equipment to aid their full participation.
- Additional monitoring and oversight on a multi-agency basis was introduced with weekly meetings and data collection and analysis.
- Executive Groups/Chief Officer Groups for Public Protection increased the frequency of meetings to support their responsibility as guardians of collective public protection governance, assurance and culture to proactively provide additional support.
- Information shared via HSCP and NHS Tayside COVID-19 newsletters to raise awareness and ensure staff remain vigilant
- Scottish Government supplementary Adult Protection Guidelines shared. Local and Tayside guidance updated.
- The Mental Welfare Commission guidance in response to COVID-19 to support practitioners was shared across the partnership.
- There has been a focus on recognising and responding to financial harm during the pandemic with regular information and updates being provided via **https://onedundee.dundeecity.gov.uk/news/covid-19-fraud-scams**
- Partners continued to develop and redesign services to support safe discharge from hospital, including the successful 'Discharge to Assess' model which promotes discharge prior to major assessment decisions being made. The aim of this is to improve experiences of discharge for both patients and carers and to reduce the numbers of patients moving directly to a care home from hospital. This in turn reduces the demand for guardianship applications under the Adults with Incapacity legislation.
- Developed and strengthened our support to third and independent sector providers to assist them to continue to operate safely throughout the pandemic and to support ongoing sustainability through national financial support arrangements.
- Developed a Partnership staff wellbeing framework and worked with partners in Dundee City Council and NHS Tayside to develop a range of supports and responses to respond to workforce health and wellbeing needs arising from the experience of working through the pandemic.
- In order to ensure key messages reached the community during the pandemic; leaflets with key protection messages for women who are involved in commercial sexual exploitation were developed and an accessible, symbolised version of public communication around domestic abuse was produced.
- Continued to support unpaid carers via the virtual hub, launch of the e-learning portal Carers of Dundee, the introduction of shopping cards and the provision of safe and innovative forms of respite. How we support carers continues to be informed by the Engagement Surveys and Focus Groups which carers were invited to contribute to.

- Ensured that people in vulnerable care groups are supported when they attend their appointment for a COVID-19 vaccination by aiding the organisation and development of the local vaccination centres and community testing facilities. For example, the Community Learning Disability Nurse organised a secluded area to support the needs of some people with a learning disability.
- Continued to support victims of domestic abuse and understand the effects lockdown and the pandemic has had on families. This includes a range of activities in partnership with Neighbourhood and Children and Families Services to enhance mainstream services responses to women, children and young people.
- The community learning disability nurses also adapted their service during the pandemic by providing nursing cover on public holidays and offering garden visits and 1:1 sessions instead of group work, where people did not wish to communicate using Near Me.
- The CARES service (COVID-Related Advice on Rehabilitation, Enablement and Support) has been a rapid development in direct response to emerging need. This remote access service offers direct access for anyone experiencing symptoms which are common after COVID-19.
- The Mental Health and Learning Disability Allied Health Professionals used MS Teams to communicate with individuals in lieu of 'face to face' appointments.
  For example Speech and Language Therapy utilised MS Teams to provide an Augmentative & Alternative Communication (AAC) therapy group for people with a range of learning disabilities and associated physical issues which would otherwise not have been able to meet due to COVID-19 related restrictions. This method of communication has also provided peer support for both service users and carers which might normally have been hard to achieve.
- Community Care and Treatment Service adapted their clinic based services to visit shielding patients at home to deliver wound care and phlebotomy services.
- Through the Gendered Services project, members of the lived experience group have discussed the barriers they have experienced when trying to engage with services and what instead would make a service more accessible. The input from this lived experience group has been incorporated into a self-assessment tool which will be used with services to identify gaps in service delivery and any gaps in knowledge for staff. The Gendered Services group also developed a directory of services for women in Dundee and this includes specialist services such as Women's Aid but also other services which have women-only elements **https://www.dvawp.co.uk/adult-experiencing-VAW/Specialist-Support**
- Positive Steps Assertive Outreach service has been especially successful in targeting overdose prevention interventions towards a "hidden" population of individuals at significant risk of drug related death. The service proactively identifies high risk individuals by conducting visits to street begging sites and homeless accommodation, as well as working with Dundee Drug and Alcohol Recovery Service to re-engage individuals who have recently stopped attending their service.


If not
you?
...who?

What Our Data is Telling Us 4

1st April 2020 - 31st March 2021

Improving the use of qualitative and quantitative multi-agency data to inform strategic decision making and the development and delivery of person centred approaches to improving safety and well- being was identified as a priority for the partnership in 2018.

Since then, the focus has shifted from the collation of single agency indicators to the synthesis of a wide variety of data inputs to better understand collective impact on outcomes for individuals and communities at risk.

What follows is a brief summary of key ASP data from 1st April 2020 - 31st March 2021.

2373 Concerns received

Increase of 10% on previous year

The number of adult concerns increased by 10% during the period covered by this report.

Dundee is an national outlier in terms of the levels of adult concern reports that are received by the HSCP from other partner agencies. In 2019 – 20 some 35,407 adult concerns were recorded nationally with Dundee accounting for 2147 (6%) of these. Last year Dundee was more than double the national average for Adult Concerns but was significantly below average for those proceeding to investigation.

There is no evidence to suggest that adults in Dundee are at any greater risk than they would be anywhere else but rather this has more to do with how agencies in Dundee carry out and record their statutory duties.

The vast majority of these adult concerns originated from Police Scotland VPD reports and do not meet the three point test under ASP legislation. Therefore, they cannot progress through legislative processes in respect of ASP processes. They do however, relate to adults who have a wider variety of needs and vulnerabilities. This means that response to the identified risks is required out with the legislative framework

Detailed multi-agency analysis was undertaken into how concerns were reported, screened, assessed and progressed. Analysis was also completed into what happens to individuals who present concern but do not progress in respect of statutory intervention.

A pilot screening of Adult Concerns commenced in March resulting in a 61% reduction in recorded ACR's. Bringing Dundee in line with other areas.

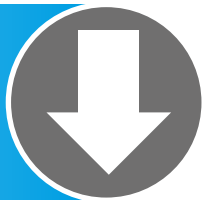
180 ASP concerns raised by NHS Tayside

Increase of 78% on previous year

Although Police Scotland persist in being the major source of adult concern referrals, the past year has seen a significant rise in concerns raised by NHS Tayside. This is attributed largely to the work of our colleagues in the NHS Tayside Adult Protection Team in raising awareness and identifying areas for development across the NHS.

14 Interagency referral discussions

Decrease of 40% on previous year



The number of Interagency referral discussions has decreased by 40%. Although numbers are small it is recognised the consistent application and recording of IRD processes is an area for development. Standardisation of IRD processes on a Tayside basis features in the current ASP business plan.

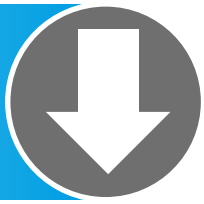
47 Concerns that had a case reference

Increase of 18% on previous year

Again, although the numbers are small it is significant to note that many conferences were convened without an IRD taking place.

55 Investigations undertaken

Decrease of 33% on previous year



Of the investigations undertaken, 22 (40%) related to males and 33 (60%) concerned females. We have seen a significant decrease in the number of younger females being investigated. This was an area of concern during the previous reporting period.

Mental Health and Substance use feature as the primary areas of concern with most incidents of harm occurring in the individual's home or a public place.


If not
you
...who?

Key Achievements 5

Progress during the past 12 months

Dundee Adult Support and Protection Committee has focused on two specific areas during the period covered by this report.

The statutory duties for the local authority as defined in the legislation.

Examples of progress made in these areas include:

- Council Officer Programme (Blended Learning)
- Much improved use and interpretation of data.
- Pilot screening of Adult Concerns (Since commencing in March there has been a 61% reduction in recorded ACR's. Bringing Dundee in line with other areas)
- Council Officer and Manager Fora
- Development of Tayside Protocol (Eg Interagency referral discussion))

Partnership

Examples of progress made in these areas include:

- Learning reviews: The Dundee partnership undertook a thematic review of fire deaths across the city which has identified areas of strength and development for the coming year.
- Focus on hospital discharge
- Capacity Pathway development
- Development of common risk assessment model
- Appropriate response to those not meeting 3-point test
- Financial harm and scam activity.

NHS Developments

NHS Tayside has continued to develop the infrastructure of the Adult Protection Team, broadening the agenda and recruiting additional members of the team covering generic and specialist posts.

Tayside NHS Board holds a range of responsibilities under a broad suite of protective legislation (Adult Support and Protection/Mental Health Act/Adults with Incapacity Act/Wilful Neglect and Ill Treatment). To progress the development of a sustainable infrastructure for Adult Protection.

The development of this new service is well placed to meet the increasing demands as well as comply with all local and national arrangements and partnership working. The development of this team will ensure that NHS Tayside is able to support the most vulnerable and at risk adults within our communities and meet the growing demands on the NHS Tayside AP team.

Workforce Learning & Development (2020/21) 6

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

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

Protection

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

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

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

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

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

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

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

(Senior Manager, ASP DD, 16 March 2021)

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

March 2021 ASP DD

Development work has continued with practitioners who have specific Council Officer functions under the Adult Support and Protection (S) Act 2007. The ASP forum was relaunched using digital tools (MS Teams from August 2020) and continues to be a forum for practitioners and managers. This now also includes newly appointed NHS Tayside ASP Advisors for shared learning and development opportunities.

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

- 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
- 8 Practice workshops, running over a 6–8-month period

The ASP learning tool competencies were designed by Dundee and Angus and critically appraised by colleagues in Perth and Kinross who at the time, were out with the programme pilot. The tool has also been shared nationally for feedback and reviewed by the National Adult Protection Coordinator, Paul Comley.

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, including NHS Tayside employees, third and independent sector employees and volunteers' access to a range of protection learning resources previously unavailable to them. TURASLearn has also been heavily promoted across all social work and social care services, both with the organisation and with those who deliver services on behalf of or as part of Dundee 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 and safety throughout the ongoing COVID-19 pandemic.


If not
you?
...who?

Priorities for the Next 12 Months 5

National Adult Protection Priorities

Inspection Partners are undertaking a phased restart to the Inspection Programme that was postponed due to COVID-19 in 2020. Dundee ASPC will consider the recommendations of any partner authority inspections and consider in respect of our business plan and risk register.

Institute for Research and Innovation in Social Services are working with the ASP Data Advisory Group to develop and test a new ASP Minimum Dataset in partnership with 3 test authorities. Dundee hopes to benefit from this area of development.

The ASP Code of Practice and the Guidance for Adult Protection Committees are being refreshed with a view to strengthening service user and carer involvement.

A Large Scale Investigation training resource is being developed nationally which will inform practice within Dundee.

Local Adult Protection Priorities

- **Improve the multi-agency workforce awareness** of and their response to identified and emerging themes including Self-Neglect, Hoarding, Domestic Violence, Hate Crime and Internet Safety
- **Work with partners to plan and deliver mitigating actions** in response to risks identified through the strategic Risk register.
- **Improve and strengthen collaborative working** with our partner agencies
- **Strengthen arrangements for engagement** with the community, adult's at risk of harm, unpaid carers and the multi-agency workforce in respect of Adult Support and Protection
- **Strengthen learning** from Initial and Significant Case Reviews
- The **use of single agency and multi-agency chronologies**.
- **Implementation of the IRD process**
- **Recording of Decision making**
- **Application of 3 point test and the role** of the council officer.
- **Consider how frontline staff are directly involved** in self-evaluation and improvement activity
- **Development of a multi-agency ASP self-evaluation and improvement framework**.


If not
you
...who

What I need from you!

Adult Support and Protection Committee Dundee

c/o Andrew Beckett, Lead Officer
Protecting People Team
Friarfield House
Barrack Street
Dundee DD1 1PQ
t: 01382 436264

www.**dundeeprotects**.co.uk

Adult Support & Protection Committee Dundee

Integrated Impact Assessment Report.

Committee Report No:

Document Title: Adult Support and Protection Committee Independent Convenor's Mid-Term Report 2020-2021

Document Type: Other

New/Existing: New

Period Covered: 01/04/2020 - 31/03/2021

Document Description:
Mid-term report of the Independent Convenor of the Adult Support and Protection Committee.

Intended Outcome:
To report progress against the recommendations from the Biennial Report 2018-2020 and summarise the work of the Adult Support and Protection Committee over the reporting period.

How will the proposal be monitored?:
The Independent Convenor monitors and reports progress through mid-term and biennial reports.

Author Responsible:

Name: kathryn sharp

Title: Service Manager, Strategy and Performance

Department: Health and Social Care Partnership

E-Mail: kathryn.sharp@dundeecity.gov.uk

Telephone: 01382 433410

Address: Friarfield House, Barrack Street, Dundee

Director Responsible:

Name: Elaine Torrance

Title: Independent Convenor

Department: Dundee Adult Support and Protection Committee

E-Mail: elaine.torrance@dundeecity.gov.uk

Telephone: n/a

Address: n/a

A. Equality and Diversity Impacts:

Age:	Positive
Disability:	Positive

Gender Reassignment:	No Impact
Marriage and Civil Partnership:	No Impact
Pregnancy and Maternity:	No Impact
Race/Ethnicity:	No Impact
Religion or Belief:	No Impact
Sex:	Positive
Sexual Orientation:	No Impact

Equality and diversity Implications:
The report details a range of activities that will have specific positive impacts on older people and people with a disability.

Proposed Mitigating Actions:
None required

Is the proposal subject to a full EQIA? : No

The report details a range of activities that will have specific positive impacts on older people and people with a disability.

B. Fairness and Poverty Impacts:

Geography

Strathmartine (Ardler, St Mary's and Kirkton):	Positive
Lochee(Lochee/Beechwood, Charleston and Menzieshill):	Positive
Coldside(Hilltown, Fairmuir and Coldside):	Positive
Maryfield(Stobswell and City Centre):	Positive
North East(Whitfield, Fintry and Mill O' Mains):	Positive
East End(Mid Craigie, Linlathen and Douglas):	Positive
The Ferry:	Positive
West End:	Positive

Household Group

Lone Parent Families:	No Impact
Greater Number of children and/or Young Children:	No Impact
Pensioners - Single/Couple:	Positive
Single female households with children:	No Impact
Unskilled workers or unemployed:	No Impact
Serious and enduring mental health problems:	Positive
Homeless:	Positive
Drug and/or alcohol problems:	Positive
Offenders and Ex-offenders:	No Impact
Looked after children and care leavers:	No Impact
Carers:	Positive

Significant Impact

Employment:	No Impact
Education and Skills:	No Impact

Benefit Advice/Income Maximisation:	No Impact
Childcare:	No Impact
Affordability and Accessibility of services:	Positive

Fairness and Poverty Implications:
The activities of the Adult Support and Protection Committee have a positive impact across all localities and on a range of vulnerable groups across the city. The report details activities with specific focus on older people, homelessness, mental health and other vulnerable groups.

Proposed Mitigating Actions:
None required

C. Environmental Impacts

Climate Change

Mitigating greenhouse gases:	Not Known
Adapting to the effects of climate change:	Not Known

Resource Use

Energy efficiency and consumption:	Not Known
Prevention, reduction, re-use, recovery or recycling waste:	Not Known
Sustainable Procurement:	Not Known

Transport

Accessible transport provision:	Not Known
Sustainable modes of transport:	Not Known

Natural Environment

Air, land and water quality:	Not Known
Biodiversity:	Not Known
Open and green spaces:	Not Known

Built Environment

Built Heritage:	Not Known
Housing:	Not Known

Is the proposal subject to Strategic Environmental Assessment

No further action is required as it does not qualify as a Plan, Programme or Strategy as defined by the Environment Assessment (Scotland) Act 2005.

Proposed Mitigating Actions:

None

Environmental Implications:

Not known

D. Corporate Risk Impacts

Corporate Risk Implications:
The risk implications associated with the subject matter of this report are 'business as normal' risks. The subject matter is routine and has happened many times before without significant loss. There is comfort that the risks inherent within the activity are either transferred to another party, shared equally and fairly between the Council and another party or are negligible.

Corporate Risk Mitigating Actions:

ITEM No …8……..

Dundee Health & Social Care Partnership

REPORT TO: **HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 23 FEBRUARY 2022**

REPORT ON: **ARRANGEMENTS FOR MANAGING HIGH RISK OFFENDERS**

REPORT BY: **INDEPENDENT CHAIR, TAYSIDE MAPPA STRATEGIC OVERSIGHT GROUP**

REPORT NO: **DIJB4-2022**

1.0 PURPOSE OF REPORT

1.1 This report summarises the twelfth annual report on arrangements for managing high risk offenders across Tayside over the period 1 April 2020 to 31 March 2021.

2.0 RECOMMENDATIONS

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

2.1.1 Notes the content of this report and the ongoing developments in relation to the risk assessment and risk management of high risk of harm offenders.

3.0 FINANCIAL IMPLICATIONS

3.1 None.

4.0 MAIN TEXT

4.1 The Management of Offenders etc. (Scotland) Act 2005 introduced a statutory duty on Responsible Authorities - Local Authorities, Scottish Prison Service (SPS), Police and Health - to establish joint arrangements for the assessment and management of the risk of harm posed by certain offenders. The Act also placed a duty on agencies who come into regular contact with people who present a high risk of harm to co-operate in risk assessment and risk management processes. These 'Duty to Co-operate' agencies include, for example, Third Sector partners and suppliers of Electronic Monitoring. The Responsible Authorities are required to keep the arrangements under review and publish an annual report. The annual report for 2020/21 is attached as appendix 1.

4.2 The introduction of Multi Agency Public Protection Arrangements (MAPPA) in 2007 created a consistent national approach towards the implementation of the Act and initially focused on Registered Sex Offenders (RSOs). In 2008, arrangements were extended to include Restricted Patients who are persons who, by virtue of their mental health, are confined for treatment under current Mental Health legislation and present a risk of harm to the public. In 2016, arrangements were further extended to include 'Category 3' persons, defined as anyone who has been convicted of an offence who, by reason of that conviction, is considered to be a high or very high risk of serious harm to the public and who therefore requires multi-agency management.

4.3 In Tayside, a MAPPA Strategic Oversight Group (SOG) oversees developments and consists of the Responsible Authorities and local Duty to Cooperate agencies. Where an RSO subject to Notification Requirements is also subject to a Community Payback Order or License Conditions after serving a prison sentence of 4 years or more, they are managed jointly by the Local Authority and Police Scotland. Where only Notification Requirements apply, the lead agency is Police Scotland. The lead for Restricted Patients is the NHS and for Category 3 persons, the Local Authority. In all cases, people are assessed at Levels 1, 2 or 3 and managed proportionately in accordance with risk. However, the management of people assessed, supervised and supported

under MAPPA can be a complex task and constantly involves information sharing, analysis, defensible decision making, collaborative action, case reviews and case planning.

4.4 **Developments in MAPPA in 2020-21**

4.4.1 Last year was dominated by the COVID-19 pandemic and the annual report sets out how all the MAPPA partners, both within their own agencies and collectively as a partnership, adjusted their working practices to ensure that the assessment and management of people who present a high risk of harm continued. The Community Justice Service (CJS) building at Friarfield House remained open subject to public health requirements, with the co-located MAPPA Coordinator, MAPPA admin, NHS Liaison Officer, CJS Public Protection Team (PPT), Police Sex Offender Policing Unit (SOPU) and the Tay Project (Moving Forward Making Changes accredited programme team) all having a proportion of staff in the building each day. This also allowed continued access to the shared Visor database for all agencies.

4.4.2 To promote appropriate levels of face-to-face and digital supervision and support, the Community Justice Service immediately introduced Minimum Practice Requirements which stipulated weekly, fortnightly and/or monthly arrangements. Due to the higher risk associated with many people subject to MAPPA, a high frequency of face-to-face contact was maintained throughout all the phases of the public health response. This applied to both supervision and to programme work, where individual work replaced groupwork during the peak periods of lockdown. Where groupwork was possible, it was facilitated at a lower staff to person ratio. No individual required extra time to complete programmes and enforcement also continued, including examples of action taken following examination of internet devices during home visits.

4.4.3 The impact of the pandemic similarly caused the Sex Offender Policing Unit (SOPU) to examine how it could continue to perform the core role of managing offenders within the community while keeping staff and members of the public safe from harm. Recognising the critical nature of offender management, Police Scotland ensured that SOPU resourcing levels were maintained in accordance with the nationally recognised Lead Investigator/Offender ratios. A robust risk assessment process was implemented and all police officers within the Sex Offender Policing Unit were equipped with suitable PPE which ensured that, where contact with an offender was essential, any risk of infection or transmission of the virus was mitigated. These revised processes allowed Police Scotland to continue to support, monitor, enforce and investigate.

4.4.4 Whilst NHS Tayside has been at the forefront of care delivery locally, the Public Protection agenda was prioritised within the organisation. NHS Tayside has developed a Public Protection framework which has seen all aspects of this business progressed and prioritised with the development of a Public Protection Executive Group chaired by the Executive Nurse Director. MAPPA falls within this framework and the Health Liaison Officer (MHLO) post was sustained. NHS Tayside moved to online platforms for some appointments and meetings with the use of MS Teams and Near Me becoming core business. The HLO has continued to offer advice in relation to risk assessment and risk management and introduced the use of alerts within core e-health systems to support clinical staff.

4.4.5 To ensure that information sharing continued, MAPPA Meetings were carried out digitally at the same frequency as pre-COVID. The Strategic Oversight Group increased its frequency of meeting to every 6 weeks to regularly review a Risk Register and ensure identified and anticipated risks were mitigated. The MAPPA Co-ordinator and the Chair of the Strategic Oversight Group continued to attend national meetings held via MS Teams, thus allowing for national themes and information to be shared at a local level. One of the main themes this year has been the review of the MAPPA Guidance which was discussed and commented on both by the Strategic Oversight Group and the MAPPA multiagency Operational Group (MOG) of frontline practitioners. Comment was submitted by Dundee emphasising the need for the interface between Scottish Prison Service Risk Management processes and MAPPA meetings to be as clear and seamless as possible, when planning for individuals who meet MAPPA criteria, who are in prison and accessing the community.

4.4.6 The full range of partner updates is set out in the attached annual report (appendix 1).

4.5 Progress on Previous Recommendations in Annual Report 2019/20

4.5.1 **Further development of Risk Register for SOG -** The SOG has met every 6 weeks to review a Risk Register, agree mitigating actions and consider national developments. The Risk Register has been shared with the Chief Officers Group to promote joint responses across the Protecting People agenda.

4.5.2 **Implement the Strategic Plan including outstanding actions identified from Significant Case Reviews -** The development of a Case Review group chaired by the SOG chair has ensured that all actions from Significant Case Reviews are examined and evidenced in practice. This group have examined both Person X and Prisoner Z action plans and will continue to have oversight of associated improvements.

4.5.3 **Training plan to be developed and agreed -** The MAPPA MOG now has oversight of the training plan and all future training. It is acknowledged that training was less prioritised in 2020-21 with, in effect, every SOG meeting being a meeting to share learning regarding adjustments to the changing pandemic phases.

4.5.4 **Communication plan to be agreed and implemented** - This work is yet to start but will be a priority in the coming year. Updates on MAPPA and other aspects of justice delivery were provided to Elected Members during regular Community Safety and Public Protection Convenors and cross party leads meetings.

4.5.5 **Enhance data collection and analysis -** A Self Evaluation and Audit Working Group has been established to implement a self-evaluation regime for the examination of inter-agency data and assesses impact and outcomes in line with the MAPPA Quality Indicators. The Group has also developed a Tayside MAPPA Performance Report to provide management information and statistics related to MAPPA.

4.6 Key Data

4.6.1 As of 31 March 2021, there were 140 Registered Sex Offenders (RSO) within the community in Dundee with 38 being jointly managed by CJS and Police. RSOs who are managed by Police only remain subject to a robust regime of supervision and multiagency MAPPA meetings. The figure for 31 March 2020 was 165 RSOs within the community in Dundee with 64 jointly managed.

4.6.2 The reduction in convicted RSOs is likely to be associated with the impact of the pandemic on the flow of Sheriff Court business but it is important to note that the Court prioritised people presenting a high risk of harm and continued to make decisions on both bail conditions and remands throughout the period. Police Scotland also maintained decisions on bail conditions following arrest prior to the first appearance in Court. It is relevant to note that out with this reporting period the numbers for October 2021 show a rise to 146 RSOs in the community with 41 jointly managed, indicating a closer return to normal Court business and sentencing.

4.6.3 In response to the reduction in court sittings, where there was at times an increased gap between conviction and sentencing, Tayside MAPPA took the decision to hold initial MAPPA meetings at point of conviction, not at sentencing.

4.7 Areas for Further Improvement 2021/2022

4.7.1 The following priorities have been identified for the coming year 2021/2022:

- Communication plan to be agreed and implemented.
- Progression of training programme.
- On publication of the reviewed MAPPA Guidance ensure local practice is updated.
- Self-evaluation group will extend work, including multiagency events to learn from complex cases.

5.0 POLICY IMPLICATIONS

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

6.0 RISK ASSESSMENT

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

7.0 CONSULTATIONS

7.1 The Chief Officer, Chief Finance Officer, Heads of Service – Health and Community Care, Chief Social Work Officer, members of the Tayside MAPPA Strategic Oversight Group, members of the Chief Officers Group and the Clerk were consulted in the preparation of this report.

8.0 DIRECTIONS

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

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

9.0 BACKGROUND PAPERS

9.1 None.

Alan Small DATE: 25 January 2022
Independent Chair, Tayside MAPPA Strategic Oversight Group

Glyn Lloyd
Head of Service, Children's and Community Justice Services, Dundee City Council

Martin Dey
Service Manager, Children and Families Service, Dundee City Council

MAPPA

Tayside Multi Agency
Public Protection Arrangements

Annual Report

2020-2021

INTRODUCTION

This is the first Tayside MAPPA Annual report of my tenure as the Tayside MAPPA Strategic Oversight Group (SOG) Independent chair having taken up the post in September 2020. I would like to acknowledge the achievements of my predecessor Elaine Torrance who chaired the SOG during a challenging time and whose leadership helped lay the strong foundations on which I now stand.

Protecting the public from violent and sexual crime is one of the highest priorities across the Tayside MAPPA SOG partnership. The reporting year of April 2020 to March 2021 was a challenging one with services, the public and those managed under MAPPA all having to deal with the impact of the global Covid-19 pandemic. I can honestly say that as the first lockdown was imposed I would never have thought that services would have the ability to adapt, transform and continue to deliver protective services in the way they have. It hasn't been an easy journey for any of us however the professional, 'can do' attitude of those involved in the delivery of MAPPA has shone through. Whilst visits to MAPPA subjects have at times had to be adjusted to telephone contact and risk assessed personal visits involving PPE became a regular feature business continued as near as usual as possible. Innovative approaches to virtual partnership meetings at a strategic and operational level were possible due to partners use of Microsoft Teams and outside meetings with MAPPA managed individuals are examples of a new way of working, which I suspect will in a blended way stay with us for the future.

During the pandemic the number of Register Sex Offenders in Tayside fell, whilst we suspect this may have been due to the slowing of the Court system we are still to fully understand the causal factors. This has helped services operate under the strain of the pandemic, however it is a situation that is constantly monitored as we suspect that the opening up of the Court system may in some way reverse the trend.

MAPPA is an area of public protection that rarely catches the public attention unless related to negative coverage. It is unfortunate that the excellent work carried out on a daily basis isn't wider publicised as without MAPPA many more offences would be committed and the risk to the public would be increased. This wouldn't be possible without the dedication of those involved in delivering MAPPA keeping the public and those managed under it safer from harm. I appreciate the efforts of all involved in MAPPA in Tayside and wish to offer them my personal thanks for their efforts in the most challenging of years.

Alan Small
Independent Chair
Tayside MAPPA Strategic Oversight Group

TAYSIDE MAPPA

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

In Tayside, Community Justice Social Work (CJSW), Police, Scottish Prison Service (SPS) and Health (NHS Tayside), known as the responsible authorities, are committed to working in partnership to prevent people becoming victims of serious harm. Making our communities safer is the highest priority and work undertaken through MAPPA is of critical importance to achieving this.

Victims and the public have a right to feel protected and safe. Whilst it is never possible to eliminate risk entirely all reasonable steps need to be taken to reduce the risk of serious harm to the public from known offenders. MAPPA is designed to bring agencies together to help manage that risk and keep it to a minimum.

The responsible authorities of Tayside are:

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

2020 A YEAR LIKE NO OTHER

As we began this reporting year the Covid-19 pandemic struck and the country was in lockdown, causingd us all to change the way we lived and worked. In this report each responsible authority will give details of how they adapted and gone on to ensure that MAPPA and the management of offenders has continued to ensure the safety of the communities of Tayside.

DUNDEE CITY COUNCIL

In Dundee a decision was taken to keep the Friarfield House office open throughout the pandemic. Safe systems of work were implemented and physical safety features, such as perspex screens in interview rooms, were introduced. Interviews with offenders have continued throughout by appointment only. The building continued to operate as a multiagency hub with MAPPA co-ordinator, MAPPA admin, NHS liaison, CJS Public Protection Team (PPT), Police Sex Offender Policing Unit (SOPU) and the Tay Project (Programme intervention team) all having a proportion of staff in the building each day. This also allowed continued access to Visor for all key agencies. A risk and need assessment was conducted at the start of the pandemic response and the frequency of face to face contact, based on risk and need rating was supplemented by telephone contact.

Due to the higher risk associated with many MAPPA offenders, a high frequency of face-to-face contact (both office appointment and home visit) has been maintained throughout the phases of the public health response, with PPE used to protect staff. This applied to both supervision and to programme work, where individual work replaced groupwork during the peak periods of lockdown. The net effect has been that all jointly managed MAPPA offenders have had their supervision managed according to a risk and need assessment and programme work has been sustained at such a level that no individual is assessed as requiring extra time to complete due to public health changes to delivery.

Groupwork has been facilitated at a lower staff to offender ratio, with two periods of complete suspension at the highest level of lockdown. Programme (MFMC) delivery staff during Covid used their contact with offenders to not only offer programme work but also support the coping mechanisms of individuals during the unique challenges of lockdown. Programme staff also supplemented the supervision regimes of case managers, for example carrying out the face-to-face contacts for PPT staff who were medially advised to shield.

Overall, there was a highly disciplined and committed response by staff to keep MAPPA support and monitoring continuing throughout the pandemic and due to the strict public health regime, with no known transmission of Covid to staff through offender contact.

PERTH & KINROSS COUNCIL

Access to services was severely curtailed for offenders during 2020/21 because of the restrictions brought about by COVID-19. To maintain a service, criminal justice social work (CJSW), had a skeleton staff who remained in the office and dealt with offender unplanned emergency situations. All appointments and interviews were initially conducted via telephone, only gradually moving to face to face contact as restrictions eased. However, some home visits continued throughout the pandemic either due to offender vulnerability or their level of risk of offending or to themselves. In adhering to Scottish Government and Council guidance, all staff wore Personal Protective Equipment (PPE) to ensure not only their own safety but that of offenders, particularly those who were shielding.

Basic mobile phones were purchased and supplied to offenders who did not have these devices and were pre-loaded with a small amount of credit. This was done for a number of vulnerable and socially isolated offenders as well as those who had been granted early release from prison. Food parcels were also delivered to these people and others in need, the parcels being stored in the office and delivered by the staff who were manning the office. Offenders were therefore prioritised not only on the basis of their level of risk of re-offending and harm but their primary needs and included:

- Perpetrators convicted of domestic violence
- service users at high risk of harm and re-offending
- people released from prison
- people subject to MAPPA in the community
- vulnerable service users at risk

The service slowly transitioned to face to face appointments between lockdowns but had to be flexible and revert to more restrictive contact as guidance fluctuated and further restrictions were imposed.

Technology provided by the Council was well utilised by the service particularly the facility to conduct virtual meetings via Microsoft Teams. This technology greatly assisted – given the geographical challenges in Perth and Kinross – to access vulnerable offenders and help them in attending appointments with other services e.g., Health, Independent Advocacy, solicitors, SHINE mentoring service.

Microsoft Teams has proved to be a preferred method for facilitating meetings including Multi-Agency Public Protection Meetings (MAPPA). Initially these were conducted via telephone conferencing however as the capability spread, MS Teams became the preferred forum for this business and has proved more expedient and efficient.

ANGUS COUNCIL

At the onset of Covid and lockdown, the Public Protection Team in Angus attempted to prioritise risk and needs levels in relation to offenders, in a hope services could ensure they continued to supervise and support the riskiest and most vulnerable on a face-to-face basis where possible. Services kept weekly contact with all offenders by phone, text or teams/zoom. It very quickly became apparent that the majority of lower risk and less vulnerable offenders were not coping well with this type of contact. Services saw an immediate increase in people breaching their CPO/licence requirements/conditions and immediately went back to attempting face to face contact with all offenders. Loneliness and anxiety appeared to be the significant contributory factors to the offenders struggling to manage. Workers did doorstep visits, delivered 'well being' packages of toiletries, jigsaws, games, books etc and on top of this kept in regular telephone contact. Following the increase in face to face contact services saw a reduction in breaches.

Staff have continued to supervise and support offenders both at home and in the office, going on walks or meeting in risk assessed areas, adhering to PPE guidance and ensuring everyone is kept safe. Both workers and offenders have commented they have enjoyed experiencing more of the creative and different forms of contact and are keen to ensure this continues in the future. Workers feel they are able to engage with, form and sustain better relationships, in a much more natural environment. Services have seen the opportunity for more pro-social modelling and mirroring behaviour and feedback from our offenders suggest this has been a positive change.

POLICE SCOTLAND

The impact of the Covid19 pandemic affected all areas of policing and, in relation to the Sex Offender Policing Unit (SOPU), caused us to examine how we would continue to perform our core role of managing offenders within the community while keeping our staff, offenders and other members of the public safe from harm.

Recognising the critical nature of offender management, Police Scotland ensured that SOPU was supported and that resourcing levels were maintained in accordance with the nationally recognised Lead Investigator / Offender ratios.

From the outset we followed guidance issued by public health and the National Sex Offender Policing Unit (NSPOU) and, given the restriction on social contact, we were required to revise the manner in which we interacted with offenders. A robust risk assessment process was implemented and all police officers within the Sex Offender Policing Unit were equipped with suitable PPE which ensured that, where contact with an offender was essential, any risk of infection or transmission of the virus was mitigated. These revised processes allowed us to continue to perform our core role without adverse impact.

SCOTTISH PRISON SERVICE

HMP Perth

HMP Perth has continued to operate with very few interruptions to regular MAPPA business during the period of the Pandemic. The ICM team have continued to enjoy regular correspondence and assistance from the MAPPA Co-ordinator and the local Sex Offender Policing Units within Tayside.

The introduction of MAPPA meetings by TEAMS has had a positive impact to the process and has allowed staff to attend without any major disruption to their working day. It has been seen as a positive move and has not disrupted the ability of sharing information.

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

Numbers within custody from Tayside have remained relatively constant throughout with a small reduction in Tayside custody cases between April and August 2020. August 1st 2021 figures show slight rise to 56 but predominantly figures have remained in the low 50's.

HMP Castle Huntly

The Covid19 pandemic had an immediate impact on HMP Castle Huntly, how it operated and how we managed those in our care.

Our core business is to prepare those in our care for a return to society by way of gradual testing and integration to their local communities via placements, external project attendance and monthly home leaves. The restrictions imposed on society signalled an immediate cessation of all community access and we effectively operated as a closed establishment for the majority of the pandemic. The residents responded positively by making good use of the internal activities and opportunities we made available.

We ceased taking admissions for approximately 4 months and our population dropped by approximately 40% until a gradual return, this drop in population allowed us to operate a single cell policy, helping keeping our residents safe and healthy during this period. Whilst 'closed' prisons were required to curtail their regimes we adopted a one household approach and allowed those in our care to continue to work internally and access outside activities for 10 hours per day. We remain the only public or private prison within Scotland that has not had a positive case amongst our residents.

HMP Castle Huntly have managed safely a total of less than 5 Tayside MAPPA prisoners since the start of the COVID-19 pandemic. Less than 5 were liberated and are managed in the community by MAPPA, in June and November of 2020. Less than 5 prisoners remain and are being managed by us under MAPPA.

During 2020 our normal monthly multi-disciplinary MAPPA meetings to over view each case was suspended due to no community access/movement, and RMT remained the platform to manage them. The HMP Castle Huntly monthly MAPPA meeting recommenced in March 2021 as we moved closer to a position whereby community access was being planned for. This meeting remains a good practice to ensure HMP Castle Huntly manages and reviews all aspects of a MAPPA prisoners plan – and is not a decision making forum.

NHS TAYSIDE

Like all organisations this has been a challenging year for NHS Tayside mainly due to the ongoing COVID-19 global pandemic. Whilst NHS Tayside has been at the forefront of care delivery locally, the Public Protection agenda was prioritised within the organisation. NHS Tayside has developed a Public Protection framework which has seen all aspects of this business progressed and prioritised with the development of the Public Protection Executive Group which is chaired by the Executive Nurse Director. MAPPA falls within this framework and is part of the core public protection agenda within NHS Tayside.

NHS Tayside identified that the MAPPA Health Liaison Officer (MHLO) post was essential throughout COVID and continued as 'business as usual'. This ensured that NHS Tayside continued to support joint working with our key partners and fulfil our duty to co-operate with a focus on risk management and continued protection of the public.

As a result of Covid, significant challenges were highlighted in relation to information sharing and technological challenges for participation in meetings etc. NHS Tayside moved to online platforms for some appointments and meetings with the use of MS Teams and Near me platforms becoming core business in this new virtual era. The MHLO has continued to provide support throughout the NHS, offer advice in relation to risk assessment and risk management of MAPPA Clients and has introduced the use of alerts within core e-health systems to support clinical staff.

MAPPA CO-ORDINATION

As each of the agencies faced the challenges of Covid, to ensure that information sharing continued the way we held MAPPA meetings had to change. Initially the meetings were held by teleconference with agencies being given a telephone number to call and the meetings taking place over the telephone. As we moved through the months the meetings were moved to MS Teams which then allowed for each agency attending to see the others. MS Teams has been an excellent way of continuing to share information and allowing great attendance of all participants and will be a permanent fixture for future MAPPA meetings as we come out of the restrictions.

The Strategic Oversight Group has continued to meet every 6 weeks to ensure that the management of offenders has continued with each agency providing updates and assurances that public protection remains a critical role.

Throughout this year the MAPPA Co-ordinator and the Chair of the Strategic Oversight Group continued to attend national meetings, which are now held via MSTeams, thus allowing for national themes and information to be shared at a local level. One of the main themes this year has been the review of the MAPPA Guidance which was shared with local Strategic Oversight Groups for comments.

WHAT WE SAID WE WOULD DO IN 2020/2021

Although many of us have been working form home and meetings have no longer been face to face, the agencies involved in MAPPA have continued to work together and this year's priorities have still been foremost in our minds.

Further development of Risk Register for SOG following impact of Covid.

The SOG has met every 6 weeks to ensure that each agency is coping and that there are no gaps in the MAPPA arrangements. This has been strengthened by the Risk Register which was produced at the start of the pandemic and is presented to each of the Chief Officers Groups in the three local authorities. It is reviewed at each SOG and the probability, impact and risk ratings are scrutinised.

Implement the Strategic Plan including outstanding actions identified from Significant Case Reviews

The development of a Case Review group chaired by the SOG chair has ensured that all actions from Significant Case Reviews are examined and evidenced in practice. This group have examined both Person X and Prisoner Z action plans and will continue to ensure that all actions are completed and become standard practice in each agency.

Training plan to be developed and agreed.

The MAPPA Management Group has now oversight of the training plan and all future training. This year has been difficult for training, however the agencies take comfort in the personnel currently working within the areas of MAPPA are all trained in the accredited risk assessment tools.

Communication plan to be agreed and implemented

This work is yet to start but will be a priority in the coming year.

Further progress with data collection and analysis

The Self Evaluation and Audit Working Group has been established to implement a self-evaluation regime for the examination of inter-agency working to encourage and develop self-evaluation which assesses impact and outcomes in line with the MAPPA Quality Indicators. The Group has also developed a Tayside MAPPA Performance Report to provide management information and statistics on MAPPA and the wider work to both the MAPPA SOG and MOG.

OFFENDER PARTICIPATION

During this year the way in which agencies contacted the offender had to change and group work, like Unpaid Work and Tay Project programmes, had to be suspended. When the offenders were visited their supervising officer and police manager had to wear specific PPE during any home visit. To ensure that their voices were heard a questionnaire was devised and several offenders throughout Tayside completed them. Their responses to some of the questions can be seen below:

Q Have you been told that you are managed under MAPPA?

A Yes I'm aware and been told I'm on MAPPA,

A Don't know what MAPPA is

A Yes I was informed of this at the start of my order

Q : During this time of Covid 19 what contact have you had with your social worker/police manager?

- **Telephone/office visits/home visits,**
- **Were you comfortable with the home visits,**
- **Did your social worker/police manager wear appropriate personal protective equipment (PPE) during your home visit/office appointment and were you comfortable with this.**

A During covid 19, social work/police manager have made every attempt to keep up contact and visits if not in person then via phone. They have always worn PPE during visits and made me feel relaxed.

A I have had a mix of phone and home visits. These have been well spaced out and thought through depending on the lockdown period etc. All have been exceptionally professional on visiting the house, even continuing to wear the mask when I have offered them the option to remove it. On request they have also worn carpet protectors over their shoes without any questions or issues, something I had been worried about asking them to do.

A Mixture of home, office and walks in the community, Felt comfortable with home visits, Both social workers and police wore appropriate PPE, workers took off masks due to my hearing impairment and asked for my permission for this.

Q : If we were to provide you more information about MAPPA, what would you like to know?

A Who is there, How decisions are made, What the risk levels mean, Why can I not go, Why do I not get minutes, What do I do if I disagree with the decision

A Don't really know much about MAPPA accept for the fact that its multi-agency focussed on managing me safely in the community keeping me and others safe.

A A bigger description of what MAPPA is about and a description of what each individual does and their roles, this would help me understand better.

Q Do you feel supported by the agencies involved in your management?

- **Social work/police/health/housing**

A Definitely, they have always made it clear that should I have problems or questions they are just a phone call away.

A Yes. If I have any queries, concerns or problems I feel supported and able to contact both social work and offender management. I have had good support in dealing with a few problematic situations. I have only felt uncomfortable with one police contact but all other contacts have been supportive.

A I have been extremely impressed by the support so far as everyone has had to change their working practices so much, including covering for staff off sick or self isolating.

The results of the questionnaire will be examined by the Self- Evaluation & Audit Group and the answers will be used to look at future work required to provide a better understanding of MAPPA for the offenders.

STATISTICAL INFORMATION

As of 31 March, 21, there were 364 Registered Sex Offenders managed in the community in Tayside, a decrease of 43 offenders on the previous year. Of the 364 there were 104 (29%) subject to statutory supervision requirement with Community Justice Social Work and managed jointly with Police Scotland, Sex Offender Policing Unit.

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

ANGUS	98 (a decrease of 18 on the previous year)
DUNDEE	140 (a decrease of 27 on the previous year)
PERTH & KINROSS	126 (an increase of 2 on the previous year)

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

In this reporting year there has been 42 new offenders convicted and made subject to MAPPA management and 91 offenders were archived. Archiving occurs when an offender dies or their term of sex offender notification registration comes to an end.

Throughout this past year despite all the restrictions MAPPA meetings have continued to be a priority with 418 Level 1 meetings, 136 level 2 meetings and 3 Level 3 meetings taking place, thus ensuring business as usual for the management of the offenders within our communities.

The management of offenders is a complex task and more so when internet technology is the method used in the commission of the crimes. 111 (30%) of the offenders in the community have convictions involving the use of the internet. To assist in the management of such offenders Police and Social Work can request the sentencing courts to place restrictions such as licence conditions or preventative orders such as Sexual Offences Prevention Order (SOPO) conditions to allow for the monitoring of their electronic devices.

PRIORITIES FOR 2021/2022

The following priorities have been identified for the coming year:

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

MAPPA Co-ordinator
Friarfield House
Barrack Street
Dundee, DD1 1PQ

Tel: 01382 435518
Fax: 01382 435080

MAPPA
Tayside Multi Agency
Public Protection Arrangements

Designed by Communications, Dundee City Council KLI 10/21

Integrated Impact Assessment Report.

Committee Report No: DIJB4-2022

Document Title: ARRANGEMENTS FOR MANAGING HIGH RISK OFFENDERS

Document Type: Strategy

New/Existing: Existing

Period Covered: 01/04/20 – 31/03/21

Document Description:
Annual update on arrangements for managing High Risk Offenders through MAPPA.

Intended Outcome:
Provide an annual update on Dundee multi-agency arrangements. Update draws from the Tayside MAPPA annual report that has been submitted to Scottish Government

How will the proposal be monitored?:
MAPPA arrangements are subject to overview by the Tayside MAPPA SOG (strategic oversight group), which has sub groups for Quality Assurance and Self evaluation and an operational group (MOG). Scottish Government requests an annual report and the associated committee report is presented each year. MAPPA is part of the multiagency Protecting people arrangements that feed into COG.

Author Responsible:

Name: Martin Dey

Title: Service Manager

Department: Children and Families Service

E-Mail: martin.dey@dundeecity.gov.uk

Telephone: 01382 438383

Address: Friarfield House Barrack Road Dundee

Director Responsible:

Name: Audrey May

Title: Interim Executive Director Children and Families Service

Department: Children and Families Service

E-Mail: audrey.may@dundeecity.gov.uk

Telephone: 01382 433071

Address: Dundee House

A. Equality and Diversity Impacts:

Age:	Positive
Disability:	No Impact

Gender Reassignment:	No Impact
Marriage and Civil Partnership:	No Impact
Pregnancy and Maternity:	No Impact
Race/Ethnicity:	No Impact
Religion or Belief:	No Impact
Sex:	Positive
Sexual Orientation:	No Impact

Equality and diversity Implications:
Mappa seeks to manage high risk offenders. There is a gender element to the work with male sexual crimes against females being a predominant issue (although not exclusive). MAPPA also concerns offending against children. MAPPA arrangements therefore play a role in protecting more vulnerable groups. There is a slight impact on age, as MAPPA managed individuals are on average older than the average age of offenders as there has been an increase in conviction for historical abuse.

Proposed Mitigating Actions:
None. MAPPA arrangements and meetings have a built in monitor of diversity issues and consideration of victim safety

Is the proposal subject to a full EQIA? : No

Mappa seeks to manage high risk offenders. There is a gender element to the work with male sexual crimes against females being a predominant issue (although not exclusive). MAPPA also concerns offending against children. MAPPA arrangements therefore play a role in protecting more vulnerable groups. There is a slight impact on age, as MAPPA managed individuals are on average older than the average age of offenders as there has been an increase in conviction for historical abuse.

B. Fairness and Poverty Impacts:

Geography

Strathmartine (Ardler, St Mary's and Kirkton):	No Impact
Lochee(Lochee/Beechwood, Charleston and Menzieshill):	No Impact
Coldside(Hilltown, Fairmuir and Coldside):	No Impact
Maryfield(Stobswell and City Centre):	No Impact
North East(Whitfield, Fintry and Mill O' Mains):	No Impact
East End(Mid Craigie, Linlathen and Douglas):	No Impact
The Ferry:	No Impact
West End:	No Impact

Household Group

Lone Parent Families:	No Impact
Greater Number of children and/or Young Children:	No Impact
Pensioners - Single/Couple:	No Impact
Single female households with children:	No Impact
Unskilled workers or unemployed:	No Impact
Serious and enduring mental health problems:	No Impact

Homeless:	No Impact
Drug and/or alcohol problems:	Positive
Offenders and Ex-offenders:	Positive
Looked after children and care leavers:	No Impact
Carers:	No Impact

Significant Impact

Employment:	Positive
Education and Skills:	Positive
Benefit Advice/Income Maximisation:	No Impact
Childcare:	No Impact
Affordability and Accessibility of services:	No Impact

Fairness and Poverty Implications:
MAPPA is primarily concerned with risk assessment and risk management but it is also understood that supporting people to live pro-social lives is part of reducing re-offending. Therefore there is support with practical issues and to access accommodation and employment

Proposed Mitigating Actions:
None required. Risk management will remain the priority but activity to support individuals managed under MAPPA will continue.

C. Environmental Impacts

Climate Change

Mitigating greenhouse gases:	No Impact
Adapting to the effects of climate change:	No Impact

Resource Use

Energy efficiency and consumption:	No Impact
Prevention, reduction, re-use, recovery or recycling waste:	No Impact
Sustainable Procurement:	No Impact

Transport

Accessible transport provision:	No Impact
Sustainable modes of transport:	No Impact

Natural Environment

Air, land and water quality:	No Impact
Biodiversity:	No Impact
Open and green spaces:	No Impact

Built Environment

Built Heritage:	No Impact
Housing:	No Impact

Is the proposal subject to Strategic Environmental Assessment

No further action is required as it does not qualify as a Plan, Programme or Strategy as defined by the Environment Assessment (Scotland) Act 2005.

Proposed Mitigating Actions:

None required

Environmental Implications:

Not significant. A small number of MAPPA clients are sentenced to unpaid work which can help improve the Dundee environment

D. Corporate Risk Impacts

Corporate Risk Implications:
The risk implications associated with the subject matter of this report are 'business as normal' risks. The subject matter is routine and has happened many times before without significant loss. There is comfort that the risks inherent within the activity are either transferred to another party, shared equally and fairly between the Council and another party or are negligible.

Corporate Risk Mitigating Actions:

ITEM No …9……..

REPORT TO: **HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 23 FEBRUARY 2022**

REPORT ON: **DUNDEE CHILD PROTECTION COMMITTEE ANNUAL REPORT 2021**

REPORT BY: **INDEPENDENT CHAIR, DUNDEE CHILD PROTECTION COMMITTEE**

REPORT NO: **DIJB1-2022**

1.0 PURPOSE OF REPORT

1.1 The purpose of this report is to present to the Integration Joint Board the Dundee Child Protection Committee Annual Report 2021.

2.0 RECOMMENDATIONS

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

2.1 Note the content of this report and the annual report, including key achievements and challenges over the August 2020 to July 2021 (attached as Appendix 1).

2.2 Note the progress that has been made in developing an effective partnership response to Child Protection issues in the city (section 4.5).

2.3 Note the areas for improvement identified within the annual report which will be incorporated into the Child Protection Committee's delivery plan (section 4.6).

3.0 FINANCIAL IMPLICATIONS

3.1 None.

4.0 MAIN TEXT

4.1 All agencies, professional bodies and services that deliver child and/or adult services and work with children and their families have a responsibility to recognise and actively consider potential risk of harm to a child, irrespective of whether the child is the focus of their involvement.

4.2 Child Protection Committees have overall strategic responsibility for the continuous improvement of child protection policy and practice in their local areas. There are 31 Child Protection Committees across Scotland and they consist of representatives from a range of organisations including the police, health services, local authorities, health and social care partnerships, community planning structures and relevant voluntary sector fora.

4.3 Although not a statutory requirement, most Child Protection Committees publish some form of annual report. A copy of the report for 2021 is attached as Appendix 1, covering the period from August 2020 to July 2021, when partners were supporting vulnerable children, young people and families in the very challenging context of the COVID-19 pandemic.

4.4 The annual report outlines child protection in the wider protecting people context before examining the role and membership of the Child Protection Committee. It details the key achievements over the year, as well as challenges associated with delivering improvements. The report also identified priorities for future improvement activity that will be incorporated into the Child Protection Committee's delivery plan.

4.5 **Key Achievements and Progress with Recommendations from the 2020 Annual Report**

4.5.1 In 2020, the Dundee Child Protection Committee published its delivery plan for the next two years. Over the last twelve months considerable progress has been made in relation to the actions identified within the delivery plan. Examples of progress include:

- ***How good is Dundee Child Protection Committee's leadership and how is Dundee Child Protection Committee assured of the quality of operational management?***

  - Child Protection Committee now has a clear focus on managing strategic risks through a focused risk register, scrutinising a data set and considering improvement activities arising from this, along with consideration of updates from national and regional forums to support learning from best practice and collaborative working.

  - A robust approach has been developed for reporting progress and escalating risks from workstreams progressing improvement actions that form part of the delivery plan. This is influencing both the content of the strategic risk register and adaptations to the delivery plan.

  - During the year the Child Protection Committee has led partners through the Joint Inspection of Services for Children at Risk of Harm (see DIJB3-2022 for further detail).

- ***What key outcomes has Dundee Child Protection Committee met and how well does Dundee Child Protection Committee meet the needs of stakeholders?***

  - Child Protection Committee receives detailed analysis from a Data Scrutiny Group as part of quarterly performance reporting. This is directly informed by the expertise and experience of operational staff and is helping to inform the identification of relevant improvement actions and the content of the strategic risk register and delivery plan.

  - Reporting arrangements have been agreed for single agency assurance reports on key aspects of child protection process and improvement activity, for example over the last twelve months the committee has received several detailed update reports on the Multi-agency Screening Hub (MASH). The Committee has also agreed and implemented a multi-agency reporting cycle aligned with scrutiny group/dataset to ensure consistent reporting.

  - Representative focus groups have been established to carry out in depth, self-assessments against different areas of the quality improvement framework including organisation of development sessions across the committee to gather evidence against the outcomes. For example, the Children and Families Service has utilised this approach to inform their work to improve the quality of assessments and chronologies. These sessions have directly influenced improvements in the multi-agency assessment and planning pathway.

  - A Case Review Sub-Group has been established to oversee learning review activity (formerly known as initial case reviews and significant case reviews), including agreeing improvement actions and tracking the progress and impact of implementation.

  - The Child Protection Committee has established an engagement sub-group to plan and take forward improvements in the way that children and young people inform the work of the committee; this includes working directly with some young people to agree the groups action plan.

- ***How good is Dundee's delivery of services for children, young people and families and how is the CPC assured of this?***

  - Child Protection Committee has developed a process for gathering workforce views about child protection matters including consultations, stakeholder surveys, third sector feedback and independent sector feedback. For example, a workforce survey regarding the leadership of the Child Protection Committee was completed in July 2021 and found that 67% of respondents felt the Child Protection

Committee promotes collaborative leadership and partnership working. The survey also identified the need for enhanced workforce communications, with a range of approaches being suggested including a generic e-mail contact, further enhancements to the Committee's website and use of workforce briefings. Subsequent to this during the inspection process fortnightly workforce briefings were distributed.

- Continued oversight and support to the workforce and services to maintain effective child protection responses throughout the pandemic period. This has included a continued focus on identifying and mitigating risks of hidden harm and use of developments such as the cross-sector family support Alliance to implement the Fast Online Referral Tracking (FORT) system and support the distribution of over £550k of welfare funds to vulnerable and at-risk families.

- Focused improvement and service development activity has taken place in priority areas including contributions to the regional development of a Community Mental Health and Wellbeing Framework, a local task sharing model with CAMHS, a test of change to develop trauma-informed responses to domestic abuse within the Children and Families Social Work Service, and mapping of training needs across the children's services workforce against the national trauma training framework.

4.5.2 The Annual Report also provides detailed performance information regarding child protection processes, including trend over time where this is available. Data for the reporting period evidences that early identification and initial response to concerns work in a timely and effective manner, are accessible to all services and support a focus on protecting unborn babies. Throughout the pandemic services in Dundee has maintained very high-levels of contact, including face-to-face contact with at risk children and families which resulted in positive relationships and immediate provision of appropriate supports. Data evidences that core child protection processes operate in a timely and effective manner with good engagement from all partner agencies. SCRA have also improved decision making timescales over the reporting period. Quality assurance activity with the Children and Families Social Work Service evidences improving practice in relation to information sharing, assessment, chronologies and plans.

4.5.3 During the reporting year the joint inspection of services for children at risk of harm in Dundee City commenced. Although the inspection did not report findings until January 2022 the process scrutinised child protection services that were provided by the Dundee Partnership between July 2019 and June 2021. The inspection team identified strengths in relation to: recognition and response to harm, including during the pandemic period; relationships between staff and children, young people and families; collaborative working between partners; and, effective leadership and inclusive governance. In addition, approaches to protecting young people, including the provision of mental health and emotional wellbeing supports, measurement of outcomes and consistent involvement of children, young people and families in protection processes and in policy and planning were identified as areas for improvement. These strengths and areas for improvement aligned very closely to the Child Protection Committee's own self-assessment and ongoing improvement activity. A full report on the inspection process, findings and improvement plans has been submitted to the Integration Joint Board (DIJB3-2022).

4.6 Areas for Further Improvement and Recommendations

4.6.1 Dundee Child Protection Committee is committed to effective multi-agency working and continues to review and improve its activity in relation to keeping children and young people safe. To this end, a delivery plan is being developed by the Child Protection Committee, including arrangements to manage the ongoing challenges of COVID-19. An analysis has been undertaken identifying key issues, strengths and areas for improvement from the following sources:

- Strategic risk register for the Child Protection Committee;

- National minimum dataset for Child Protection and supplementary performance information;

- The Alcohol and Drugs Partnership self-assessment of progress against recommendations made by the Dundee Drugs Commission;

- Submissions made to and findings of the joint inspection of services for children at risk of harm in Dundee City;
- Preventative work within the GIRFEC Delivery Group action plan;
- Case file audit outcomes and action plans;
- Learning and workforce development activity;
- Actions being progressed by Priority Group 5 of the Tayside Regional Improvement Collaborative; and,
- The findings of Significant Case Reviews and Initial Case Reviews.

The plan is also being informed by the Independent Care Review "The Promise" and Care Inspectorate quality framework. The plan will complement improvement work being undertaken elsewhere across the partnership, including within the Transforming Public Protection Programme and within the delivery plans of other public protection committees. It will also align with Our Promise to Care Experienced Children, Young People and Care Leavers 2021-23.

4.6.2 Priority areas that have already been identified for inclusion in the committee's delivery plan include:

- Improving responses to older young people at risk of harm, including from risks arising in their wider community;
- Enhancing multi-agency quality assurance activities, including collation and reporting of outcomes and developing approaches to support the recording and reporting of outcomes information;
- Progressing plans to improve the involvement of children, young people, parents and carers in child protection processes and on the planning and improvement of services;
- Focus on the continued improvement of the quality of chronologies, assessments and plans, building on progress made over the last two-years;
- Reviewing our approach to undertaking learning reviews, communicating findings and evidencing the impact of improvement activities, including joint work with protecting people partners in Angus; and,
- Joint work across the protecting people committees to continue to address the impact of parental drug and alcohol use, domestic abuse, poor parental mental health and trauma on children and young people.

5.0 POLICY IMPLICATIONS

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

6.0 RISK ASSESSMENT

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

7.0 CONSULTATIONS

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

8.0 DIRECTIONS

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

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

9.0 BACKGROUND PAPERS

9.1 None.

Elaine Torrance DATE: 25 January 2022
Independent Chair, Dundee Child Protection Committee

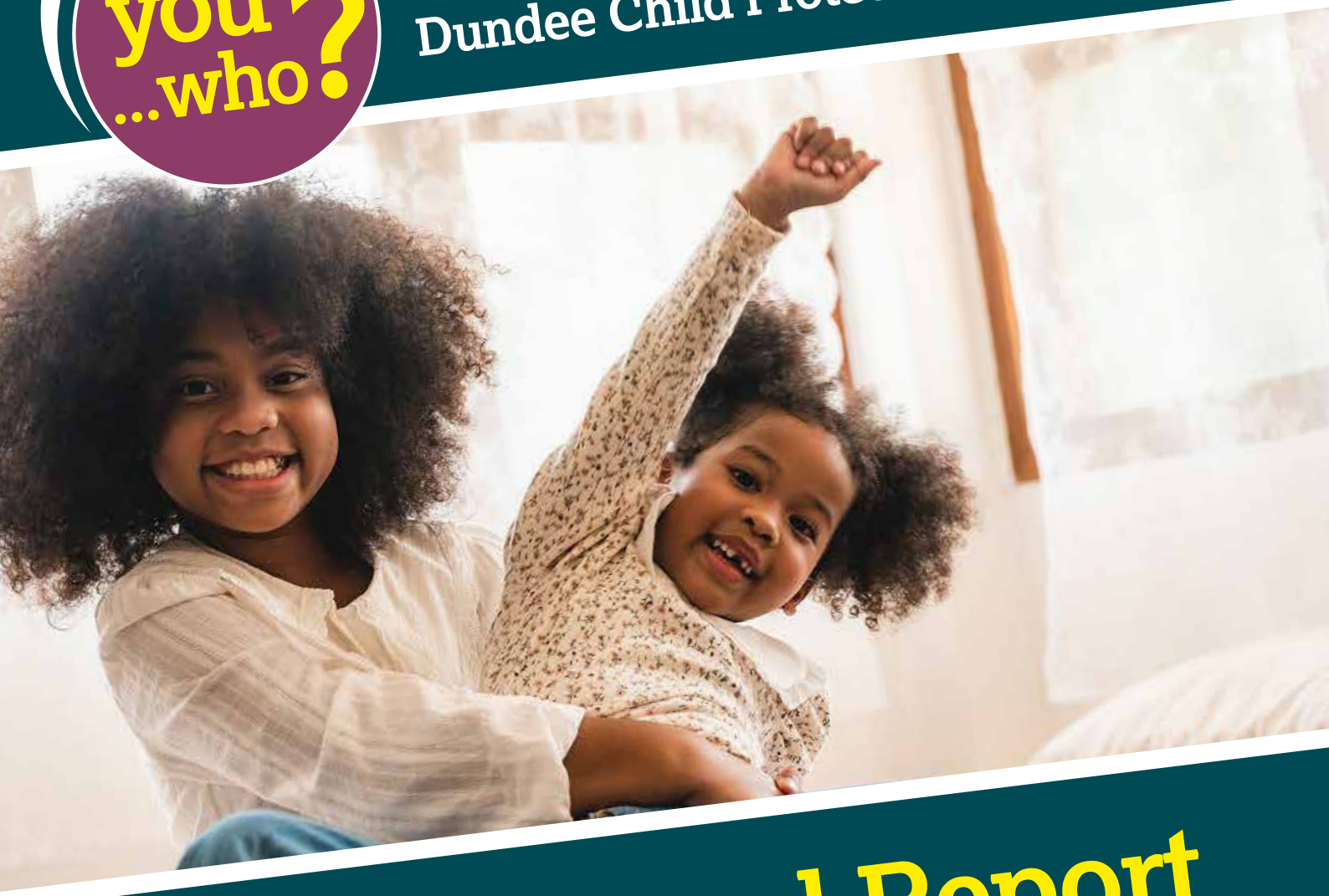
Andrew Beckett
Lead Officer, Protecting People

Sophie Gwyther
Lead Officer, Protecting People

Kathryn Sharp
Service Manager, Strategy and Performance

If not you ...who?

Dundee Child Protection Committee



Annual Report

2021

www.dundeeprotectschildren.co.uk

Dundee Child Protection Committee

Contents

Introduction

Welcome to our Dundee Child Protection Committee Annual Report for 2021.

As can be seen within this annual report it has been a busy, challenging and productive period for the Child Protection Committee. The period covered in this document was made more challenging by the impact of the COVID-19 pandemic. Whilst all agencies individually responded with their own operational plans the Child Protection Committee met more regularly to ensure there was an effective multi -agency response to identified strategic risks. This is detailed in section 3 of this report. In my role as Independent Chair I was really impressed by the way all key partners responded quickly and flexibly, shared information effectively and kept an ongoing focus on identifying any hidden harm that may be occurring, especially during the period when the schools were closed. This close partnership working is helping us to respond to the ongoing challenges of the pandemic which continue to impact on staff, families and children and young people themselves.

The report recognises the progress made in respect of providing the right support at the right time, developing relationships and engagement with children, young people and families, shifting culture in relation to quality assurance and the development and delivery of collaborative leadership.

It also clearly sets out the work for the next year and there continues to be much to do. There will continue to be a focus on enhancing the voice of children and young people in strategic developments, improved workforce engagement, supports to young people, including transitions and greater co-ordination of quality assurance activities.

Most recently, the Dundee partnership underwent an inspection of services for Children at Risk of Harm. The recommendations arising from this will inform the further development of our Child Protection Delivery Plan and priorities for the coming year.

I would like to thank all the members of the Committee for their ongoing support and dedication but also a big thanks to all staff across the agencies and everyone in Dundee including local communities who play a key role in child protection in Dundee.

Elaine Torrance
Independent Chair
Dundee Child Protection Committee


If not
you
...who?

Protecting People 1

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.

The protection of people in Dundee is part of the overall provision of services that deliver positive outcomes for our communities. We are committed to ensuring the people delivering those services have the knowledge, skills and experience to provide effective support.

Governance Arrangements

The Dundee City Plan identifies community safety and the protection of vulnerable people as a top priority. It recognises the importance of excellent partnership working between all community planning partners, which is crucial if services for people at risk of harm are to be effective.

Dundee Chief Officers Group

Public protection is led by the Chief Officers Group (COG), supported by the multi-agency committees which correspond to each of the different at-risk groups, including Dundee Child Protection Committee. Our shared protecting people priorities reflect the lived experience of children, young people and families in Dundee and the need for partnership working to effectively and consistently address inter-related risks.

The Dundee COG has a broad membership extending beyond the public sector to include representation from the third sector. The appointment of Independent Chairs for each of the public protection Committees provides strong strategic leadership in delivering our planned activities and improvement.

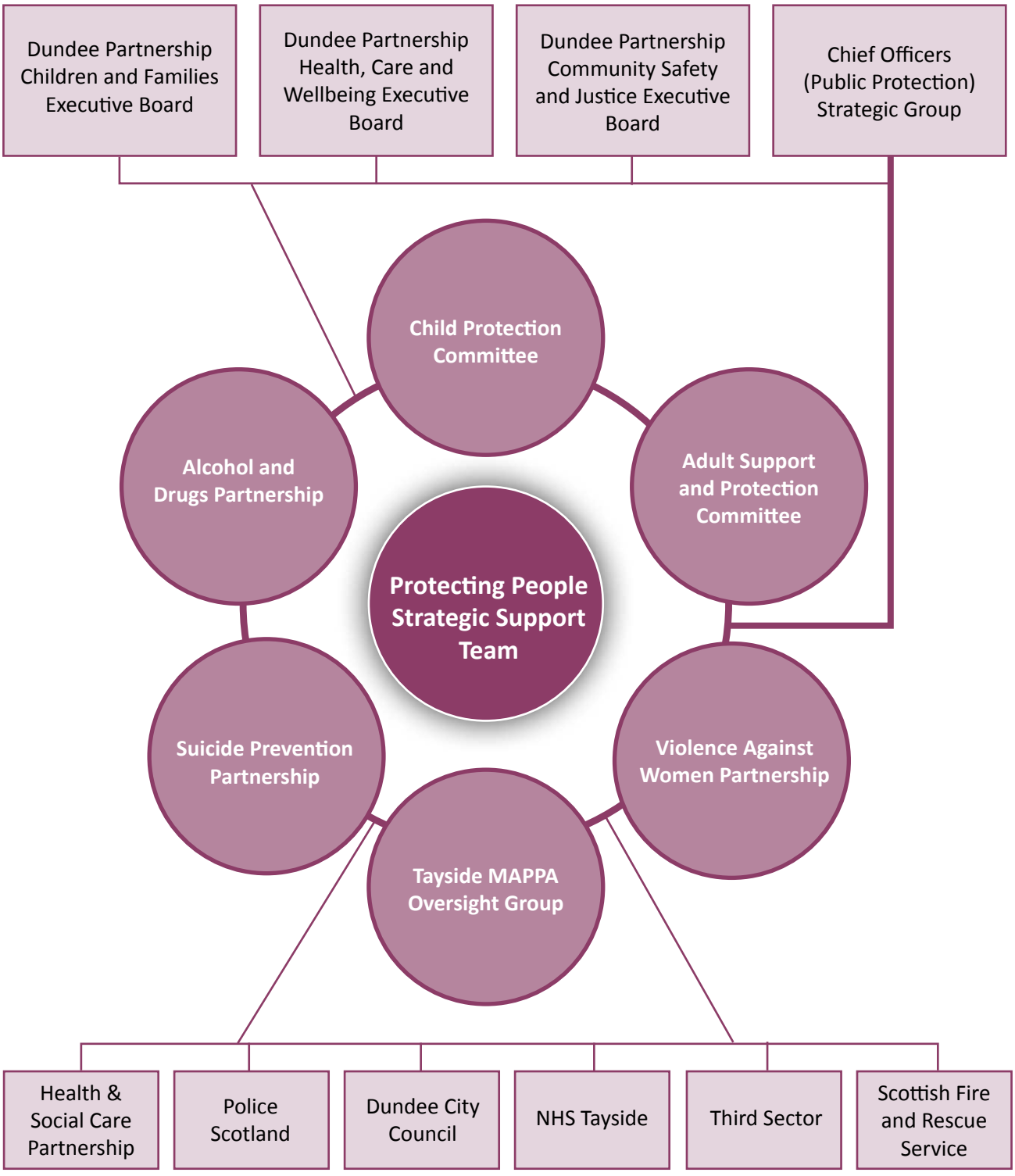
Dundee Child Protection Committee

The Child Protection Committee (CPC) is the lead multi-agency body responsible for delivering

- core functions of continuous improvement
- public engagement and communication
- strategic planning assurance
- oversight of strategic risk
- leadership in relation to child protection.

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

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


Dundee Partnership Children and Families Executive Board
Dundee Partnership Health, Care and Wellbeing Executive Board
Dundee Partnership Community Safety and Justice Executive Board
Chief Officers (Public Protection) Strategic Group
Child Protection Committee
Alcohol and Drugs Partnership
Adult Support and Protection Committee
Protecting People Strategic Support Team
Suicide Prevention Partnership
Violence Against Women Partnership
Tayside MAPPA Oversight Group
Health & Social Care Partnership
Police Scotland
Dundee City Council
NHS Tayside
Third Sector
Scottish Fire and Rescue Service


If not
you
who?

Child Protection in Dundee 2

Snapshot of Dundee

23,958 children and young people aged 0-15 years living in Dundee City (and a further 20,568 aged 16-24 years)[1].

4th highest prevalence of drug use in Scotland; with an estimated 2,300 problem drug users in Dundee[2]. Alcohol related harm is also high both in terms of hospital attendances and alcohol-related deaths.

5th highest rate in Scotland of adults (aged 16-64) who reported in the 2011 Census that they are living with a mental health condition.

Highest prevalence (per 100,000 population) of incidents of domestic abuse recorded by the police in Scotland[3].

36.6% of the Dundee population live in the 20% most deprived SIMD data zones; including 10,506 children aged 0-15 years (43.8% of all children in that age group)[4].

[1] National Records of Scotland, Mid-year Population Estimates 2020
[2] Public Health Scotland. Estimating the Prevalence of Problem Drug Use in Scotland 2015/16, published 2019.
[3] Domestic abuse: statistics recorded by the police in Scotland 2019/20
[4] Scottish Index of Multiple Deprivation, 2020

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

Getting it Right for Every Child

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

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

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

Response to COVID-19 Pandemic 3

- Our partnership had already embarked upon an ambitious programme of improvement activity across the GIRFEC pathway (including protection stages) prior to the pandemic and consequently was in a strong position to respond to government guidance and local needs. This included the use of an expanded national child protection minimum dataset that was invaluable in informing the initial prioritisation of responses.
- The Child Protection Committee met more frequenty and introduced new evaluation and monitoring systems with a focus on keeping children and young people safe and responding to their needs.
- The initial phase of the pandemic (March and July 2020) involved building on strong relationships between partners to make sure the most vulnerable and at risk children, young people and families continued to receive the support they needed. Partners worked together to safeguard people most at risk of harm. Some key developments included:
    - Health Visiting, Family Nurse Partnership and Early Learning and Childcare working more closely to support 0-5-year olds;
    - Community Support Centres established to support jointly identified vulnerable nursery and school aged children and young people (both face-to-face and through digital means to respond to different needs);
    - In order to sustain multi-agency information sharing, assessments, planning and reviews for children and families at greatest risk all child protection case conferences, initial referral discussions, MARAC and MAPPA meetings were maintained on a digital basis;
    - Staff across the partnership were proactive in utilising technology for support meetings with children and families;
    - Minimum Practice Requirements introduced to promote proportionate levels of face-to-face and/or digital Social Work support; and,
    - Monitoring and oversight through a risk register, real time data and regular audit activity which allowed support to be adapted in real-time.

- To encourage early identification of concerns and access to support, targeted public and workforce communication made use of a variety of media, extensive use of social media, video and radio campaigns and with physical bag drops at community support centres.

- To mitigate risk of infection working environments and arrangements changed considerably in line with public health guidance, including testing and vaccination programmes. The multi-agency workforce demonstrated high levels of resilience, flexibility and commitment over this period. It was clear that children were safer as a direct result of their collective efforts.

- A strategic risk register was established informed by multi-agency operational challenges. The introduction of Chief Officer Group and CPC Executive Groups initially monitored and coordinated mitigating activity and latterly monitored the impact of those activities and identify any new risks.

- The creation of a new Cross-Sector Alliance Group co-ordinated early support, including the accelerated implementation of the Fast-Online Tracking System (FORT) to enable children and families to receive crucial financial and practical support, including more the £500k of welfare funds[5]. The creation of a new Hidden Harm Group brought partners together to share information on possible concerns and identify and coordinate support to potentially vulnerable children and young people, including in relation to summer activities.

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

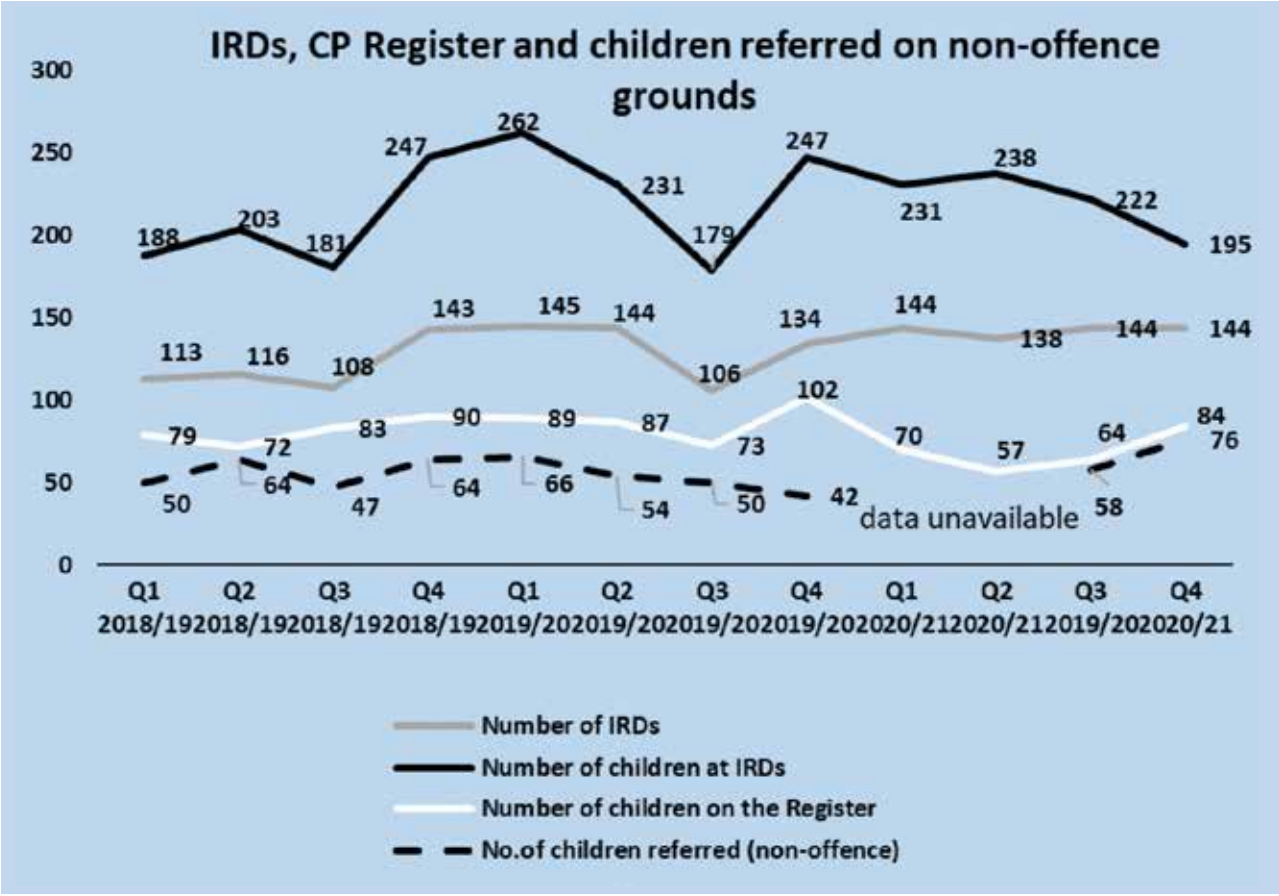
We believe that our responses to COVID-19 significantly increased the speed and impact of responses across the partnership to vulnerable groups.

[5] FORT went live March 2020 allowing staff who had identified needs to help families access support. Since March 2020, 110 agencies have made 1485 referrals; 912 of these through a triage system often allowing access to multiple supports. £570,00 was given out in grants directly to families, plus 101 families receiving food parcels and 172 activities packs.

What our Data is Telling Us

4

Improving the use of multi-agency data to inform the development and delivery of family centred approaches to improving safety and well-being was identified as a priority for the CPC in 2018. Dundee has adopted and expanded the National Minimum Dataset for child protection and hasbuilt on this to proactively analyse data, change practice and inform decision making by the Child Protection Committee (CPC).



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.

We have consistently contributed to the SOLACE[6] national dataset throughout the pandemic and discussed data trends at the Hidden Harm Group. Through these mechanisms and other quality assurance and self-evaluation activities (reported in section 6) we have established more meaningful use of data across the CPC, wider protecting people partnership and Tayside wide.

Our data tell us that we have **robust processes for addressing acute risk quickly and effectively:**

- Initial concern processes work very well. All agencies contact MASH, ranging from police concern reports to early worries by school staff and health visitors seeking advice and guidance. On average MASH receives 1597 contacts every three months.

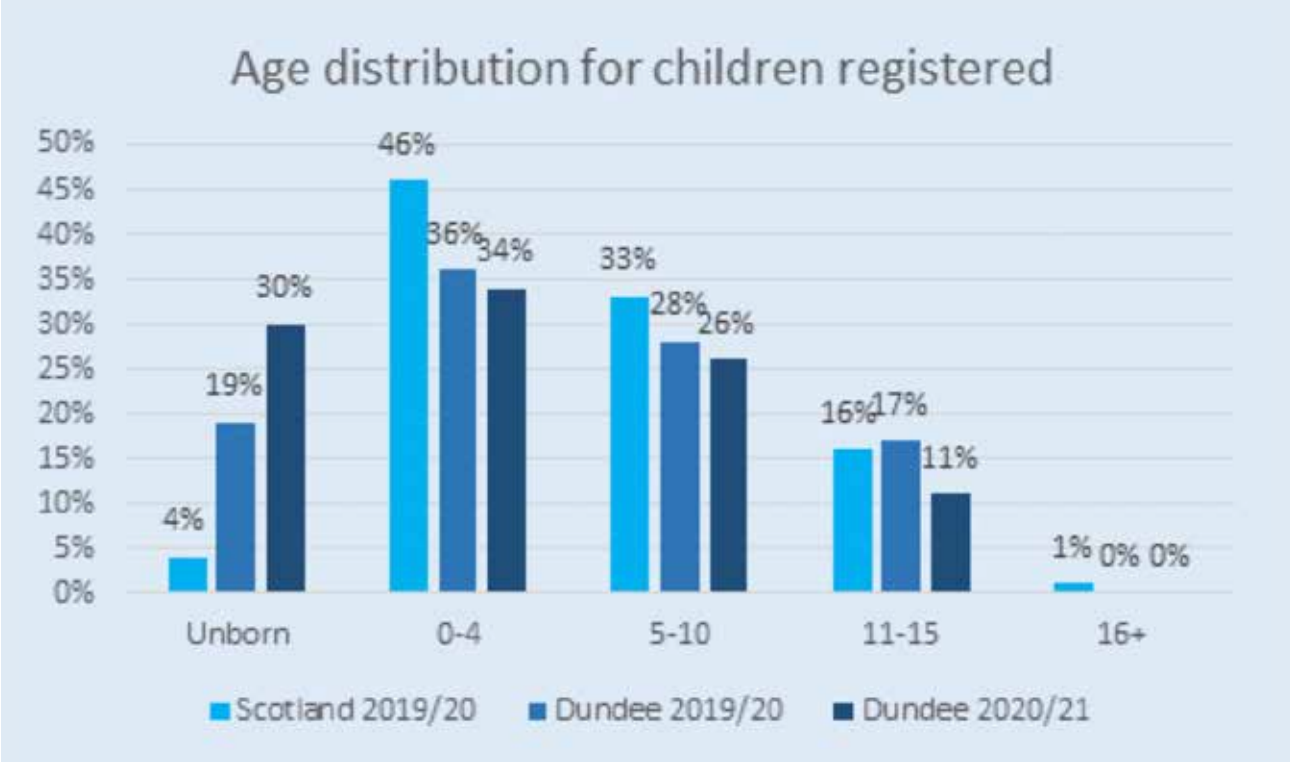
Agency contacting MASH	May-Jul Q4 2019/20	Aug-Oct Q1 2020/21	Nov-Jan Q2 2020/21	Feb-Apr Q3 2020/21	May-Jul Q4 2020/21	Average previous 4 quarters
3rd sector	84	73	53	48	44	65
Education	108	326	288	307	258	257
Health	167	206	183	179	204	184
Local Authority	307	293	258	319	283	294
Police	676	560	527	535	564	5775
Public	226	273	175	215	249	222
Total	1568	1731	1484	1603	1602	1597

- A MASH survey completed by 185 multi-agency staff in May 2021 found that 90% felt that their concerns were responded to quickly and 85% felt that they received clear or very clear advice and guidance.

"Helped support school's role and decision making…information shared between professionals and talked about the child's lived experience from a health and SW perspective. Positive discussions about how best to support child and parents."

- Dundee has a focus on protecting unborn babies and has robust processes in place. On 31st July 2020, 19% of children on the CP Register in Dundee were unborn babies, compared to 4% Scottish average. In Dundee this rose to 30% in the following 12 months. 100% of unborn babies at investigation progress to child protection registration across Dundee.

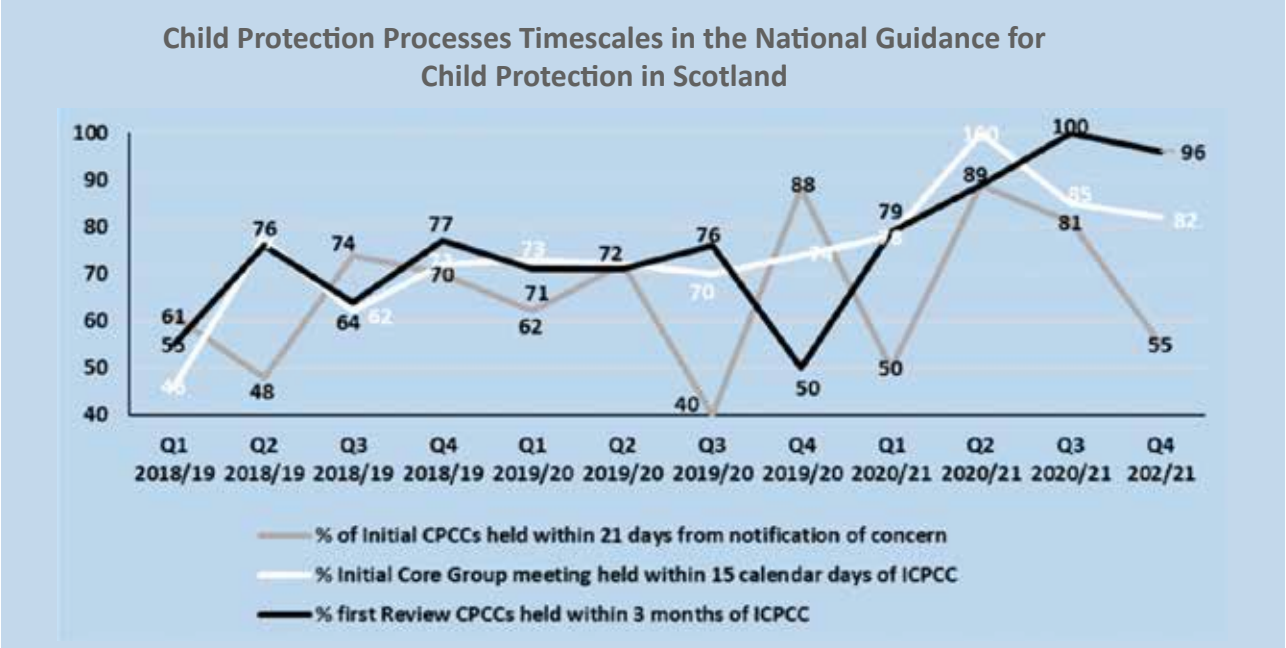
[6] Solace is the leading members' network for local government and public sector professionals throughout the UK



Our data tells us that we make **every effort to contact families, listen to their needs and put supports in place**:

- During the first lockdown, Dundee contacted more families face-to-face than most other council areas: 99% of children on the child protection register seen (nationally 95%); 94% of young people in aftercare contacted (nationally 64%); and, 85% of children with multi-agency plans contacted (nationally 71%). This resulted in better relationships, issues identified early and immediate provision of further support.
- Social work introduced a RAG (Red, Amber, Green) approach in April 2020 to prioritise the provision of services and this approach was subject to weekly audit; between May and August 2020, 823 cases were audited and for 97% RAG assessments were found to be appropriate; 94% were found to have the right level of service according to risk.
- Staff from all agencies reported positive responses from families, especially single parents struggling with social isolation.

Our data tells us that we have **good child protection processes:**



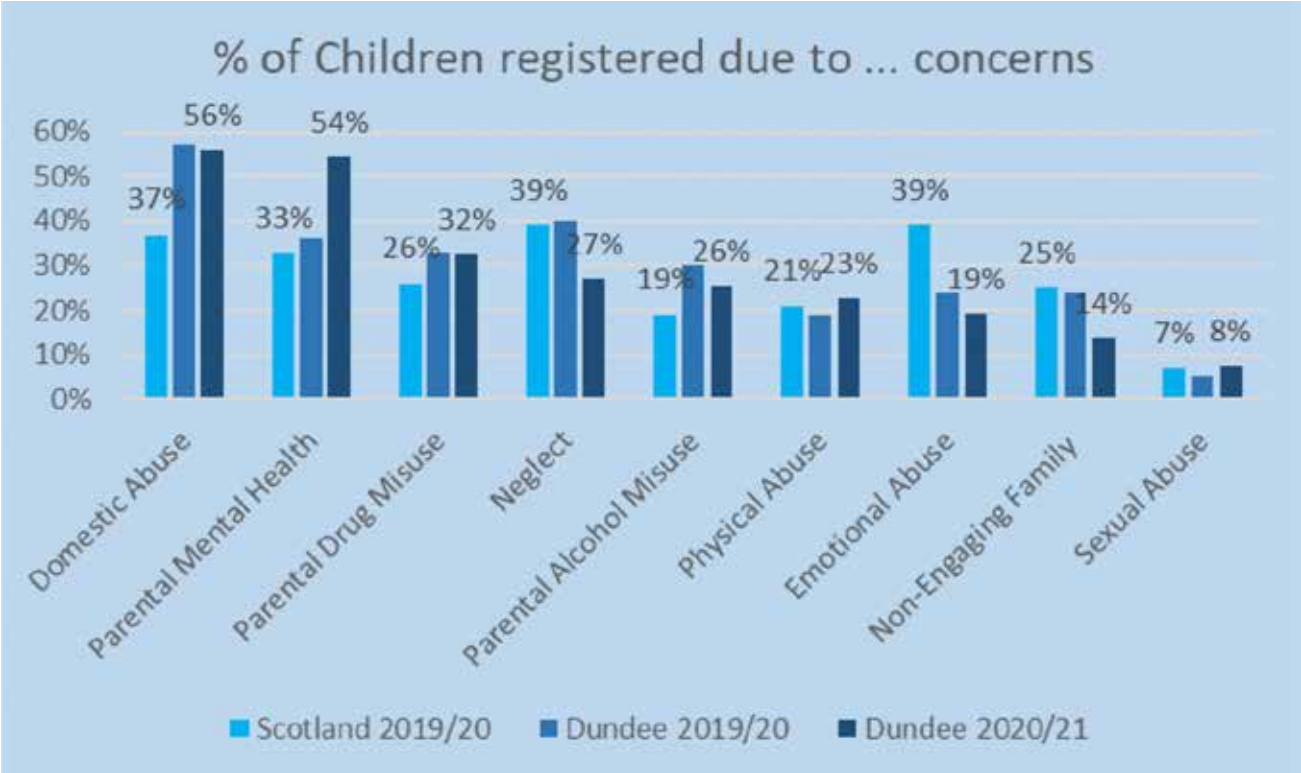
- Processes work well with clear routes from universal services to MASH and then social work; where child protection processes are required these run smoothly with prompt responses (IRDs and investigations); review case conferences and core groups are well attended and meet timescales; timescales for initial case conferences can be more challenging in times of staff shortages.
- A recent audit of MASH actions and decisions where referrals did not require an immediate child protection response found that 100% of the original MASH response to a concern was assessed as being timely and in 67% of cases there was evidence of multi-agency information gathering. In the remaining cases, 7 did not require further information and the response was proportionate.
- Scottish Children's Reporters Administration (SCRA) processes have improved with over 60% of decisions now made within 50 days.
- Dundee has not experienced the trend of increased IRD activity over the last 18-months that a number of other partnerships across Scotland have; the average number of children at IRD was slightly higher pre-COVID (19 per week 2019-20) and is continuing to reduce from 17 per week in 2020-21 to 15 in the period since March 2021. We believe this reflects the effectiveness of our MASH, focus on hidden harm throughout the pandemic and public awareness raising activities that have all supported early intervention and reduced the need for escalation into child protection processes.

Our data tell us that **key elements of child protection practice are improving:**

- Audits undertaken by the Children and Families Service in May and September 2021 have found the quality of key processes is beginning to improve following focused improvement activity over the previous 18 months. Files were rated as good or better as follows and targeted support continues to be provided to teams and individual workers based on audit findings:
  - Accuracy of information improved from 78% to 88%;
  - Quality of assessment improved from 68% to 82%;
  - Quality of chronologies improved from 50% to 58%;
  - Quality of plans improved from 43% to 55%; and,
  - Overall quality of support improved from 61% to 67%.

Our data also allows us to **identify areas for improvement**, for example:

- Dundee continues to apply for a higher number of child protection orders (CPOs) than other authority areas. All CPOs undergo rigorous scrutiny in partnership with the SCRA; although considered appropriate at the time, further work is being undertaken to see if earlier intervention would have been possible.
- An identified rise in non-accidental injuries led to further scrutiny and analysis on a Tayside basis, identifying multi-agency improvement actions.



- The mental health of parents and young people is a growing concern. Over 50% of children on the child protection register are affected by parental mental health (nationally 33%). This has informed the prioritisation of additional support for particular groups within our Community Mental Health and Wellbeing Framework, including a new task-sharing model with CAMHS being progressed by the Alliance Group.
- Domestic abuse is a frequent factor in child protection concerns in the city. In recognition of this a domestic abuse test of change involving multi-agency partners has been developed alongside the use of short-term funds for capacity building post.
- A range of data relating to child protection and the wider health and social care needs of the population has led to a focus on embedding trauma informed leadership and practice across the workforce; with the aim of understanding barriers and engaging better with children and families. Mapping of workforce training needs and a recent workforce survey has identified a high level of knowledge and skill already present in several sectors, for example, almost all staff in nurseries and schools have participated in the national Nurture programme. Children and Families have also carried out tests of change to embed trauma informed practice within their residential children's houses and community justice services.
- Learning reviews and audits pertaining to young people, including those in transition from children's to adult services, have highlighted the need to develop different approaches to collectively recognising and responding to risk. This includes a broadening of the use of CARM, exploration of the contextual safeguarding model and supports relating to the exploitation of young people, as well as improved screening activity.

Areas for Development

Our next priority areas for development are:

- better collation and joint analysis of data from single agency audits and quality assurance activity.
- developing better communication of key messages from data to the public and the workforce.
- improving how we record and report outcome data.

Children & Young People's Involvement and Feedback 5

Improving the involvement of children and young people is a key priority. The current picture of how children and young people are involved, how children's rights have been implemented and the impact this has had is illustrated by the examples of activities given below.

Addressing Neglect and Enhancing Wellbeing (CELCIS Partnership)

We have focused on strengthening GIRFEC practice in an effort to ensure the needs of children and families are identified and responded to at the earliest opportunity. Children and families were engaged in the process of exploring the various elements of the multi-agency Team around the Child (TATC) process and the practice that underpins a successful meeting, including meaningful engagement with families. Some of the changes that were made as a result of engagement with children and families were:

- Ensuring that children's perspectives are presented first in the TATC meeting, followed by those of parents/carers.
- Writing the Child's Plans in a participatory and transparent way during the meeting. By using the SMART board or flipchart, all participants can see, discuss and agree on the actions.
- Providing a copy of the agreed, 'plain English' one-page action plan for participants to take away on the day.

The impact of these changes has resulted in greater focus on the child's needs, with the child being kept at the centre. Participants have also commented on calmer meetings, less focused on discussing negative issues. There is increased participation in TATC meetings, with creative ways for children and parents/carers to have their voice heard.

Focus on Children's Rights

Following the first Dundee Fairness Commission in 2016, Dundee made a number of commitments in relation to child poverty including the development of What Matters to You (WMTY). This is a community- based systems change initiative using a participative approach to working alongside families in Dundee. Alongside this, facilitation from Columba 1400 supports leaders and professionals to listen, reflect and learn together, creating a culture of trust and collaboration with the aim of bringing the voices of the parents together with the leaders to co-design future service delivery and supports.

NHS Tayside CAMHS has, for the past 18 months been actively engaged in a whole service improvement programme, which embeds children's rights throughout the assessment and treatment process. The Journey of the Child is at the centre of the service improvement, from first point of contact through assessment, treatment and onward journey following discharge. Children and their families have been actively consulted on a number of change ideas throughout this 18-month period, from physical layout of the building to website redesign.

The following diagram summarises the range of activity relating to involvement and children's rights:

Engagement Groups

Parents/Children & Young People/Carers

Targeted groups
e.g. care experienced/education (Your Voice, Our Promise)

Topic focused e.g. website design

All single agencies (Police/NHS/Dundee City Council/3rd Sector)

Consultation

Surveys/Focus groups/online engagement e.g.
RISE Child Sexual Exploitation, Our Promise
Legislation - Equal Protection from Assault
Health and Wellbeing Survey
NHS Children & Young People
Allied Health Professionals
Near Me Survey and Advice Line

Other

Children, Young People/parent/carer views - all stages of protection processes

Advocacy and Buddy System

Use of case studies and real voices in multi-agency training on child protection

Child friendly/Translated information

Cross-sector collaborative approach to supporting Assisted Support Needs/Disability and ensuring inclusion

Partnership with parents/CYP for example in the recruitment of staff

Parental engagement and disguised compliance e.g. Safe and Together and Dundee Drug and Alcohol Recovery Service nurses

IMPACT

Influencing funding bids and service development

Consistent approach to engaging young people

Influencing at strategic level

Improved environments

Increased options for engagement

Improved relationships with parents and carers

Improved practice and processes

Parental Participation

Parental participation is hugely important given the context of Dundee and types of risk impacting on children.

A strong example of work with vulnerable mothers which demonstrates the impact of a collaborative, trauma-informed approach is Pause. The most recent Pause update report shows evaluative evidence from 22 women who have worked through the programme and demonstrates improvements in many areas including improving relationships with their children. 80% reported a positive improvement by the end of the programme. Our work to address to domestic abuse has included the implementation of the Safe and Together[7] approach; we have been upskilling staff to be able to sensitively and safely assess risk, to build trusting relationships with the non-abusing parent and to maintain focus on the perpetrator as the source of the risk.

In addition to these targeted approaches, parental attendance at case conferences is high. The priorities for practice that have been identified by the Tayside Regional Improvement Collaborative (TRIC) child safeguarding group, working collaboratively with the workforce, include 'enhancing engagement and relationship building' with planned actions reflected in the recently revised Tayside Plan for Children and Young People.

Participation in Strategic Planning

Whilst there are wide ranging examples of how children, young people and their families are involved in all stages of early intervention and protection processes and the services surrounding these, the CPC knows that improvement is needed in including the voices of children and young people in our strategic planning and decision making. A short-life working group of the Child Protection Committee (CPC) has begun this work and an action plan has been developed. A small group of young people who have been through protection processes has already been identified and our first step is to begin working with them to design a Children and Young Person's Charter for the CPC which also aligns with the 5 key principles of trauma informed organisations.

The working group is linking closely to activities flowing from Our Promise for Care Experienced Children, Young People and Care Leavers and with the Your Voice Our Promise team. The group is also linking to the advocacy strategy currently being developed by the Alliance.

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


If not
you
...who?

Collaborative Strategic and Operational Leadership 6

Vision, strategic priorities and outcomes for children at risk of harm are set out within a range of community planning, children's services, child protection and public protection planning documents:

Community Planning	Children's Services	Child Protection and Public Protection
Dundee City Plan	Tayside Plan for Children, Young People and Families	CPD Delivery Plan
Living Life Well	Our Promise	Alcohol and Drug Partnership Action Plan for Change
Health and Social Care Strategic and Commissioning Plan	Child Poverty Action Plan	Violence Against Women Strategic Plan
	GIRFEC Implementation Plan	Community Justice Outcome Improvement Plan
	Single agency operational plans	Adult Support and Protection Business Plan
	COVID-19 remobilisation plans	

The commitments made within these plans demonstrate a sustained focus on the key child protection priorities of:

- addressing the impact of parental drug and alcohol use, parental mental health and domestic abuse on children and young people
- working with families to address neglect
- full GIRFEC implementation to ensure children and families receive the right help at the right time and do not escalate into child protection processes
- strengthening strategic arrangements for continuous improvement, children and young people's participation and workforce engagement.

Community planning partners commitment to implementation of the UNCRC is set out within the Tayside Plan for Children and Young People and reflected in the CPC Delivery Plan.

A consistent focus on child protection priorities has resulted in a shift in investment towards services that directly impact on children and young people at risk of harm; for example, through the Action Plan for Change[8], Violence Against Women strategic plan[9] and COVID re-mobilisation plans[10] there has been significant increases in frontline service capacity and in resources available to support tests of change. Section 2 sets out how a consistent focus on key priorities is directing and supporting improved outcomes for children and families. We are applying a targeted approach towards key risks, whilst retaining flexible family support.

Collaborative Strategic Leadership

As part of our Transforming Public Protection Programme we have had a clear focus on enhancing leadership support and scrutiny for public protection issues. This programme of activity has led to improved engagement of COG members, greater collective and individual responsibility for leading key programmes of work, clearer arrangements for assurance reporting and subsequent support between the Child Protection Committee (CPC) and the Chief Officers Group (COG). We have also strengthened reporting to Council committee and to the Integration Joint Board through regular

[8] £90k per annum to support Dundee Drug and Alcohol Recovery Service (DDARS) Locality Nurse partnership with Children and Families Service; £40k per annum to Tayside Council on Alcohol to support whole family approaches; £78k over 2 years for Children and Families to engage in whole system of care redesign; and, £101K to develop and improve support to kinship carers. Further investments / applications in the pipeline include third sector bids to enhance the whole family approach at community hubs and to enhance transitions work with vulnerable young people.

[9] £467k for 12 month test of change to expand independent advocacy services to cover court processes and a further £40k to sustain core services in advance of the test of change; £55k for a Specialist Clinical Psychologist plus additional funds for 0.4 FTE Educational Psychologist to respond to complex developmental trauma as a result of exposure to domestic abuse; permanent funding to sustain ASPEN Consultant Clinical Psychology service for women experiencing gender-based violence previously funded via Tampon Tax; £228k to support the development of CEDAR in Dundee (groupwork recovery programme for women, children and young people experiencing domestic abuse); and, £103k to support a gender-based violence learning advisor to build knowledge and capacity to respond to gender-based violence, including the needs of children and young people.

[10] £290k to support enhanced capacity in frontline domestic abuse and sexual violence services, to meet crisis support needs for individuals and families with no recourse to public funds and to enhance capacity within Children and Families Services to respond to domestic abuse.

formal reports and member briefings.

As part of the TPP Programme the COG and CPC committed to adopting the Plan-Do-Study-Act improvement methodology; moving away from a historic focus on top-down improvement plans to engage the workforce in developing, testing and leading improvements. This change in approach has secured positive progress in key improvement areas, including in relation to the completion and quality of chronologies within children's services and embedding of proportionate and sustainability approaches to ongoing case file auditing within operational services (further detail in section 6). It has also helped us to start to close the gap between strategic planning and operational implementation; in a recent workforce survey 2/3 of respondents were aware of the CPC and agreed that the CPC supports collaborative leadership and partnership working in the delivery of high-quality child protection services.

Collaborative Operational Leadership

The strength of Dundee's collaborative operational leadership underpins all aspects of our service delivery model, with particularly strong relationships having been developed between the statutory and third sector over a number of years across the care pathway. Some examples include:

Core Service Delivery

Seymour House Barnhaus Approach

Barnahus (which literally means Children's House) is a child-friendly, interdisciplinary and multi-agency centre for child victims and witnesses where children could be interviewed and medically examined for forensic purposes, comprehensively assessed and receive all relevant therapeutic services from appropriate professionals. Seymour House in Dundee operates as a Barnhaus Centre.

Pause Service

Pause Dundee places a strong emphasis on informed voluntary engagement in the programme in which women are supported to take a "pause" from pregnancy to help bring greater stability to their lives. The programme is part of a range of support for women who have faced challenges with a focus on those who have so far been unable to engage, or had limited engagement, with other services and are at risk of the further removal of children from their care.

Improvement Activity

Hidden Harm Group

The creation of a new Hidden Harm Group brought partners together to share information on possible concerns and identify and coordinate support to potentially vulnerable children and young people, including in relation to summer activities.

Domestic Abuse

Domestic abuse test of change involving multi-agency partners has been developed alongside the use of short-term funds for a capacity building post.

Management and Mitigation of Risk

The primary mechanism through which the COG and CPC collectively identify, manage and mitigate risk is the Protecting People Strategic Risk Register. Developed in the early stage of the pandemic the strategic risk register is becoming increasingly embedded; informing agenda setting and providing the basis for assurance reports to the CPC and onwards to the COG. Feedback from CPC and COG members indicates that the strategic risk register has been key to supporting better prioritisation of resource and improvement capacity as well as an enhanced pace of change through the 18-month pandemic response period. Moving forward our priority is to continue to embed and evolve the risk register to reflect business as usual risks alongside pandemic risks and to develop a strengthened interface between the strategic risk register and operational risk registers within single agencies.

Quality Assurance and Evaluative Activity 7

As a partnership we have made significant progress in strengthening and embedding our approach to performance management, quality assurance and self-evaluation.

At a single agency level, the breadth, depth and frequency of activity has increased significantly over the last 2 years. We have also begun to strengthen out multi-agency activities and reporting but recognise that there is more work to be done.

Continuous Improvement

We are becoming increasingly skilled at identifying strengths and areas for improvement, undertaking more detailed follow-up analysis and using this to inform service improvements. For example:

- The How Good is Our Child Protection in Schools/Nurseries self-evaluation identified a need to triangulate attendance data with other hidden harm risk factors to better identify and respond to vulnerable children.
- The Family Nurse Partnership Child Protection Improvement Plan was directly informed by the Tayside Regional Improvement Collaborative (TRIC) analysis if ICRs and SCRs and findings from single agency local adverse learning events.

- The trends identified within the CPC minimum dataset have directly informed focused improvement work such as the domestic abuse test of change between the Children and Families Service and third sector and the ongoing arrangements for scrutiny of child protection orders between the Children and Families Service and SCRA.
- The more frequent and focused case file audit activity within Children's Social Work Services is supporting significant improvements across all categories of practice

Cultural Change

We have also had a focus on strengthening our continuous improvement culture:

- Increasing use of improvement methodologies that focus on workforce led change and improvement rather than top-down improvement plans. Members of the workforce who have been involved in tests of change have reported greater confidence and satisfaction with improvement process. Through this approach we are becoming increasingly confident in testing and scaling up change more quickly.
- Significant changes in the way in which case file auditing is conducted at a single agency level. Through the PDSA approach the workforce, supported by the Care Inspectorate and Healthcare Improvement Scotland, developed a tested a proportionate and sustainable audit tool. This has now been embedded as routine practice across the Children and Families Service with peer evaluation and feedback to practitioners being central to the approach being used.

"Within my own team I have asked staff to audit their own and each other's cases and to see the audit tool as a tool for improvement and not of criticism. This has resulted in staff being more open to feedback and less anxious about audits."

"Performing regular peer-led case file audits has enabled me and my staff to establish a consistent case file quality across the service. Being involved in this activity has provided me with a focus to encourage reflective conversation and support a strong culture of learning together to sustain change, improvement and progress."

- The establishment of the CPC Dataset Scrutiny Group has directly involved frontline practitioners in the analysis and scrutiny of key child protection data, forming the basis of assurance reports to the CPC and pro-actively identifying areas for further analytical deep-dives or targeted improvement activity.

Overall, staff at all levels within the partnership have become more involved with quality assurance activities: an important shift has been made from instructing change and improvement to supporting learning and improvement.

This change in culture has been supported by significant investment in additional improvement support capacity. The Children and Families Service has recently restructured and developed a specific team focused on supporting quality assurance and practice improvement. Through their recently established Public Protection Executive Group NHS Tayside has increased capacity to track improvement activity and has also enhanced staffing within their strategic support team for public protection.

Case Review

During the period covered by this report one Significant Case Review (SCR) and four Initial Case Reviews (ICR's) were undertaken on behalf of the Child Protection Committee.

Each of these reviews has prompted the committee and COG to reflect on what might be learned and how that learning can be disseminated to the multi-agency workforce.

Much of the learning identified is now embedded in single and multi-agency improvement plans and has informed the further development of the Child Protection Delivery Plan.


If not
you
...who?

Progress with Delivery Plan and Future Priorities 8

Progress with delivery plan

In 2020 Dundee CPC published its delivery plan for the next two years. Over the last 12 months considerable progress has been made in relation to the actions identified.

Examples of these include;

How good is Dundee CPC's leadership and how is Dundee CPC assured of the quality of operational management?

- CPC agenda now includes set items – Risk Register, Data and Improvement Activity and National/Regional Updates and clear direction provided on actions agreed in response.
- CPC has developed and communicated a clear process for reporting recommendations and learning from workstreams listed in actions.

What key outcomes has Dundee CPC met and how well does Dundee CPC meet the needs of stakeholders?

- CPC now discusses findings /recommendations from scrutiny group within the quarterly reports and identifies actions required e.g training, policy review.
- CPC has agreed and implemented a multi agency reporting cycle aligned with scrutiny group/ dataset to ensure consistent reporting.
- CPC has established representative focus groups to carry out in depth, self- assessments against different areas of the quality improvement framework including organisation of development sessions across the committee to gather evidence against the outcomes.
- CPC has developmed a learning review sub-group to provide regular reports and recommendations to the CPC including recommendations from the Priorities for Practice research.

How good is Dundee's delivery of services for CYP and families and how is the CPC assured of this?

- CPC has developed a processes for gathering workforce views including consultations, stakeholder surveys, third sector feedback and independent sector feedback.
- Steering group established to support the development of trauma informed workforce development

.....

Future Priorities

Our future plans

Our future plans will be informed by the outcome of the recent inspection of Children at Risk of Harm, as well the new national Child Protection Guidance.

Some examples of next steps include:

- Improving responses to young people at risk of harm, including from risks arising in their wider community;
- Enhancing multi-agency quality assurance activities, including collation and reporting of outcomes and developing approaches to support the recording and reporting of outcomes information;

- Progressing plans to improve the involvement of children, young people, parents and carers in child protection processes and on the planning and improvement of services;
- Continued focus on improving the quality of chronologies, assessments and plans, building on progress made over the last two-years;
- Reviewing our approach to undertaking learning reviews, communicating findings and evidencing the impact of improvement activities, including joint work with protecting people partners in Angus; and,
- Joint work across the protecting people committees to continue to address the impact of parental drug and alcohol use, domestic abuse, poor parental mental health and trauma on children and young people.


If not
you
...who?


If not
you

Appendix 1

Appendix 1: Dundee Child protection Committee Membership as of August 2021	
Position	**Organisation**
The following are core members. Dundee CPC also has a number of minuted members who are not required to attend every meeting. In addition, the Lead officer is neither a core nor minuted member but provides the necessary support for the committee.	
Independent Chairperson	Dundee Child Protection Committee
Panel member(s)	Dundee Children's Panel
Lead Officer (Alcohol and Drug Partnership Representative)	Alcohol and Drug Partnership
Chair of the Vulnerable Adolescent Partnership	Dundee City Council
Chief Social Work Officer	Dundee City Council
Learning and Organisational Adviser	Dundee City Council, Learning and Organisational Development Service
Strategy and Performance Manager (IJB)	Dundee Health and Social Care Partnership
Principal Officer	Dundee City Council, Children and Families Service, Strategy and Performance
Head of Service	Children's Service and Community Justice
Locality Manager	Scottish Children's Reporters Administration
Assistant Director (Third Sector Rep)	Barnardo's Scotland
Independent Chair	Violence Against Women Partnership
Protecting People Team Leader	Dundee City Council, Neighbourhood Services
Lead Paediatrician Child Protection	NHS Tayside
Lead Nurse Child Protection	NHS Tayside
Lead Nurse Children and Young People	NHS Tayside
Link Inspector	Care Inspectorate
Detective Chief Inspector PPU & CID Partnerships and Support	Police Scotland

Appendix 2 Glossary

This is an explanation of some Child Protection terms.

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

Assessment of need - Evaluation of the child and family identifying areas of need, which may require additional support.

Assessment of Risk - Evaluation of possibility of child abuse has taken place or that it is likely to occur in the future.

B

Buddy Scheme - is aimed at supporting children to express their views in any child protection meeting. Each child will be ask to choose someone they trust who can act as their Buddy, their voice in meetings. The scheme is supported by Children 1st.

C

Child - For the purpose of child protection instructions a child is defined as a young person under the age of 16 years or between 16-18 if he/she is the subject of a supervision requirement imposed by a Children's Panel or who is believed to be at risk of significant harm and there is no adult protection plan in place.

Child Abuse - Abuse and neglect are forms of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent, significant harm to the child. Children may be abused in a family or in an institutional setting, by those known to them or, more rarely, by a stranger. Assessments will need to consider whether abuse has occurred or is likely to occur. To define an act of omission as abusive and/or presenting future risk a number of elements can be taken into account. These include demonstrable or predictable harm to the child that would have been avoidable except for the action or inaction by the parent(s) or other carers.

Chief Officers Group – the COG comprises of the chief officers for each of the key partner agencies in Child Protection and Protecting People. This includes members from Health and Social Care, Children and Families, Health, Neighbourhood Services Police and Third (voluntary) Sector.

Child Assessment Order - A Child Assessment Order allows for a child to undergo a medical examination or assessment where this has been deemed necessary. This does not supersede the child's rights under the Age of Legal Capacity (Scotland) Act 1991. At all times the child's welfare is paramount.

Child Protection Committee – Every Local Authority must have a Child Protection Committee. Child Protection Committees are locally based, inter-agency strategic partnerships responsible for the design, development, publication, distribution, dissemination, implementation and evaluation of child protection policy and practice across the public, private and wider third sectors in their locality.

Child Protection Order - A Child Protection Order may be granted on application to a Sheriff if conditions for making such an order exist. A Child Protection Order can allow for the removal of a child to a place of safety or prevent removal of a child from their home or any other safe place. A Child Protection Order can last up to six days and is granted to secure the safety and wellbeing of a child.

Child Protection Plan - Agreed inter-agency plan outlining in detail the arrangements to ensure the protection of the child and supports to the family.

Child Protection Register - A formal list of named children where there are concerns about the possibility of future abuse and where a child protection plan has been agreed.

Child Trafficking - This is the term given to the movement of children into and within the country with the intent to exploit them.

Core Group Meeting - Meeting of small group of inter-agency staff with key involvement with the child and family who meet (with child and family) to review progress and make arrangements for implementing the child protection plan.

E

Emergency Police Powers - The Police have the power to remove a child to a place of safety for up to 24 hours where the conditions for making an application for a Child Protection Order exist.

Emotional Abuse - Emotional abuse is persistent emotional neglect or ill treatment that has severe and persistent adverse effects on a child's emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate or valued only in so far as they meet the needs of another person. It may involve the imposition of age or developmentally inappropriate expectations on a child. It may involve causing children to fee frightened or in danger, or exploiting or corrupting children. Some level of emotional abuse is present in all types of ill treatment of a child; it can also occur independently of other forms of abuse.

Exclusion Order - An Exclusion Order allows for a named person to be ejected or prevented from entering the child's home. Conditions can also be attached to secure the child's safety and wellbeing.

G

GIRFEC - Getting it right for every child (GIRFEC) supports families by making sure children and young people can receive the right help, at the right time, from the right people. The aim is to help them to grow up feeling loved, safe and respected so that they can realise their full potential.

Most children and young people get all the help and support they need from their parent(s), wider family and community but sometimes, perhaps unexpectedly, they may need a bit of extra help.

GIRFEC is a way for families to work in partnership with people who can support them, such as teachers, doctors and nurses.

I

Initial Child Protection Conference - An inter-agency meeting to consider the safety and welfare of children who have been the subject of a child protection investigation. The meeting will consider whether the child is a risk of significant harm, and place their name on the child protection register. It will also create a child's protection plan. The parents and sometimes the child will also attend this meeting.

Inter-Agency Child Protection Discussion - An IRD is an inter-agency meeting to share information where there are child protection concerns which need further clarification. Strengths within the family and the family's capacity to co-operate with agencies should be discussed. Any support required should also be identified and a plan of intervention should be agreed which could include organising a Initial Child Protection Conference.

J

Joint Investigative Interview - A Joint Investigative Interview is a formal planned interview with a child. It is carried out by staff, usually a social worker and a police officer trained specifically to conduct this type of interview. The purpose is to obtain the child's account of any events, which require investigation.

N

Non-organic Failure to Thrive - Children who significantly fail to reach normal growth and development milestones (i.e. physical growth, weight, motor, social and intellectual development) where physical and genetic reasons have been medically eliminated and a diagnosis of non-organic failure to thrive has been established.

P

Physical Abuse - Physical abuse is causing physical harm to a child or a young person. Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning or suffocating. Physical harm may also be caused when a parent or carer feigns the symptoms of, or deliberately causes, ill health to a child they are looking after.

Physical Neglect - Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. It may involve a parent or carer failing to provide adequate food, shelter and clothing, to protect a child from physical harm or danger, or to ensure access to appropriate medical care or treatment. It may also include neglect of, or failure to respond to, a child's basic emotional needs. Neglect may also result in the child being diagnosed as suffering from 'no organic failure to thrive', where they have significantly failed to reach normal weight and growth or development milestones and where physical and genetic reasons have been medically eliminated. In its extreme form children can be at risk from the effects of malnutrition, lack of nurturing and stimulation. This can lead to serious long-term effects such as greater susceptibility to serious childhood illnesses and reduction in potential stature. With young people in particular, the consequences may be life-threatening within a relatively short period of time.

Planning Meeting - A Planning meeting (usually between social work and police) is usually held to plan a joint investigation - who does what and when is agreed.

Pre-Birth Child Protection Conference - An inter-agency meeting which considers the risk of harm to an unborn child and future risk upon the child's birth.

R

Review Child Protection Conference - An inter-agency meeting which reviews the circumstances of a child whose name is on the Child Protection Register.

S

Safe and Together - Is a programme for working with families where there are concerns about domestic abuse. It is a strengths bases approach working in partnership with the victim of abuse to reduce risk to themselves and any children. It is an approach that strives to help the perpetrator of the violence responsible for their behaviour.

Sexual Abuse - is any act that involves the child in any activity for the sexual gratification of another person, whether or not it is claimed that the child either consented or assented. Sexual abuse involves forcing or enticing a child to take part in sexual activities, whether or not the child is aware of what is happening. The activities may involve physical contact, including penetrative or non-penetrative acts. They may include non-contact activities such as involving children in looking at, or in the production of, pornographic material or in watching sexual activities, using sexual language towards a child or encouraging children to behave in a sexually inappropriate way.

Significant Harm - Physical or mental injury or neglect, which seriously affects the welfare or development of the child.

T

Team Around the Child – Is a meeting involving parents and children with key professionals where some concerns or the need for additional supports are identified. There are usually three levels meeting. A level one meeting will be a meeting between the names person and the parent, level 2 will involve other professionals – sometimes a specialist such as speech and language, a specialist nurse or similar. If there are increased concerns a level 3 team around the child will involve a social worker. A TATC meeting at levels 2 and 3 will agree a Childs Plan to support the child and their family to ensure needs are met and risks reduced.

Transfer Child Protection Conference - An inter-agency meeting which considers arrangements to transfer cases of a child whose name is on the Child Protection Register where the family moves to another area.

What I need from you!

Dundee Child Protection Committee
c/o Andrew Beckett, Lead Officer
Protecting People Team
Friarfield House
Barrack Street
Dundee DD1 1PQ
t: 01382 436264

www.**dundeeprotectschildren**.co.uk

Dundee Child Protection Committee

Integrated Impact Assessment Report.

Committee Report No: DIJB1-2022

Document Title: Dundee Child Protection Committee Annual Report 2021

Document Type: Other

New/Existing: New

Period Covered: 01/08/2020 - 31/07/2021

Document Description:
Annual report for the multi-agency Dundee Child Protection Committee detailing key achievements during the reporting period and priorities for the coming year.

Intended Outcome:
To enhance visibility of the work of the Child Protection Committee and support public and stakeholder scrutiny of the impact of this work.

How will the proposal be monitored?:
The Child Protection Committee produces and submits reports on an annual basis. The Chief Officers Group is responsible for monitoring the work of the Committee on an ongoing basis throughout the year.

Author Responsible:
Name: kathryn sharp
Title: Service Manager, Strategy and Performance
Department: Health and Social Care Partnership
E-Mail: kathryn.sharp@dundeecity.gov.uk
Telephone: 01382 433410
Address: Friarfield House, Barrack Street, Dundee

Director Responsible:
Name: Elaine Torrance
Title: Independent Chair
Department: Dundee Child Protection Committee
E-Mail: elaine.torrance@dundeecity.gov.uk
Telephone: n/a
Address: n/a

A. Equality and Diversity Impacts:

Age:	Positive
Disability:	Positive
Gender Reassignment:	No Impact

Marriage and Civil Partnership:	No Impact
Pregnancy and Maternity:	Positive
Race/Ethnicity:	Positive
Religion or Belief:	No Impact
Sex:	Positive
Sexual Orientation:	No Impact

Equality and diversity Implications:
The report details a range of activity that is focused on the protection of vulnerable and at risk individuals and families. Developments detailed include those addressing gender-based violence, the protection of children with disabilities and children from minority ethnic communities. The report also describes a range of work with vulnerable women, including during pregnancy.

Proposed Mitigating Actions:
None required

Is the proposal subject to a full EQIA? : No

The report details a range of activity that is focused on the protection of vulnerable and at risk individuals and families. Developments detailed include those addressing gender-based violence, the protection of children with disabilities and children from minority ethnic communities. The report also describes a range of work with vulnerable women, including during pregnancy.

B. Fairness and Poverty Impacts:

Geography

Strathmartine (Ardler, St Mary's and Kirkton):	Positive
Lochee(Lochee/Beechwood, Charleston and Menzieshill):	Positive
Coldside(Hilltown, Fairmuir and Coldside):	Positive
Maryfield(Stobswell and City Centre):	Positive
North East(Whitfield, Fintry and Mill O' Mains):	Positive
East End(Mid Craigie, Linlathen and Douglas):	Positive
The Ferry:	Positive
West End:	Positive

Household Group

Lone Parent Families:	Positive
Greater Number of children and/or Young Children:	Positive
Pensioners - Single/Couple:	No Impact
Single female households with children:	Positive
Unskilled workers or unemployed:	No Impact
Serious and enduring mental health problems:	Positive
Homeless:	Positive
Drug and/or alcohol problems:	Positive
Offenders and Ex-offenders:	Positive
Looked after children and care leavers:	Positive

Carers:	Positive

Significant Impact

Employment:	No Impact
Education and Skills:	No Impact
Benefit Advice/Income Maximisation:	Positive
Childcare:	Positive
Affordability and Accessibility of services:	Positive

Fairness and Poverty Implications:
The report details a wide range of activity that has had a positive impact on vulnerable children, young people and families across Dundee. There is a specific focus on work that supports improved outcomes for care experienced young people, those living in poverty and poor social circumstances, families impacted by substance use and mental health issues and who have had contact with community justice services.

Proposed Mitigating Actions:
None required

C. Environmental Impacts

Climate Change

Mitigating greenhouse gases:	Not Known
Adapting to the effects of climate change:	Not Known

Resource Use

Energy efficiency and consumption:	Not Known
Prevention, reduction, re-use, recovery or recycling waste:	Not Known
Sustainable Procurement:	Not Known

Transport

Accessible transport provision:	Not Known
Sustainable modes of transport:	Not Known

Natural Environment

Air, land and water quality:	Not Known
Biodiversity:	Not Known
Open and green spaces:	Not Known

Built Environment

Built Heritage:	Not Known
Housing:	Not Known

Is the proposal subject to Strategic Environmental Assessment

No further action is required as it does not qualify as a Plan, Programme or Strategy as defined by the Environment Assessment (Scotland) Act 2005.

Proposed Mitigating Actions:

None required

Environmental Implications:

Not known.

D. Corporate Risk Impacts

Corporate Risk Implications:
The risk implications associated with the subject matter of this report are 'business as normal' risks. The subject matter is routine and has happened many times before without significant loss. There is comfort that the risks inherent within the activity are either transferred to another party, shared equally and fairly between the Council and another party or are negligible.

Corporate Risk Mitigating Actions:

ITEM No …10……..…..

REPORT TO: **HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 23 FEBRUARY 2022**

REPORT ON: **JOINT INSPECTION OF SERVICES FOR CHILDREN AT RISK OF HARM IN DUNDEE CITY – FINDINGS AND IMPROVEMENT PLANS**

REPORT BY: **INDEPENDENT CHAIR, DUNDEE CHILD PROTECTION COMMITTEE**

REPORT NO: **DIJB3-2022**

1.0 PURPOSE OF REPORT

1.1 To inform the Integration Joint Board of the findings of the Joint Inspection of Services for Children at Risk of Harm in Dundee City, published by the Care Inspectorate on 11 January 2022, and to outline improvement plans arising from these findings.

2.0 RECOMMENDATIONS

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

2.1 Note the content of the inspection report published by the Care Inspectorate (attached as appendix 1).

2.2 Note the summary of inspection findings, including areas of strength and areas for improvement provided at sections 4.3 and 4.5.

2.3 Note the multi-agency approach to improvement planning that has been progressed since notification of inspection findings and the improvement plan approved by the Dundee Chief Officers Group and to be submitted to the Care Inspectorate (section 4.6 and appendix 2).

3.0 FINANCIAL IMPLICATIONS

3.1 None.

4.0 MAIN TEXT

4.1 In June 2021 the Dundee Partnership was notified by the Care Inspectorate of their intention to undertake a joint inspection of services for children at risk of harm in Dundee City under Section 115 of Part 8 of the Public Services Reform (Scotland) Act 2010. This is the first joint inspection to take place in Scotland following temporary suspension of joint inspection activity due to the COVID-19 pandemic in March 2020. The joint inspection has been carried out by the Care Inspectorate alongside Education Scotland, Her Majesty's Inspectorate of Constabulary in Scotland and Healthcare Improvement Scotland.

4.2 The joint inspection has focused on 4 main inspection statements:

- Children and young people are safer because risks have been identified early and responded to effectively.
- Children and young people's lives improve with high quality planning and support, ensuring they experience sustained loving and nurturing relationships to keep them safe from further harm.
- Children, young people and families are meaningfully and appropriately involved in decisions about their lives. They influence service planning, delivery and improvement.

- Collaborative strategic leadership, planning and operational management ensure high standards of service delivery.

The Care Inspectorate and their scrutiny partners have reviewed the inspection methodology used pre-pandemic with the aim of minimising demands on partnerships, including a move to remote case file reading, virtual engagement meetings with partners and children, young people and families, a restricted field work period and shortened pre-inspection submission. The inspection process commenced at the end of July 2021, with the evidence gathering / field work phases finishing in early November 2021. The inspection report for the Dundee Partnership was published on 11 January 2022.

4.3 Under the current inspection methodology only one quality indicator is evaluated by the inspection team; this is quality indicator 2.1 that evaluates the impact on children and young people. This quality indicator, with reference to children at risk of harm, considers the extent to which children and young people: feel valued, loved, fulfilled and secure; feel listened to, understood and respected; experience sincere human contact and enduring relationships; and, get the best start in life. The Dundee Partnership was evaluated as Good (on a 6-point grading scale from 1 'unsatisfactory' to 6 'excellent', with 'good' being point 4 on the scale). This grading means that the Dundee Partnership has important strengths, with some areas for improvement. In addition, to this overall grading the Care Inspectorate identified four areas of strength and three examples of good practice within services for children at risk of harm in the Dundee area (please see section 4.5 for further detail). Overall, the inspection report reflects very positively on partnership responses to at risk children and families throughout the pandemic period, the ability of frontline practitioners to build and sustain positive relationships with children and families on the commitment, the timeliness and effectiveness of identification and initial response to concerns and the dedication and expertise of the workforce.

4.4 Inspection Process

4.4.1 As part of the inspection process the Chief Officers Group and Child Protection Committee oversaw the production and submission of a position statement for the Dundee Partnership. The position statement is a short document setting out the partnerships self-assessed strengths and priorities for improvement in relation to the set criteria of: our COVID response; impact on children, young people and families; engagement with children, young people and families; quality assurance; and collaborative working and leadership. A summary of the key achievements and improvement priorities identified in the position statement is provided below:

Key Achievements	Improvement Priorities
Providing the right support at the right time	Enhancing the voice of children and young people in strategic developments
Relationships and engagement with children, young people and families	Workforce engagement
Pandemic response	Supports to young people, including transitions
Shifting culture in relation to quality assurance	Co-ordination of quality assurance activities
Collaborative leadership	

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

- a workforce survey responded to by 405 staff working across the statutory and third sector.
- case file reading of the records for 60 children and young people held by social work, education, health and police.
- survey and engagement meetings which gathered the views of 22 children and young people and 87 parents and carers.

- Engagement meetings with over 100 staff, including senior leaders, committees and boards.

The majority of engagement meetings were undertaken virtually by telephone or video conferencing due to public health restrictions associated with the pandemic, however all children and young people were offered the opportunity to meet face-to-face with the inspection team and many accepted this offer.

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

4.5 Inspection Findings

4.5.1 The areas of strength and for improvement contained within the inspection report are very closely aligned to the Partnership's position statement that was produced as part of the inspection process. This position statement was informed by a range of performance management, quality assurance and self-evaluation activity that has taken place within single agencies and through the Child Protection Committee and other multi-agency partnerships over the last two years. The statement reflected the significant improvements that have been taken forward across child protection services despite the very challenging circumstances associated with the pandemic and the hard-work, dedication and expertise of the frontline child protection workforce. Close alignment between the position statement and inspection report suggests that local quality assurance and self-evaluation processes are robust and also means that almost all of the areas for improvement are already being progressed via the Child Protection Committee delivery plan, Transforming Public Protection Programme or other strategic improvement plans.

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

1. Most children in Dundee were being kept safe from harm by committed staff who effectively recognised and responded to concerns. This recognition of and response to harm remained as effective as the Covid-19 pandemic progressed.

"Almost all staff were confident in recognising and reporting concerns in relation to risk of abuse, neglect and exploitation. They were supported to be professionally curious, and they understood the standards of practice that were expected of them." (page 9)

"The partnership acted swiftly at the start of the Covid-19 pandemic to prioritise children and young people at risk of harm. We saw no difference in responses to concerns prior to or as the pandemic progressed, despite the significant restrictions placed on public services. Children and young people were just as safe, had just as many contacts and staff made the same efforts to ensure children and young people's needs were prioritised." (page 10)

"The partnership had invested time and resources into improving the use and quality of chronologies… The new tools being used and the training and support for lead professionals were making a positive difference to the quality of chronologies." (page 14)

2. Children and young people felt safer as a result of the strong relationships they had with key members of staff. Staff made considerable efforts to sustain relationships with children and young people as the pandemic evolved.

"Children and young people were overwhelmingly positive about the opportunities they had to build strong relationships with key members of staff… We observed caring, respectful and meaningful interactions between staff and children and young people that they were supporting." (page 17)

"Parents and carers also reported that they had positive relationships with staff members and those trusting relationships had helped them to be open, honest and improved communication." (page 17)

"Staff were committed to building supportive relationships with children and young people. This had helped them to listen to children and young people. Staff showed significant

commitment to maintaining and sustaining relationships with children and young people at risk of harm as the pandemic progressed." (page 19)

3. The collaborative approach throughout the partnership had resulted in the effective development and delivery of a range of multi-agency services that helped children at risk of harm and families to receive the support they needed.

"Partners worked well together to provide flexible and needs-led support to children at risk of harm and their families. Parents, carers and children found that support was beneficial and had helped to bring about positive change." (page 15)

"The embedded collaborative culture across the organisation meant that operational managers and frontline staff worked in partnership to deliver services and provide support to children at risk of harm and their families. It was common practice for partners to take a joint approach to the delivery of services through co-located and multi-agency teams. These meant that staff, supported by operational managers, provided flexible, responsive and joined-up support to children at risk of harm and their families." (page 23)

4. Senior leaders demonstrated effective and inclusive governance and accountability in their leadership of multi-agency child protection arrangements. Senior leaders continued to work together to effectively lead and direct staff as the Covid-19 pandemic progressed.

"Senior leaders tasked with responsibility for the protection of children and young people worked well together through a well-functioning chief officers group. Group members had an open, inclusive and responsive approach and very effectively involved third sector organisations as valued members in the group… The child protection committee also functioned well and demonstrated a strong collaborative approach." (page 23)

4.5.3 As well as the four strengths the report also highlights three areas of good practice that the inspection team considered represented best practice and from which other partnerships across Scotland could learn. These were: support to very vulnerable women who had previously had children removed from their care through the Pause project; the range of multi-agency teams and services making a positive difference to the lives of children at risk and leading to more flexible and needs-led service delivery; and, Oor Fierce Girls campaign led by a group of young women aged 16 to 18 years old.

4.5.4 The inspection also identified four key areas for improvement:

1. Approaches to recognising and responding to concerns about risk of harm and providing support to young people were not as effective as those for younger children.

2. Resources to support children and young people with mental health or emotional wellbeing issues were limited and staff were not confident that children's mental health needs were being fully met.

3. Children and young people at risk of harm and parents or carers were not consistently being supported to participate in protective processes. Opportunities for children and young people at risk of harm to share their views and influence policy, planning and service delivery were limited.

4. The partnership did not yet have in place arrangements for the joint and systematic review of outcomes data in order to evidence the difference it was making to the lives of children at risk of harm and their families.

4.5.5 In addition to these four areas, the report narrative also identifies other areas for further focus within improvement plans. These are multi-agency thresholds and clarity of decision-making within child protection processes, further activity to continue to improve the quality of chronologies and plans, and consolidating recent improvements in quality assurance into a multi-agency framework that supports systematic, ongoing quality assurance, self-evaluation and implementation of improvement methodology.

4.5.6 These findings demonstrate sustained improvement in areas highlighted by the last joint inspection of services for children and young people that took place in 2016. The 2016 inspection had a wider focus on integrated children's services however areas for improvement included strengthening parenting and family support to ensure families got the right support at the right time, improving the quality of children's plans, strengthening quality assurance and

self-evaluation and strengthening collaborative leadership. The current inspection report reflects significant improvements in early identification and response so that children, young people and families get the right support in a timely manner and the approach to collaborative leadership taken at both strategic and operational levels. It also reflects the investment made in improving the quality of children's plans and evidence that this is now impacting on practice, providing a firm foundation for continued focus ed improvement work in this area. Similarly, whilst there is further work to do to strengthen the co-ordination of self-evaluation activity across the partnership the report recognises stronger approaches to case file auditing and other quality assurances activities than had previously been in place.

4.6 Improvement Plans

4.6.1 The Dundee Partnership is required to submit an improvement plan addressing the four areas for improvement identified within the inspection report to the Care Inspectorate. This plan has been developed by the Child Protection Committee in consultation with other strategic groups and has been approved on behalf of the Dundee Partnership by the Chief Officers Group. The improvement plan is contained within appendix 2.

4.6.2 The close alignment between the inspection findings and internal self-evaluation activity has meant that the vast majority of areas for improvement were already incorporated into improvement plans (as summarised in appendix 2). For example, the Child Protection Committee has a sub-group taking forward matters relating to the engagement of children and young people and the Children and Families Service had been developing enhanced operational responses to young people at risk of harm whilst also planning for a strategic review of arrangements in early 2022. The Tayside Regional Improvement Collaborative has also led a significant programme of work to enhance the range and accessibility of supports to children and young people with mental health and emotional wellbeing needs. For this reason, inspection improvement actions have been incorporated into existing improvement plans by reviewing and updating the Child Protection Committee Delivery Plan, the workstreams within the Transforming Public Protection Programme and work within the Tayside Regional Improvement Collaborative in relation to emotional wellbeing and mental health.

4.6.3 Within the inspection report the Care Inspectorate express confidence that partners in Dundee have the required capacity to make changes to service delivery in the areas of improvement that have been identified. This is based on their positive assessment of the Dundee Partnership's strong culture of collaborative working that has driven forward past improvement activity, the dedication and commitment of the workforce and commitment of senior leaders.

4.6.4 Progress in relation to addressing improvement areas arising from the inspection will be monitored through the Chief Officers Group and will be reflected in future reporting to single agency governance groups such as Dundee City Council Committee, NHS Tayside Public Protection Executive Group and the Integration Joint Board.

5.0 POLICY IMPLICATIONS

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

6.0 RISK ASSESSMENT

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

7.0 CONSULTATIONS

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

8.0 DIRECTIONS

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

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

9.0 BACKGROUND PAPERS

9.1 None.

Elaine Torrance DATE: 25 January 2022
Independent Chair, Dundee Child Protection Committee

Andrew Beckett
Lead Officer, Protecting People

Sophie Gwyther
Lead Officer, Protecting People

Kathryn Sharp
Service Manager, Strategy and Performance

care inspectorate

Report of a joint inspection of services for children and young people at risk of harm in Dundee City

Prepared by the Care Inspectorate in partnership with Education Scotland, Healthcare Improvement Scotland and Her Majesty's Inspectorate of Constabulary in Scotland

11 January 2022

Education Scotland Foghlam Alba

Healthcare Improvement Scotland

HMICS Improving Policing Across Scotland

HAPPY TO TRANSLATE

Contents

Introduction

Our remit

At the request of Scottish Ministers, the Care Inspectorate is leading joint inspections of services for children and young people at risk of harm. As a result of the Covid-19 pandemic, the programme of joint inspections of services for children was paused between March 2020 and June 2021 and recommenced in July 2021. The remit of these joint inspections is to consider the effectiveness of services for children and young people (up to the age of 18) at risk of harm. The inspections look at the differences community planning partnerships are making to the lives of children and young people at risk of harm and their families.

Joint inspections aim to provide assurance on the extent to which services, working together, can demonstrate that:

1. Children and young people are safer because risks have been identified early and responded to effectively
2. Children and young people's lives improve with high quality planning and support, ensuring they experience sustained loving and nurturing relationships to keep them safe from further harm
3. Children and young people and families are meaningfully and appropriately involved in decisions about their lives. They influence service planning, delivery and improvement
4. Collaborative strategic leadership, planning and operational management ensure high standards of service delivery.

The inspections also aim to consider the impact of the Covid-19 pandemic and the continuation of practice to keep children and young people safe.

The terms that we use in this report (see appendix 2 for more terms we use)

- When we say **children at risk of harm**, we mean children up to the age of 18 years who need urgent support due to being at risk of harm from abuse and/or neglect. We include in this term children who need urgent support due to being a significant risk to themselves and/or others or are at significant risk in the community.
- When we say **young people**, we mean children aged 13-17 to distinguish between this age group and younger children.
- When we say **parents** and **carers**, we mean those with parental responsibilities and rights and those who have day to day care of the child (including kinship carers and foster carers).
- When we say **partners**, we mean leaders of services who contribute to community planning. This includes representatives from Dundee City Council, NHS Tayside, Police Scotland and third sector organisations.
- When we say **staff**, we mean any combination of people employed to work with children, young people and families in Dundee.

Key facts

Total population: 148,820 people

Proportion of children: 16% of the population are under the age of 16, just under the national average of 17%.

Deprivation levels: 36.6% of the population live in the 20% most deprived SIMD data zone. Over a quarter of children are in poverty in six of the eight electoral wards in Dundee. When compared to other cities in Scotland, Dundee has the second highest levels of deprivation.

Dundee had the highest prevalence of incidents of domestic abuse recorded by Police Scotland in 2019/20, with 166 reported incidents per 10,000 population, compared to the national rate of 115.

In 2019/20, Dundee had a rate of 29 child protection investigations (per 1000 of 0-15 population), greater than the Scottish rate of 14.0. This was the third highest rate in Scotland.

In 2019/20, Dundee had a rate of 6.5 child protection case conferences (per 1000 of 0-15 population), greater than the Scottish rate of 5.5.

In 2019/2020, 99% of all initial child protection case conferences resulted in child protection registration in Dundee. Dundee's rate of child protection registration in 2019/20 was 4.2 (per 1000 of 0-15 population). This was the fifth highest rate in Scotland and greater than the national average of 2.9.

Child protection re-registration: Over the past three years, Dundee's percentage of child protection registrations re-registered within 18 months was a decreasing trend. In 2019/2020, this percentage was 1.9%, compared with the overall percentage in Scotland which was 6.9%.

In 2020-2021, Dundee's rate of child protection orders was 2.2 per 1000 of 0-15 population), compared to the Scottish rate of 0.6. This was the highest rate in Scotland. It has remained above the Scottish rate for the past five years and has been fluctuating, in contrast to Scottish rates slightly decreasing over the past five years.

Our approach

Inspection teams include inspectors from the Care Inspectorate, Healthcare Improvement Scotland, Her Majesty's Inspectorate of Constabulary in Scotland and Education Scotland. Teams also include young inspection volunteers, who are young people with direct experience of care or child protection services. Young inspection volunteers receive training and support and contribute to joint inspections using their knowledge and experience to help us evaluate the quality and impact of partners' work.

We take a consistent approach to inspections by using the quality framework for children and young people in need of care and protection, published in August 2019. Inspectors collect and review evidence against all 22 quality indicators in the framework to examine the four inspection statements. We use a six-point scale (see appendix 1) to provide a formal evaluation of quality indicator 2.1: impact on children and young people.

How we conducted this inspection

The joint inspection of services for children at risk of harm in the Dundee community planning partnership area took place between 12 July 2021 and 15 November 2021. It covered the range of partners in the area that have a role in meeting the needs of children and young people at risk of harm and their families.

- We listened to the views and experiences of 22 children and young people and 37 parents and carers. This included face-to-face meetings, telephone or video calls and survey responses.
- We reviewed practice by reading a sample of records held by a range of services for 60 children and young people at risk of harm.
- We reviewed a wide range of documents and a position statement provided by the partnership.
- We carried out a staff survey and received 405 responses from staff working in a range of services.
- We met virtually with over 100 staff who work directly with children, young people and families.
- We met virtually with members of senior leadership teams, committees and boards that oversee work with children at risk of harm and their families.

We are very grateful to everyone who talked to us as part of this inspection.

As the findings in this joint inspection are based on a sample of children and young people, we cannot assure the quality of service received by every single child and young person in Dundee who may be at risk of harm.

Key messages

Strengths

1. Most children in Dundee were being kept safe from harm by committed staff who effectively recognised and responded to concerns. This recognition of and response to harm remained as effective as the Covid-19 pandemic progressed.
2. Children and young people felt safer as a result of the strong relationships they had with key members of staff. Staff made considerable efforts to sustain relationships with children and young people as the pandemic evolved.
3. The collaborative approach throughout the partnership had resulted in the effective development and delivery of a range of multi-agency services that helped children at risk of harm and families to receive the support they needed.
4. Senior leaders demonstrated effective and inclusive governance and accountability in their leadership of multi-agency child protection arrangements. Senior leaders continued to work together to effectively lead and direct staff as the Covid-19 pandemic progressed.

Areas for improvement

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

Statement 1: Children and young people are safer because risks have been identified early and responded to effectively.

Key messages:

1. Multi-agency preventative approaches helped children and their families receive tailored support at the right time. This had prevented risks of harm from escalating for some children.
2. Staff's recognition of and initial response to children at risk of harm was effective. This continued to be strong as the Covid-19 pandemic progressed.
3. Comprehensive procedures, learning opportunities and access to supportive advice had helped staff to confidently fulfil their roles.
4. When child protection processes were being used, they were almost always being used effectively to plan a shared response to concerns. However, decisions about the use of child protection processes were not always consistent and staff did not always have a shared agreement of thresholds of risk.
5. Concerns about young people were less likely to be reported than for younger children and the follow-up to concerns about young people was less clear and robust than for younger children. There were no alternative protective processes, such as care and risk management processes, being used routinely.

Preventative approaches

The partnership had very strong collaborative working approaches in place across all agencies. The **Getting It Right For Every Child approach** was well embedded and had resulted in staff using a shared language when raising concerns about risk of harm. It had also resulted in staff sharing concerns in a timely manner and in ensuring the professional point of contact in universal services was informed about concerns. This approach had contributed to the earlier identification of children at risk of harm and joint meetings, known as team-around-the-child meetings, were being used effectively to prevent risks from escalating. In one area of the city, a pilot programme, the Addressing Neglect and Enhancing Wellbeing (ANEW) programme, delivered in partnership with CELCIS (centre for excellence for children's care and protection) had helped to support the professional point of contact in universal services to better identify and support families in need of support.

The **Fast Online Referral Tracking System (FORT)** was rapidly implemented across Dundee as a response to the Covid-19 pandemic. The implementation of FORT has been supported by dedicated co-ordinating staff and an alliance-based triage system. It provided a clear multi-agency system to aid referral to relevant resources and offer tailored support to families. It supported concerned staff to better meet wellbeing needs of children and their families. We heard examples from staff and families of how FORT had enabled the provision of personalised support at the time when families most needed it.

Preventative approaches were prioritised as the Covid-19 pandemic evolved. Although statutory and third sector services had to make significant changes to service delivery, most services continued to provide support to mitigate risks to children. Staff worked together to identify children and families who needed additional support. They then jointly used their resources effectively to deliver practical, financial and emotional support where most needed. Community support centres, based in schools across the city, worked in partnership with social work services to ensure children in need of support were prioritised for places. Staff took a flexible and needs-led approach to this. Practical services such as the provision of food parcels, school lunches and laptops or tablets were provided by staff working together across services.

Staff worked together to establish a standardised rating scale to support the prioritisation of service delivery. Together with the FORT process, this early screening had a positive effect on other services. For example, Women's Aid reported that early screening and increased funding led to reduction in its waiting list. This enabled women and children who had experienced domestic abuse to be supported in a timely manner.

Staff continued to work within a challenging context in Dundee of high levels of poverty and deprivation, high levels of domestic abuse, parental mental ill health and issues with drug and alcohol use. However, preventative approaches had made a significant difference to some children, young people and their families. Their continued focus on preventative approaches and the provision of support to children and their families at the right time will help the partnership to provide scaffolding for families and help to mitigate the impact of poverty outlined in the **Promise Plan**. Partners' continued focus in this area will also help Dundee partners to ensure that they are providing support services for children and giving parents the help they need in line with the **United Nations Convention on the Rights of the Child (UNCRC)**.

Good practice example:

To prevent further risk to children and provide support to very vulnerable women, partners had invested in the Pause project, a partnership between Dundee city council, Tayside Council on Alcohol, Pause and the Robertson Trust. The project invited women who had had children removed from their care to work with them on a voluntary basis.

The project supported a community of 22 women (who had a total of 53 children removed from their care) over an 18-month period to address issues such as homelessness, drug or alcohol use, domestic abuse and mental health issues, family relationships and unemployment. Staff at the project provided intensive, flexible and needs-led help, and focused on building supportive relationships to deliver this tailored support. The project had recently started working with a second cohort of women. The women that we spoke with told us very powerful stories about how the support that they had received from this project had made a huge difference to their lives. These women had all previously been known to statutory services. Despite this, they had been unable to build the relationships necessary to help them reflect on their lives and make the changes necessary to ensure the safety of their children. However, the women told us the very strong bonds they had with the Pause team had helped them successfully make the changes needed to improve their lives.

Dundee city council very carefully considered the need for this project despite some challenges in order to realise the benefits not only to women but to their children. Working together with third sector organisations, the partnership funded and established this initiative, despite the challenges. Additionally, the project very successfully gathered outcomes and impact information, which helped to evidence the effectiveness of the team's approach. This information detailed important qualitative outcomes such as improved access to healthcare, improved mental health, reduced levels of social isolation and the life-satisfaction levels of wellbeing. It is this compassionate, person-centred and collaborative approach which is an example of good practice.

Staff confidence

Almost all staff were confident in recognising and reporting concerns in relation to risk of abuse, neglect and exploitation. They were supported to be professionally curious, and they understood the standards of practice that were expected of them. Most staff believed that learning and development opportunities had positively impacted on their collaborative working. Staff also felt that these opportunities had increased their skills in identifying and responding to children at risk of harm and their families.

Interagency child protection procedures provided comprehensive guidance for staff across statutory and third sector agencies working with children and young people. Procedures also included staff working within services for adults. There were also clear protocols in place for those working out of hours to respond to concerns. Most staff reported that local child protection arrangements were effective and timely. This was supported by our reading of children's records and in our engagement with frontline staff.

Collaborative multi-agency approaches helped staff to identify and respond to concerns. Staff reported that they found the advice provided by staff at the Multi-Agency Screening Hub (MASH) as helpful and supportive. The partnership had recently undertaken a stakeholder survey of the screening hub. This had found that the majority of staff contacting the service had received a prompt and helpful response. There were also other sources of support that helped staff to identify and respond to concerns. These included the health child protection helpline and the use of child protection officers in schools. Police Scotland had increased the number of domestic abuse liaison officers in Dundee, and they were engaging directly with women and children and working in schools.

Staff reported that they found the advice and support received from these services had helped them to recognise and respond to concerns. Supportive supervision and line management arrangements, peer support, and involvement in quality assurance activities were also helping frontline staff to build confidence in recognising and reporting concerns.

Recognition and initial response to concerns

While preventative approaches had made a significant difference to some families, the area still had high rates of child protection investigations and registrations compared to national and local benchmarking rates.

Staff recognised when children were at risk of harm and took appropriate action to address risks. Most children in Dundee were being kept safe from risk of harm and concerns were being shared effectively without delay. We evaluated the initial response to concerns as good or better in three-quarters of the records that we read. Staff, including those working out of hours, had good access to shared IT systems, enabling effective immediate protective responses during evenings or weekends.

In the few records that we read where there had been delay in responses, there had been missed opportunities to report accumulating concerns at an earlier stage and thereby reducing delays. Not all staff had the same understanding of thresholds of risks. This meant that decisions about whether to use child protection processes were not always consistent.

The partnership acted swiftly at the start of the Covid-19 pandemic to prioritise children and young people at risk of harm. We saw no difference in responses to concerns prior to or as the pandemic progressed, despite the significant restrictions placed on public services. Children and young people were just as safe, had just as many contacts and staff made the same efforts to ensure children and young people's needs were prioritised.

Follow-up to concerns

When **inter-agency referral discussions** (IRDs) were being used, the process was effectively supporting staff to make joint decisions in response to child protection concerns. They were almost always attended by health, social work and police colleagues. IRDs also routinely included education colleagues who had much to contribute about individual children and young people. IRDs were timely, relevant and appropriately considered all evidence and led to clear decisions. They continued to take place effectively as the Covid-19 pandemic evolved. Not all concerns led to an IRD being initiated however, and there was no clear rationale recorded to explain which concerns progressed to IRD and which did not. Additionally, the partnership's own audit showed that from August to October 2020, 80% of cases did not proceed beyond IRD because no evidence of abuse was found. The audit did not review the decision-making processes leading to these IRDs nor any preventative approaches that could have been taken earlier.

We evaluated the quality of follow-up to concerns as good or better in the majority of records. Staff effectively considered the need for a medical examination, legal measures and a joint investigative interview in most records. The co-location of police, health and social work staff in Seymour House ensured co-ordinated child protection responses for children and young people. This establishment already incorporated some of the principles of the **Barnahus approach** and will help Dundee to further integrate these principles in future.

In 2019/2020, Dundee carried out more than double the average number of child protection investigations carried out nationally; a rate of 29 per 1000 of the population compared to a national average of 14 per 1000 population, making it the third highest in Scotland. However, of these investigations, a much lower percentage proceeded to a child protection case conference (just above the Scottish national average at 6.5 per 1000 population). This meant that a high proportion of child protection investigations resulted in either no further action or voluntary support.

A high rate of **child protection orders** (CPOs) were being used to secure the immediate safety of a child or young person at risk of harm. Child protection order rates had been consistently higher than the national average for over five years and Dundee had the highest rate of CPOs in Scotland in 2020/21. The partnership recognised the high rates and had carried out audit work to explore this, which found that CPOs requested had been undertaken appropriately and in a timely manner. Within the audit work, all requests for CPOs had been for children and young people who had been referred initially to the Children's Reporter but had been re-referred to social work for voluntary support as they did not meet the criteria for a hearing. However, the partnership had not fully explored whether preventative action could have been undertaken at an earlier stage in the decision-making process to avoid the need for CPOs.

When there were initial child protection case conferences, they almost always resulted in child protection registration. Where initial multi-agency meetings were held, all relevant staff regularly attended these and there was evidence of clear decisions in all records. All identified risks and needs had been considered in most records. We evaluated the quality of initial multi-agency meetings as good or better in most records. Similar to decision-making in relation to IRDs, it was not always clear why some progressed to an initial multi-agency meeting and others did not.

Decisions about the use of child protection processes were not always consistent and staff did not always have a shared agreement of thresholds of risk. This included when to progress to child protection investigations, inter-agency referral discussions and child protection case conferences. Further attention in this area would help the partnership to ensure a consistent and transparent approach to decision-making about the use of child protection processes.

Pathways for different age groups

Dundee has a high number of pregnant women living in situations of poverty and disadvantage and high teenage pregnancy rates. An unborn babies protocol supported staff to recognise and identify concerns and there was a clear pathway for support. The multi-agency New Beginnings team - a team of staff that specifically provide support to parents of unborn babies at risk of harm - and services such as the family nurse partnership effectively supported parents to address risks. Dundee has a high proportion of unborn babies' and young children's names on the child protection register when compared to national averages, however re-registration rates were low. Staff felt that this was due to concerns being identified and responded to at an earlier stage and thought that this approach contributed to safety planning.

While child protection pathways were intended to be the same for all children up to the age of 18, concerns for young people were not being responded to in the same way as those for younger children. Staff were less clear about thresholds of risk for young people and told us they found it more difficult to raise concerns. Once concerns had been raised, pathways through which to address risk were complex, inconsistent and unclear. Even when there had been IRDs or child protection investigations concerning young people, they were much less likely to have a multi-agency meeting to support staff to jointly consider and plan protective actions than for younger children. Young people were also much less likely to have their names placed on the child protection register.

Records showed that almost all young people for whom the partnership had identified as being at risk of harm had complex issues and multiple risk factors. Young people who presented as being at risk in the community or a risk of harm to themselves or others had almost always experienced abuse, neglect or risk from parental circumstances or behaviours. This indicated high levels of distress and trauma for young people at risk of harm. Staff's understanding that a multi-agency protective approach may have helped partners work together to identify and address risks for young people was limited. For example, young people persistently going missing, at risk of suicidal ideation or at risk of homelessness were not being routinely supported through multi-agency protective approaches. The partnership recognised the need to improve responses to young people and expressed commitment to review services for young people. Additionally, partners had recently started to explore the **contextual safeguarding** approach and had commenced the development of **care and risk management** approaches.

Statement 2: Children and young people's lives improve with high-quality planning and support, ensuring they experience sustained loving and nurturing relationships to keep them safe from further harm.

Key messages:

1. Assessments, plans and chronologies were routinely in place for children at risk of harm. There is more to do to ensure that the quality of child's plans and chronologies are of consistently high quality.
2. Partners worked well together to provide flexible and needs-led support to children at risk of harm and their families, which continued as the pandemic progressed. This led to improvements in most children's lives.
3. Children and young people felt safer as a result of the strong relationships they had with key members of staff. We observed caring, respectful and meaningful interactions between staff and children and young people that they were supporting.
4. Work carried out to reduce risk of harm was most effective for younger children and became less effective the older the child was. Young people were more likely to experience complex risks, however services were less available for them than for younger children.
5. Resources to support children and young people with mental health or emotional wellbeing issues were limited. Staff were not confident that children's mental health needs were being met.
6. The partnership was not routinely or systematically collecting outcomes data so was limited in its ability to fully demonstrate the difference services were making to children and young people's lives.

Assessing risk and need

Assessments of risk and need were routinely being completed for children and young people at risk of harm. Almost all staff reported that they had the knowledge, skills and confidence to assess and analyse the risks and needs of the children they worked with. Education and social work staff had responded particularly positively to this survey question. We found this to be the case through our review of children's records.

We evaluated the quality of assessments as good or better in the majority of records. Assessments contained multi-agency information, indicating that information was appropriately being shared by partners. Assessments were up to date, comprehensive and analytical. The children and families social work service had carried out two audits of records within the past year and had also evaluated the quality of assessments as good or better for the majority of records.

The partnership had invested time and resources into improving the use and quality of chronologies. Staff understood the importance of chronologies in identifying patterns and accumulating concerns and how chronologies inform assessments of risk and need. Chronologies were in place for almost all records and the majority contained multi-agency information. The new tools being used and the training and support for lead professionals were making a positive difference to the quality of chronologies. However, under half of chronologies were evaluated as good or better and almost half were evaluated as adequate, which indicated that this is an area that requires further improvement. This finding was also echoed in the quality assurance work carried out by Dundee social work services. Partners recognised that continued focus to further improving these areas of practice and routine quality assurance arrangements was required.

Care planning and reviewing

Most children had a plan that set out how the needs and risks identified in the assessment were to be addressed. We evaluated the quality of plans as good or better in under half of records that we read and almost half as adequate. Staff were less confident in preparing outcome-focused child's plans than they were about assessing and analysing risks and needs. However, the partnership had been routinely carrying out audits, identifying learning and supporting staff to develop the quality of multi-agency plans and this was helping to improve practice.

The majority of reviews had been held within the expected timescales. Generally, reviews continued to be held in a timely manner despite Covid-19 restrictions and staff had made significant efforts to adapt to virtual or hybrid models of delivery. The partnership had invested in independent reviewing officers and one of their roles was to chair child protection case conferences and this was helping to ensure greater objectivity. However, there were some missed opportunities for independent reviewing officers to facilitate children's involvement. Ensuring the child's and parents' views were included and listened to during reviews would have enhanced the quality of reviews. We evaluated the quality of reviews as good or very good in over half of records. However, we evaluated a few records as weak. Where the quality of reviews was evaluated as weak, these almost always linked with records that were evaluated more poorly in terms of the impact of support provided.

We spoke with some children who had been subject to compulsory supervision orders and their parents. As occurred nationally, children's hearings in Dundee were suspended at the start of the pandemic, then approaches were taken to introduce virtual hearings. This inevitably resulted in delays in convening hearings, in some children remaining on statutory orders for longer periods of time and delays in decisions. A few parents and staff members spoke about the difficulties of communicating during virtual children's hearings.

Availability and effectiveness of support

While significant efforts had been made to provide the right support to families at the right time, this did not always result in diversion away from child protection processes. For example, we noted that Dundee had a high rate of child protection investigations in 2019/20, when compared with the national average per thousand population aged 0-15 years.

The context in Dundee means that some families live in challenging circumstances. Levels of poverty are high and over a quarter of children live in poverty (after housing costs), in six of the eight electoral wards that make up the city. Dundee had the highest prevalence of domestic abuse incidents reported to Police Scotland in 2019/20. Levels of alcohol and drug use and mental ill health are also high. These contextual factors also link with child protection registration processes, with domestic abuse, parental mental ill health and parental issues with alcohol and drug use being the highest risk factors for child protection registration. In most records we read, risk to children was linked with concerns arising from parental circumstances and/or behaviours.

Staff working in Dundee had a good awareness of the key areas of risk and need facing families and worked hard to address these. Partners worked well together to provide flexible and needs-led support to children at risk of harm and their families. Parents, carers and children found that support was beneficial and had helped to bring about positive change. We evaluated the effectiveness of work carried out to reduce risks of abuse and neglect as good or better in the majority of records. Support was slightly less effective in addressing risks linked with parental behaviours or circumstances, although we still evaluated this as good or better in over half of records that we read. Most children, young people and parents and carers that we spoke with told us that they were positively impacted by the support provided. We noted that children who had been on the child protection register in Dundee, were less likely to be re-registered within 18 months, when comparing with the national rate and local comparators -1.9% in Dundee in 2019/20, compared to 6.9% nationally.

Good practice example:

Multi-agency teams and services were making a positive difference to the lives of children at risk of harm and their families. Some multi-agency services had developed by using improvement 'test and change' programmes, which had resulted in a flexible and tested approach to service delivery. As well as the preventative services mentioned in statement 1 (FORT, MASH and ANEW), there were also services that had developed to provide support to address specific child protection concerns. Examples included:

- the multi-agency child protection team at Seymour House
- specialist drug and alcohol rehabilitation nurses based in children and families social work teams
- domestic abuse workers in schools in partnership with Women's Aid
- a young person's mental health liaison service within a GP cluster
- the Reducing Impact of Sexual Exploitation (RISE) project - a partnership between Police Scotland and Barnardo's working to reduce the impact of abuse and exploitation for children and young people.

What all these projects had in common was that collaboration across partners had led to a more flexible and needs-led provision for families. Families told us that the support that they had received had made a positive difference to their lives and it was the approach taken by staff working together that helped them address the issues in their lives and supported them to make the changes necessary to keep their children safe. We consider this collaborative approach, which resulted in positive outcomes for these children and their families, to be an example of good practice.

Services continued to be delivered collaboratively and creatively as the Covid-19 pandemic progressed. We evaluated the effectiveness of support to ensure that the child had been protected from harm and their wellbeing needs met as good or better in the majority of records. Children, young people, parents, carers and staff all gave examples of how support had continued to be effectively delivered despite restrictions.

Nationally, the Covid-19 pandemic has resulted in a rising demand for both universal services to support the emotional wellbeing of children and young people, and for more specialist and targeted mental health support. Universal and third sector services in Dundee were working together to provide enhanced focus on the emotional wellbeing of children and young people. Child and adolescent mental health services had adapted to work online to continue to provide support to children and young people in need of a more specialist service as the pandemic progressed.

The partnership had recognised the need to improve services to support the emotional wellbeing and mental health of children and young people, as outlined in the recently published Connected Tayside: An emotional health and wellbeing strategy for children and young people 2021-2023. The strategy highlights the importance of the provision of support in universal settings and of providing children and young people with the right targeted support at the right time.

There were individual initiatives to help address emotional wellbeing and mental health concerns for children. One example of this was that children aged 10 and over had access to school-based counsellors. A further example was that a GP cluster had access to a dedicated senior child and adolescent mental health service nurse as part of a pilot programme that is now to be rolled out across the partnership area over the next 12 months. However, the partnership was not yet able to fully demonstrate the difference made to the lives of children, young people and families more widely. Over half of the staff members who completed our survey felt that mental health outcomes for children and young people at risk of harm were not improving. Partners had been affording attention to developing trauma-informed practice across public protection services but this had not yet impacted on service delivery across the partnership.

Young people were more likely to have experienced multiple risks and have complex needs than younger children and at times were showing signs of distress and trauma. One quarter of records that we read concerned young people who were at risk of harming themselves or others. Mental health, emotional wellbeing, drug and alcohol use, homelessness and family breakdown were all factors that placed young people at increased risk of harm either to themselves or others, or in the community. Services to meet the needs of young people were less available than those for younger children. There were limited services available when young people required intensive supports to address high levels of need. Intensive therapeutic supports were not easily available for young people at risk of harm to effectively address areas of trauma and distress. There were barriers to children and young people at risk of harm accessing the right support at the right time to effectively address their mental health and wellbeing concerns. When young people were at risk of harming themselves or others, or were at risk in the community, support provided was significantly less effective than the support provided to address the abuse or neglect of younger children. Overall, work was most effective for younger children and became less effective the older the child or young person was.

Quality of relationships

Children and young people were overwhelmingly positive about the opportunities they had to build strong relationships with key members of staff. Almost all children and young people were being afforded these opportunities. Most children and young people told us that they had someone they could speak to that they trusted and this was making them feel safer. We observed caring, respectful and meaningful interactions between staff and children and young people that they were supporting.

Parents and carers also reported that they had positive relationships with staff members and those trusting relationships had helped them to be open, honest and improved communication. Most parents and carers had opportunities to develop positive relationships with key members of staff. However, not all parents or carers had had opportunities, and fathers in particular were not always included.

A few children, young people and parents spoke about changes in staffing having had a negative impact on their ability to build a relationship with staff. Parents spoke about the importance of having consistent key staff involved as this built trust, which helped them feel listened to and supported.

Demonstrating improvements

Positive relationships with staff, partnership working and provision of supports had led to improvements in most children and young people's lives and this continued despite pandemic restrictions. However, the partnership was not routinely collecting outcomes-based information. While there was some information being gathered through quality assurance, audits and data collection, this did not result in a better understanding of the extent to which work was effectively reducing risk or improving the wellbeing of children and young people at risk of harm and their families. This meant that partners were unable to fully demonstrate how well children and young people's lives had improved from the planning and support provided. This is an issue that many partnerships throughout Scotland are trying to address as noted in our Joint inspections of services for children and young people 2018-2020 overview report.

Statement 3: Children and young people and families are meaningfully and appropriately involved in decisions about their lives. They influence service planning, delivery and improvement.

Key messages:

1. Most children and young people told us that they felt listened to and that their views were taken into account when decisions were made about their lives.
2. Children and young people were not always being involved in important meetings. The views of younger children were less likely to be considered than the views of young people.
3. **Independent advocacy** was not routinely available for children and young people at risk of harm. Staff needed more understanding of the unique contribution that independent advocacy can make for children and young people at risk of harm.
4. Parents and carers were more likely to be routinely asked for their views and supported to contribute to important meetings than children.
5. Children at risk of harm and their families had not routinely had opportunities to influence strategic service planning, delivery and improvement. There was a lack of a strategic framework to enable children, parents and carers to influence service developments.

Staff commitment to involving children, parents and carers

Staff were committed to building supportive relationships with children and young people. This had helped them to listen to children and young people. Staff showed significant commitment to maintaining and sustaining relationships with children and young people at risk of harm as the pandemic progressed.

Most children and young people told us that they felt listened to and felt that their views were taken into account when decisions were made about their lives. Children and young people had a good understanding as to why staff were involved in their lives. We evaluated the extent to which the child had been listened to, heard and included as good or better in the majority of the records that we read. The majority of staff were confident that children at risk of harm were able to participate meaningfully in decisions and have their views respected.

There were some examples of staff using creative solutions to support children to share their views as the pandemic progressed. For example, staff accessed and distributed laptops, tablets, Wi-Fi access and supported children and parents to use these. Virtual and hybrid meetings were introduced, with some choice available for families to attend meetings in offices if they struggled with virtual access. The partnership had committed to developing the Mind of my Own app to help children and young

people share their views, however this had not yet been fully implemented.

Some staff were identified as 'child protection buddies' for children involved in child protection processes. Buddies were usually a key staff member already known to the child (such as a teacher or family support worker). Buddies met with children regularly, built a positive relationship and then helped children to participate and share views in child protection meetings. We met some children who really valued the role of their buddy in helping them share their views. However, the child protection buddy system was not implemented across all areas in Dundee and only some staff had been trained to carry out this role. Additionally, this approach had been interrupted by the pandemic as staff were diverted to deliver urgent support.

Access to **independent advocacy** was not routinely available for all children and young people who were at risk of harm. Less than half of staff survey respondents agreed that independent advocacy was made available to children and young people at risk of harm. Some staff members felt that advocacy was always better provided by someone known to the child and did not see the benefits of giving children and young people the choice to speak with someone independent who could represent their views. Not all children and young people were aware of their rights, and some struggled to understand the purpose of meetings, particularly children's hearings. Access to independent advocacy is a key area outlined in the **Promise Plan** and further attention in this area will help partners to ensure children's views, feelings and wishes are considered and taken seriously, as outlined in article 12 of the UNCRC.

Ensuring the contribution of all children, young people, parents and carers

Staff were more likely to involve and seek the views of parents and carers than children in protective processes. This was particularly evident when it came to supporting the contribution of parents and carers in important meetings.

While most parents attended child protection meetings, not all felt fully included and able to contribute and we heard a few examples where fathers in particular felt excluded. A few parents described the child protection process as frightening and confusing, particularly at the early stages. We heard a few parents speak about feeling blamed, though others felt staff had been very understanding and helpful. Some parents and carers reported that they struggled with the format and timings of meetings. Cancelled hearings were a concern for some parents, particularly during pandemic restrictions.

Not all children and young people were being included in important meetings. Young people were more likely to be involved and consulted than younger children. There was limited evidence of tailored approaches to gather the views of younger children or children who needed additional support to communicate their views. In a few of the records we read, more could have been done to listen to, hear and involve the child.

Independent reviewing officers were not being used to their full potential in enabling children, young people and family participation. There was limited evidence of reviewing officers helping children to prepare for and understand the purpose of meetings or of making meetings more accessible for children and young people.

There had been significant learning about ways in which meetings could be changed to ensure that children's views were included, and plans made more accessible through the Addressing Neglect and Enhancing Wellbeing project. However, the learning from this project had not yet resulted in wider changes to the delivery of child protection processes.

Strategic influence of children, young people and their families

There had been some opportunities for wider consultation and engagement of children and their families. The recently published Connected Tayside: An emotional health and wellbeing strategy for children and young people (2020- 2023), which included Tayside's Charter for Children and Young People was an example of this. Young people participated in workshops to share their views and feedback was presented at an emotional health and wellbeing conference in August 2019. While this was a good example of wider consultation, it was not specifically for children and young people at risk of harm.

Partners had recognised the need to ensure the voice of children and young people in strategic development. Partners in the **child protection committee** had started to consider the best ways to make improvements. They had recently established a participation sub-group to take forward this area of work, but this had not yet had an impact on children and their families. Children at risk of harm and their families did not yet routinely have opportunities to influence strategic service planning, delivery and improvement. There was no framework in place to meaningfully gather the views and experiences of children and their families and aggregate these to inform the planning of services for children at risk of harm. There was no strategy for participation or involvement that would have given this area of work a clear direction and promotion by senior leaders. Further attention in this area will help the partnership to implement important aspects of **the Promise Plan.**

Good practice example:

An example of good practice in co-production and giving young people a voice was Oor Fierce Girls. This campaign was a partnership between Dundee city council, YWCA Scotland and NSPCC Scotland and was led by a group of young women aged 16-18. It aimed to work with young women to lessen the risk of future harm by raising awareness of the issues surrounding domestic abuse and giving young women the opportunity to explore topics such as consent, healthy sexual relationships and positive peer relationships. This campaign benefitted from the clear voice of young people who had influenced the planning, direction and delivery throughout the work.

Statement 4: Collaborative strategic leadership, planning and operational management ensure high standards of service delivery.

Key messages:

1. Senior leaders worked inclusively and collaboratively to plan and direct service delivery across the partnership. This approach helped ensure that the third sector was an equal partner in the delivery of services to support children at risk of harm and their families.
2. Senior leaders demonstrated effective governance and accountability in their leadership of multi-agency child protection arrangements. This continued to work effectively as the Covid-19 pandemic progressed.
3. Operational managers worked within a supportive culture that was led well by senior leaders. They went to great lengths during the pandemic to ensure that staff had both practical and emotional support. As a result, frontline staff felt empowered to deliver responsive and needs-led support to children and their families as the pandemic evolved.
4. There was limited evidence of a comprehensive strategic approach in place for certain aspects of practice. For example, strategic approaches seeking the views of children and young people and strategic approaches to recognising and responding to young people at risk of harm were not yet fully established.
5. The partnership was not yet jointly and systematically evaluating the effectiveness of all services by using quality assurance information, learning opportunities, data and feedback to understand the effectiveness of services and inform future priorities.

Collaborative strategic leadership

The senior leadership arrangements in Dundee were clear, collaborative and provided strong governance. Partners had a strong and ambitious vision articulated in the City Plan that prioritised children and families and aimed to tackle underlying issues such as poverty, physical and mental health inequalities and domestic abuse. The majority of staff in Dundee thought that leaders had a clear vision for the delivery and improvement of services for children and young people at risk of harm.

Leaders had embedded a shared common purpose and key priorities across the Tayside region by developing a joint Tayside children's services plan through the **Tayside Regional Improvement Collaborative (TRIC)**. One of the agreed priorities aimed to "ensure that our children and young people are safe and protected from harm at home, school and in the community". This had helped to ensure an ambitious, strong and shared sense of purpose that was focused on protecting children across the region. There were clear governance structures and lines of accountability through the children and families executive board arrangements, which included cross-party elected members.

Senior leaders tasked with responsibility for the protection of children and young people worked well together through a well-functioning **chief officers group**. Group members had an open, inclusive and responsive approach and very effectively involved third sector organisations as valued members in the group. While there had been some recent changes of senior leaders, the group remained clear in its vision and core purpose. The **child protection committee** also functioned well and demonstrated a strong collaborative approach. The committee had started to consider how to update and implement the new national child protection guidance and learning review guidance.

Partners had a good understanding of their roles and responsibilities. The child protection committee and other protective committees and groups were closely linked through the protecting people strategic support team. Partners across public protection were working towards embedding a whole-family approach to addressing risk through the programme to transform public protection. While the programme itself was ambitious, aspects relating to service design had been slow to progress and signs of this programme positively impacting children and their families were limited.

At the start of the Covid-19 pandemic, senior leaders were quick to respond to the crisis by setting up more frequent meetings of the chief officers group and the child protection committee to ensure strategic oversight. Leaders were committed to working together as the pandemic progressed to ensure the safe delivery of services for children at risk of harm and their families. The introduction of a dynamic protecting-people strategic risk register helped ensure that chief officers were fully informed of risks and how these were mitigated. Senior leaders provided challenge and took further actions when these were necessary. One example of action taken was the decision from the chief officers group to direct Scottish Government Covid-19 recovery funds to address the extra demand on domestic abuse services by funding additional Women's Aid posts to provide crisis responses to families. This resulted in reduced waiting lists, and families received support more rapidly.

Collaborative operational management

The embedded collaborative culture across the organisation meant that operational managers and frontline staff worked in partnership to deliver services and provide support to children at risk of harm and their families. It was common practice for partners to take a joint approach to the delivery of services through co-located and multi-agency teams. These meant that staff, supported by operational managers, provided flexible, responsive and joined-up support to children at risk of harm and their families.

This culture also meant that as the Covid-19 pandemic evolved, staff in frontline services were empowered to work together to deliver creative, responsive and needs-led services, which positively impacted on children and their families. Staff reported that they felt empowered to make decisions quickly and that bureaucracy had reduced. The Hidden Harm group was a multi-agency operational group that was established at the start of the pandemic to identify and respond to emerging concerns during the pandemic. Through this group, partners were quick to produce guidance, minimum-practice standards and an agreed joint approach to ensure that contact with children at risk of harm was maintained. The group prioritised the importance of early support for families to prevent the need for urgent action.

There were unintended benefits arising from practice arrangements during the pandemic, including the reduction in bureaucracy and the empowerment of staff. Frontline staff were committed and dedicated to their work, and this was particularly evident as the pandemic progressed. There were significant efforts made by leaders and operational managers to support the practical needs of the workforce. Many staff remained or later returned to face-to-face settings and all staff, including third sector staff, had suitable access to personal protective equipment.

Managers prioritised staff wellbeing and there were many creative ways used to bring teams together and provide formal and informal support to staff. Informal peer relationships were very important to staff as sources of emotional support, as were line managers. However, the long-term impact of the pandemic on staff, managers, leaders and families was evident throughout the inspection. For example, one staff member described this as "a tired workforce delivering a service to tired families". This highlighted the importance of continuing to prioritise the wellbeing of all staff.

Most staff felt listened to and respected in their service. The majority of staff felt valued for the work that they did. Good-quality supervision arrangements and discussions with operational managers were supporting reflective practice. Most staff reported that they received helpful regular supervision or opportunities to speak with a line manager.

There had been a range of new policies and protocols developed in partnership across the Tayside region through the work of the TRIC. This added value to the partnership as it meant duplication was avoided and bureaucracy was reduced. This was particularly useful for police and health staff working on a Tayside-wide basis. Further value was also added by TRIC partners working together to develop a three-year child protection workforce development programme for practitioners and first-line managers.

Leadership of improvement and change

Partners recognised the need to improve services for young people at risk of harm and had begun some activity that would address this. For example, they had started to consider the need for care and risk management approaches and contextual safeguarding but did not yet have a strategic approach to ensure improvement. Partners also recognised the need to be more co-ordinated to drive the involvement of children, young people and families in service developments. Further attention in this area would help the partnership in its response both to the **Promise Plan** and in ensuring that children's rights to having their voice heard, considered and taken seriously are embedded in practice.

The work of the TRIC promoted continuous learning, provided routine benchmarking across the region and offered value for Dundee in terms of economy of scale. In particular, the Tayside plan for children and young people and families 2021-2023 was informed by a Tayside-wide strategic needs assessment and consultation activities with children, young people and families. The jointly commissioned independent review of significant and initial case reviews in Tayside was an example of a joint approach to identifying areas for improvement and had helped leaders to prioritise workforce development.

Leaders had a strong and committed approach to learning and improvement opportunities. However, although there were individual improvement-based activities that were being encouraged, and some quality-assurance activities were happening, the learning was not being pulled together in a strategic way. While there were pockets of good examples of learning based on improvement science, this was not being shared across services. There were examples of quality assurance activities, particularly in social work services where routine audits involved frontline staff and first-line managers, that had resulted in some improvements to the quality of key processes. However, the partnership recognised it did not yet have a multi-agency co-ordinated and systematic approach to quality assurance, self-evaluation and the use of improvement methodology.

There had been an increased focus on the gathering of data. However, the partnership did not yet have measures in place to demonstrate whether children at risk of harm and their families were benefiting from the support being provided. The child protection data set was well embedded by the child protection committee and had helped members to identify trend information and at times it had triggered a deeper look at particular areas. However, collecting data was not yet making a significant impact on the improvement of services for children, young people and their families.

It is a significant challenge for partnerships across Scotland to demonstrate the impact of services for children and young people at risk of harm and their families. In Dundee, partners were generally gathering data relating to outputs and not outcomes and therefore partners struggled to demonstrate whether children and their families had been positively impacted by the involvement of services. Overall, the partnership was not yet jointly and systematically evaluating the effectiveness of all services by using quality assurance information, learning opportunities, data and feedback to understand the effectiveness of services and inform future priorities.

Evaluation of the impact on children and young people - quality indicator 2.1

For these inspections we are providing one evaluation. This is for quality indicator 2.1 as it applies to children at risk of harm. This quality indicator, with reference to children at risk of harm, considers the extent to which children and young people:

- feel valued, loved, fulfilled and secure
- feel listened to, understood and respected
- experience sincere human contact and enduring relationships
- get the best start in life.

Evaluation of quality indicator 2.1: GOOD

We found important strengths that had significant positive impacts on children and young people's experiences.

- Children and young people felt safer as a result of the strong relationships they had with key members of staff. Children and young people we spoke with were overwhelmingly positive about the opportunities they had to build strong relationships with key members of staff.
- We observed caring, respectful and meaningful interactions between staff and children and young people, which had led to improvements in the lives of children and young people.
- Parents and carers we met agreed that the strength of relationships between key staff and themselves and their children had helped them to feel supported and confident to support their children.
- There was a range of multi-agency teams that were working well together and had made a positive impact on children, young people and their families.
- Key processes including GIRFEC and child protection processes were working effectively, which meant that staff were working well together to recognise and respond when children and young people needed support to keep them safe.
- Staff came together very effectively as the Covid-19 pandemic progressed to ensure that children and young people continued to be contacted regularly. Staff responded in a positive and caring way to ensure that children, young people and their families were protected and cared for and enabled to thrive as much as possible.

We noted some areas for improvement.

- Services to address emotional wellbeing and mental health were not always available or accessible and this meant that not all children and young people were being supported to address emotional wellbeing or mental health issues.
- Support for young people aged 13-17 was less effective than for younger children. Services to address complex risks and needs were less available for young people than younger children. Children and young people were not always able to fully contribute to important meetings and were

not always supported to give their views.
- Independent advocacy was not routinely available for children and young people at risk of harm, lessening the impact of consistently hearing their voices through protective processes.

While improvements are required to maximise the wellbeing and experiences of children and young people, the strengths identified clearly outweigh areas for improvement. Therefore, we evaluated quality indicator 2.1 impact on children and young people as **good**. See appendix 1 for more information on our evaluation scale.

Conclusion

We are confident that partners in Dundee have the capacity to make changes to service delivery in the areas that require improvement.

This is based on the following.

- There is a strong culture of collaborative working throughout Dundee and partners have demonstrated that they can work together to make improvements to services.
- Staff throughout services in Dundee are committed and dedicated and want to improve supports for children, young people and their families.
- Partners had already identified areas for improvement in their position statement and had already started to take steps towards improvements in some of the areas we identified.
- Senior leaders demonstrated a commitment to improving services to children, young people and their families at risk of harm

What happens next?

We will request that a joint action plan is provided that clearly details how the partnership will make improvements in the key areas identified by inspectors. We will continue to offer support for improvement and monitor progress through our linking arrangements.

Appendix 1: The quality indicator framework and the six-point evaluation scale

Our inspections used the following scale for evaluations made by inspectors which is outlined in the quality framework for children and young people in need of care and protection, published in August 2019 outlines our quality framework and contains the following scale for evaluations:

- **6 Excellent** - Outstanding or sector leading
- **5 Very Good** - Major strengths
- **4 Good** - Important strengths, with some areas for improvement
- **3 Adequate** - Strengths just outweigh weaknesses
- **2 Weak** - Important weaknesses – priority action required
- **1 Unsatisfactory** - Major weaknesses – urgent remedial action required

An evaluation of **excellent** describes performance which is sector leading and supports experiences and outcomes for people which are of outstandingly high quality. There is a demonstrable track record of innovative, effective practice and/or very high-quality performance across a wide range of its activities and from which others could learn. We can be confident that excellent performance is sustainable and that it will be maintained.

An evaluation of **very good** will apply to performance that demonstrates major strengths in supporting positive outcomes for people. There are very few areas for improvement. Those that do exist will have minimal adverse impact on people's experiences and outcomes. While opportunities are taken to strive for excellence within a culture of continuous improvement, performance evaluated as very good does not require significant adjustment.

An evaluation of **good** applies to performance where there is a number of important strengths that, taken together, clearly outweigh areas for improvement. The strengths will have a significant positive impact on people's experiences and outcomes. However, improvements are required to maximise wellbeing and ensure that people consistently have experiences and outcomes which are as positive as possible.

An evaluation of **adequate** applies where there are some strengths, but these just outweigh weaknesses. Strengths may still have a positive impact but the likelihood of achieving positive experiences and outcomes for people is reduced significantly because key areas of performance need to improve. Performance that is evaluated as adequate may be tolerable in particular circumstances, such as where a service or partnership is not yet fully established, or in the midst of major transition. However, continued performance at adequate level is not acceptable. Improvements must be made by building on strengths while addressing those elements that are not contributing to positive experiences and outcomes for people.

An evaluation of **weak** will apply to performance in which strengths can be identified but these are outweighed or compromised by significant weaknesses. The weaknesses, either individually or when added together, substantially affect peoples' experiences or outcomes. Without improvement as a matter of priority, the welfare or safety of people may be compromised, or their critical needs not met. Weak performance requires action in the form of structured and planned improvement by the provider or partnership with a mechanism to demonstrate clearly that sustainable improvements have been made.

An evaluation of **unsatisfactory** will apply when there are major weaknesses in critical aspects of performance which require immediate remedial action to improve experiences and outcomes for people. It is likely that people's welfare or safety will be compromised by risks which cannot be tolerated. Those accountable for carrying out the necessary actions for improvement must do so as a matter of urgency, to ensure that people are protected, and their wellbeing improves without delay.

Appendix 2: Key terms

Note: more key terms that we use are available in The Guide to our inspections.

Barnahus approach: a co-ordinated approach designed to reduce the number of times children and young people who are victims or witnesses to abuse or violence have to recount their experiences to different professionals. The approach aims to make child protection, health, justice and recovery services available in one setting.

Care and risk management (CARM): processes that are applied when a young person has been or is at risk of being involved in behaviours that could cause serious harm to others. This includes sexual or violent behaviour that may cause serious harm.

Chief officers group (COG): The collective expression for the local police commander and chief executives of the local authority and NHS board in each local area. Chief officers are individually and collectively responsible for the leadership, direction and scrutiny of their respective child protection services and their child protection committees

Child protection committee (CPC): The local inter-agency strategic partnership responsible for child protection policy and practice across the public, private and third sectors. Working on behalf of chief officers, its role is to provide individual and collective leadership and direction for the management of child protection services in its area.

Child protection orders (CPO): an order granted by a sheriff when they believe that a child is being ill-treated or neglected in a way that is causing or is at risk of causing significant harm and needs to be moved to prevent this risk.

Contextual safeguarding: an approach that recognises that as young people grow and develop, they are influenced by a whole range of environments and people outside of their family.

Getting it right for every child (GIRFEC): a national policy designed to make sure that all children and young people get the help they need when they need it.

Independent advocacy: A service that supports a child or adult to express their own needs and views and to make informed decisions on matters that influence their lives. Independent advocacy is when a person providing the advocacy is not involved in providing services to the child or adult, or in any decision-making process regarding their care.

Inter-agency referral discussion (IRD): the start of the formal process of information sharing, assessment, analysis and decision-making following reported concerns about abuse or neglect of a child or young person under the age of 18 years, in relation to familial and non-familial concerns.

Promise Plan: a plan arising from Scotland's independent care review, which was published in 2020. It reflects the views of over 5,500 care experienced children and adults, their families and the paid and unpaid workforce. It described what Scotland must do to make sure that its most vulnerable children feel loved and have the childhood they deserve.

Tayside Regional Improvement Collaborative (TRIC): A collaboration of Dundee city council, Angus council and Perth and Kinross council that brings together children's service planning for the region.

United Nations Convention of the Rights of the child (UNCRC): A widely ratified international statement of children's rights.

Appendix 3: Summary for children, young people, parents and carers

We carried out an inspection in Dundee between July and November 2021. We wanted to find out how well services were helping children and young people to stay safe. During our inspection, we:

- met 22 children and young people and 37 parents and carers
- received 12 surveys from children, young people, parents and carers
- read records belonging to 60 children and young people
- looked at written information that leaders in Dundee shared with us
- sent out a staff survey and received 405 responses
- had video meetings with over 100 staff who work with children and families.

Thank you to all who shared their views with us during our inspection.

What services in Dundee did well

1. In Dundee, most children and young people were being helped by staff to stay safe. They continued to be helped to stay safe through the pandemic.
2. Children and young people got on well with staff. Staff worked hard to keep in touch with children and young people during the pandemic. This helped children and young people to feel safer.
3. Staff worked well together to give children and their families the help they needed.
4. The people in charge of services worked well together and made sure staff were working well together too. This kept going well as the pandemic continued.

What services in Dundee could do better

1. Staff did not find it as easy to notice and report their worries about young people aged 13-17. It was easier to notice and report worries about younger children.
2. Children, young people, parents and carers did not always find that they could give their views easily at important meetings. They did not often get the chance to give their views about how services should change and get better.
3. Services to support children and young people with their mental health and their emotions were not always available and easy to access.
4. Leaders were not asking enough about the difference help had made to children and families' lives.

Overall, we found that services in Dundee were having a good impact on children and young people who need help to stay safe. Although there were some things they could do better, services had helped lots of children, young people and their families to get the help they needed.

Headquarters
Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY
Tel: 01382 207100
Fax: 01382 207289

Website: www.careinspectorate.com
Email: enquiries@careinspectorate.gov.scot
Care Inspectorate Enquiries: 0345 600 9527

© Care Inspectorate 2022 | Published by: Communications | COMMS-0122-367

@careinspect careinspectorate

Joint Inspection of Services for Children at Risk of Harm
Improvement Plan (as approved by Dundee Chief Officers Group on 10 February 2022)

Area for Improvement	CAR Inspection Feedback – key points	Improvement Activity	Improvement Programme	Lead Officer	Timescale / Initial Milestone
1. Approaches to recognising and responding to concerns about risk of harm and providing support to young people were not as effective as those for younger children.	Concerns about young people were **less likely to be reported** that for younger children and the **follow-up to concerns** about young people was less clear and robust than for younger children. There were **no alternative protecting processes**, such as care and risk management processes, being used robustly. Young people were **more likely to experience complex risk,** however **services were less available** for them than for younger children.	**Already within improvement plans**			
		Review of partnership services for young people. This is a multi-agency review led by the Dundee City Council, Children and Families Service. Terms of Reference and review plan currently being finalised.	Child Protection Committee (CPC) Delivery Plan – Partnership Review of Service for Young People	Senior Service Manager, Children & Families, Dundee City Council	March 2022 – Proposal of future provision of services to young people to be submitted to Children & Families Executive Board and Child Protection Committee.
		Multi-agency senior operational management oversight group for high-risk, complex cases relating to young people has been established.	CPC Delivery Plan – Partnership Review of Service for Young People	Senior Service Manager, Children & Families, Dundee City Council	February 2022 – group to meet for first time.
		Review of CARM (Care & Risk Management) process has commenced.	CPC Delivery Plan	Service Manager, Children & Families, Dundee City Council	March 2022 – Revised draft protocol to be submitted to Children & Families Executive Board and Child Protection Committee.
		As part of the review of partnership services for young people develop and implement a local approach to Contextual Safeguarding, including revised procedures, consideration of new risk categories and supporting workforce development.	CPC Delivery Plan – Partnership Review of Service for Young People	Senior Service Manager, Children & Families, Dundee City Council	March 2022 – Proposal of future provision of services to young people to be submitted to Children & Families Executive Board and Child Protection Committee.
		Additional improvement actions			
		Enhance focus on young people with Child Protection Committee Data Sub-Group to allow trends to be identified.	CPC Delivery Plan – Data Sub-Group	Senior Officer, Information, Children & Families, Dundee City Council	Standing item at all Child Protection Committee meetings.
		Enhance focus within multi and single agency quality assurance process on quality of response and outcomes for young people.	CPC Delivery Plan – responsible sub-group tbc & Single agency plans	Sub-group Chair	April 2022 – Children & Families Service audit of young people to report findings.
		Include specific focus on needs of young people in ongoing review of multi-agency screening processes across protecting people functions.	Transforming Public Protection 2 Programme	Service Manager, Strategy & Performance, Dundee Health and Social Care Partnership	April 2022 – Full Transforming Public Protection 2 Programme, including detailed workstream plans to be signed off by Chief Officers Group.
		As part of the review of partnership services for young people, consolidate historical work in relation to transitions and include in review proposals.	CPC Delivery Plan – Partnership Review of Service for Young People	Senior Service Manager, Children & Families, Dundee City Council	March 2022 – Proposal of future provision of services to young people to be submitted to Children & Families Executive Board and Child Protection Committee.

Joint Inspection of Services for Children at Risk of Harm
Improvement Plan (as approved by Dundee Chief Officers Group on 10 February 2022)

Area for Improvement	CAR Inspection Feedback – key points	Improvement Activity	Improvement Programme	Lead Officer	Timescale / Initial Milestone
		Develop a partnership wide approach to the lead professional model for young people and adults.	Transforming Public Protection 2 Programme	Service Manager, Strategy & Performance, Dundee Health and Social Care Partnership	April 2022 – Full Transforming Public Protection 2 Programme, including detailed workstream plans to be signed off by COG.
		Develop improvement actions in response to findings from recent case reviews for young people and ensure sustained scrutiny of implementation and impact.	CPC Delivery Plan – Case Review Sub- Group	Service Manager, Strategy & Performance, Dundee Health and Social Care Partnership	April 2022 – report to be submitted to Child Protection Committee including populated learning review tracker that consolidates learning and improvement actions from all recent and historic reviews.
2. Resources to support children and young people with mental health or emotional wellbeing issues were limited and staff were not confident that children's mental health needs were being fully met.	Over half of the **staff members** who completed our survey felt that **mental health outcomes** for children and young people at risk of harm were **not improving**. There were **limited services** available when young people required **intensive supports** to address high levels of need. There were **barriers to accessing** child and adolescent mental health services in a timely manner. When **young people were at risk of harming themselves or others, or were at risk in the community, support provided was significantly less effectiv**e than the support provided to address the abuse or neglect of younger children. Partners had been affording attention to **developing trauma informed practice** across public protection services but this had **not yet impacted on service delivery across the partnership**.	**Already within improvement plans** Full improvement plans are in place • Connected Tayside 2021-23: multi-agency Tayside strategy focused on improving emotional mental health and wellbeing of children and young people, co-produced with young people. The plan includes an evaluation framework to evaluate progress and impact of implementation.	Tayside Plan for Children, Young People and Families	Lead Nurse, Children and Families, NHS Tayside / Education Officer, Children and Families, Dundee City Council	June 2022 - report to Child Protection Committee on progress with implementation and impact
		• NHS Tayside Community Perinatal Teal operational since 1 November 2021. Infant Mental Health Service is in development with implementation group in place.	Living Life Well	Associate Nurse Director, Mental Health and Learning Disabilities, NHS Tayside	Six-monthly report to Children and Families Executive Group shared with Child Protection Committee.
		• NHS Tayside's Child and Adolescent Mental Health Service (CAMHS) has an ongoing Plan for Continuous Improvement which includes the implementation of the Scottish Government (SG) Service Specification, recommendations from the Strang report and one outstanding action from the 2019 Healthcare Improvement Scotland Review (Neurodevelopmental Hub). These children and young people focused plans sit within the overall framework of Living Life Will – a lifelong approach to mental health in Tayside. Each contain frameworks for evaluation of impact and communication with the workforce.	CAMHS Continuous Improvement Plan	CAMHS Care Group Manager	Six-monthly report to Children and Families Executive Group shared with Child Protection Committee.
		CAMHS are utilising additional monies from SG to increase clinical capacity including - to ensure the service continues to meet the 18-week Waiting Times standard,	CAMHS Continuous Improvement Plan	CAMHS Care Group Manager	Six-monthly report to Children and Families Executive Group

Joint Inspection of Services for Children at Risk of Harm
Improvement Plan (as approved by Dundee Chief Officers Group on 10 February 2022)

Area for Improvement	CAR Inspection Feedback – key points	Improvement Activity	Improvement Programme	Lead Officer	Timescale / Initial Milestone
		to respond to crisis, to prioritise a Care Experienced dedicated team and OOH service. Trauma informed practice and leadership implementation plan to be finalised to guide future work across all Protecting People Groups.	Trauma Steering Group	Lead Officer, Protecting People	shared with Child Protection Committee. April 2022 – trauma informed practice and leadership implementation to be submitted to Chief Officers Group for approval.
		Additional improvement actions			
		Implement schedule of reporting to the CPC on progress of implementation and evidence of impact for mental health and wellbeing improvement plans, aligned to reporting schedule to the Children and Families Executive Board.	Tayside Plan for Children, Young People and Families	Child Protection Committee Chair	Six-monthly reporting.
		Trauma informed practice and leadership implementation plan to include clear identification of evidence of impact, both qualitative and quantitative.	Trauma Steering Group	Lead Officer, Protecting People	April 2022 – trauma informed practice and leadership implementation to be submitted to Chief Officers Group for approval.
3. Children and young people at risk of harm and their parents or carers were not consistently being supported to participate in protective processes. Opportunities for children and young people at risk of harm to share their views and influence policy, planning and service deliver were limited.	Children and young people were **not always being involved in important meetings**. The **views of younger children were less likely to be considered** than the views of young people. There was **limited evidence of tailored approaches to gather the views of younger children or children who needed additional support** to communicate their views. There was **limited evidence of reviewing officers helping children** to prepare for and understand the purpose of meetings or of making meetings more accessible for children and young people. Most parents and carers had opportunities to develop positive relationships with key members of staff. However, **not all parents**	**Already within improvement plans** Child Protection Committee (CPC) Children and Young People (CYP) Engagement Sub-Group action plan: • Young People's Participation Group will now encompass engagement with children and young people in formal child protection processes, including primary age. • Development of CYP Charter for the CPC is in progress in consultation with CYP. This will provide a standard expected across all child protection processes and links closely to trauma informed practice. • Wider co-production models are being explored within the sub group and consideration of the expansion of existing Engagement and Participation Strategy for Care Experienced CYP. • The sub group is developing further actions around the use of the Mind Of My Own app, audits and the role of reviewing officer. This will also link to the scaling up of Addressing Neglect and Enhancing Wellbeing (ANEW) approaches across social work.	CPC Delivery Plan – Children and Young People Engagement Sub-Group	Service Manager, Children & Families, Dundee City Council / Lead Officer, Protecting People	Sub-Group update standing item at all Child Protection Committee meetings.

Joint Inspection of Services for Children at Risk of Harm
Improvement Plan (as approved by Dundee Chief Officers Group on 10 February 2022)

Area for Improvement	CAR Inspection Feedback – key points	Improvement Activity	Improvement Programme	Lead Officer	Timescale / Initial Milestone
	or carers had had opportunities and fathers, in particular, were not always included. We evaluated the **quality of reviews** as good or very good in over half of the records. However, **we evaluated a few records as weak**. **Independent advocacy was not routinely available** for children and young people at risk of harm. **Staff needed more understanding of the unique contribution** that independent advocacy can make for children and young people at risk of harm. Some **parents and carers** reported that they **struggled with the format and timings of meetings**. Children at risk of harm and their families had **not routinely had opportunities to influence strategic service planning, delivery and improvement**. There was a lack of a strategic framework to enable children, parent and carers to influence service development.	The trauma steering group is developing opportunities for people with lived experience to be involved in service design, delivery and a range of other areas.	Trauma Steering Group	Lead Officer, Protecting People	April 2022 – trauma informed practice and leadership implementation to be submitted to Chief Officers Group for approval.
		Additional improvement actions			
		Consult with children, young people, parents and carers on the next iteration of the Child Protection Committee Delivery Plan.	CPC Delivery Plan – Children and Young People Engagement Sub-Group	Service Manager, Children & Families, Dundee City Council / Lead Officer, Protecting People	March 2022 – Child Protection Committee Delivery Plan to be finalised, including consultation activity, by end of financial year.
		Develop a strategic framework and supporting resources / infrastructure to support the involvement of people with lived experience across the protecting people strategic and governance structure.	Transforming Public Protection 2 Programme	Service Manager, Strategy & Performance, Dundee Health and Social Care Partnership	April 2022 – Full Transforming Public Protection 2 Programme, including detailed workstream plans to be signed off by Chief Officers Group.
		Develop a strategic framework for the commissioning and provision of advocacy services to people at risk of harm (all ages), including planned work by Children and Families Service within Dundee City Council to review core, commissioned and non-commissioned advocacy provision.	Transforming Public Protection 2 Programme	Service Manager, Strategy & Performance, Dundee Health and Social Care Partnership	April 2022 – Full Transforming Public Protection 2 Programme , including detailed workstream plans to be signed off by Chief Officers Group. October 2022 – Children and Families internal review scheduled to conclude.
		Enhance workforce understanding of independent advocacy provision through learning and development activities.	Transforming Public Protection 2 Programme	Service Manager, Strategy & Performance, Dundee Health and Social Care Partnership	April 2022 – Full Transforming Public Protection 2 Programme , including detailed workstream plans to be signed off by Chief Officers Group.
		Amend datasets to include data in relation to advocacy offer/uptake.	CPC Delivery Plan – Data Sub-Group	Senior Officer, Information, Children & Families, Dundee City Council	February 2022 – Data Sub Group to update Child Protection Committee on data availability and anticipated timescale for integration into dataset.
		Enhance approaches within quality assurance process that capture the experiences of children, young people, parents and carers regarding meaningful involvement in key child protection processes.	CPC Delivery Plan –Children and Young People Engagement Sub-Group	Service Manager, Children & Families, Dundee City Council / Lead Officer, Protecting People	April 2022 –to be included in revised Protecting People Self-Evaluation Framework submitted to Child Protection Committee.

Joint Inspection of Services for Children at Risk of Harm
Improvement Plan (as approved by Dundee Chief Officers Group on 10 February 2022)

Area for Improvement	CAR Inspection Feedback – key points	Improvement Activity	Improvement Programme	Lead Officer	Timescale / Initial Milestone
		Implement agreed improvement actions in relation to the role and function of the Children and Families, Review Team.	CPC Delivery Plan – Review Team Action Plan	Senior Service Manager, Children & Families, Dundee City Council	July 2022
		Extend or cross-fertilise the ANEW project to include review meetings for care experienced children and young people and child protection case conference.	CPC Delivery Plan – ANEW Team	Senior Service Manager, Children & Families, Dundee City Council	March 2022 – update to be provided to Child Protection Committee.
4. The partnership did not yet have in place arrangements for the joint and systematic review of outcomes data in order to evidence the difference it was making to the lives of children at risk of harm and their families.	The partnership was **not routinely or systematically collecting outcomes data** so was limited in its ability to fully demonstrate the difference services were making to the children and young people's lives. The partnership was **not yet jointly and systematically evaluating the effectiveness of all services by using quality assurance information, learning opportunities, data and feedback** to understand the effectiveness of services and inform future priorities. **Leaders were not asking enough about the difference help had made** to children and families' lives. While there were pockets of good examples of **improvement science-based learning**, this was **not being shared across services**.	**Already within improvement plans** Child Protection Committee Data Scrutiny Group and quarterly reporting to Child Protection Committee.	CPC Delivery Plan – Data Sub-Group	Senior Officer, Information, Children & Families, Dundee City Council	Standing item at all Child Protection Committee meetings.
		Dundee and Angus Learning Review Project to transition to learning reviews and identify opportunities for joint working with Tayside partners	Chief Officers Group	Service Manager, Strategy & Performance, Dundee Health and Social Care Partnership	March 2022 – project will conclude and implementation of new procedure will commence.
		Child Protection Committee Case Review Group established to oversee identification of improvement actions and provide assurance to CPC regarding impact of implementation.	CPC Delivery Plan – Case Review Sub-Group	Service Manager, Strategy & Performance, Dundee Health and Social Care Partnership	Standing item at all Child Protection Committee meetings.
		Single agency quality assurance activities / frameworks are in place across public sector partners and some third sector partners providing ongoing quality assurance information from a single agency perspective. Single agency reporting of findings to the CPC to be enhanced.	CPC Delivery Plan – responsible sub-group tbc	Single agency Child Protection Committee representatives / Sub-group Chair	March 2022 – schedule of single agency quality assurance reporting to the Child Protection Committee will be in place.
		Strengthening of quality assurance and improvement functions through revised Protecting People Strategic and Governance structure, including enhanced capacity within structures for triangulation of themes from data and quality assurance.	Transforming Public Protection 2 Programme	Service Manager, Strategy & Performance, Dundee Health and Social Care Partnership	June 2022 – business benefits analysis of preferred structural option to be presented to Chief Officers Group for approval.
		Additional improvement actions			

Joint Inspection of Services for Children at Risk of Harm
Improvement Plan (as approved by Dundee Chief Officers Group on 10 February 2022)

Area for Improvement	CAR Inspection Feedback – key points	Improvement Activity	Improvement Programme	Lead Officer	Timescale / Initial Milestone
		Identify most appropriate group / establish new group to lead development of quality assurance improvements and activities on behalf of the CPC.	CPC Delivery Plan	Child Protection Committee Chair	February 2022 – final decisions on most appropriate group to provide leadership.
		Revise historic Protecting People Self-evaluation Framework, including addressing single agency interface and reporting to CPC (and other Protecting People Committees) and annual audit plan.	CPC Delivery Plan - responsible sub-group tbc	Sub-group Chair	April 2022 – draft revised framework to be submitted to Child Protection Committee (and other public protection committees).
		Build capacity across the Protecting People system in relation to use of improvement methodology, utilising Learning and Knowledge Exchange Events	CPC Delivery Plan	Lead Officers, Protecting People	March 2023
		Establish a programme of work across protecting people focused on outcome / impact measurement, with support from national bodies. This will include a focus on gathering data directly from children, young people and families.	Transforming Public Protection 2 Programme	Service Manager, Strategy & Performance, Dundee Health and Social Care Partnership	April 2022 – Full Transforming Public Protection 2 Programme, including detailed workstream plans to be signed off by Chief Officers Group.
		Review performance reporting between Child Protection Committee (and other Protecting People Committees) and Chief Officers Group.	Transforming Public Protection 2 Programme	Service Manager, Strategy & Performance, Dundee Health and Social Care Partnership	June 2022 – initial compilation of testing of data dashboards based on current data availability.

Other areas for improvement referenced in the inspection report text in addition to the 4 formal improvement areas identified:

Area for Improvement	CAR Inspection Feedback – key points	Improvement Activity	Improvement Programme	Lead Officer	Timescale
a. Thresholds and decision making	**Decisions about the use of child protection processes were not always consistent** and **staff did not always have a shared agreement of thresholds of risk.** This included when to progress to child protection investigations, inter-agency referral discussions and child protection case conferences. Further attention in this area would help the partnership to ensure a consistent and transparent	**Already within improvement plans** **Additional improvement actions** A range of workstreams within the Transforming Public Protection 2 Programme will include activity that relates to thresholds and decision making:	Transforming Public Protection 2 Programme	Service Manager, Strategy & Performance, Dundee Health and	April 2022 – Full Transforming Public Protection 2 Programme, including detailed workstream

Joint Inspection of Services for Children at Risk of Harm
Improvement Plan (as approved by Dundee Chief Officers Group on 10 February 2022)

Area for Improvement	CAR Inspection Feedback – key points	Improvement Activity	Improvement Programme	Lead Officer	Timescale
	approach to decision-making about the use of child protection processes.	• Chronologies • Risk assessments • Case file auditing • Staff support and wellbeing • Integrated screening • Lead professional model		Social Care Partnership	plans to be signed off by Chief Officers Group.
b. Other improvement and quality assurance issues	The **audit did not review the decision-making processes** leading to these IRDs **nor any preventative approaches** which could have been taken earlier. The partnership had **not explored whether preventative action** could have been undertaken at an earlier stage in the decision-making process to avoid the need for CPOs	**Already within improvement plans** None. **Additional improvement actions** Amend audit frameworks used within Children and Families Service to include specific questions on preventative action. Ensure multi-agency quality assurance activity has sufficient focus on preventative action.	CPC Delivery Plan – responsible sub-group tbc	Senior Service Manager, Children & Families, Dundee City Council Sub-group Chair	March 2022 – to be implemented at next quarterly audit. April 2022 – preventative focus to be included in revised Protecting People Self-Evaluation Framework submitted to Child Protection Committee.
c. Chronologies and plans	Under half of chronologies were evaluated as good or better, almost half were evaluated as adequate, which indicated that this as an area for further improvement. Staff were less confident in preparing outcome focused child's plans than they were about assessing and analysing risks and needs.	**Already within improvement plans** Continued roll out of new format chronologies across multi-agency partnership. Additional temporary post to support accelerated role out of chronologies and risk assessment improvements. Development of whole family risk assessment tool building on work already completed in adult services.	Transforming Public Protection 2 Programme Transforming Public Protection 2 Programme Transforming Public Protection 2 Programme	Service Manager, Strategy & Performance, Dundee Health and Social Care Partnership Service Manager, Strategy & Performance, Dundee Health and Social Care Partnership Service Manager, Strategy & Performance,	April 2022 – Full Transforming Public Protection 2 Programme, including detailed workstream plans to be signed off by Chief Officers Group. April 2022 – Full Transforming Public Protection 2 Programme, including detailed workstream plans to be signed off by Chief Officers Group. April 2022 – Full Transforming Public Protection 2 Programme, including detailed workstream

Joint Inspection of Services for Children at Risk of Harm
Improvement Plan (as approved by Dundee Chief Officers Group on 10 February 2022)

Area for Improvement	CAR Inspection Feedback – key points	Improvement Activity	Improvement Programme	Lead Officer	Timescale
				Dundee Health and Social Care Partnership	plans to be signed off by Chief Officers Group.
		Focused quality assurance activity for chronologies.	Transforming Public Protection 2 Programme	Service Manager, Strategy & Performance, Dundee Health and Social Care Partnership	April 2022 – Full Transforming Public Protection 2 Programme, including detailed workstream plans to be signed off by Chief Officers Group.
		Continued roll out of new Child's Plan template, initially within Children's Social Work and then extending to multi-agency partners.	GIRFEC Delivery Plan	Senior Service Manager, Children & Families, Dundee City Council	March 2022 – completion of implementation within Children's Social Work Services.
		Additional improvement actions			
		None.			

ITEM No …11……

REPORT TO: **HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 23 FEBURARY 2022**

REPORT ON: **FAIRER WORKING CONDITIONS – HOME CARE**

REPORT BY: **CHIEF OFFICER**

REPORT NO: **DIJB5-2022**

1.0 PURPOSE OF REPORT

1.1 The purpose of this report is to update the Integration Joint Board regarding ongoing work to consistently implement good practice principles for fairer work with commissioned providers of home care services.

2.0 RECOMMENDATIONS

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

2.1 Note the content of this report, including the good practice principles for fairer work that have been identified (section 4.2).

2.2 Note the progress that has been achieved to date and approach to working in partnership with commissioned providers to consistently implement these principles across the home care workforce.

3.0 FINANCIAL IMPLICATIONS

3.1 There are no direct financial implications as a result of the recommendations in this report however it should be noted that recent minimum pay uplifts for social care staff working within externally contracted social care providers have been directed and funded by the Scottish Government.

4.1 MAIN TEXT

4.1 The Dundee Health and Social Care Partnership recognises the vital contribution of the social care workforce to the health and wellbeing of the population and the importance of working with providers to achieve fairer working conditions. This is also supported nationally through the Fair Work in Social Care Group, led by the Scottish Government and involving a range of stakeholders including COSLA, care providers, Scotland Excel, Trade Unions and professional led bodies such as Health and Social Care Scotland. This group has been pivotal in advancing pay levels and conditions for social care staff. Having fully supported the living wage across this workforce this report outlines progress to date in implementing fairer working conditions and proposed next steps.

4.2 The Partnership has worked with stakeholders, including staff side representatives, and identified a number of areas which are considered to be good practice:

- Providers should pay staff the living wage for the whole shift including travel and training.
- An enhanced rate should be paid for weekends, public holidays and antisocial hours.

- Provider should not use zero-hour contracts, although it is recognised that sessional work can be mutually beneficial to some staff and employers. Where staff are not recruited on a sessional basis they should be offered a guaranteed hours contract.

- Travel as part of work should be funded by the provider.

- Staff should be provided with the equipment they need to undertake their role and should not incur any additional cost for this, e.g. uniform/phone etc.
- Staff should be provided with the training they need to complete their role and should not incur a cost from this. Attendance should be paid for mandatory training including induction.

- Staff should not be asked to pay for any checks associated with safe recruitment procedures.

- Providers should recognise Trade Unions who have membership within their employment.

- Reasonable provision should be made to support workers to achieve SVQ qualifications and career progression.

4.3 A baseline audit has been carried out against the principles identified in section 4.2 with those providers that have been procured through the Partnership's Care at Home framework (often referred to as home care). Of the 13 contracted providers 12 returned information. This area was chosen as the first area of focus due to the high volumes of concerns received about current working conditions and practices from staff side representatives, however the principles listed at section 4.2 could be considered to be relevant across the whole health and social care sector workforce. All of the above principles have been fully implemented by both NHS Tayside and Dundee City Council as employers of the Partnership's own internal workforce

4.4 **Audit Findings**

4.4.1 In terms of the expectation that providers should pay staff the living wage for the whole shift including travel and training, we found that all providers who responded pay at least £9.50 per hour. Since the audit was undertaken this has risen to £10.02 and providers have been asked to provide confirmation that this is passed onto staff. Some providers pay higher for SVQ qualified staff, weekend or public holiday enhancements and some a higher base rate. The audit identified that the key area for improvement is around travel and downtime; one provider pays a lower rate for travel and only six providers were able to confirm that they pay the full shift including travel time and down time.

4.4.2 The Partnership consider that while sessional work can be mutually beneficial to staff and employer, zero-hour contracts are not good practice and should not be used out with that. A key part of a sessional contract is the ability of the worker to decide when they are free to work. At the time of the audit only one provider continued to use these contracts. They are working towards introducing guaranteed hours contracts.

4.4.3 Travel as part of work should be funded by the provider. The audit identified a range of different terms and conditions for staff. Most notably the mileage rate varies from 15p to 45p per mile and two providers do not pay for public transport costs. The Partnership believes that the mileage rate should be set in line with HMRC levels and that costs of using public transport should be reimbursed.

4.4.4 It is good practice that staff should be provided with the equipment they need to undertake their role and should not incur any cost for this. This might include for example uniforms or phones. All providers currently pay for staff uniforms. In relation to telephones there was variation with only 4 providers providing these. Where these are not provided it would be good practice for the employer to cover the cost of work-related activity, for example reimbursing call costs.

4.4.5 A further area of good practice is that staff should be provided with the training they need to complete their role and should not incur a cost from this. Attendance should be paid for mandatory training including induction. All providers confirmed that they pay staff to attend training, however 3 do not currently pay for staff to attend induction. All pay for staff attending supervision/appraisals/team meetings but one said they pay minimum wage rather than living wage for this.

4.4.6 It is not good practice for staff to be asked to pay for any checks associated with safer recruitment. The audit found that 5 providers so not currently pay for PVG checks.

4.4.7 It is good practice for providers to recognise Trade Unions and the role that they can play in supporting and protecting the workforce. The audit found that the majority of providers do no currently recognise Trade Unions.

4.4.8 We believe that providers should recognise Trade Unions and the role they can play in the workforce. We have found that currently in most cases Unions are not recognised.

4.4.9 Reasonable provision should be made to support workers to achieve SVQ qualifications; currently 9 providers fund SVQ training with a further one in the process of moving to this.

4.5 Future Approach

4.5.1 The Partnership's current contracts with providers do not allow for enforcement of the good practice principles listed in section 4.2, however it is intended to incorporate the principles more fully in procurement process and subsequent contractual arrangements at the next opportunity in 2022. The Partnership acknowledges that traditional approaches to commissioning home care services have meant that providers can find it difficult to deploy staff fully in a shift system. The provision of social care is pivotal to the whole health and social care system and there are opportunities to develop the role of home care in a more holistic manner to better support the entire care pathway and to improve outcomes for individuals and unpaid carers; this includes supporting providers to have staff on shift without experiencing significant down time.

4.5.2 Further discussions with providers, on a one-to-one and group basis, are being planned to discuss with them how we can best support the full and consistent implementation of the fairer work principles. Where providers agree to progress full implementation, the Partnership will support this by taking a more flexible approach to the commissioning of home care services, including utilising outcome-based commissioning that will enable providers greater freedom to organise staff resources to meet the needs of individuals receiving care and support.

5.0 POLICY IMPLICATIONS

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

6.0 RISK ASSESSMENT

Risk 1 Description	Poor working conditions for the home care workforce has a detrimental impact on staff health and wellbeing and impacts on service continuity.
Risk Category	Operational, Governance, Political
Inherent Risk Level	Likelihood 3 x Impact 5 = Risk Scoring 15 (which is an Extreme Risk Level)
Mitigating Actions (including timescales and resources)	- Implementation of living wage across all internal and commissioned services. - Good practice standards fully implemented for internal Partnership workforce. - Assessment of compliance with good practice standards for commissioned service has been completed. - Review of procurement and contractual arrangements to integrated good practice principles at next round of commissioning in 2022. - Planned discussions with providers regarding support required to implement good practice principles. - Flexibility in commissioning model for complaint providers to enable full and consistent implementation of good practice principles.
Residual Risk Level	Likelihood 2 x Impact 3 = Risk Scoring 6 (which is a Moderate Level)
Planned Risk Level	Likelihood 1 x Impact 3 = Risk Scoring 3 (which is a Low Risk Level)

Approval recommendation	Given the low level of planned risk, this risk is deemed to be manageable.

7.0 CONSULTATIONS

7.1 The Chief Finance Officer, Heads of Service - Health and Community Care, members of the Strategic Planning Advisory Group and the Clerk were consulted in the preparation of this report.

8.0 DIRECTIONS

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

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

9.0 BACKGROUND PAPERS

9.1 None.

Vicky Irons
Chief Officer

DATE: 1 February 2022

Jenny Hill
Head of Service, Health and Community Care

ITEM No …12……..

REPORT TO: **HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 23 FEBRUARY 2022**

REPORT ON: **STRATEGIC AND COMMISSIONING PLAN 2019 – 2022 – STATUTORY REVIEW**

REPORT BY: **CHIEF OFFICER**

REPORT NO: **DIJB6-2022**

1.0 PURPOSE OF REPORT

1.1 To inform the Integration Joint Board that the Strategic Planning Advisory Group has completed their work to review the Strategic and Commissioning Plan 2019-2022 and to recommend the current plan is extended for a further one-year period (2022/23).

2.0 RECOMMENDATIONS

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

2.1 Note the work undertaken by the Strategic Planning Advisory Group to progress the statutory review of the Strategic and Commissioning Plan 2019-2022, including engagement with partners and the public (sections 4.4 and 4.5).

2.2 Conmplete that statutory review of the strategic plan required under Section 37 of the Joint Working (Public Bodies) (Scotland) Act 2014 by approving the Strategic Planning Advisory Group's recommendation to extend the Strategic and Commissioning Plan 2019-2022 for a further one year period, to end on 31 March 2023, retaining the current vision and strategic priorities but including revised actions (section 4.5 and appendices 1,2 and 3).

2.3 Approve the Strategic Planning Advisory Group's recommendation to extend the Equality Outcomes and Manstreaming Framework 2019-2022 for a further one year period, to end on 31 March 2023 (section 4.6).

2.4 Instruct the Chief Officer to support the Strategic Planning Advisory Group to revise the action lists associated with each strategic priority within the current strategic and commissioning plan, undertake any other minor revisions required and submit the revised strategic and commissioning plan to the Integration Joint Board for approval on 20 April 2022 (section 4.7).

2.4 Note that until such times as a revised strategy has been produced, submitted and approved that the current Strategic and Commissioning Plan 2019-2022 will remain in place and continue to direct the work of the Partnership.

3.0 FINANCIAL IMPLICATIONS

3.1 None.

4.0 MAIN TEXT

4.1 Under section 37 of the Public Bodies (Joint Working) (Scotland) Act 2014 the IJB is required to have completed a review of the effectiveness of its strategic plan by 31 March 2022. This review must have regard to the views of the Strategic Planning Advisory Group and to the integration delivery principles and national health and wellbeing outcomes. To complete the

statutory review the IJB must then decide whether to extend, revise or replace the current strategic plan. No timescale is set in the legislation for the preparation of a revised or replacement strategic plan should the IJB agree that this is required.

4.2 In June 2021 the IJB considered a paper relating to the impact of the pandemic on the implementation of the Partnership's Strategic and Commissioning Plan and plans for progressing the statutory review of the plan by 31 March 2022 (Article VIII of the minute of the meeting of the Dundee Integration Joint Board held on 23 June 2021 refers). At that time the Chief Officer was instructed to provide further detail to the IJB regarding the confirmed approach and timeline for the statutory review having taken advice from the Strategic Planning Advisory Group. A detailed timeline was submitted to the IJB in October 2021 (Article XIV of the minute of the meeting of the Dundee Integration Joint Board held on 27 October 2021 refers).

4.3 The IJB's Strategic Planning Advisory Group has led the statutory review of the strategic and commissioning plan, with this having been an important focus of their activity since June 2021. The process that has been followed has reflected the reduced capacity available across all stakeholder organisations to focus on strategic activity whilst maintaining essential services in the context of the ongoing pandemic. The scale of engagement activity has also reflected the pandemic circumstances, including more restricted public engagement than would have been the case in normal circumstances (see section 4.4.2 for further details). In keeping with guidance from the Scottish Government regarding the completion of statutory reviews of integration schemes, a light-touch review has been carried out and the Strategic Planning Advisory Group has taken a proportionate approach that has made best use of existing information and available capacity within partner organisations.

4.4 Review Process

4.4.1 As set out to the IJB in October 2021 the Strategic Planning Advisory Group has undertaken the following key activities as part of the review process:

- Completion of the revised strategic needs assessment and analysis of key trends and information within this.

- Assessment of the impact of the COVID-19 pandemic on the delivery on actions within the current strategic and commissioning plan, with a particular focus on identifying delayed / outstanding actions.

- Consideration of the Scottish Government consultation on the establishment of a National Care Service for Scotland, identifying short-term impacts and implications for the Partnership.

- Revision of the Partnership's COVID remobilisation plan and consideration of priorities and actions contained within this and their alignment with the current strategic and commissioning plan.

- Desktop review of recently agreed plans across care group strategic planning groups and transformation and change programmes, such as the Primary Care Improvement Plan and Alcohol and Drug Partnership Action Plan for Change.

- Review of strategic and commissioning plans produced by other Health and Social Care Partnerships across Scotland and information published in relation to their own statutory reviews.

- Four consultation sessions with organisational stakeholders held in December 2021 focused on an initial recommendation from the Strategic Planning Advisory Group that the current plan be extended and revised to update actions contained within it. 47 participants attended these sessions from across the Partnership, including members of the internal workforce and representatives from partner bodies in the public, third and independent sectors.

- A public survey seeking views on the current vision and strategic priorities. The survey was launched in the first week of December 2021 and closed at the end of January 2022.

4.4.2 The Strategic Planning Advisory Group acknowledges that there were significant limitations to both the partner and public consultation activity that was able to be carried out as part of the review. The three most significant elements of this were:

- Limitations on both paid staff and members of the public, including carers, in terms of their capacity to engage with sessions / surveys at the current time due to pressures associated with the escalating pandemic situation. Factors such as increased rates of absence, short-notice work pressures and increased caring responsibilities will have impacted across both groups in terms of the capacity they have had to engage with the consultation activities.

- Limitations in staff capacity available in the Strategy and Performance Service to support engagement activity due to reduced service capacity and other work pressures.

- Reliance on the use of digital platforms to support engagement. This was necessary due to public health guidance in place over the period, which meant that holding face-to-face sessions was not allowed / safe. The most significant impact of this will have been on public engagement – steps were taken to try to mitigate this where possible with an alternative method of contributing offered (via individual phone call) and support sought from service providers to ask them to do whatever they could (taking into account current circumstances) to support individuals / groups who wanted to engage with the survey but required support to do so.

4.5 Review Outcomes and Recommendation

4.5.1 Following their desktop review activity, detailed in section 4.4.1, the Strategic Planning Advisory Group reached an initial conclusion in October 2021 that the current strategic and commissioning plan remains largely fit for purpose. The vision and strategic priorities, as well as the overall format of the plan were identified as continuing to reflect the needs of the population and to present a relevant and robust strategic framework that reflects and supports both national policy and strategy as well as local strategic plans and transformation programmes. However, the group also identified that the action lists supporting each of the strategic priorities within the current plan are no longer fit for purpose and require to be revised. Action lists written in 2019, pre-pandemic, do not reflect well enough the current areas of focus contained within remobilisation and strategic plans and emerging areas of focus identified through the desktop review. A full summary of the factors considered by the Strategic Planning Advisory Group in reaching their initial conclusion is provided in appendix 1.

4.5.2 During December 2021 and January 2022 the Strategic Planning Advisory Group focused on consulting with the public and other stakeholders across the health and social care system regarding their initial conclusions. In December 2021 four virtual consultation events with organizational stakeholders were held (see appendix 2 for full report). These gathered views directly about the SPAG's initial recommendation as well as on areas of focus within each of the four existing strategic priorities for the next 12 months. Some groups also had time to consider questions about the longer-term approach to strategic planning and format / content of the strategic and commissioning plan. Key outcomes from these sessions were:

- Unanimous support for the SPAG's initial recommendation to extend the plan, retain the vision and strategic priorities but to refresh action lists.

- Significant majority also supported proposal to focus in 2022/23 on taking forward the planning and engagement processes required to prepare a full replacement plan for 1 April 2023 onwards. However, there was some caution regarding the unpredictable impact of the pandemic and ongoing pressures on resources.

- In discussions related to priority areas of focus within each strategic priority for the next 12 months, key themes were: tackling poverty, disadvantage and health and social care inequalities; mental and physical health and wellbeing; engagement with support and co-production / involvement; hub models of service delivery; access; collaborative commissioning; partnership working; and, information and communication.

4.5.3 The public survey that ran during December 2021 and January 2022 generated 107 responses, although some respondents did not answwer every question. A high level summary of responses is provided below with a detailed analysis in appendix 2.

THE VISION -		
Question -Should the vision be changed?	**84** Stay the same	**19** Be changed
Health Inequalities -		
Question -Should this Priority be changed for our next strategic plan?	**61** Stay the same	**9** Be changed
Early Intervention and Prevention-		
Question -Should this Priority be changed for our next strategic plan?	**53** Stay the same	**14** Be changed
Locality Working and Engaging with Communities -		
Question -Should this Priority be changed for our next strategic plan**?**	**53** Stay the same	**15** Be changed
Models of Support, Pathways of Care -		
Question -Should this Priority be changed for our next strategic plan?	**54** Stay the same	**14** Be changed

A number of respondents also offered narrative responses to questions. This included:

- A number of respondents expressing that the current vision and strategic priority statements are not achievable /sustainable within available resources and should be revised to address this.

- A range of suggestions regarding specific changes to wording of the vision and strategic priorities to enhance focus on personalisation, promote independence and self-care, and focus on support rather than intervention.

- Responses reflecting on individual experiences of health and social care services and suports and suggestions for specific changes to services. This information has been shared with relevant services in an anonymised way.

4.5.4 Taking into account the outcomes of the desktop review activity and the views of stakeholders, including members of the public, the Strategic Planning Advisory Group recommends to the IJB that the current strategic and commissioning plan is extended for a further one-year period (revised end date 31 March 2023) retaining the current vision and strategic priorities but incorporating revised actions lists.

4.5.5 Having reached this conclusion, the SPAG has also considered how best to address the detailed narrative feedback received through the public survey. The group believes that feedback regarding the overall sustainability of the vision and strategic priorities, as well as specific suggested changes of wording should be addressed through the process of preparing a full replacement plan that will follow on from the proposed extension of the current plan. Work to prepare a full replacement plan (required by 1 April 2023) would commence during the 2022/23 financial year and therefore provide an early opportunity for wider public discussions of the initial feedback provided. This would also allow sufficient opportunity to more fully engage other stakeholders including the health and social care workforce, in these discussions. The SPAG will seek to utilise responses reflecting on individual experiences and specific changes to service delivery in its work to refresh action lists aligned to each strategic priority should the

IJB approve the recommendation to extend the current plan. This provides an immediate opportunity for feedback to be addressed.

4.6 Equality Outcomes and Equality Mainstreaming Framework

4.6.1 The IJB approved its Equality Outcomes and Mainstreaming Framework 2019-2022 in March 2019 following an extensive review that was informed by public engagement with people with protected characteristics and their representatives. At that time the equality mainstreaming framework was aligned to the planning cycle for the strategic and commissioning plan.

4.6.2 There is a statutory requirement (Equality Act 2010 and Equality Act 2010 (Specific Duties) (Scotland) regulations 2012) for Integration Joint Boards to substantively review equality outcomes at least every four years and to publish a set of equality outcomes and a report showing progress being made in mainstreaming equality at intervals of not more than two years. The IJB is therefore required to substantively review its equality outcomes again by 31 March 2023 and to publish its next mainstreaming equality report on the same date.

4.6.3 The Strategic Planning Advisory Group has considered the current equality outcomes and mainstreaming framework as part of their work the review the strategic and commissioning plan, the two plans being mutually supportive. Based on the information available the SPAG recommends that the Equality Outcomes and Mainstreaming Framework 2019-2022 is extended for a further one-year period (revised end date 31 March 2023). Work to substantively review the equality outcomes and develop a full replacement mainstreaming framework will then be progressed during 2022/23 as part of the overall work to produce a full replacement strategic and commissioning plan.

4.7 Next Steps

4.7.1 If the IJB approve the recommendation of the Strategic Planning Advisory Group, completing the statutory review process, the key planned next steps are:

- The Strategic Planning Advisory Group will draft revised actions lists to support each strategic priority within the plan, utilizing feedback from stakeholders gathered through the review process as well as information generated during the desktop review stage.

- Draft any other minor revisions required to the plan text, include an addendum to the introduction to the plan noting its extension following the completion of the statutory review.

- Submit the revised plan to the IJB on 20 April 2022 for approval.

4.7.2 Work to revise action lists will include further public engagement. Sessions focused on ‘what matters to you?’ are being run during February to hear more from the public about their immediate priorities for change under each existing strategic priority. As well as offering a number of events at fixed dates and times, individual telephone calls are being made available and officers are participating in sessions being held by pre-existing community and interest groups.

4.7.3 Following the submission of the plan revisions for approval the Strategic Planning Advisory Group will focus on developing a workplan to support the production of a full replacement plan from 1 April 2023 onwards. It is intended that this activity will be closely aligned to the activity to be undertaken by the Dundee Partnership to review and replace the Dundee City Plan during 2022/23. This approach will make best value of available resources, taking into account ongoing pandemic impacts and pressures, and allow public engagement activity to be co-ordinated. The SPAG’s workplan will also include activity to substantively review the IJB’s equality outcomes and mainstreaming framework.

5.0 POLICY IMPLICATIONS

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

6.0 RISK ASSESSMENT

Risk 1 Description	Strategic planning and commissioning does not fully reflect the health and social care needs and preferences of the population and is therefore less effective in terms of impact on health and social care outcomes.
Risk Category	Operational, Governance, Political
Inherent Risk Level	Likelihood 4 x Impact 5 = Risk Scoring 20 (which is an Extreme Risk Level)
Mitigating Actions (including timescales and resources)	- Review of strategic and commissioning plan has been informed by full update of strategic needs assessment. - Consultation activity with health and social care stakeholders has been undertaken. - Some public engagement has been undertaken (within relevant public health restrictions) although t is acknowledged this has had limitations. - Commitment to undertake activity to develop full replacement plan during 2022/23 including more expansive and accessible public engagement.
Residual Risk Level	Likelihood 2 x Impact 3 = Risk Scoring 6 (which is a Moderate Level)
Planned Risk Level	Likelihood 1 x Impact 3 = Risk Scoring 3 (which is a Low Risk Level)
Approval recommendation	Given the low level of planned risk, this risk is deemed to be manageable.

7.0 CONSULTATIONS

7.1 Members of the Strategic Planning Advisory Group, the Chief Finance Officer, Heads of Service, Health and Community Care and the Clerk have been consulted in the preparation of this report.

8.0 DIRECTIONS

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

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

9.0 BACKGROUND PAPERS

9.1 None.

Vicky Irons
Chief Officer

DATE: 1 February 2022

Kathryn Sharp
Service Manager, Strategy and Performance

Joyce Barclay
Senior Officer, Strategy and Performance

Appendix 1

Factors considered by the Strategic Planning Advisory Group

- Is the content of the plan no longer relevant because of changes to national policy drivers?
    - Overall policy direction, including principles set out in the NCS consultation, align with the existing vision and priorities.

- Does the revised strategic needs assessment indicate there are significant changes in the health and social care needs of the population that have not been taken into account within the existing plan?
    - At this point in time and with the data available the revised strategic needs assessment does not identify any significant changes to patterns of need. However, it should be noted that data regarding the impact of the pandemic is limited and will continue to emerge over the next 12-24 months.

- Has the impact of the pandemic on health and social care needs and delivery arrangements significantly impacted on the relevance of the content of the current plan?
    - Assessment of the impact of the pancemic on the delivery of the existing actions within the plans indicates that change is required in terms of the detailed actions within the plan but that the overall vision and priorities continue to reflect the overall needs of the population emerging in response to the pandemic.

- Do recently produced local care group plans or wider community plans contain priorities that no-longer align to the content of the plan?
    - There is no indication in recently reviewed plans (drug and alcohol, carers and mental health) that content does not fully align to the overall vision and priorities, however content does indicate need to updated deatiled actions listed against priorities.

- Has any large scale engagement activity found that there are new emerging needs in relation to health and social care that do not align to the current content of the plan?
    - Engagement activity has been limited due to the pandemic however, carers engagement and community planning led engagement do not indicate any emerging needs and priorities that do not align to the overall vision and priorities within the plan. They have however influenced ongoing thinking regarding the detailed actions required to deliver the priorities.

- The developing understanding at a national and local level of the recovery and remobilisation period for health and social care services – including the recently submitted remobilisation plan for 2021/22 and increasing clarity at a national level that the formal recovery period (and associated supports, including financial supports) is likely to continue for a 2 year period until March 2023. It is also likely that over the period there will be a much clearer and comprehensive understanding of the impact of the pandemic on the health and social care needs of the population.

- The implications of the Independent Review of Adult Social Care – including the expectation that plans for the implementation of recommendations will not be confirmed until the post-election period (May 2022) and that detailed implications will continue to be understood over the following 12-24 month period.

- Decisions made within the other two IJBs across Tayside – the Angus IJB has agreed to extend its current strategic plan (due to end on 31st March 2022) to 31st March 2023 and Perth & Kinross IJB's recently revised plan is currently due to end on 31st December 2022. There may be advantages to aligning planning timescales across Tayside.

- Revision of the Dundee City Plan – a substantive review of the Dundee City Plan will take place during the 2022/23 financial year. There may be advantages to aligning the timescale for review of the strategic and commissioning plan with that of the City Plan.

- Limited resources available across all teams and partners, including the Strategy and Performance Team, to lead and contribute to activity over the next 12 months.

- The need for patient/service user and carer involvement in associated plans (including existing Care Group Strategic Planning) to adjust and re-develop after suspension of usual face to face activities.

In June 2021 the IJB considered the Annual Internal Audit Report 2021/22 which highlighted further considerations / recommendations relevant to the review of the strategic and commissioning plan:

- The review of the plan provides an opportunity to reflect on learning from the pandemic and consolidate into the strategic priorities, plans and activities of the Partnership.

- The need to improve monitoring and reporting of key transformation programmes – transformation activity should be woven into the strategic plan rather than being considered separately.

- The need to consider the impact the pandemic has on the assumptions on which the current strategic and commissioning plan is based (demand, resources and ways of working). This includes understanding the population health need, identifying changes to service delivery and the risks these may present, as well as identifying positives and potential service redesign from changed methods of working during the pandemic.

- The need for a supporting delivery plan to track progress in implementation.

- The plan should include assessment of risks to achievement.

Appendix 2

Summary of Stakeholder Engagement Sessions

Strategic and Commissioning Plan Review

Stakeholder Consultation Session
December 2021

Summary of the 4 Stakeholder Sessions

The participants advance booked sessions at a Teams Meeting and were sent information to read in advance. There was a brief presentation then participants were asked questions. Mentimeter was used to gather responses and participants had the opportunity to discuss their responses and those of others. Participants could record views or questions in the Teams Chat and the meeting had a facilitator and a note taker. Some questions required a yes/no answer (see below for results). On some occasions some participants did not answer and in one session Mentimeter failed so a show of hands was required. Overall 47 people participated with over 40 being able to stay for the full session.

	Yes	No
Do you agree that the vision, principles and overall structure / content of the current plan remain fit for purpose for the immediate future?	47	0
Do you agree that the action lists require to be updated to reflect current circumstances and priorities?	47	0
Do you agree that the IJB should extend the current plan until 31 March 2023 incorporating revised action lists for each priority? Some third / independent sector participants highlighted that whilst they agreed with a one year extension from a strategic planning perspective, it should be noted that with regards to commissioning one year planning / funding creates challenges.	45	0
Do you agree that the Equality Outcomes should also be extended for a further year and be replaced in 2023? One person said no but changed opinion after learning that legal requirements will be fulfilled by outcomes relaced by 30th April 2023.	(46) 47	(1) 0
Do you agree that the focus in 2022/23 onwards should then be on co-production of a full replacement? Those who voted No did not disclose why. One person added information in chat to suggest we need creative new ways to support co-production as an alternative to delaying the development of a full replacement plan. Some other general comments indicated that people continue to feel uncertain about planning for the next 12 months and are unsure whether committing to work to develop a full replacement plan will be realistic.	45	2

What are the three most important actions / areas that we should focus on in 2022/23?

The question above was asked in turn about each of the 4 priority areas in the plan. ie Health Inequalities, Early Intervention and Prevention, Locality working and engaging with Communities and Models of Support/Pathways of Care.

Some clear themes emerged as well as notable individual reflections and information.The themes united across all 4 priorities and where each group placed the theme was different from the other. There was a lot of support for targeting actions and resources where it was needed most and was likely to be most effective.

The responses have been divided into Key Areas:

KEY AREAS

Poverty/Disadvantage/Deprivation (along with health and social care inequalities)

- Need to support those disadvantaged to access the support that is for them (sometimes people who are more assertive less disadvantaged access instead). One solution is universal support services with people who need it most providing vehicle to access further, enhanced services. Building relationships is key. We need to improve access to health services at first contact (alternative to GP). Unpaid carers very important have been carrying heavy responsibilities- more so since Covid (carers of adults with support needs as well as parents of children).
- Longer term physical and mental health needs are critical – we need whole system pathways. Long covid needs addressed.
- Health promotion and prevention important. Digital health and health promotion and prevention is important and digital routes to these are a key but not everyone can access and understand the info they get. Need accessible info and support when needed. Some groups more disadvantaged by our system include Homeless people who also find themselves digitally excluded. People who move around a lot - so transient families miss out on key information and access as so much of it is online now. Concerns about those with lower digital literacy and literacy in general. Whole sytem aproach is needed. (See also Partnership Working).
- Health Inequalities needs co-ordination through city plan.

Mental Health and Physical and Mental Wellbeing

- Mental Health was overwhelmingly identified as a critical need - for all ages including Workforce. Is part of every issue, homelessness, substance use, offending, violence, trauma etc. We need to prevent escalation of mental illness and focus on early support for mental wellbeing. Invest in Mental Health support for children and young people.We need to consider people who live alone.
- Health and wellbeing mental and physical have deteriorated across our population. Lack of confidence, mobility, ability to get out, poor motivation. Some thought mental health support should be a standard support for all.
- Waiting lists for formal services and for health assessments (including Mental Health) are long term issues.
- Low level supports early on needed (eg for autistic people had managed when services work normally) but also for others with health and social barriers to connecting with support.

- Healthy Weight needs partnership with others outside health-diabetes and pre diabetes health improvement focus is needed. Healthy weight impacts on so many long-term conditions- could we focus on early intervention/health promotion?.
- Younger people showing poor mental health in recent engagement – but may not have heard from/about older people and those who have shielded- stayed at home to keep safe as not digital involvement and not out and about—lost confidence, reduced mobility, lost motivation.

Engagement with support and re: Co-production/Involvement

- Examples of positive of pandemic working and co-operation which can be built on.
- Must meet people where they are at. We need to work together- on people's agendas not ours. How a person connects really depends on the person. Need some face to face co-production and use a range of ways to engage; share our intelligence across agency boundaries across sector boundaries and listen and share info.
- Consider how best to use existing infrastructure to support communities e.g. Community Centres and libraries.. People need reconnected with natural supports that they had before e.g. dropping into community centre.
- Encourage people to engage as no matter how many services we provide, if individuals wont or cant engage, how do we support them? Non-engagement with services is the basis for spiralling issues.
- Digital is not the answer to all engagement needs. Re: comms/engagement: we need all the options to reach more people.
- All front-line staff (including NHS and Council) have connections with the people they support- how can we make sure we capture what they learn/know. The 'Community Navigator' model has had success elsewhere.
- Learning from a lead professional model (like children and families service)should be considered.

Hubs

- Hubs were discussed in every group. What do we mean by HUB?
- Some suggested a specific / distinct Community "Hub". Others felt that Community Centres and Café style drop in would be good, with an assertive outreach model hub for early support in communities. Could it be a borrowed space for a regular time of day in the week. Mutual support and friendships could form between those who visit regularly. Could have Health Hubs- or multidisciplinary hubs. Buildings and ownership, lease etc might be a challenge. Defining an overall approach would be an advantage- different "hubs" at present for different purposes.
- Some suggested Specific "hubs" for specific areas of support can be helpful – can work well "for those who work there". Targeted local drop-in support at particular needs was seen as good for particular groups in communities.

- With effective use of (underused) buildings in local areas – when the public engage we need to make the best of it. We need to be working in partnership across all Health and social Care including third sector but also recognise the importance of other colleagues (communities' officers etc).
- Easy access to community supports – remove stigma and base in places where we all go / areas people usually access e.g. medical practices.
- Engagement with target group should direct the choice of hub arrangements.
- Volunteers might helpfully support the provision.
- There does not always need to be a high cost to provide the structure of this potential spend to save option.
- We need to look at which services need to be provided really close to you and which services people are prepared to travel to- and are at no disadvantage if not in local areas.

Access-Barriers-No wrong door

- Access (or lack of access) was raised often. Service access is an issue especially for those impacted by stigma.
- A single point of contact system. Need to be more person centred than pathway centred. Many raised their concerns about people being passed/signposted again and again and being screened out due to service eligibility criteria. People feel stigmatised, and undeserving, don't feel motivated. It affects their wellbeing and means they give up. Many people only get help when they escalate to urgent/crisis. Barriers to access can be physical and psychological.
- Need to use more facilities that already there. All communities need to be able to access the same services throughout the city and not enough known about availability.
- We need wider opening hours – not just 9-5 Monday to Friday. We need to remember that people do not always fit in the boxes we try to view them in – this increases exclusion when person doesn't fit/want label. We need a wide variety of ways to connect and motivate.
- Some people could benefit from a more **holistic** approach- as they have a range of barriers, issues and health and social care needs.
- Place based approaches may be the way forward.
- Social Prescribing helpful approach. Holistic needs assessments and exploratory conversations helpful.
- Advocacy is a great tool to support people but in high demand. People are struggling to be listened to and to access the services they say they need. Many are having to fight more for what they feel they need. We need to remove barriers to access rather than increase services and support that people need to achieve access.
- Need greater access to recovery pathways for people with substance misuse including more housing support for homeless people.
- Again, digital information, advice and support is not right for all. Digital equipment does not mean people can use it – some have devices and no skills some have no devices- some

may never be able to learn and use digital info. For some people digital has been a good way to stay connected and be supported.

Collaborative Commissioning

- Short term funding from public bodies compounding recuitment and rentention issues. Some third sector agencies losing staff because they had no job security (the work they went to wasn't necessarily better paid but more secure).
- It is hard to have a longer term vision in your organisation under these circumstances - even 2 year funding would be good, but 4-5 year commitments would enable the third sector to better support developments in the City.
- Need for a infrastructure for commissioning to be able to apply successful test of change.
- Collaborative commissioning is needed instead of competitive commissioning - frustrating that successful work funding ends and passed to another.
- National agendas and funding have a big impact and we need to influence and connect with those responsible so they know impact.
- Anticipate NCS review impacting commissioning.

Partnership at all levels

- Public Health type of approach needed to tackle broader issues including poverty.
- We need to better understand assets in local communities.
- Joined-up, co-production, collaboration, partnership working all crucial.Some evidence of positive of pandemic working and co-operation.
- We need to be partners professionally and within the families who use our service - those with children and those without.
- Whole family / whole community approaches needed. Services should be about what suits the people and communities not what suits us as a workforce.
- Peer support and building peoples capacity for this is important.
- Previous HSCP plans relating to service delivery areas and localities will need adjustment with structural service changes and to meet future need.
- We need a whole system approach not just each service designing or redesigning their own service in a vacuum we need to know how best to inform these and talk between the systems/areas.
- Good communication with Hospitals seen as critical.

Information/ Communications

- Lack of information about available supports was a common theme. Public, workforce, carers and service users need a way of knowing what is available.
- Directories can become outdated so quickly. Need an infrastructure for this.
- Info about supports needs to be combined with local knowledge and it is hard to know what supports are available, need ways of collating this info and sharing. Hubs across the city could resolve this?

- DHSCP needs own social media it can include updates on what is available. Need accessible info .

Other specific comments/ideas/solutions

Avoid duplication – co-ordinate services given in communities
Family support linked to schools
Revisit the Social Prescribing framework- Re learn the messages and apply now.
Beware of inverse care law
Increase availability of positive social activities and interactions
Peer support Mental Health
Continue Keep well check
Explore and mitigate impact of pandemic
GP shared care re drug services
Drug Treatment in Communities
Alcohol brief intervention programme
Co-ordinate responses when seeking public views
Community engagement as an ongoing conversation as well as consultation
HSCP more active involvement in LCPP
Maximise income and resolve debts
Employment and mental health and long-term conditions
Community outreach engagement
Sense check referral process and criteria
Include people who haven't come through formal process/pathways
Tackle digital divide
Anti- stigma
Extend FORT model
Respond in an integrated way to risk with public protection partners
Apply digital screening and harm prevention tools

Appendix 3

Summary of Public Survey Responses

We had 107 responses in total. Some respondents did not answer every question. The information about the purpose of the survey included relevant information and a link to the strategic plan. 12 respondents gave email addresses to indicate they want to be involved further and they have received a direct invitation to book focus groups.

THE VISION -		
Question -Should the vision be changed?	**84** Stay the same	**19** Be changed
Health Inequalities -		
Question -Should this Priority be changed for our next strategic plan?	**61** Stay the same	**9** Be changed
Early Intervention and Prevention-		
Question -Should this Priority be changed for our next strategic plan?	**53** Stay the same	**14** Be changed
Locality Working and Engaging with Communities -		
Question -Should this Priority be changed for our next strategic plan**?**	**53** Stay the same	**15** Be changed
Models of Support, Pathways of Care -		
Question -Should this Priority be changed for our next strategic plan?	**54** Stay the same	**14** Be changed

Detailed comments provided by respondents have been categorised in 3 ways:

- General comments about things that need to change.
- Comments about specific actions that are required to achieve the vision or priority.
- Specific comments about the vision of priority should be amended / what it should say.

Comments have not been included in full as they reflect personal experiences and information and participants did not consent to responses being published.

Vision – comment themes:

- Not an achievable / sustainable vision because there will never be sufficient resources available to provide this level of care and support. This was also reflected in realtion to individual strategic priorities. Highlighted a need to be more trasnparent and open about what can (and cannot) be delivered within available resources.
- Specific changes to wording to emphasise care (rather than support), personalised approach, clarify meaning of 'fulfilled life' and to promote independence and self-care rather than dependency.

Health Inequalities – comment themes:

- Conflicting views regarding distribution of resources / services / supports – some expressing view that there should be further prioritisation towards the most disadvantaged people within the population and others seeking a more equal distribution across all communities (majority expressing the former view).
- Specific changes to wording to promote independence and self-care rather than dependency.

Early Intervention and Prevention – comment themes:

- Widening access / eligibility and improving accessibility (including reducing time between first contact and provision of services / supports) is an area that requires further priority and improvement.
- Specific changes to wording to emphasise personalised approach and to focus on early support (rather than intervention).

Locality Working and Engaging with Communities – comment themes:

- No priority specifc themes.

Models of Support and Pathways of Care – comment themes:

- Focus on personalisation of services remains a key area for improvement, including less focus on set pathways and more on open door followed by person-centred journey.
- Need to meaningfully involve people who access services in co-production.
- Specific changes to wording to emphasise evidence-based and value-based services.

Integrated Impact Assessment Report.

Committee Report No: DIJB6-2022

Document Title: Strategic and Commissioning Plan 2019-2022 - Statutory Review

Document Type: Other

New/Existing: New

Period Covered: 01/10/2021 - 31/01/2022

Document Description:
The report informs the IJB of the work undertaken by the Strategic Planning Advisory Group to complete the statutory review of the Strategic and Commissioning Plan 2019 -2022, the findings of the review and recommended actions. It also make recommendations regarding the IJB's Equality Outcomes and Mainstreaming Framework 2019 - 2022.

Intended Outcome:
To support the IJB to make a decision regarding whether to extend, revise or replace the strategic and commissioning plan and the equality outcomes and mainstreaming framework.

How will the proposal be monitored?:
Not applicable.

Author Responsible:
Name: kathryn sharp
Title: Service Manager, Strategy and Performance
Department: Health and Social Care Partnership
E-Mail: kathryn.sharp@dundeecity.gov.uk
Telephone: 01382 433410
Address: Friarfield House, Barrack Street, Dundee

Director Responsible:
Name: Vicky Irons
Title: Chief Officer
Department: Health and Social Care Partnership
E-Mail: vicky.irons@dundeecity.gov.uk
Telephone: 01382 436310
Address: Claverhouse, Jack Martin Way, Dundee

A. Equality and Diversity Impacts:

Age:	No Impact
Disability:	No Impact
Gender Reassignment:	No Impact

Marriage and Civil Partnership:	No Impact
Pregnancy and Maternity:	No Impact
Race/Ethnicity:	No Impact
Religion or Belief:	No Impact
Sex:	No Impact
Sexual Orientation:	No Impact

Equality and diversity Implications:
The recommendation to extend the strategic and commissioning plan and the equality outcomes and mainstreaming framework is assessed as having a neutral impact on protected groups. The existing plans have a specific focus on inequalities and this will continue within an extended plan.

Proposed Mitigating Actions:
Supporting actions are to be revised to ensure that work continues over the next 12 months to address equalities aspects of the plan and these will be informed by stakeholder, including public consultation.

Is the proposal subject to a full EQIA? : No

The recommendation to extend the strategic and commissioning plan and the equality outcomes and mainstreaming framework is assessed as having a neutral impact on protected groups. The existing plans have a specific focus on inequalities and this will continue within an extended plan.

B. Fairness and Poverty Impacts:

Geography

Strathmartine (Ardler, St Mary's and Kirkton):	No Impact
Lochee(Lochee/Beechwood, Charleston and Menzieshill):	No Impact
Coldside(Hilltown, Fairmuir and Coldside):	No Impact
Maryfield(Stobswell and City Centre):	No Impact
North East(Whitfield, Fintry and Mill O' Mains):	No Impact
East End(Mid Craigie, Linlathen and Douglas):	No Impact
The Ferry:	No Impact
West End:	No Impact

Household Group

Lone Parent Families:	No Impact
Greater Number of children and/or Young Children:	No Impact
Pensioners - Single/Couple:	No Impact
Single female households with children:	No Impact
Unskilled workers or unemployed:	No Impact
Serious and enduring mental health problems:	No Impact
Homeless:	No Impact
Drug and/or alcohol problems:	No Impact
Offenders and Ex-offenders:	No Impact
Looked after children and care leavers:	No Impact

Carers:	No Impact

Significant Impact

Employment:	No Impact
Education and Skills:	No Impact
Benefit Advice/Income Maximisation:	No Impact
Childcare:	No Impact
Affordability and Accessibility of services:	No Impact

Fairness and Poverty Implications:
The proposal to extend both plans is assessed as having a neutral impact of fairness and poverty groups within the population. The existing plans contain priorities in relation to equalities and fairness and poverty and these will continue during the extended period.

Proposed Mitigating Actions:
Supporting actions within the plan are to be revised to support activity over the period of extension - these will be informed by the views of stakeholders, including public consultation and engagement.

C. Environmental Impacts

Climate Change

Mitigating greenhouse gases:	Not Known
Adapting to the effects of climate change:	Not Known

Resource Use

Energy efficiency and consumption:	Not Known
Prevention, reduction, re-use, recovery or recycling waste:	Not Known
Sustainable Procurement:	Not Known

Transport

Accessible transport provision:	Not Known
Sustainable modes of transport:	Not Known

Natural Environment

Air, land and water quality:	Not Known
Biodiversity:	Not Known
Open and green spaces:	Not Known

Built Environment

Built Heritage:	Not Known
Housing:	Not Known

Is the proposal subject to Strategic Environmental Assessment

No further action is required as it does not qualify as a Plan, Programme or Strategy as defined by the Environment Assessment (Scotland) Act 2005.

Proposed Mitigating Actions:

None.

Environmental Implications:

Unknown.

D. Corporate Risk Impacts

Corporate Risk Implications:
The risk implications associated with the subject matter of this report are 'business as normal' risks. The subject matter is routine and has happened many times before without significant loss. There is comfort that the risks inherent within the activity are either transferred to another party, shared equally and fairly between the Council and another party or are negligible.

Corporate Risk Mitigating Actions:

Dundee Health & Social Care Partnership

REPORT TO: **HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 23 FEBUARY 2022**

REPORT ON: **PSYCHOLOGICAL THERAPY SERVICES STRATEGIC UPDATE**

REPORT BY: **CHIEF OFFICER**

REPORT NO: **DIJB9- 2022**

1.0 PURPOSE OF REPORT

To provide the Integration Joint Board with a strategic update on Psychological Therapy and Psychotherapy Services, delivering care and treatment across Angus, Dundee and Perth. These services are hosted within the Dundee Health and Social Care Partnership.

2.0 RECOMMENDATIONS

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

2.1 Notes the contents of this report.

2.2 Approves the proposal to develop a Psychological Therapies Strategic and Commissioning Plan (as outlined in section 4.9 of this report)

2.3 Notes the intention to establish a Tayside Psychological Therapies Strategic Commissioning Group (as outlined in section 4.11 of this report)

2.4 Remits to the Chief Officer to submit a further Psychological Therapy Services strategic update, including a draft Strategic Plan, to a future IJB meeting for approval.

3.0 FINANCIAL IMPLICATIONS

The current budget of Psychological Therapies Services and Psychotherapy is £6.5m. The Scottish Government Mental Health Recovery and Renewal Fund (March 2021) has made £120 million available for Health Boards and Integration Joint Boards across Scotland, with £4m of these funds specifically allocated to psychological services.

4.0 MAIN TEXT

4.1 Dundee Health and Social Care Partnership hosts the Tayside wide Psychological Therapies Service (PTS) and Tayside wide Psychotherapy Service (PS) and as such, have obligations to neighbouring Health and Social Care Partnerships and NHS Tayside. Decisions about resource allocation should therefore be transparent, understandable and guided by an agreed strategic framework. This report aims to offer an update on strategic planning and progress.

4.2 The PTS provides a wide range of psychological services to alleviate psychological distress and promote the psychological well-being of the people of Tayside. Services are delivered across the age-span and are not limited to 'mental health problems.' An organisational chart detailing the thirteen main sub-specialities is given at Appendix 1. In addition to direct psychological assessment and treatment, psychologists provide consultation to other disciplines and organisations, provide teaching and supervision for others delivering psychological interventions, provide specialist advice and support to carers and support relevant research and service evaluation. The aim of all of these services is to reduce psychological distress and to enhance psychological and physical well-being for patients, families and carers in Tayside.

4.3 The PS is comprised of two multi-disciplinary teams. The Multidisciplinary Adult Psychotherapy Service (MAPS) provides direct clinical care to the adult population in Tayside

as well as having responsibility for contributing to junior doctor and higher trainee education in psychotherapy as part of the Royal College of Psychiatrists training requirements. Veterans First Point (V1P) Tayside is a small, specialist service developed to support former military personnel and their families.

4.4 Brief descriptors of the specialities of PTS and PS are given at Appendix 2.

4.5 Psychological Therapy services across Scotland are subject to an 18 week Referral to Treatment standard. This is often referred to as the HEAT standard and is set at 90%. That is, that at least 90% of people should wait no more than 18 weeks from the point of referral to being seen by a clinician.

4.6 The definitions for those services to be included in reporting against the standard are outlined by Public Health Scotland. Not all of the sub-specialities detailed above are included in monthly HEAT target reporting but all are monitored through the primary Clinical Care and Professional Governance Group that covers both PTS and PS. For those services included in the standard the January 2022 submission details a 96% compliance. However, it is a number of the services not included in the HEAT target (primarily where psychological therapies are delivered from within a multidisciplinary team setting) that have much longer waiting times.

4.7 "Psychological Therapies Waiting Times" Report was submitted to the Performance & Audit Committee in November 2021. The report focussed on performance and related improvement plans.

4.8 PTS and PS services have always played a key role in wider mental health and well-being developments taking place across Tayside. Recently, however, there has been an increasing demand for psychology to lead on significant pieces of work. For example, perinatal, maternal and neonatal mental health; infant mental health; Early Intervention in Psychosis; services for people living with personality disorder; people living with neurodiversity. PTS has also been at the forefront of using digital technologies to increase access to treatments and both PTS and PS have made use of NearMe technologies to continue to offer intervention throughout the COVID-19 pandemic. It is therefore not surprising that Dundee Health and Social Care Partnership are being asked to accept hosting responsibilities for the resultant wider multi-disciplinary teams arising from these developments.

4.9 Mental health and wellbeing strategic priorities have been identified for each locality in Tayside. Whilst psychological therapy services are integral to an ability to deliver these plans, there is currently no specific statement of intent or Strategic and Commissioning plan that informs how PTS and PS may best deliver the care that people need over the coming years.

4.10 It is therefore proposed that a Psychological Therapies Strategic and Commissioning Plan (SCP) will be co-produced, led by the incoming Director of Psychology (recruitment process currently ongoing). This plan will set out the priorities and ambitions, taking a whole-system approach, in the delivery of psychological therapies to the people of Tayside over the next 5 years.

4.11 Any such plan will equally need to make explicit the challenges that exist within the psychological therapies' workforce. Although the National workforce has expanded by 100% in the period 2006-2021, there continues to be a significant short-fall in suitable qualified staff with this becoming more pronounced following two recent phases of Scottish Government investment. The most recent National workforce statistics outlined there being 200 wte vacancies across Scotland. 20% of these had been vacant for 3-6 months and a further 10% vacant for over 6 months (Psychology Services Workforce in NHS Scotland: Quarter Ending 30 September 2021)

4.12 To support the delivery of a SCP, a Strategic Commissioning Group for Psychological Therapies (SCG) will be established. This will be Chaired by the Locality Manager for Mental Health & Learning Disabilities (who already has responsibilities for PTS and PS), supported by the Finance Manager for Dundee HSCP, the Director of PTS and Clinical Lead of PS. Representatives from all three Tayside HSCPs and NHS Tayside will be included and subject matter expertise provided by senior staff from PTS/PS. It is envisaged this will be in place by April 2022.

4.13 It is expected that the SCG will consider any *significant* identified need for psychological therapies provision arising from the strategic frameworks of Tayside mental health and

wellbeing strategy "Living Life Well", Mental Health and Wellbeing Strategic Plans across Dundee, Angus and Perth and Kinross and any emergent Scottish Government supported developments. Examples of significant need include: significant redesign of service(s); significant increased resources; asks for entirely new spend.

4.14 The benefits of establishing an SCG include:

- Increased transparency in the use of the totality of the psychological therapies budget across all specialities;
- The promotion of increased collegiate use of resources across specialities and localities and encouraging innovation in new models of working;
- Increased accountability in hosting obligations
- An ability to mobilise quickly with agreement across a whole-system.

4.15 Key clinical and operational Leaders involved in Psychological Therapies and Psychotherapy Services continue to contribute to strategic developments both within specific localities and on a Tayside basis. It is envisaged that the planned actions outlined in this report will further strengthen strategic planning and lead to better outcomes for people of Tayside.

5.0 POLICY IMPLICATIONS

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

6.0 RISK ASSESSMENT

Risk 1 Description	Patient safety. Some people with identified mental health needs are experiencing delays in accessing appropriate care and treatment. Demand outweighs clinical capacity and issues with staff recruitment prevent a timely resolution and optimal service delivery in some areas.
Risk Category	Governance
Inherent Risk Level	Likelihood 4 x Impact 4 = Risk Scoring 16
Mitigating Actions (including timescales and resources)	Clinical improvement plans are already in plan (reported through PAC); strategic mitigating actions are incorporated in the strategic intent outlines in Section 4 of this report
Residual Risk Level	Likelihood 3 x Impact 3 = Risk Scoring 6
Planned Risk Level	Likelihood 3 x Impact 2 = Risk Scoring 6
Approval recommendation	Given the moderate level of planned risk, the risk is deemed to be manageable.

Risk 2 Description	Best use of resource. As a consequence of the lack of an agreed SCP and supporting SCG, available resources may be deployed in ways that do not meet the strategic priorities of DHSCP and partner organisations and thus fail to address the psychological needs of the population.
Risk Category	Governance
Inherent Risk Level	Likelihood 3 x Impact 4 = Risk Scoring 12
Mitigating Actions (including timescales and resources)	Mitigating actions are incorporated in the strategic intent outlined in Section 4 of this report.
Residual Risk Level	Likelihood 2 x Impact 3 = Risk Scoring 6
Planned Risk Level	Likelihood 2 x Impact 2 = Risk Scoring 4
Approval recommendation	Given the moderate level of planned risk, the risk is deemed to be manageable.

7.0 CONSULTATIONS

The Interim Director of Psychology, Chief Finance Officer and the Clerk were consulted in the preparation of this report.

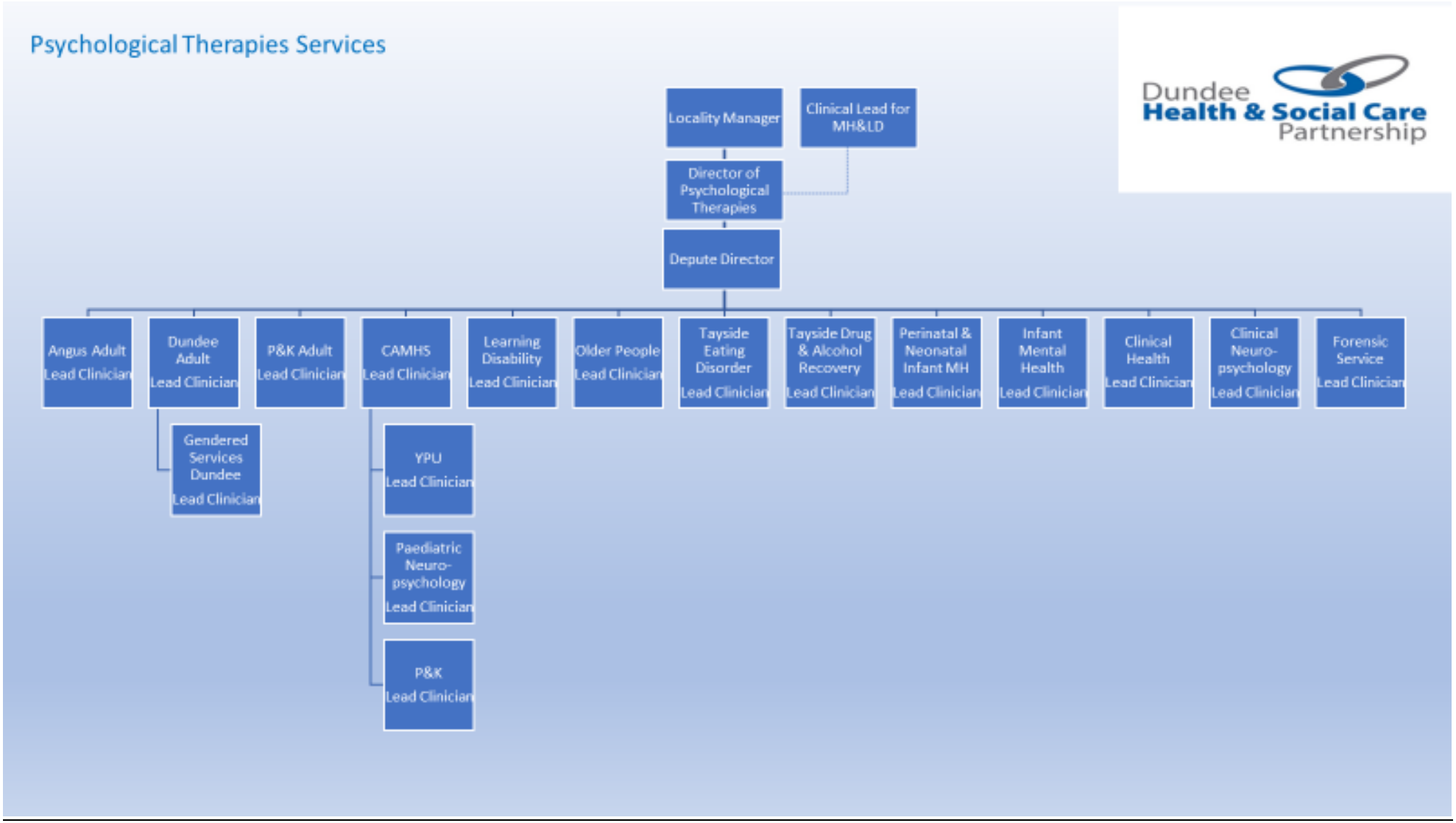
8.0 BACKGROUND PAPERS

None

Vicky Irons
Chief Officer

DATE: 31st January 2022

Appendix 1


Psychological Therapies Services
Dundee Health & Social Care Partnership
Locality Manager
Clinical Lead for MH&LD
Director of Psychological Therapies
Depute Director
Angus Adult Lead Clinician
Dundee Adult Lead Clinician
P&K Adult Lead Clinician
CAMHS Lead Clinician
Learning Disability Lead Clinician
Older People Lead Clinician
Tayside Eating Disorder Lead Clinician
Tayside Drug & Alcohol Recovery Lead Clinician
Perinatal & Neonatal Infant MH Lead Clinician
Infant Mental Health Lead Clinician
Clinical Health Lead Clinician
Clinical Neuro-psychology Lead Clinician
Forensic Service Lead Clinician
Gendered Services Dundee Lead Clinician
YPU Lead Clinician
Paediatric Neuro-psychology Lead Clinician
P&K Lead Clinician

Appendix 2 – Brief Descriptors of Services

1. Service Name and Lead Clinician:	Angus Adult Psychological Therapies Service – (Level 2) AAPTT Dr Rosanna McIntosh

2. Service Location(s):	Stracathro Hospital

3. Serves Population of:	Angus	■
	Dundee	☐
	Perth	☐
	All (pan Tayside)	☐

4. Service Description (Brief summary: including patient population and clinical service offering)
Angus Adult Psychological Therapies Service (AAPTS) is a Primary Care Psychology Service offering typically 6-12 sessions of evidence based psychological intervention to adults aged 16-64 years, who are experiencing *mild-moderate* difficulties with common psychological disorders (such as anxiety, depression, OCD, PTSD). Services are provided using a blended model of face to face clinic appointments, telephone or *Near Me* (video call) and both group and individual therapies are available. All interventions are provided by qualified Counselling or Clinical Psychologists, Clinical Associates in Applied Psychology (CAAPs) and Accredited Therapists. DAPTS also routinely provides placements for Trainee Clinical Psychologists and Trainee CAAPs who deliver individual and group interventions under supervision.

1. Service Name and Lead Clinician:	Angus Adult Psychological Therapies Service (Level 3) Clinical Psychology Within CMHTs Dr Rosanna McIntosh

2. Service Location(s):	Stracathro Hospital

3. Serves Population of:	Angus	■
	Dundee	☐
	Perth	☐
	All (pan Tayside)	☐

4. Service Description (Brief summary: including patient population and clinical service offering)
Serves those already open to the Angus Community Mental health teams. It offers psychological intervention to those with moderate to severe mental health difficulties. This is delivered in either individual, family or group format. It also offers staff consultancy/supervision and staff training.

1. Service Name and Lead Clinician:	ASPEN Dr Kate Duncan (Consultant Clinical Psychologist)

2. Service Location(s):	Based within Dundee Women's Aid, working across Dundee Violence Against Women and Homelessness partner organisations

3. Serves Population of:	Angus	☐
	Dundee	X
	Perth	☐
	All (pan Tayside)	☐

4. Service Description (Brief summary: including patient population and clinical service offering)

ASPEN aims to provide a highly specialised psychological therapies service for adult individuals who identify as women with a range of complex needs resultant of interpersonal trauma(s). These needs typically include homelessness, or risk of homelessness, mental health difficulties, high levels of trauma symptoms, unhealthy and risky coping strategies (including substance or alcohol use, deliberate self-harm, suicidal behaviour), the individual may also be victim of commercial sexual exploitation or trafficking, or involved with the Community Justice Services.

The service will provide psychological assessment and treatment where this is appropriate. We will liaise with other services and make onward referral(s) when appropriate to the service users needs.

1. Service Name and Lead Clinician:	CAMHS PSYCHOLOGICAL THERAPIES, Dr Sheenagh Macdonald

2. Service Location(s):	CENTRE FOR CHILD HEALTH DUNDEE

3. Serves Population of:	Angus	☐
	Dundee	☐
	Perth	☐
	All (pan Tayside)	■

4. Service Description (Brief summary: including patient population and clinical service offering)

Child and Adolescent Mental Health Services are operationally managed though NHS Tayside, Acute Services (Women, Children and Families). There is a professional leadership, management and governance role though the Director of Psychological Therapies and close working links with other Psychological Therapies Lead Clinicians.

Within CAMHS outpatients, the majority of psychological therapists are deployed to the mental health pathways. However, the service also provides specialist input to the Regional Young People's Unit (in-patient care), paediatric neuropsychology and neurodevelopmental services

1. Service Name and Lead Clinician:	Clinical Health Psychology Service. Dr Stuart Moulton

2. Service Location(s):	Department of Clinical Health Psychology Ryehill Health Centre St Peter Street Dundee DD1 4JH

3. Serves Population of:	All (pan Tayside)	☐

4. Service Description (Brief summary: including patient population and clinical service offering)

The Clinical Health Psychology Service provides psychological assessment and treatment to adults with psychological difficulties directly related to physical health conditions. Some patients have both co-morbid physical health and mental health difficulties. Dedicated psychology provision is provided to the following funded Services:

- Pain Psychology Service
- Adult Exceptional Referral Protocol (ERP) Service
- Tayside Adult Weight Management Service
- Bariatric Surgery Service
- Dundee Dental Hospital
- Scottish Adult Cystic Fibrosis Service

1. Service Name and Lead Clinician:	Dundee Adult Psychological Therapies Service (DAPTS) Helen Nicholson-Langley, Consultant Clinical Psychologist

2. Service Location(s):	Dudhope House, 15 Dudhope Terrace, Dundee

3. Serves Population of:	Angus	☐
	Dundee	X
	Perth	☐
	All (pan Tayside)	☐

4. Service Description (Brief summary: including patient population and clinical service offering)
Dundee Adult Psychological Therapies Service (DAPTS) is a Primary Care Psychology Service offering typically 6-12 sessions of evidence based psychological intervention to adults aged 16-64 years, who are experiencing *mild-moderate* difficulties with common psychological disorders (such as anxiety, depression, OCD, PTSD). Services are provided using a blended model of face to face clinic appointments, telephone or *Near Me* (video call) and both group and individual therapies are available. All interventions are provided by qualified Counselling or Clinical Psychologists, Clinical Associates in Applied Psychology (CAAPs) and Accredited Therapists. DAPTS also routinely provides placements for Trainee Clinical Psychologists and Trainee CAAPs who deliver individual and group interventions under supervision.

1. Service Name and Lead Clinician:	Clinical Psychology to Community Mental Health Team (CP to CMHT) Helen Nicholson-Langley, Consultant Clinical Psychologist

2. Service Location(s):	The Alloway Centre and Wedderburn House

3. Serves Population of:	Angus	☐
	Dundee	X
	Perth	☐
	All (pan Tayside)	☐

4. Service Description (Brief summary: including patient population and clinical service offering)
Clinical Psychology to Community Mental Health Teams (CP to CMHT) provides specialist psychological services to Dundee's two Community Mental Health Teams. This includes both direct delivery of assessment, formulation and evidence based individual and group psychological therapies to adults (aged 16-64 years) experiencing *severe and enduring* mental illness, including e.g. personality disorder, psychosis, eating disorder and complex trauma/c-PTSD as well as indirect consultation, training and supervision roles within the wider multidisciplinary team setting. This service also provides some limited in-reach to Dundee Adult Psychiatric in-patient wards based at the Carseview Centre. Clinical Psychology also provides specialist assessment and consultation as part of the GID pathway and for neuro-developmental conditions such as Autism. The service is staffed by Clinical or Counselling Psychologists.

1. Service Name and Lead Clinician:	Forensic Psychology Court Report Service (FPCRS) Vicky Orme (sole clinician) reporting to Lead Clinician Helen Nicholson-Langley

2. Service Location(s):	Office is based at Psychological Therapies HQ at 15 Dudhope Terrace, Dundee, DD5 3TS. Also work occasionally, as required, from the Alloway Centre, Dundee and HMP Agents Visits.

3. Serves Population of:	Angus	☐
	Dundee	☐

	Perth	☐
	All (pan Tayside)	X

4. Service Description (Brief summary: including patient population and clinical service offering)
• The FPCRS provides an assessment and treatment service to the 3 Courts within the Tayside Sheriffdom. • Anyone referred must currently be within the Court system. • Assessments are requested by the Sheriff at the post conviction, pre sentencing stage. Typically CJSW suggest a psychology assessment would be beneficial to the Sheriff. The Sheriff can also access the FPCRS during any review of a Deferred Sentence or review of a Community Payback Order. • The FPCRS is for any gender, over the age of 16 years, up until the age of 65 years. If a patients Full Scale IQ is known to be below 70, they are redirected to the Forensic Learning Disability Service. The individual must be a resident of Tayside or live elsewhere but have committed their offence in the Tayside Sheriffdom; no treatment service can be provided in the latter instance. • Assessments may be specific for risk of reoffending or related to mental health concerns and queries. • A treatment service is available for those assessed as suitable and disposed of via a community based order from the Court. Treatment provided is commensurate with that of primary care, for mild to moderate mental health presentations that are considered relevant in an individual's offending behaviour. • If an individual has been assessed by the FPCRS and subsequently is managed by Multi Agency Public Protection Arrangements (MAPPA) service, consultancy will be provided to MAPPA on an ongoing basis.

1. Service Name and Lead Clinician:	NHS Tayside Drug and Alcohol recovery – Psychology Service, Dr Alison Rowlands

2. Service Location(s):	Perth and Kinross (iDART), Dundee (DDARS), Angus (AIDARS)

3. Serves Population of:	Angus	☐
	Dundee	☐
	Perth	☐
	All (pan Tayside)	x

4. Service Description (Brief summary: including patient population and clinical service offering)
NHS Tayside Drug and Alcohol recovery – Psychology service is embedded within each of the Drug and Alcohol recovery services across NHS Tayside. Each of the wider services supports people with medically assisted treatment and recovery from alcohol and substance use. The applied psychologists within these services support: • Delivery of low intensity psychological interventions that are designed to support people in recovery from alcohol and substance use. Training, coaching and consultancy is offered to staff working within each of the three services to enable the wider team to deliver evidence based interventions (motivational enhancement; relapse prevention; health behaviour change; emotional regulation; anxiety management etc), safely and effectively as part of a wider recovery care plan • Delivery of trauma informed care across the service – supporting training and offering consultancy as well as delivery of high intensity evidence based trauma focused psychological therapy where appropriate • Delivery of evidence based group interventions – directly delivering the interventions and training/supporting/supervising other staff to enable them to facilitate low intensity group interventions • Delivery of consultation/ psychological formulation to enable the wider service/team to provide psychologically informed care

1. Service Name and Lead Clinician:	Learning Disability Section Tayside Psychological Therapies Service Dr Rowan Reffold, Consultant Clinical Psychologist and Lead Clinician

2. Service Location(s):	Wedderburn House, Strathmartine Centre, Murray Royal Hub Perth

3. Serves Population of:	Angus ☐ Dundee ☐ Perth ☐ All (pan Tayside) ✔

4. Service Description (Brief summary: including patient population and clinical service offering)
• The Learning Disability (LD) Section Psychology Service is provided for adults with a diagnosed learning disability with an additional clinically significant psychological problem. Psychological assessment and interventions are undertaken on an individual and group basis with individual service users, family and professional carers. • A diagnostic service is provided for adults suspected of having a learning disability where impairments in cognitive functioning and adaptive functioning are identified at a significant level indicative of a global intellectual disability with indication of childhood onset. • A range of clinical presenting problems are provided for within the service. Common reasons for referral include: Assessment of cognitive functioning; Mental Health concerns; Challenging Behaviour; Offending behaviour; Trauma reactions; Adjustment issues; Dementia; Systemic issues – family/carer training needs. The range of severity of presenting problems seen within the service can be from mild to extreme levels of difficulty. • A range of evidence based person centred assessment and intervention services are provided which routinely include: Cognitive Behaviour Therapy; Positive Behaviour Support; Offending Behaviour Interventions (group and individual); Behaviour Family Therapy; Relaxation and stress management (including mindfulness informed approaches). • Multi-disciplinary working is a key part of the approaches undertaken, as well as working with the service users we work in collaboration with families and carers; local authorities; care provider and voluntary sector agencies; and criminal justice agencies and the courts. Learning disability is a global and lifelong condition. Prevalence rates of psychiatric illnesses within this population are thought to be higher than found in the general population.

1. Service Name and Lead Clinician:	Clinical Neuropsychology Service Dr Alison Livingstone, Lead Clinician & Consultant Clinical Neuropsychologist

2. Service Location(s):	Ninewells Hospital (South Block, L6)

3. Serves Population of:	Angus ☐ Dundee ☐ Perth ☐ All (pan Tayside) ■

4. Service Description (Brief summary: including patient population and clinical service offering)
The Clinical Neuropsychology Service is based within the Regional Neuroscience Unit at Ninewells Hospital in Dundee and provides a highly specialised clinical neuropsychology service to patients with a known or suspected neurological condition, across the Tayside and North Fife region. The service provides formal neuropsychological assessment of cognitive, behavioural and emotional functioning, as well as psychological intervention for patients presenting with a wide variety of neurological, medical and psychiatric conditions. Examples of the type of clinical populations seen include those with demyelinating disorders, movement disorders, cortical and subcortical dementias, toxic conditions, epilepsy, hypoxia, hydrocephalus, cerebrovascular disease and traumatic brain injury. The service provides both outpatient and inpatient services to the general medical and psychiatric hospitals within the catchment area. Specialist branches of the Service include inpatient neurorehabilitation provided to adults under the age of 65 years who are admitted to the Centre for

Brain Injury Rehabilitation; and input to the East of Scotland Major Trauma Service.

1. Service Name and Lead Clinician:	NHS Tayside Older People Psychology Service Dr Fiona Macleod

2. Service Location(s):	Angus – Stracathro Hospital Dundee – Kingsway Care Centre Perth & Kinross – Murray Royal Hospital

3. Serves Population of:	Angus	☐
	Dundee	☐
	Perth	☐
	All (pan Tayside)	✓

4. Service Description (Brief summary: including patient population and clinical service offering)
The Older People Psychological Therapies Service is a Tayside wide service. It operates within a multi-disciplinary framework, working closely with our colleagues in Psychiatry, Nursing, Social Work and Medicine for the Elderly. We have input with the Community Mental Health Teams (Older People) based in each geographical locality. We work with patients within community clinics, in – patient psychiatric wards, acute and community hospitals, care homes and the individual's own home. As well as working with the individual patient we also work closely with their carers/family members. Psychological Treatments are delivered in line with the Matrix (Older People), SIGN & NICE Guidance and the Promoting Excellence Framework for Dementia.

1. Service Name and Lead Clinician:	Perth and Kinross Adult Psychological Therapies Service Dr Ailie Castle

2. Service Location(s):	Murray Royal Hospital, Perth

3. Serves Population of:	Angus	☐
	Dundee	☐
	Perth	✓
	All (pan Tayside)	☐

4. Service Description (Brief summary: including patient population and clinical service offering)
Perth & Kinross Adult Psychological Therapies Service is a Primary Care Psychology Service offering typically 6-12 sessions of evidence based psychological intervention to adults aged 16-64 years, who are experiencing *mild-moderate* difficulties with common psychological disorders (such as anxiety, depression, OCD, PTSD). Services are provided using a blended model of face to face clinic appointments, telephone or *Near Me* (video call) and both group and individual therapies are available. All interventions are provided by qualified Counselling or Clinical Psychologists, Clinical Associates in Applied Psychology (CAAPs) and Accredited Therapists. DAPTS also routinely provides placements for Trainee Clinical Psychologists and Trainee CAAPs who deliver individual and group interventions under supervision.

1. Service Name and Lead Clinician:	Perth and Kinross Adult Psychological Therapies Service: CP to CMHTs Dr Ailie Castle

2. Service Location(s):	Cairnwell Clinic, PRI; Blairgowrie Cottage Hospital, Crieff Community Hospital

3. Serves Population of:	Angus ☐ Dundee ☐ Perth ✓ All (pan Tayside) ☐

4. Service Description (Brief summary: including patient population and clinical service offering)
Clinical Psychology to Community Mental Health Teams (CP to CMHT) provides specialist psychological services to three Community Mental Health Teams. This includes both direct delivery of assessment, formulation and evidence based individual and group psychological therapies to adults (aged 16-64 years) experiencing *severe and enduring* mental illness, including e.g. personality disorder, psychosis, eating disorder and complex trauma/c-PTSD as well as indirect consultation, training and supervision roles within the wider multidisciplinary team setting. This service also provides some limited in-reach to the Adult Psychiatric in-patient wards based at the Murray Royal Hospital. Clinical Psychology also provides specialist assessment and consultation as part of the gender pathway and for neuro-developmental conditions such as Autism. The service is staffed by Clinical or Counselling Psychologists. • Moderate to Severe Mental Health disorders and open to the CMHT. • Age range 16 – 64 (unless at school, and then from 18 years) • Treatment is typically provided on a 1:1 basis.

1. Service Name and Lead Clinician:	Psychological Therapies – Prison Healthcare - HMP Perth (inclusive of Castle Huntly Dr Ailie Castle

2. Service Location(s):	HMP Perth Castle Huntly (Female CCU Dundee from approx June 2022)

3. Serves Population of:	Angus ☐ Dundee ☐ Perth ☐ All (pan Tayside) ✓

4. Service Description (Brief summary: including patient population and clinical service offering)
Any imprisoned offender presenting with mental health difficulties may be offered psychological assessment and treatment. This is primarily delivered on an individual basis although some trauma treatments are being delivered in group sessions. This service will extend to the Women's Care and Custody Unit when it opens in Dundee.

1. Service Name and Lead Clinician:	Tayside Rehabilitation Service – Psychology Input Dr Ailie Castle

2. Service Location(s):	Amulree Ward, MRH

3. Serves Population of:	Angus ☐ Dundee ☐ Perth ☐ All (pan Tayside) ✓

4. Service Description (Brief summary: including patient population and clinical service offering)
Tayside currently has one dedicated in-patient facility that provides 'psychiatric rehabilitation'.

That is, people experiencing severe mental health conditions that have led to a loss of adaptive behaviours. People are 16 – 64 (unless at school, and then from 18 years) are accepted and care and treatment is provided by an integrated MDT

1. Service Name and Lead Clinician:	NHS Tayside (Adult) Eating Disorders Service Dr Paula Collin, Consultant Clinical Psychologist

2. Service Location(s):	15 Dudhope Terrace, Dundee (Main Base) Perth Royal Infirmary, Perth Various outpatient community sites, Angus

3. Serves Population of:	Angus	☐
	Dundee	☐
	Perth	☐
	All (pan Tayside)	X

4. Service Description (Brief summary: including patient population and clinical service offering)
NHS Tayside Eating Disorders Service is based within the NHS Tayside Psychological Therapies Service premises at 15 Dudhope Terrace, Dundee, and provides outpatient clinics in Dundee, Angus, and Perth and Kinross. The service offers specialist assessment and treatment to adult sufferers of, primarily, Anorexia Nervosa, Bulimia Nervosa, and their variants, having access to psychological, psychiatric, nursing and dietetic interventions, and part-time administrative support. The service also seeks to support the work of colleagues managing eating disorders at the Primary Care and Community Mental Health Team levels within Tayside, through training events, consultation and advice. The Clinical Lead for the service provides supervision for the facilitators of the local, adult, eating disorder self-help group; Bridging the Gap. NHS Tayside Eating Disorders Service forms part of the North of Scotland Managed Clinical Network for Eating Disorders, and, through this, has shared access to 10 inpatient beds at the Eden Unit, Royal Cornhill Hospital, Aberdeen. Most patients accepted by NHS Tayside Eating Disorders Service will be offered outpatient treatment, which will generally involve psychological therapy, nutritional work, and physical health and weight monitoring. For a small number of patients referred, inpatient care may first be necessary due to the severity/complexity of their presentation at the time of GP/service assessment. The Eating Disorders Service will arrange admission to the Eden Unit, or other specialist provider, when such treatment is required.

1. Service Name and Lead Clinician:	Maternity & Neonatal Psychology / Perinatal & Infant Mental Health Team Dr Emma Webber, Consultant Clinical Psychologist

2. Service Location(s):	Neonatal Unit, Ninewells Hospital / Bay B, Ward 1, RVH (temporary base)

3. Serves Population of:	Angus	☐
	Dundee	☐
	Perth	☐
	All (pan Tayside)	■

4. Service Description (Brief summary: including patient population and clinical service offering)
<u>Maternity & Neonatal Psychology</u> The Maternity & Neonatal Psychology (MNP) is an embedded service, which will offer specialist psychological assessment and intervention to individuals with complex psychological needs related to pregnancy and/or birth. The service is available to parents with complex need arising from pregnancy and birth complications or loss (post 14 weeks gestation) or previous pregnancy complications, loss or birth trauma affecting mental health in the current pregnancy; parents with significant difficulties amenable to psychological therapies, which directly affect maternity care (e.g., needle phobia, tokophobia); and, parents whose infant's health is significantly compromised requiring admission to the Neonatal Unit.

The service also provides support to maternity and neonatal staff through training, consultation and tailored reflective sessions following adverse events, which may be delivered individually or within groups.

The above service is currently under development and recruitment is ongoing. At present, consultancy is being offered by the Consultant Clinical Psychologist on a case by case basis and, once recruitment is complete and staff have completed relevant specialist induction, a full clinical service (as described above) will be offered.

Perinatal & Infant Mental Health Team (PNIMHT)

Clinical Psychology provision to the PNIMHT is also an embedded resource comprises 0.2wte Consultant Clinical Psychologist and 1.0wte 8a Clinical Psychologist (recruitment underway). Psychological input currently involves consultancy, training and supervision with no direct clinical caseload being held. Referrals will be accepted from within the PNIMHT as part of multidisciplinary care where appropriate psychological need is identified.

A further half-time Consultant Clinical Psychologist has recently been appointed to lead on the development of infant health. This post will work with existing Family Nurse Partnerships and other agencies to help improve parent-infant interactions in the first three years of life.

1. Service Name and Lead Clinician:	Low & Medium Secure Forensic Service Dr Elaine Whitefield

2. Service Location(s):	Rohallion Medium Secure Unit, Perth

3. Serves Population of:	Angus	☐
	Dundee	☐
	Perth	☐
	Regional service	■

4. Service Description (Brief summary: including patient population and clinical service offering)
NHS Tayside hosts the regional North of Scotland Medium Secure facilities; a secure environment providing care and treatment to adult males. There is also a local low secure forensic service. Psychologists work in a fully integrated way to deliver a range of psychological interventions, both to individuals and at a more systemic level in advising how to support challenging behaviour in positive and adaptive ways. The specialist assessment of risk is also a core function.

1. Service Name and Lead Clinician:	Multi-Disciplinary Adult Psychotherapy Service Dr Michelle Ramage, Lead Clinician

2. Service Location(s):	Dundee – Alloway Centre Perth – PRI Angus – Abbey Health Centre (Arbroath); Links Health Centre (Montrose), Stracathro Brechin); Whitehills (Forfar)

3. Serves Population of:	Angus	☐
	Dundee	☐
	Perth	☐
	All (pan Tayside)	■

4. Service Description (Brief summary: including patient population and clinical service offering)
MAPS is a multidisciplinary psychotherapy service comprised of consultant psychiatrists in psychotherapy (also referred to as medical psychotherapists), clinical and counselling psychologists

and adult psychotherapists who possess core qualifications in other mental health professions (mental health nursing and mental health social work) in addition to accreditation in a number of different therapeutic approaches.

MAPS was specifically created to provide a range of evidence-based psychotherapies to people experiencing complex, severe and/or enduring mental health problems. That is, sitting alongside adult CMHTs. The service offers consultation, assessment and/or psychotherapy treatment which is generally longer term – with patients routinely receiving 40 treatment sessions on average. MAPS is currently organised into three clinical pathways of: Pathway 1: Severe and/or enduring depressive disorder; Pathway 2: Anxiety disorders; Pathway 3: Trauma-related disorders.

In addition to the clinical role of the service, MAPS has responsibility for contributing to junior doctor and higher trainee education in psychotherapy. One team member is the Local Tutor for psychotherapy education with the Royal College of Psychiatrists and leads the local co-ordination of psychotherapy placements, teaching and clinical supervision with the support of a part-time (locum) medical psychotherapist.

1. Service Name and Lead Clinician:	Veterans First Point Tayside Dr Michelle Ramage

2. Service Location(s):	Veterans First Point-Tayside The Cottage Kings Cross Hospital 10 Hospital Street Dundee DD3 8EA

3. Serves Population of:	Angus	☐
	Dundee	☐
	Perth	☐
	All (pan Tayside)	■

4. Service Description (Brief summary: including patient population and clinical service offering)

Veterans First Point (V1P) Tayside is a small, specialist service developed in 2015 to support former military personnel and their families across Angus, Dundee and Perth. It is one of six V1P Centres in Scotland (Ayrshire & Arran; Borders, Fife; Lanarkshire and Lothian). The model aims to provide:

- Information and Signposting
- Understanding and Listening
- Support and Social Networking
- Health and Wellbeing - including a comprehensive mental health service delivered by a multi –professional team on site.

V1P works with veterans and their family members with a broad range of needs – from those with mild to moderate levels of difficulty and distress to those with severe and enduring mental health difficulties. The aim is to assertively broker veterans who are willing to access and engage with mainstream services wherever possible and we deliver in-house specialist psychotherapy to those who present with barriers in accessing mainstream services.

A unique feature of V1P Centres is the staff team. This is comprised of veterans, employed as peer support workers to offer assistance with a broad range of welfare issues and mental health clinicians who offer comprehensive mental health assessments and psychological treatment for a range of mental health difficulties, including those attributable to military service. The focus on delivering a 'one-stop-shop' for welfare and health needs enhances the credibility, accessibility and co-ordination of service we offer.

ITEM No …16……..

REPORT TO: **HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 23 FEBRUARY 2022**

REPORT ON: **SUPPORTING PEOPLE WITH LEARNING DISABILITES, STRATEGIC UPDATE**

REPORT BY: **CHIEF OFFICER**

REPORT NO: **DIJB10-2022**

1.0 PURPOSE OF REPORT

To brief members of the Integration Joint Board about the development of a new Strategic and Commissioning Plan to support people with learning disabilities and their unpaid/ family carers in Dundee and associated pan Tayside developments.

2.0 RECOMMENDATIONS

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

2.1 notes the work that has been undertaken to develop a draft Strategic Plan/ discussion document (Appendix 1)

2.2 notes the Engagement Plan (Appendix 2) that will support further co-production between March and June 2022

2.3 notes the pan Tayside work which is underway to improve outcomes for people with learning disabilities and neurodiversity outlined at 4.11 and 4.12 of this report

2.4 remits to the Chief Officer to submit a report to update the IJB on the engagement outcomes and to present a final draft Strategic and Commissioning Plan for approval in August 2022.

3.0 FINANCIAL IMPLICATIONS

3.1 The Strategic and Commissioning Plan to support people with learning disabilities will be underpinned by a financial plan which will outline the totality of resources available and the shifts within those resources that will be required to meet the priorities set out within the Strategic Plan.

4.0 MAIN TEXT

4.1 Approximately 1100 citizens over 16 in Dundee are known to have a learning disability, with 272 also having an autism spectrum disorder. This is a higher proportion of the overall population of adults in Dundee than is reported in most other areas of Scotland.

4.2 The responsibility for strategic planning for adults with learning disabilities sits with the Dundee Learning Disability and Autism Strategic Planning Group (SPG), which has been in operation for a number of years. The Group has multi agency membership and includes Advocators, who are employed to represent the views of people with learning disabilities within strategic and planning processes locally and nationally.

4.3 The most recent large-scale engagement event, which focussed on hearing views about future support from people with learning disabilities and their carers took place in October 2019, several months before the start of the Covid-19 pandemic. Following the event, key priority areas for action were identified and an early draft of a Strategic Plan produced.

4.4 The impact of the pandemic meant that between March 2020 and June 2021 there was limited capacity to come together as a Strategic Planning Group or to engage with people and their carers about the further shaping of the Strategic Plan.

4.5 In June 2021 the Strategic Planning Group reconvened via a digital platform. Whilst helpful as an update between members, the constraints around the ability to have face to face group meetings was felt to be significantly prohibitive to the work of this group in particular. In keeping with changing pandemic guidelines, 2 further meetings have taken place; one involving a smaller core group face to face and one via a digital platform with the smaller group.

4.6 Since June 2021, work has been undertaken by the Advocators and other SPG members to review the vision for the draft Strategic Plan and to revisit the key messages from the event held in October 2019. This has been completed taking into account the impact that the pandemic has had on people we support and their carers.

4.7 An early draft of a Strategic Plan, which includes additional narrative to support further engagement/ co-production, is attached at Appendix 1, and it is envisaged that this document will be considered and adapted as part of a planned programme of further engagement and co-production over March, April and June of this year (Appendix 2). Work to date has in part been informed by local Strategic Needs Assessment which was refreshed in autumn 2021, relevant elements of which have been extracted (Appendix 3).

4.8 It is anticipated that the proposed Strategic Plan will support a range of outcomes for carers as well as the people they support. These outcomes are mainly in relation to ensuring that the care and support needs of the person they care for are met in the best way and in partnership with the workforce within the services and supports they have in place.

4.9 During the pandemic we know that there have been limitations for many carers in terms of them having capacity to engage due to additional pressures related to their caring role. Both the Engage Dundee and Dundee Carers Partnership Covid Engagement reports acknowledge that many carers of people with learning disabilities have experienced a negative impact, including the loss of formal and informal supports and services for the person they support.

4.10 An important element of the proposed engagement/ co-production phase will be the seeking of assistance from Dundee Carers Centre to advise on, and potentially facilitate, improved connection with carers. It is also anticipated that the SPG will continue to work alongside the Carers Partnership to optimise carers' outcomes and minimise negative impacts on carers.

4.11 As a response to the priorities for people with learning disabilities set out in Living Life Well, a project team has been established to enable a collaborative approach to developments that require a pan Tayside focus. The overarching focus of the project is Balance of Care/ Right Support, Right Time, Right Place. Two stakeholder events have already taken place and themes are merging that will determine priorities for action. It is anticipated that these will include; increased multi-disciplinary team (MDT) models to support people with complex needs, an increase in capacity to extend a positive behavioural support approach, some joint commissioning of support for people with very complex needs. The Locality Manager responsible for learning disability services within the Partnership co-leads this workstream with a colleague from Angus HSCP.

4.12 A Tayside wide strategic planning approach is also being taken to adults with neurodiversity. This includes adults with and without a learning disability and covering a wider range of problems than currently welcomed by services. Although expected that the main presenting conditions will be autism spectrum conditions, ADHD, dyspraxia, Tourette Syndrome and tic disorder, the overarching principle will be that all neurodiverse conditions will be accepted. A guiding principle of "holistic neurodevelopmental assessment" will recognise the high levels of comorbidity that exist and help ensure that only a single, meaningful assessment will take place. The work being undertaken is being co-produced with service-users, carers, third sector organisations and health and social care professionals. It is likely that this work will lead to

fundamental changes in the way that people access services and the current over-reliance on medical diagnosis as a gateway into help and treatments. The Clinical Lead for Mental Health and Learning Disabilities within the Partnership leads this work.

4.13 Similar strategic planning and improvement work is happening with CAMHS services.

4.14 The development of a Dundee Strategy aimed at improving outcomes for people with learning disabilities and their carers is a key priority for 2022. Alongside this, the progression of the Tayside collaborative work outlined at 4.11 and 4.12 will ensure that a whole system approach is taken to meet the needs of people with learning disabilities and neurodiversity.

5.0 POLICY IMPLICATIONS

5.1 This report has been screened for any policy implications in respect of Equality Impact Assessment. There are no major issues identified. Should there be issues identified during the process of further engagement outlined within this report these will be taken into consideration when developing the final draft of the Strategic and Commissioning Plan.

6.0 RISK ASSESSMENT

Risk 1 Description	That the local and pan Tayside developments outlined in the report do not progress at pace resulting in people with learning disabilities and their carers not receiving the care and support that they need.
Risk Category	Operational
Inherent Risk Level	Likelihood 3 x Impact 4 = Risk Scoring 12
Mitigating Actions (including timescales and resources)	Although there have been some delays in planning due to the pandemic, there is a strong history of co-production locally and well-established networks operating across Tayside. Local and pan Tayside planning processes are progressing well and specialists in communication methods are available to support engagement and further refining of the Strategic and Commissioning Plan.
Residual Risk Level	Likelihood 2 x Impact 2 = Risk Scoring 4
Planned Risk Level	Likelihood 2 x Impact 2 = Risk Scoring 4
Approval recommendation	It is recommended that the risk be accepted.

7.0 CONSULTATIONS

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

8.0 DIRECTIONS

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

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

9.0 BACKGROUND PAPERS

9.1 None.

Vicky Irons
Chief Officer

DATE: 31st January 2022

Appendix 1

A Strategy for Supporting

Adults with a Learning Disability and

Adults with a Learning Disability and Autism

Living Life Well and Living Life Your Way in Dundee

in Dundee.

Dundee
Health & Social Care
Partnership

Living Life Well and Living Life Your Way in Dundee

The aim of this Strategy is to support people in Dundee to live life well and live life the way that they want. The Vision for this Strategy was created by Advocating Together, Dundee at the request of Dundee Learning Disability and Autism Strategic Planning Group (SPG). This vision, below, was created before the recent Pandemic and the Advocators looked at it again and updated it in 2021.

Introduction and Background

This is a Strategy that gives a framework to support people in Dundee. The people who are the main focus of this Strategy are Adults with a Learning Disability and Adults with a Learning Disability and Autism. Some of the developments in the plan will also benefit children with additional support needs and people of any age who have Autism but not a Learning Disability. Unpaid family carers will be supported through some of the actions in this plan as well as through the local carers strategy "A Caring Dundee 2" https://carersofdundee.org/dundee-carers-strategy-2021-24/

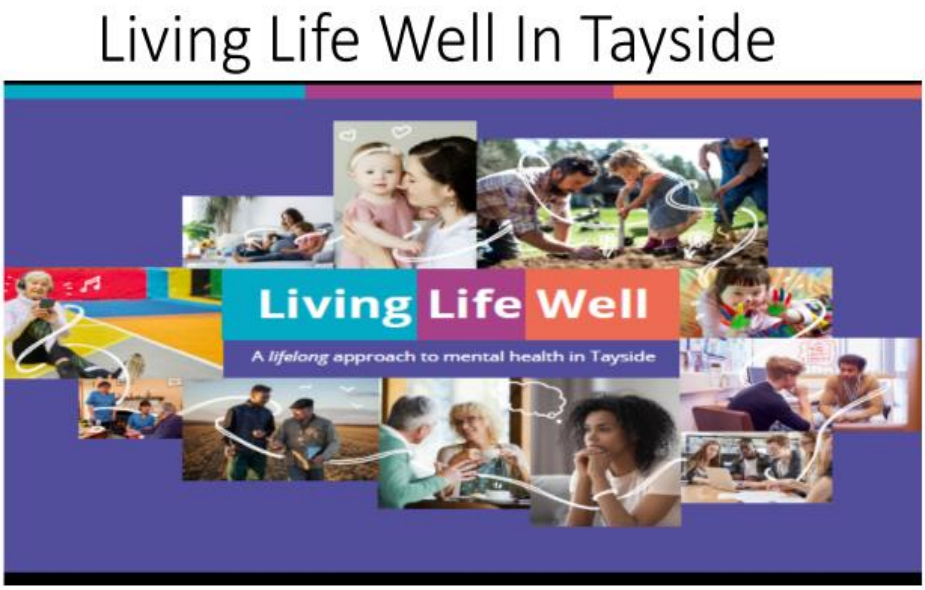
This Strategy gives information about what local people have said is important as well as taking into account national policies, research and knowledge. The Covid Pandemic has affected all face-to-face meetings where decisions are made as well affecting opportunities to hear from people affected by the decisions based on this strategy and their family and carers and other stakeholders. The Dundee Learning Disability and Autism Strategic Planning Group (SPG) support the development of Health, Social Work and Social Care and other supports and services for people in Dundee. The SPG reports to the Integration Joint Board for Dundee Health and Social Care Partnership.

Prior to the Pandemic the SPG met regularly to discuss, plan and make arrangements. On- line meetings have proved unsuitable and unsuccessful for the SPG, in particular it has not supported the best contributions and discussions with the Advocators who attend. It is hoped to have small face to face meetings if the risks can be appropriately managed. SPG members work for a range of different agencies across the city and they have worked together to listen to and learn what is important to local people, their families, carers and their support staff. Some of the SPG Members are part of making plans with others in across Dundee and Tayside including planning with NHS Tayside and Dundee City Council.

Living Life Well in Tayside

'Living Life Well in Tayside' is the Tayside Mental Health and Wellbeing Strategy and supports redesign of services Mental Health and Learning Disability Services in local communities and hospitals. The strategy can be found at: https://www.nhstayside.scot.nhs.uk/OurServicesA-Z/MentalHealthandLearningDisabilityServices/PROD_342608/index.htm

Living Life Well and Living Life Your Way in Dundee



In 'Living Life Well' there were some main priorities identied for support for people with a Learning Disability. These priorities mirrored those in the 'National Keys to Life Strategy'. In addition to this life transitions were identified as another area of priority; in particular transitions like those from childhood to adulthood and from working age to retiral age. There are working groups to implement 'Living Life Well' and some Dundee SPG members are part of these groups.

National Strategy- The Keys to Life

The Keys To Life is is National Strategy which recognises that people who have a learning disability have the same aspirations and expectations as everyone else. It is guided by a vision shaped by the Scottish Government's ambition for all citizens. This National Vision is endorsed by the SPG and it is intended that the work of this strategy will contribute towards it. More Information can be found at **https://keystolife.info/**The Keys to Life Vision is:

'Everyone – including people with learning disabilities - should be able to **contribute to a fairer Scotland where we tackle inequalities and people are** supported to flourish and succeed. People with learning disabilities should be treated with dignity, respect and understanding. They should be able to play a full part in their communities and live independent lives free from bullying, fear and harassment.'

The **Strategic Outcomes** in 'Keys to Life' are summarised below.

A Healthy Life		People with learning disabilities enjoy the highest attainable

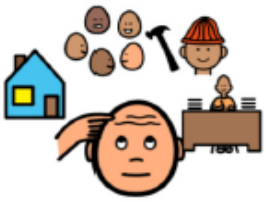
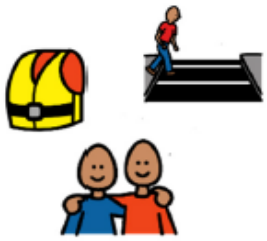
joyce.barclay@dundeecity.gov.uk

		standard of living, health and family life.
Choice and Control:		People with learning disabilities are treated with dignity and respect, and are protected from neglect, exploitation and abuse
Independence:		People with learning disabilities are able to live independently in the community with equal access to all aspects of society.
Active Citizenship:		People with learning disabilities are able to participate in all aspects of community and society.

Outcomes for People in Dundee

Through co-production people in Dundee developed a group of Personal Outcomes that were important to them. These Personal Outcomes have been adopted by the SPG and the SPG have made commitments to supporting these.

Living Life Well and Living Life Your Way in Dundee

Personal Outcome Area		Our Commitments to you.
Choice and Responsibility		In partnership we will generate plans and actions to support you to fulfil the Statement 'I have choice and control of my life'
Safety		Through work around safety you will feel safe and be as safe as you can be through getting the support and care you need and progress towards enhancing safety
Health and Wellbeing		You will have the best possible health and wellbeing with support to get good health care to feel good and stay well.
Informed and Involved		You and your carers will have the right information at the right time and will have a say in decisions about local services and about your community.
Family and Relationships	 	You will have opportunities and support to make and maintain relationships with your family and friends and to have the opportunity to have the personal relationships that are right for you.
Being Part of the World		You will be supported to be part of the world you live in, living your life to the full and always having the opportunity to learn and develop.

joyce.barclay@dundeecity.gov.uk

Living Life Well and Living Life Your Way in Dundee

The Dundee Personal Outcomes have been aligned with The Keys to life Priorities to form a Framework for our Strategic Plan in Dundee.

Keys to Life Strategic Outcomes	Dundee Personal Outcomes
A Healthy Life 	Health and Wellbeing
	Family and Relationships
Choice and Control 	Safety
	Informed and Involved
Active Citizenship 	Being Part of the World
Independence 	Choice and Responsibility

Your Keys to Life in Dundee October 2019

In October 2019 an event was held at the Marayat Hall in Dundee and this was attended by 230 people. It included around 100 service users and people who had a Learning Disability or Autism. There were family carers, members of the workforce and members of the public. Here are some of the Key Messages

- About 230 people came along on the day. People enjoyed the event, had fun and learned a lot
- Being healthy was a focus for many people. There was a lot of interest in healthy eating, drinking water and activities that were healthy
- People thought their families were important and were keen to have social activities to build relationships and friendships
- There was confidence that safety was an area that we promoted and protected in Dundee
- Having a home of your own was seen as important by lots of people
- People appreciated the support that they get
- People would like more support to do things in evenings and weekends especially social activities
- People had lots to say about how they want to be part of the world
- Inclusion, involvement and information can be improved
- Transition to adult life needs better support

joyce.barclay@dundeecity.gov.uk

Living Life Well and Living Life Your Way in Dundee

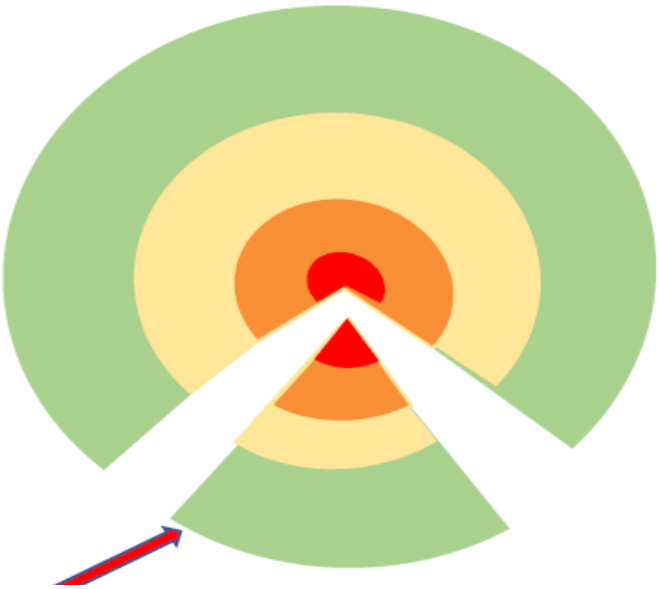
The SPG have considered the views shared at the event along with information from National Research and from Engage Dundee and Dundee Carers Covid Engagement. The basis for this plan has been verified with the Advocators and endorsed by the SPG. The SPG know that not everyone has had a chance to give their view yet. The intention was that there would be more work to learn from people following the 2019 event. The Advocators at Advocating Together planned to be central to this and wanted to have the opportunity to hear more from people, stakeholders and carers. The Pandemic has overtaken the capacity to do this and restricted opportunities. More information will become available about people's views and needs in future. An implementation plan will be developed with actions which will meet the concerns and barriers that are known just now. The implementation plan will require to be flexible enough to adapt when new circumstances and situations become known.

It is anticipated that the basis for supporting people will remain the same or similar to the triangle of support that has provided a framework for a number of years. See in the diagram on next pages 'Framework of Resource Use-Triangle of Support'. There are some changes that must be considered now. It is anticipated that following the Pandemic some of the people who previously lived a more independent lifestyle accessing support in their local community may have become disconnected with this and need to re connect with new support. Some people, particularly those in in communal living situations and care units have had the sorrow of not being able to spend time with family and friends. National and Local engagement and research inform that (unpaid/family) carers have been providing additional support due to restrictions and may be in greater need of support to relieve them and respite care support.

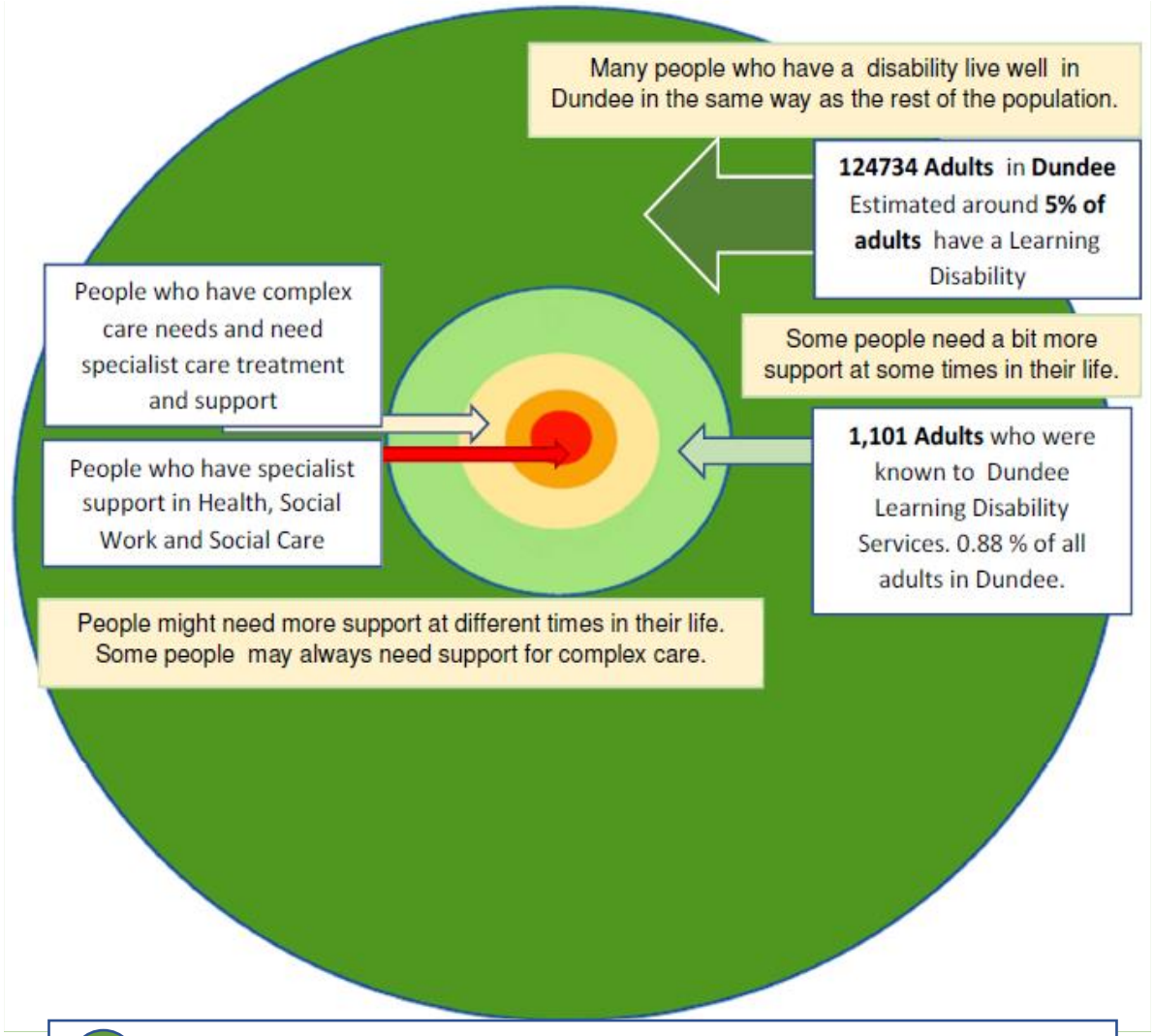
The following diagrams represent what we currently know about the numbers of people in Dundee who have support or who may need support and the levels of support needed.

Living Life Well and Living Life Your Way in Dundee

	People in Dundee with a Learning Disability
	People with a Learning Disability who need support in their daily lives
	People with a Learning Disability who need specialist support
	People with a Learning Disability who need complex and specialist care



Triangle representing types of resource and support needed in each part of the population



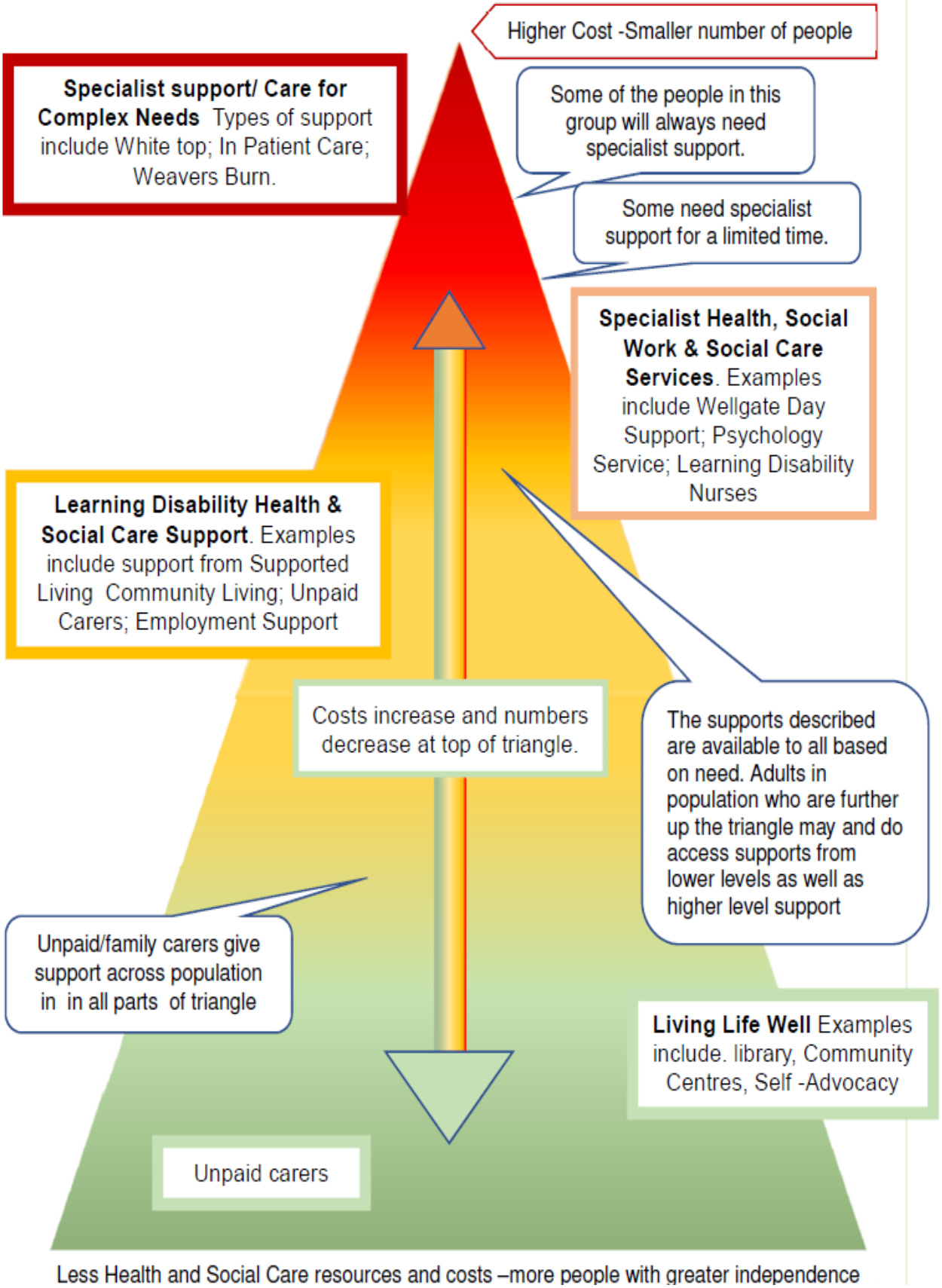
Whole Population in Dundee 2018/2019

joyce.barclay@dundeecity.gov.uk

Living Life Well and Living Life Your Way in Dundee

Framework of Resource Use -Triangle of Support

Aim -Everyone will have the support they need to Live Life Well and to live the life they want



joyce.barclay@dundeecity.gov.uk

What will happen next?

Conversations with you

Much of the information in this plan was gathered before the pandemic This plan has been supported by you or people like you giving your point of view. Your views are heard in a number of ways including: Participation and Engagement Activities including Focus groups and events. These activities are usually supported by Advocating Together and the Providers Forum as well as other colleagues in Dundee Health and Social Care Partnership and Dundee City Council including Communities Officers. More recently The National Involvement Network has promoted The Charter for Involvement and local people have created a Dundee Charter for Involvement group.
There is still need to learn more and as many opportunities as possible in the current circumstances will be taken to learn your views.

Action plan

With the help of people and stakeholders the SPG is developing a plan to make sure everyone has the same chance to meet your personal outcomes wherever they live in Dundee.

Monitoring

The SPG will seek ways to check that people are able to live the life they want and life well in Dundee.

Manager Responsible -Arlene Mitchell (Locality Manager) Dundee Health and Social Care Partnership.

Living Life Well and Living Life Your Way in Dundee

Background information

What is a learning disability? *"A significant lifelong condition which is present prior to the age of eighteen and which has a significant effect on a person's development."*
Whilst people with a learning disability *"will need more support than their peers to understand information, learn skills and lead independent lives",* this does not mean they are incapable of playing an active role in our society and economy -**Keys to Life https://keystolife.info/**

What is autism?

Autism is a lifelong developmental disability which affects how people communicate and interact with the world. **https://www.autism.org.uk/advice-and-guidance/what-is-autism**

What are LDSS Statistics ?

Learning Disability Statistics Scotland (LDSS) provide information on adults with learning disabilities who are known to Scottish local authorities . Information is included on demographics, accommodation, employment, further education and day centre use
2019 Report - SCLD

Other important documents

Information about all policies, publications, consultations and news relating to **health and social care** can be found at https://beta.gov.scot/health-and-social-care/.

The Scottish Government autism and learning/intellectual disability transformation plan **'Towards Transformation'** sets out to ensure that progress is made in transforming Scotland for autistic people and people with learning/intellectual disabilities
https://www.gov.scot/publications/learning-intellectual-disability-autism-towards-transformation/

Information about local policies, publications, consultations and news relating to **health and social care** can be found at https://www.dundeehscp.com/ and https://www.dundeecity.gov.uk/

The Dundee Health and Social Care Strategic Planning Group are responsible for the DHSCP Strategic Commissioning Plan (SCP). This Strategy takes account of this plan which is currently being reviewed. The SCP has 4 main priorities and these are seen as important when implementing this strategy. **Health Inequalities; Early Intervention/Prevention; Person Centred Care and Support ; Models of Support/Pathways of Care.** The SCP is supported by a Housing Contribution

statement which along with the Strategic Housing Investment Plan are important aspects that will contribute to the work of this Strategy.

Needs Assessment

The Dundee SCP is based on a Strategic Needs Assessment which was refreshed in 2021. This can be found on Publications on Dundee HSCP website. The Needs Assessment is supported by information from a number of sources in particular the annual Learning Disability Statistics Scotland. The key information identified through the Strategic Needs assessment includes:

- in Dundee there were 1,101 adults (aged 16+) with a learning disability and 272 with an autism spectrum disorder. This is about 1 person in every 100 people in Dundee, which is a higher proportion than most other places in Scotland.
- Most of the people live in Coldside, Strathmartine and East End and nearly half live in the most deprived areas of Dundee. This can really affect their chances of a good life.
- Half of the people known about receive support either in their own homes or in care homes or hospital.
- People with a Learning Disability have a life expectancy of 20 years less than other people with the same physical health.

Other information in the Needs Assessment which is particularly relevant to this strategy includes: information about MAPPA, Mental Health Orders, Incapacity Act work, Employment Services and Public Protection, Homelessness, Carers, Care Homes, Respite Care and Support Services.

Current Research

In 2021 the Fraser of Allander Institute set out to build evidence-based effective action for people with learning disabilities in Scotland. They advise they have found that the evidence on which to base effective policy to improve the outcomes for people living with a learning disability is severely lacking. The Institute advise that without better data to underpin policy making, Scottish Government ambitions to improve the lives of adults with learning disabilities are unlikely to be realised. https://fraserofallander.org/a-new-project-on-adults-with-learning-disabilities-in-scotland/

Words and Terms and what they mean in this Strategy

Advocators	Advocating Together is an independent advocacy and capacity building organisation for adults (over 16) with: learning disabilities, autistic spectrum disorder or complex communication need. Advocating Together employs Advocators who are people with a disability who listen to their peers and find creative ways of building capacity and engaging.
Framework	A strategic framework is a method that details how planned work will help reach important objectives.
Implementation plan	An implementation plan records details of the critical activity needed to carry out the strategy.
Integration Joint Board IJB	The IJB has overall responsibility for the planning of services for the parts of Health and Social Care in Dundee that come from NHS Tayside and Dundee City Council.
Learning Disability and Autism Strategic Planning Group (SPG)	The SPG is a group of local people and professionals interested in health and social care for people with a Learning Disability and people with a Learning Disability and Autism in Dundee.
	Strategic planning is a process in which a vision for the future is identified along with goals and objectives. It helps health and social care and other organisations to understand what needs to be done to improve outcomes for the target population (in this case people with a Learning Disability and people with a Learning Disability and Autism)
Personal outcomes	Personal outcomes describe what a person wants to achieve. These are realistic goals that the person receiving care and support, and their care worker or carer can work towards- grouped into 6
Priorities	Strategic Priorities are the key areas that people want to plan work on to achieve their vision
Pandemic	A infectious disease that has spread across a large or worldwide, affecting many individuals. In this report the Pandemic referred to is Covid 19 infection starting in 2020.
Strategic Commissioning Plan	The IJB must have a local strategic commissioning plan and review its progress every 3 years. A of the plan. A strategic commissioning plan must also set out the way in which the arrangements for carrying out the functions are intended to

	achieve or contribute towards achieving the national health and wellbeing outcomes.
Strategic Needs Assessment	This sets out current and (predicted) future health and care needs of local populations to inform and guide the planning and commissioning of health, well-being and social care services within an IJB area.
Strategy	While there are different strategy types and levels, the purpose of all strategies is to bring an organization's actions into alignment with its stated mission or values. Strategic Planning helps health and social care organisations to understand their complex systems. By using a range of intelligence, a robust picture can be seen that enables and delivers system redesign, improving outcomes for the population.
Vision	The vision or vision statement sets out our ambition for the future.

Living Life Well and Living Life Your Way in Dundee

Personal Outcome Keys to Life Outcomes	**The Vision for Dundee**	**Action** *(Initial thoughts – further contribution and ideas needed)*	**Key Agents**	**Status**
Health and Wellbeing (A Healthy Life)	Support to live life your way, Live Life Well, and have a healthy life.	Promotion activities, Education/learning, nutrition, fitness activity		
Choice and Responsibility (Independence)	The right social care and health care, at the right time.	Transition especially to adult life		
		A home of your own		
Safety (Choice and Control)	It will be everyone's business to keep people safe, promote fairness, respect and Human Rights.			
	People will be helped to help themselves and each other.			
Family and Relationships (A Healthy Life)	People will have support to have good relationships with family and friends and romantically.	Supported social activities especially evenings and weekends		
Informed and Involved (Choice and Control)	Everyone will be listened to and have opportunities to be involved	Information about supports and local activities		
	There will be chances to meet face-to-face and to have digital access and inclusion.	Inclusion including digital		
Being Part of the World (Active Citizenship)	Everyone will be able to make a contribution and have a valued role.	Personal learning and development		
	Accessible, beautiful Public Buildings, and Public Spaces.	Connecting with wider world		
	A good place to live with affordable shops, selling healthy produce.			
	These shops will be convenient for everyone, inclusive, friendly and safe.			

joyce.barclay@dundeecity.gov.uk

Appendix 2

DHSCP Proposed Engagement	www.scdc.org.uk/what/national-standards		
Engagement for Living Life Well and Living Life Your Way in Dundee- A Strategy for People in Dundee with a Learning Disability and People with a Learning Disability and Autism	**Communicate**		
	Engage		**(P)People with a Learning disability**
	Consult		**(S)Stakeholders**
	Involve		**(C) Carers**

Stage 1- 24 Feb 2022

Date	What	How	With Who	P	S	C	Key Persons	Complete
	Test Vision	Share Vision by email, on line etc	P – through Charter For Involvement group, providers and workforce and self- advocacy groups. S- Through webpages and wide circulation? Short survey C- Through Dundee Carers Centre and providers carers groups				Through Providers forum, Charter for Involvement group, workforce, Carers Centre, Dundee Volunteer and Voluntary Action, Dundee City Council	By mid March 2022
	Consider / Progress Engagement Working Group	Further discussions	Propose small **working** group of providers representative(s), Learning Disability Communication Specialist and Advocators				Providers Forum Strategy group Advocating Together	By mid March 2022

Appendix 2

							Speech and Language Therapy	
		Microsoft Teams meeting to discuss, inform and learn from stakeholders	Microsoft Teams meeting to discuss, inform and learn from stakeholders				Pam Brown Joyce Barclay	By mid March 2022
Stage 2 from 17th March 22								
Date	**What**	**How**	**With Who**	**P**	**S**	**C**	**Key Persons**	**Complete**
w/b 14th March	Collate stakeholder info Design Focus Group activity. Timetable events	Group Meetings	Engagement Group				Advocators Providers representative(s) Speech and Language Therapy	By end May 2022
Stage 3 – Aim for end Date 24th June								
Date	**What**	**How**	**With Who**	**P**	**S**	**C**	**Key Persons**	**Complete**

Appendix 2

12-24 June	Findings Report	Report	Via engagement Group	Author Joyce Barclay	By 24th June 2022

Appendix 3

Extracted from Dundee Strategic Needs Assessment

Dundee Health and Social Care Partnership Strategy and Performance Team
September 2021

The Full Needs Assessment can be accessed via www.dundeehscp.com/publications

The information here forms part of a Full Strategic Needs Assessment. Although the whole SNA has information that informs planning this is some of the most relevant to planning for people with a Learning Disability and people with a Learning Disability and Autism in Dundee

Life Expectancy In Dundee

Dundee has the second lowest life expectancy in Scotland. In Dundee life expectancy is 76.7 years, whereas it is 79.1 years in Scotland as a whole. Life expectancy varies substantially by deprivation level and the occurrence of morbidity (health conditions) and disability. Life expectancy of a female who lives in one of the least deprived areas in Dundee is almost eighteen years more than a male who lives in one of the most deprived areas. Over a ten year period (2009 – 2019) life expectancy for males who live in the most deprived areas of Dundee has decreased from 69.91 years to 67.18 years and females from 75.31 years to 75.18 years.
However when we compare males and females over the same ten year period, living in the least deprived areas of Dundee, life exepectancy has increased. Males life expectancy has increased from 75.44 years to 81.47 years and for females increased from 80.18 years to 84.98 years.

COVID-19

People in deprived areas already experience inequalities in health, and a range of data is showing that the pandemic is impacting disproportionately on rates of death and illness from COVID-19, the consequences of lockdown measures, and uncertainty about the future .The Fairness Commission reported that Dundee has high levels of poverty and disadvantage with associated effects on the health and wellbeing of people in more deprived areas. The likelihood is that without targeted interventions the pandemic will make a bad situation worse for many and will impact others who were managing before and now find themselves in adverse situations with perhaps little resilience or experience to cope. Accelerated effort is required to mitigate effects for those in most need whilst

building resilience for individuals and communities to provide responses themselves. (The Fairness Commission, 2020)

Engage Dundee Reported that 31% of respondents reported struggling to have a healthy lifestyle during the lockdown period (n=269). Those in the three youngest age group categories had slightly higher than average proportions whilst the age groups with the lowest reported difficulties were 60-64yrs and 65-45yrs. Students and long term sick and disabled had notably higher proportions than average (48% and 42.9% respectively). There was no significant difference between those on benefits and not.

COVID-19 Access to Services

Engage Dundee reported that the most commonly used services during lockdown were: GP services (61.5%); websites/self-help resources (46%); mental health advice/support (32%); physical health advice/support (30%); food parcels/delivery (29.2%); and money/benefits advice and support (23.5%). (Engage Dundee, 2020)

Good experiences of health services were highlighted including the Children's ward at Ninewells, proactive Shielding Services, and the Keep Well Nursing Team. However, a large number of respondents reported difficulties such as postponement of treatment resulting in need for emergency appointments/surgery; no physiotherapy following a broken leg; lack of follow up and monitoring after breast cancer treatment; a long wait to manage pain; no respite or help for people with significant disabilities; telephone appointments being less than satisfactory; difficulties receiving dental care and treatment.

10% of the total sample reported difficulties in accessing services and support (n=87) and slightly higher than average were the middle age groups. Long term sick and disabled were most likely to report difficulties at 30.4% (n=17). Also, higher than average were the unemployed, those on furlough and carers; however, numbers here were very small. 13.8% of respondents living alone reported difficulties (n=26) as did 16% of people on benefits (n=39).

As highlighted in the Fairness Commission survey, respondents reported difficulties in getting appointments for health services including medical and dental care, optical and audiology, hyperbaric, physiotherapy and cancer services with some treatments being cancelled or postponed due to Covid-19 restrictions. This led to some respondents living with extreme pain or reduced mobility. There were reported difficulties with online appointments whilst others felt that telephone appointments for some services such as physiotherapy were not appropriate.

Common issues mentioned here and also highlighted elsewhere in the survey included lack of services for children with additional needs, limited childcare options, no access to antenatal classes and services for the deaf. The closure of local libraries and their central role in providing study space and internet access were highlighted and several negative changes to council services were again raised.

Dundee Employment Support Service

The Employment Support Service (ESS) provides an employability service to address the unmet employment needs of people in the community with disabilities, health problems and other significant barriers to employment. Many people using the service experience multiple barriers to employment.

The ESS's target group is unemployed people with disabilities and health problems who reside in the Dundee area. People with all types of disability are accepted including physical disabilities, mental illness, sensory impairments, acquired brain injuries, learning difficulties and learning disabilities.

In 2019 the Employment Support Service provided support to 265 people of whom 167 were men and 97 were women, The Employment Support Service organised 68 work experience placements and 44 people secured employment.

PUBLIC PROTECTION

There is a strong relationship between the levels of deprivation in Dundee, and the levels of risk and abuse being experienced by individuals and families living in many communities across the city.

The responsibility for providing protection and supports for those involved is multi-agency and requires strong strategic leadership and coordination of service delivery. There is a Protecting People governance group and framework in place through which the development and coordination of protection services takes place. This SNA provides data in relation to key areas of coordinated protection activity which takes place in Dundee.

The Adult Support and Protection (Scotland) Act 2007 places a duty on the local authority to look into the circumstances of adults at risk and to protect adults who because of a disability, health condition, or age, are less able to protect themselves or their own interests. The Act also gives powers to intervene where an adult is at risk of serious harm, via protection orders, which are applied for through

the court.The Adult Support and Protection process follows the path, generally, of: Initial Concern > Duty To Inquire > Investigation > Case Conference > Protection Plan.

The number of Adult Support and Protection (ASP) referrals received has increased considerably over the last 4 years, rising from 919 referrals between 1st April and 31st March 2016/17 to 2,372 referrals in 2020/21. This increase is in part related to the improved awareness of adult needs for protection, but is also a reflection of the impact of deprivation and social problems in Dundee. It is also recognised that Dundee city has one pathway for highlighting concerns whether they are suitable for ASP work or not. An action for the coming year is to develop a system which will triage referrals thus prioritising those in greatest need and reducing the number considered at ASP. Of the 2,372 referrals 3% proceeded to 'further adult protection action', 16% were 'further non-adult protection action' and 81% of referrals were 'not known'.

Although the total number of referrals has increased considerably, the percentage of these referrals which met the 'three-point test' and proceeded (under the Adult Support and Protection legislation) to Investigation was low at 2% (54 clients) from 1st April 2020 to 31st March 2021.

Of the 54 cases in 2020/21, the majority of investigations (63%) were carried out for people aged between 25 to 64 years of age with 30% being carried out for people aged 65+. The primary client groups included were: Mental Health Problem – 8 clients Learning Disability – 7 clients Physical Disability – 8 clients includes children in need - 2, Community Justice Service - 2, Older People - 9, Sensory Support - 1, Social Support – 5, Substance Use - 2 and other

Multi-Agency Public Protection Arrangements (MAPPA)

The Management of Offenders (Scotland) Act 2005 introduced a statutory duty on responsible authorities, for example, local authorities, Scottish Prison Service, Police Scotland and the NHS. It became their responsibility to establish joint arrangements for the assessment and management of the risk posed by certain categories of offenders (currently registered sex offenders, restricted patients and certain high-risk offenders) who present a risk of harm to the public.

The operation of MAPPA is well established in Dundee, and the Public Protection Team (PPT) in the Community Justice Service (CJS) assess and manage registered sex offenders and certain high-risk offenders who are subject to community and post- custodial supervision requirements. At 31st March 2020 167 offenders were being managed through MAPPA; there continues to be an increase in internet related offending.

HOMELESSNESS

Between 1 April 2018 and 31 March 2019, Local Authorities received a total of 36,465 homelessness applications. This is an increase of 892 (3%) applications compared to the previous year.

The majority of people presenting as homeless were between the ages of 26 and 59. The numbers and proportions of people presenting as homeless who are under the age of 25 are also significant, particularly given the changes under Welfare Reform for them. Out of a total of 1380 presentations approximately one quarter (347) were under the age of 25.

Care Homes

On 31st March 2020, there were 1094 people in Care Homes. 1012 (92.5%) of care homes residents were aged 65 and over and 82 (7.5%) were under 65 years of age. The average age was 82.7 years.

The majority of the people are in private Care Homes (86%), 7% in local authority Care homes and 7% in Voluntary Care homes. 80% of the people are in Care Homes within Dundee and a fifth out with Dundee. 774 (71%) were receiving nursing care. The main disability/ health characteristic for those in Care homes was 36% with physical disabilities, 34% who were frail/elderly, 23% with dementia, 4% with learning disabilities and 3% with mental health. This is a group of people who are likely have multi-morbidities and be in the older age group. Care Home residents are a high-risk group for contracting COVID-19.

Self-directed Support

The Social Care (Self-directed Support) Act 2013 came into force on 01 April 2014. Self-directed Support (SDS) is the support a person purchases or arranges to meet agreed health and social care outcomes. SDS allows people to choose how their support is provided, and gives them control of their individual budget. SDS offers a number of options for accessing support. Individual (or personal) budgets can be:

Option One: Taken as Direct Payment
Option Two: Allocated to a provider the individual chooses
Option Three: Local authority arranges a service

People can also choose a mixture of all 3 of these different arrangements for support. Personalised services delivered under SDS, are homecare, respite, day services, enabler services, housing support

and in-college support. 86% of the people receive one of these services and 14% receive 2 or more services. 75% receive home care services.

There has been a gradual increase for Option One and Two over the years. In 2019/20 5% of Dundee's social work spend was on direct payments, an increase on previous years but still lower than the Scottish average spend of 9%.

CARERS

The Scottish Governments latest figures report an estimated total of around 690,000 carers in Scotland[1]. Overall it is estimated that in Dundee there are around 18,300 adult carers (aged 18+) and around 830 young carers (aged 4-17). In 2011 13,072 people in Dundee identified themselves as being a carer; this is 8.9% of Dundee's population and a rate of 89 people per 1,000 population. The rate for Scotland is 93 people per 1,000 population. Between 2001 and 2011 there was a 16% increase in the number of people who provided 20 hours or more of unpaid care in Dundee.

87% of Scottish carers (Carers UK, 2020) and 84% of Dundee carers (Dundee Carers Partnership Engagement, 2020) provided more care than they were prior to the outbreak. During the pandemic, 71% of unpaid carers have not had a break from their caring role. Only 23% of unpaid carers in Scotland are confident that the support they receive with caring will continue following the COVID-19 pandemic (Carers UK)

Half of carers (51%) were unable to get support through accessing resources to improve their own wellbeing, whilst just over one third (35%) had been able to access this (Dundee Carers Engagement, 2020).

Respite Care

Some Service users take up Respite Care, some of this in the form of admissions to a Care Home or Respite Unit where the person cared for is cared for away from their household, for an agreed period of time,Some others experience a short period of care at home where their carer is relieved by care services. In 2019-20, overnight respite care was provided to 377 people with a total of 1198 periods of respite, providing 10234 nights of respite care.
Respite care provision in Dundee has increased over the last 3 years for the 18 to 64 age group, although there has been and a fall in respite care provided for for people who are aged 65+.

[1] https://www.gov.scot/publications/scotlands-carers-update-release/

Half of the respite service users only had one period of respite. The correlation with age, shows that the younger service users have many periods of respite and the older people have fewer. For older people, often a period in respite care can lead to long term care in a Care home.

Children with Disabilities

For young people with enduring and significant health conditions and disabilities predictions can be made about their likely need for services when they reach adulthood. Such early identification has advantages for young people and their families, as work can be done to introduce adult services and help families anticipate and plan for the future. Agencies can also plan and budget more effectively when they have information about prospective service users.

'Looked After' Children with Disabilities

Between 15% and 20% of all looked after children have a disability (17.3% on 31st July 2020). This is lower for babies and young children and rises to between 10% and 25% of older young people, as some disabilities may only be recognised or recorded later in a child's life. This is also affected by the child attending residential school. On 31st July 2020, 24% of young people in aftercare had a disability. Between 15% and 20% of looked after children have a disability. This rises to approximately 25% at the older end of the young person age range.

Learning Disabilities

The information provided in this section is taken from statistics from the Scottish Commission for Learning Disabilities. The latest report, published in December of 2019, reported that there were 23,584 adults known to local authorities across Scotland, in Dundee there were 1,101 adults (aged 16+) with a learning disability and 272 with an autism spectrum disorder. Dundee has the highest proportion of adults with learning disabilities in Scotland, followed by Shetland Islands, Inverclyde and East Lothian. Dundee had 8.8 adults per 1,000 population with a learning disability, compared to 5.2 adults per 1,000 population in Scotland as a whole. Perth & Kinross Council was lowest with 3.4 per 1,000.

The number of people in Dundee with autism has been increasing year on year as shown above in in part due to improved identification and diagnosis.

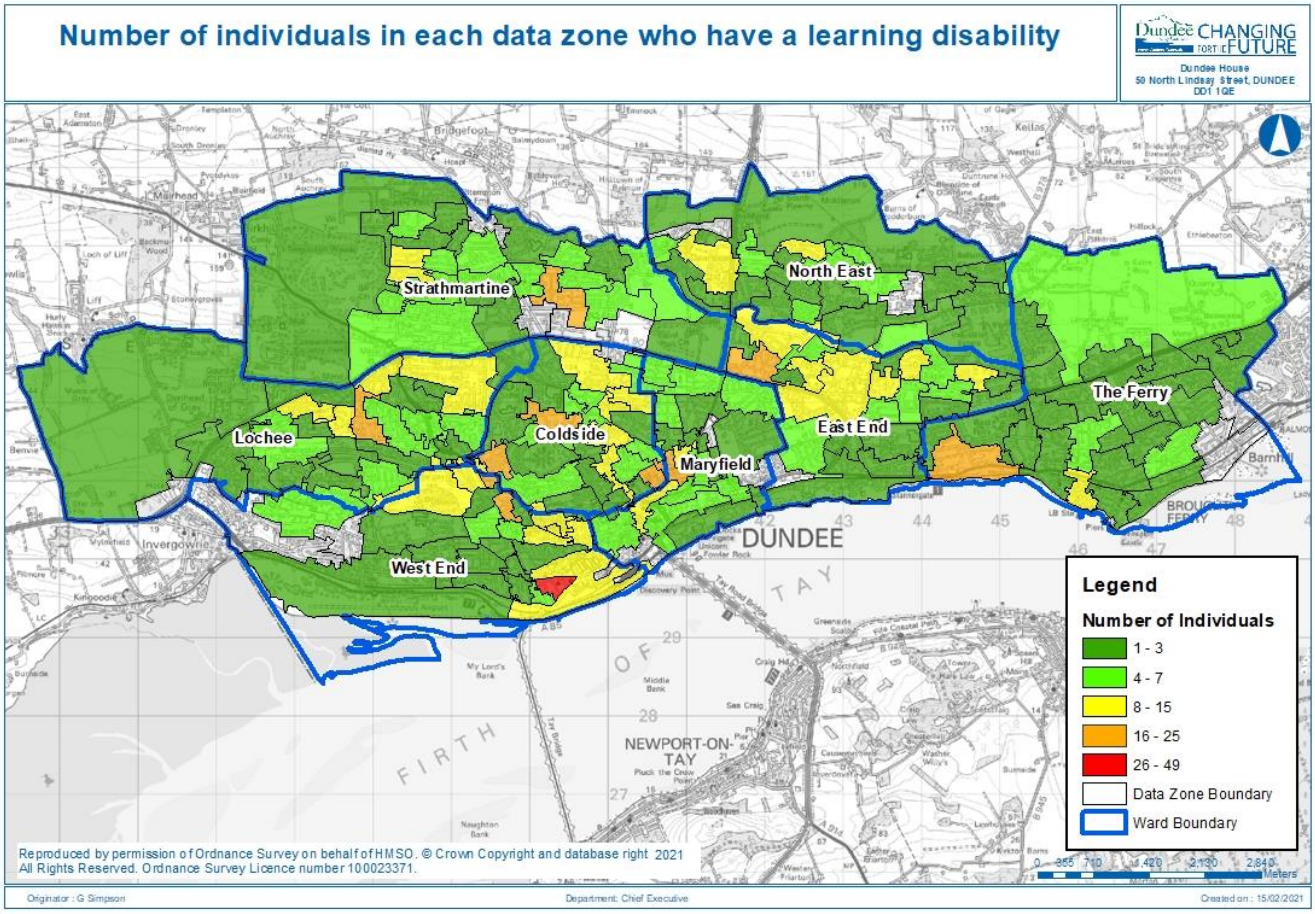
The West End, Coldside and East End had the highest rates of people with a learning disability of all of the LCPP areas in Dundee. Coldside, East End and West End are shown to have had higher rates

than the Dundee rate of 8.8 people with a learning disability per 1,000 of the adult population. **Coldside** had 32% of people with a learning disability in the 16 to 34 age group, 49% in the 35 to 64 age group and 19% who were aged 65+.

East End had 60% of people with a learning disability in the 16 to 34 age group, 36% in the 35 to 64 age group and 4% who were aged 65+.

West End had 83% of people with a learning disability in the 16 to 34 age group, 17% in the 35 to 64 age group and 0% who were aged 65+.

Prevalence of adults with a learning disability in Dundee, 2019



Source: Scottish Commision for Learning Disabilities, Learning Disability Statistics 2019

The Ferry and North East had the lowest number of people identified as having a learning disability. The area with the highest number of people with a learning disability was the Perth Road in Dundee's West End 32% of people identified as having a learning disability who reside in Dundee's West End are from the Perth Road area.

Life Expectancy

"Keys to Life", the Scottish Government Learning Disabilities Strategy published in 2013, reported that the life expectancy of people with a learning disability is 20 years earlier than the general population. Life expectancy in Dundee is 76.9 years, but for people with a learning disability this is significantly lower.

Deprivation and Ethnicity

47% of people with a learning disability in Dundee live in the most deprived areas (SIMD 1). 94% of people with a learning disability are White (Scottish or British background) and 2% are Asian. For the 16 to 34 age group, 91% are white (Scottish or British background), 3% are Asian.

Self-Reported Health and Wellbeing

The 2011 Census asked households about how people rate their health. Fewer people with a learning disability rated their health as good or very good compared to the overall Dundee population. Higher proportions of people with a learning disability said they had bad health and this was especially the case in areas of high deprivation, such as Lochee and East End.

Carers

One of the questions that The Scottish Commission for Learning Disability asks is whether a person lives with their carer. In 2019, 371 or 33.7% live with a family carer. (These statistics do not include children).

Provision of Social Work Services

As at the 31st of March 2021 there were 613 people open to the Learning Disabilities Social Work Team aged 16 and over. Of these 49% of people were aged 16-34 and 44% of people were aged 35-64 and a small percentage aged 65+, 8%. There are just over 100 people open to the Learning Disabilities Team who are living in a Care Home (17%). Some people with a Learning Disability may tramsfer to Older Peoples Services when over 65.

Children and Young People

Data from Dundee's Children and Families Services shows that at the beginning of the school year 2021, 603 pupils of secondary school age (mainstream and non-mainstream schools) have a recorded need of either 'Autistic spectrum disorder' and/or 'Learning disability', which is an 8% increase since January 2020 (556) and does not include specific learning difficulties such as dyslexia or numeric difficulties. Figures include 90 pupils at Kingspark and 38 pupils in off-site education

services. In total there were 189 pupils at Kingspark, so just above 50% of Kingspark pupils are of primary school age.

Mental Health Officer Services

Mental Health (Care and Treatment) (Scotland) Act 2003

There are different orders allowing a person to be assessed or treated under the Mental Health Act, depending on individual circumstances..There has been a significant increase from 2017-18 to 2020-21 for Emergency detentions in hospital and Short-term detentions in hospital.

Criminal Procedures (Scotland) Act 1995. There are a much smaller number of compulsory measures that relate to people who are mentally unwell and who also commit offences. The court has the power to ensure that any person who meets these criteria receives care and treatment under the Mental Health Act. If an individual is convicted of an offence, for which the punishment is imprisonment, instead of imposing a prison sentence, the court may detain the person in hospital using a Compulsion Order.

Adults with Incapacity (Scotland) Act 2000

The Adults with Incapacity (Scotland) Act 2000 introduced a system for safeguarding the welfare, and managing the finances and property of adults (age 16 and over) who do not have capacity to act or to make decisions for themselves, because of mental disorder or inability to communicate due to a physical condition. It allows other people to make decisions on behalf of adults, subject to safeguards. These Orders are mainly used for older people or those with learning disabilities, and are generally private, in that an adult who has a relevant interest is appointed as guardian. If there is no such relevant adult, the Chief Social Work Officer (CSWO) is named as guardian.

On 31 March 2020 there were 15,973 individuals on a guardianship order in Scotland, of these 633 (4%) were for individuals in Dundee. Comparing Dundee to its neighbouring Local Authorities, Dundee have the highest number of current guardianship orders, closely followed by Perth and Kinross.

The number of guardianships granted in Scotland has continually increased year on year for the past 5 years. Dundee's figures have overall increased over the past 5 years. 2016/17 shows a significant increase from 2015/16 (37) then a more gradual increase over the following 3 years.
The majority of guardianship orders granted in 2019-20 were for private guardians, which is a trend over the past five years. The remainder of orders granted were for the local authority. These figures

indicate that the demand for guardianships continue to be high and, overall both type of guardianships, have increased since 2015.

There has been a particularly evident increase in private orders granted since 2015, an overall increase of 81%, from 21 orders granted in 2015 to 38 granted in 2020. Local authority orders granted have also seen an overall increase by 16% from 49 orders granted in 2015 to 57 granted in 2020.

Information provided by the Mental Welfare Commission together with Public Health Scotland Delayed Discharge Data demonstrates that Dundee has:

- Over the past five years the number of local authority guardianships granted on an indefinite basis have significantly reduced. In 2015, 61 indefinite guardianships were granted in Dundee, the following two years seen the figures decrease by around half and then in 2020 a total of 4 orders were granted, the lowest number granted yet which is a huge reduction of 93%.

- The total number of guardianships granted in 2014-15 and 2019-20 were the same (95), however the proportion of the length of the orders granted have changed somewhat. There are more orders being granted on a basis of 0-3, 4-5 and 5+ years and much less orders being granted on an indefinite basis.

To date the provision of the MHO report within the 21-day timescale required by statute is 40% of reports being completed within 20 days.

Adults (aged 18+) who are deemed clinically ready for discharge but need to remain in hospital because they are going through the Guardianship Order process are recorded as 'Adults with Incapacity Act' (Code 9/51X). These people may experience a longer delay due to the required legal processes and procedures encountered in these cases.

Coping with bereavement

Sadly, some people suffered bereavement during the pandemic with one in 10 reporting having lost someone due to Covid-19 or other conditions. In terms of age groups, the range was relatively small at between 8.1 and 13.3%. The two youngest age groups had the highest proportion reporting the loss of a loved one at 13.2% and 13.3%.

Looking at employment status, the long term sick or disabled were twice as likely to have suffered a bereavement during the pandemic compared to the average. Carers, homemakers and the unemployed also scored highly.

Bereavement was compounded by Covid-19 restrictions and the grief and loss reported by respondents was immeasurable. People struggled to organise funerals with restrictions in numbers of mourners, or by being unable to attend a funeral for this reason. Loved ones were prohibited from the norms of hugging and comforting each other.

An electronic link to *Strategic Needs Assessment: Version 2* can be found by using the following link: *(insert when available)*

ITEM No …18……

REPORT TO: **HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 23 FEBRUARY 2022**

REPORT ON: **FINANCIAL MONITORING POSITION AS AT DECEMBER 2021**

REPORT BY: **CHIEF FINANCE OFFICER**

REPORT NO: **DIJB11-2022**

1.0 PURPOSE OF REPORT

1.1 The purpose of this report is to provide the Integration Joint Board with an update of the projected financial monitoring position for delegated health and social care services for 2021/22 including an overview of the costs and financial risks associated with Dundee Health and Social Care Partnership's response to the COVID-19 crisis.

2.0 RECOMMENDATIONS

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

2.1 Notes the content of this report including the overall projected financial position for delegated services to the 2021/22 financial year end as at 31st December 2021 as outlined in Appendices 1, 2, 3 and 4 of this report.

2.2 Notes the costs and financial risks associated with Dundee Health and Social Care Partnership's response to the COVID-19 crisis as set out in section 4.5 of this report.

2.3 Notes that officers within the Health and Social Care Partnership will continue to carefully monitor expenditure and develop a range of actions to mitigate any overspend.

3.0 FINANCIAL IMPLICATIONS

3.1 The underlying financial monitoring position for Dundee Health and Social Care Partnership based on expenditure to 31st December 2021 (excluding any implications of additional COVID-19 spend) shows a net projected underspend position at the year-end of £1,993k.

3.2 Dundee Health and Social Care Partnership continues to incur additional expenditure associated with the response to the Covid19 pandemic in line with the remobilisation plan as agreed by Dundee IJB at its meeting held on 21st April 2021 (Article X of the minute refers). The Scottish Government provided additional funding throughout 2020/21 to support these additional costs which included provision for unforeseen additional expenditure at the year-end period due to the uncertainty of a range of costs. The Scottish Government instructed that any surplus funding at the year-end would sit as earmarked in IJB's reserve balances and must be drawn down to cover additional Covid19 related spend in 2021/22 before any additional funding would be provided to cover 2021/22 Covid19 spend. Dundee IJB has a total of £6.1m of Covid19 reserves.

3.3 The projected total cost of the most recent Mobilisation Plan financial return submitted to the Scottish Government in January 2022 (Quarter 3 return) is now £8.5m (Q2 return indicated projected spend of £7.7m). The latest projection includes indicative cost implications following the increased restrictions and demands as a result of the emergence of the Omicron variant.

3.4 Following previous submission of Quarter 1 return (projected £7.3m expenditure, submitted in July 2021), the Scottish Government had provided feedback following their review of the information. The majority of Dundee IJB's Covid-19 expenditure had been approved and an additional interim allocation of £0.65m has been received. The initial exclusion figure of £870k relates to FHS (Family Health Service) and unachieved savings from previous years. These are subject to further review and is in line with NHS Tayside and other Tayside IJB's. Recent correspondence suggests the FHS expenditure will be approved during the review of Q2 returns.

3.5 Further feedback from the Scottish Government following the submission of Quarter 2 and more recent Quarter 3 returns is anticipated in due course. The potential residual funding gap between spend and received funding in relation to additional Covid19 expenditure is £1.75m however we have been given the assurance that all Covid19 funding claims will be settled in full through additional Scottish Government allocations.

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 26th March 2021 (Article IV of the minute of the 26th 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 2021/22 financial year. An updated assessment of the status of the savings plan is set out in Appendix 4 of this report.

4.1.3 Under the terms of the Integration Scheme, the risk sharing arrangements in relation to any residual overspends incurred by the end of the financial year will be met proportionately by the Council and NHS Tayside. Discussions will be ongoing throughout the financial year with both parties to consider the implications of the IJB's projected financial position. Officers within the Partnership will continue to monitor areas to control expenditure and achieve the savings targets identified. However at this stage in the financial year, it is not anticipated that any risk sharing arrangement will need implemented for 2021/22.

4.2 Projected Outturn Position – Key Areas

4.2.1 The following sets out the main areas of note from the financial information contained within Appendices 1 (Summary Position) and 2 (More Detailed Position) and provides commentary on the reasons for significant variances, actions being taken to manage these and outlines the key elements of risk which may remain. These figures exclude the projected cost implications of responding to the COVID-19 crisis.

4.3 Services Delegated from NHS Tayside

4.3.1 The financial projection for services delegated from NHS Tayside to the IJB indicates a projected underspend of around £1,848k by the end of the financial year. Assuming all additional Covid-19 costs are covered by additional funding, community-based health services managed directly by Dundee Health and Social Care Partnership are projected to be underspent by approximately (£721k) and overall prescribing is projected to be underspend by (£1674k).

4.3.2 Service underspends are reported within Community Based Psychiatry of Old Age (£429k) and Older People Services (£133k), hosted services such as Psychology (£226k), Tayside Dietetics (£52k), Learning Disability (Tayside Allied Health Professionals) (£127k), and Sexual & Reproductive Health (£285k) mainly as a result of staff vacancies and challenges in the recruitment processes. Further underspends totalling (£399k) are anticipated within Public Health, Primary Care and Keep Well services.

4.3.3 Service overspends are anticipated in Medicine for the Elderly £390k, Psychiatry of Old Age In-Patients £143k and Medical (POA) £198k. Occupational Therapy budgets are projected to be overspent by £672k (however this is predominately offset by underspend in Physiotherapy of (557k) – a service review and budget realignment is expected to be in place for the next financial year for the combined AHP service), with further overspends arising in Nursing Services (Adult) of £309k, and General Adult Psychiatry of £292k. Additional staffing pressures not directly linked to COVID-19 have contributed to the adverse position.

4.3.4 A budget realignment has been enacted to reset budgets for Enhanced Community Support and Urgent Care to remove some of the overspends which have occurred as these areas have been developed in recent years. A realignment has also been actioned within IJB Management to resolve an overspending position.

4.3.5 Members of the IJB will also be aware that Angus and Perth and Kinross IJBs host delegated services on behalf of Dundee IJB and a number of services are hosted by Dundee on behalf of Angus and Perth and Kinross. These are subject to a risk sharing agreement whereby any over or underspends are reallocated across the three Tayside IJBs at the end of the financial year. The financial monitoring position of these services in their totality are reflected in each of the IJB's financial monitoring reports and for information purposes the projected net impact of these services on each IJB's budgeted bottom line figure is noted. More detail of the recharges from Angus and Perth and Kinross IJBs to Dundee IJB are noted in Appendix 3. This shows net impact of hosted services to Dundee being an increased cost implication of £355k which mainly relates to higher spend within Out of Hours and Forensic Medical Services hosted by Angus IJB.

4.3.6 Members will also be aware that In-Patient Mental Health services are also a delegated function to Tayside IJB's. In late 2019/20, the operational and financial management of these services were transferred 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. NHS Tayside is projecting an overspend in these services for 2021/22 and discussions are ongoing between officers from NHS Tayside and the 3 Tayside IJBs around financial risk sharing arrangements in relation to this overspend. This will lead to an additional financial liability to the IJBs. This has not yet been included in the projected financial position detailed in this report however it would be prudent to assume an additional cost to Dundee IJB of between £400k-£600k for 2021/22.

4.4 Services Delegated from Dundee City Council

4.4.1 The financial projection for services delegated from Dundee City Council to the IJB shows an anticipated underspend of (£144k).

4.4.2 A significant financial challenge facing the IJB's delegated budget continues to be the provision of home and community based social care at a sufficient level to meet increasing demographic demand and reduce delayed discharges in hospital while balancing financial resources. As a result of this, older people care at home services are projected to be overspent by around £611k at this stage of the financial year. However this is a significant reduction of around £1m from the previous report as a result of the ongoing challenges to commission sufficient care packages as a direct result of the pandemic due to lack of available staffing. This is partly offset by an underspend in respite care for older people of £368k, again partly as a result of the Covid-19 Pandemic. Care home spend for mental health service users is projected to be £422k overspent however a review will be undertaken to realign care home budgets for adults given large underspends in learning disability, physical disability and drug and alcohol recovery care home budgeted expenditure.

4.4.3 Demand for learning disability services continues to be high with overspends projected in the provision of day services (£531k).

4.5 Financial Impact of the COVID-19 Response

4.5.1 The Health & Social Care Partnership's response to the Covid19 pandemic continues to evolve as the impact of the pandemic changes and is reflected in the HSCP's remobilisation plan. Consistent with the remobilisation plan, a quarterly financial return outlining Covid19 additional expenditure is required by the Scottish Government. The 2021/22 quarter 3 return was submitted to the Scottish Government during January 2022, the detail of which is set out in table 1 of this report.

4.5.2 The Scottish Government provided additional funding throughout 2020/21 to support these additional costs which included provision for unforeseen additional expenditure at the year-end period due to the uncertainty of a range of costs. The Scottish Government instructed that any surplus funding at the year-end would sit as earmarked in IJB's reserve balances and must be drawn down to cover additional Covid19 related spend in 2021/22 before any additional funding would be provided to cover 2021/22 Covid19 spend. Dundee IJB has a total of £6.1m of Covid19 reserves.

4.5.3 Following the conclusion of the review of Quarter 1 returns, Scottish Government has released additional funding to Dundee IJB of £651k. Total Covid-19 funding now received is confirmed at £6.7m against a quarter 1 return figure of £7.3m. At the time of the Scottish Government review, expenditure relating to FHS (Family Health Services) and Unachieved Savings was not confirmed, in line with the position in other IJB's and Health Boards. Subsequent correspondence from Scottish Government indicates that expenditure relating to FHS will be include after the next review.

4.5.4 The Scottish Government recently agreed to extend the financial support offered to social care providers throughout the pandemic to date and funded through IJB remobilisation funding until March 2022. This element has been the most significant cost within the remobilisation plan to date and includes continued payment of underoccupancy payments to care homes (until the end of October 2021), payments for additional staff sickness and cover and additional PPE.

4.5.5 The providers financial support claim process involves assessment and scrutiny as well as benchmarking where possible by contracts officers and commissioning leads with a recommendation made to the Chief Finance Officer of Dundee IJB as to the reasonableness of

the request. The Chief Finance Officer considers these recommendations and other considerations prior to authorising additional provider payments.

4.5.6 A Quarter 2 return detailing the projected spend for 2021/22 (of £7.7m) based on the known position to end September 2021 was submitted in October 2021, with the breakdown of this provided in previous Financial Monitoring report.

4.5.7 The latest financial summary of the mobilisation plan as submitted to the Scottish Government in January 2022 (Quarter 3 return) is as follows:

Table 1

Mobilisation Expenditure Area	Estimated Additional Expenditure to Year End (2021/22) £000
Additional Care Home Placements	0
PPE	141
Additional Staff Cover / Temporary Staff	2,327
Provider Sustainability Payments	2,631
IT / Telephony	70
Additional Family Health Services Contractor Costs	180
Additional Family Health Services Prescribing Costs	211
Loss of Charging Income	936
Additional Equipment and Maintenance	323
Primary Care	197
Additional Services within Remobilisation Plan	900
Other Costs	119
Anticipated Underachievement of Savings	481
Total Projected Mobilisation Costs	**8,516**

Please note this is based on a range of assumptions, including national agreements therefore is subject to change as actual expenditure figures become clearer throughout the financial year.

4.6 Reserves Position

4.6.1 The IJB's reserves position considerably improved at the year ended 31st March 2021 as a result of the IJB generating an operational surplus of £2,041k during 2020/21 and the impact of the release of significant funding to all IJB's by the Scottish Government for specific initiatives to be held as earmarked reserves. This results in the IJB having total committed reserves of £11,734k and uncommitted reserves of £2,094k. This leaves the IJB with more flexibility to respond to unexpected financial challenges and provides the opportunity for transition funding for transformation of services. The reserves position is noted in Table 2 below:

Table 2

Reserve Purpose	Reserves Balance @ 31/3/21
	£k
Primary Care	2,424
Mental Health Action 15	527
ADP	358
Service Specific Projects	129
Community Living Change Fund	613
Covid-19	6,084
NHST - shifting balance of care	1,600
Total Committed Reserves	11,734
General Reserves (Uncommitted)	2,094

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 will be taken into consideration for these funds by the Scottish Government when releasing further in-year funding.

4.6.3 Similarly the provision of Covid19 funding can only be set against Covid19 related additional expenditure and this must be utilised first before the Scottish Government will release any further funding during 2021/22.

4.6.4 Due to the nature of how reserves must be treated within the IJB's accounts, the actual position at the end of 2021/22 will show a significant overspend against these funding streams as the total reserves to be applied (nb the funding of these services) can only be drawn down at the financial year end. The figures included in this financial monitoring report present these additional costs as having already been met from reserves.

4.6.5 Despite the expected utilisation of the Covid-19 Reserve balance during 2021/22, it is anticipated that the overall balance of Reserves at Year End 2021/22 will remain at around a similar value. At this stage, there are expectations that Primary Care and Mental Health Action 15 allocations will not be fully utilised with the unspent balance added to the above figures; ADP year-end balances are expected to increase as a result of new allocations which have taken time to develop the spending plans; additional funding in relation to Winter Planning funding (as detailed in 4.8) is also unlikely to be fully utilised before the end of the financial year.

4.7 Savings Plan

4.7.1 The IJB's savings for 2021/22 were initially agreed at the IJB meeting of 26 March 2021 (item IV of the minute refers) and subsequently revised following confirmation of additional Scottish Government Funding as agreed at the IJB meeting of 23 June 2021 (Item IX of the minute refers.) The total savings to be delivered during 2020/21 amount to £2,042k and at this stage of the financial year it is considered that the risk of these not being delivered are generally low. This assessment is set out in Appendix 4.

4.8 Winter Planning Funding

4.8.1 During Autumn 2021, the Scottish Government announced £300m of additional Winter Planning funding to support Health and Social Care (DIJB66-2021).

4.8.2 A summary of the known (and anticipated) funding allocations that are being allocated to Dundee IJB are noted in Table 3 below.

Table 3

SG - Additional Funding

	2021/22	2022/23			2021/22	2022/23
	Total	Recurring	Non-Recurring	Total	Dundee IJB Share	Dundee IJB Share
	£m	£m	£m	£m	£m	£m
Enhancing Care at Home Capacity	62.0	124.0		124.0	1.787	3.539
Interim 'Step Down' Care	40.0		20.0	20.0	1.153	0.571
Enhancing Multi-Disciplinary Teams	20.0	40.0		40.0	0.577	1.154
Recruitment Band 2-4 Healthcare Support staff	15.0	30.0		30.0	0.206	0.412
Full year impact of £10.02 uplift for Adult Social Care staff	40.2	144.0		144.0	1.384	4.104
Social Care Investment (increase to £10.50 for adult social care commissioned services staff, wef 1/4/22)		200.0		200.0		5.700
Carers Act		20.4		20.4		0.512
Updating Free Personal Nursing Care		15.0		15.0		0.224
Real Living Wage Baseline increase in 21/22		30.5		30.5		0.906
Total Increase in Investment	**177.2**	**603.9**	**20.0**	**623.9**	**5.107**	**17.122**

4.8.3 Work is ongoing to quantify the actual year end commitments against these additional 2021/22 funding allocations which will also assist in the development of plans for this funding in 2022/23.

5.0 POLICY IMPLICATIONS

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

6.0 RISK ASSESSMENT

Risk 1 Description	There is a significant risk that the IJB is unable to deliver a balanced budget over the financial year.
Risk Category	Financial
Inherent Risk Level	Likelihood 2 x Impact 4 = Risk Scoring 8 (which is a High Risk Level)
Mitigating Actions (including timescales and resources)	The IJB has agreed a range of savings and other interventions to balance expenditure, which alongside additional in year Scottish Government funding and the impact on service levels due to Covid 19 reduces the risk for 2021/22. Regular financial monitoring reports to the IJB will highlight issues raised.
Residual Risk Level	Likelihood 2 x Impact 3 = Risk Scoring 6 (which is a Moderate Risk Level)
Planned Risk Level	Likelihood 2 x Impact 3 = Risk Scoring 6 (which is a Moderate Risk Level)
Approval recommendation	While the inherent risk levels are high, the impact of the planned actions reduce the risk and therefore the risk should be accepted.

7.0 CONSULTATIONS

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

8.0 DIRECTIONS

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

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

9.0 BACKGROUND PAPERS

9.1 None.

Dave Berry
Chief Finance Officer

Date: 31st January 2022

Appendix 1

DUNDEE INTEGRATED JOINT BOARD - HEALTH & SOCIAL CARE PARTNERSHIP - FINANCE REPORT 2021/22 **Dec-21**

	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	41,213	13	16,422	81	57,635	94
Mental Health	4,982	419	4,079	292	9,061	711
Learning Disability	28,027	(150)	1,509	(36)	29,536	(186)
Physical Disabilities	5,012	(306)	0	0	5,012	(306)
Drug and Alcohol Recovery Service	1,213	(250)	3,185	(43)	4,397	(293)
Community Nurse Services/AHP/Other Adult	484	(100)	14,841	355	15,325	255
Hosted Services			21,894	(1,054)	21,894	(1,054)
Other Dundee Services / Support / Mgmt	2,568	231	31,418	(703)	33,986	(472)
Centrally Managed Budgets			3,412	386	3,412	386
Total Health and Community Care Services	**83,498**	**(144)**	**96,760**	**(721)**	**180,258**	**(866)**
Prescribing (FHS)			32,924	(1,402)	32,924	(1,402)
Other FHS Prescribing			128	(272)	128	(272)
General Medical Services			28,100	193	28,100	193
FHS - Cash Limited & Non Cash Limited			22,549	(1)	22,549	(1)
Large Hospital Set Aside			0	0	0	0
Total	**83,498**	**(144)**	**180,461**	**(2,203)**	**263,959**	**(2,348)**
Net Effect of Hosted Services*			(3,264)	355	(3,264)	355
Grand Total	**83,498**	**(144)**	**177,197**	**(1,848)**	**260,695**	**(1,993)**

*Hosted Services - Net Impact of Risk Sharing Adjustment

Appendix 2

DUNDEE INTEGRATED JOINT BOARD - HEALTH & SOCIAL CARE PARTNERSHIP - FINANCE REPORT 2021/22 Dec-21

		Dundee City Council Delegated Services		NHST Dundee Delegated Services		Partnership Total	
		Annual Budget £,000	Projected Over / (Under) £,000	Annual Budget £,000	Projected Over / (Under) £,000	Annual Budget £,000	Projected Over / (Under) £,000
1							
	Psych Of Old Age (In Pat)			4,714	143	4,714	143
	Older People Serv. - Ecs			255	2	255	2
	Older Peoples Serv. -Community			558	-77	558	-77
	Ijb Medicine for Elderly			5,678	390	5,678	390
	Medical (P.O.A)			734	198	734	198
	Psy Of Old Age - Community			2,371	-429	2,371	-429
	Intermediate Care			13	-13	13	-13
	Medical (MFE)			2,098	-133	2,098	-133
	Care at Home	19,200	611			19,200	611
	Care Homes	25,238	-208			25,238	-208
	Day Services	1,009	-88			1,009	-88
	Respite	590	-368			590	-368
	Accommodation with Support	276	32			276	32
	Other	-5,100	34			-5,100	34
	Older Peoples Services	41,213	13	16,422	81	57,635	94
2							
	General Adult Psychiatry			4,079	292	4,079	292
	Care at Home	39	-15			39	-15
	Care Homes	372	422			372	422
	Day Services	63	-34			63	-34
	Respite	0	46			0	46
	Accommodation with Support	4,109	381			4,109	381
	Other	398	-381			398	-381
	Mental Health	4,982	419	4,079	292	9,061	711
3							
	Learning Disability (Dundee)			1,509	-36	1,509	-36
	Care at Home	42	-12			42	-12
	Care Homes	2,801	-94			2,801	-94
	Day Services	7,883	531			7,883	531
	Respite	549	-120			549	-120
	Accommodation with Support	20,281	-356			20,281	-356
	Other	-3,529	-99			-3,529	-99
	Learning Disability	28,027	-150	1,509	-36	29,536	-186

		Dundee City Council Delegated Services		NHST Dundee Delegated Services		Partnership Total	
		Annual Budget	Projected Over / (Under)	Annual Budget	Projected Over / (Under)	Annual Budget	Projected Over / (Under)
		£,000	£,000	£,000	£,000	£,000	£,000
4							
	Care at Home	807	-85			807	-85
	Care Homes	1,856	-248			1,856	-248
	Day Services	1,226	-270			1,226	-270
	Respite	16	-57			16	-57
	Accommodation with Support	572	-110			572	-110
	Other	535	464			535	464
	Physical Disabilities	5,012	-306	0	0	5,012	-306
5							
	Dundee Drug Alcohol Recovery			3,185	-43	3,185	-43
	Care at Home	0	0			0	0
	Care Homes	324	-97			324	-97
	Day Services	60	1			60	1
	Respite	0	0			0	0
	Accommodation with Support	287	-12			287	-12
	Other	543	-142			543	-142
	Drug and Alcohol Recovery Service	1,213	-250	3,185	-43	4,397	-293
6							
	A.H.P.S Admin			453	0	453	0
	Physiotherapy			4,664	-557	4,664	-557
	Occupational Therapy			1,562	672	1,562	672
	Nursing Services (Adult)			7,391	309	7,391	309
	Community Supplies - Adult			310	29	310	29
	Anticoagulation			460	-97	460	-97
	Other Adult Services	484	-100			484	-100
	Adult Services	484	-100	14,841	355	15,325	255
7							
	Palliative Care - Dundee			2,958	-10	2,958	-10
	Palliative Care - Medical			1,343	-45	1,343	-45
	Palliative Care - Angus			372	0	372	0
	Palliative Care - Perth			1,873	-63	1,873	-63
	Brain Injury			1,857	-150	1,857	-150
	Dietetics (Tayside)			3,316	-52	3,316	-52
	Sexual & Reproductive Health			2,335	-285	2,335	-285
	Medical Advisory Service			108	-48	108	-48
	Homeopathy			30	6	30	6
	Tayside Health Arts Trust			75	0	75	0
	Psychological Therapies			5,498	-226	5,498	-226
	Psychotherapy (Tayside)			1,017	-55	1,017	-55
	Perinatal Infant Mental Health			233	0	233	0
	Learning Disability (Tay Ahp)			879	-127	879	-127
	Hosted Services	0	0	21,894	-1,054	21,894	-1,054

		Dundee City Council Delegated Services		NHST Dundee Delegated Services		Partnership Total	
		Annual Budget	Projected Over / (Under)	Annual Budget	Projected Over / (Under)	Annual Budget	Projected Over / (Under)
		£,000	£,000	£,000	£,000	£,000	£,000
8							
	Working Health Services			0	20	0	20
	The Corner			445	-9	445	-9
	Grants Voluntary Bodies Dundee			0	0	0	0
	Ijb Management			880	-156	880	-156
	Partnership Funding			26,744	0	26,744	0
	Urgent Care			1,408	-159	1,408	-159
	Public Health			699	-75	699	-75
	Keep Well			603	-166	603	-166
	Primary Care			639	-158	639	-158
	Support Services / Management Costs	2,568	231			2,568	231
	Other Dundee Services / Support / Mgmt	2,568	231	31,418	-703	33,986	-472
	Centrally Managed Budget			3,412	386	3,412	386
	Total Health and Community Care Services	**83,498**	**-144**	**96,760**	**-721**	**180,258**	**-866**
	Other Contractors						
	FHS Drugs Prescribing			32,924	-1,402	32,924	-1,402
	Other FHS Prescribing			128	-272	128	-272
	General Medical Services			28,100	193	28,100	193
	FHS - Cash Limited & Non Cash Limited			22,549	-1	22,549	-1
	Large Hospital Set Aside			0	0	0	0
	Grand H&SCP	**83,498**	**-144**	**180,461**	**-2,203**	**263,959**	**-2,348**
	Hosted Recharges Out			-12,988	172	-12,988	172
	Hosted Recharges In			9,724	183	9,724	183
	Adjustment			**-3,264**	**355**	**-3,264**	**355**
	Grand Total	**83,498**	**-144**	**177,197**	**-1,848**	**260,695**	**-1,993**

NHS Tayside - Services Hosted by Integrated Joint Boards - Charge to Dundee IJB				Appendix 3
Risk Sharing Agreement - October 2021				
Services Hosted in Angus	Annual Budget	Forecast Over (Underspend)	Dundee Allocation	
Forensic Service	1,075,310	(235,000)	(92,600)	
Out of Hours	8,230,897	(370,000)	(145,800)	
Locality Pharmacy	2,719,653	0	0	
Tayside Continence Service	1,517,184	10,000	3,900	
Speech Therapy (Tayside)	1,241,323	36,500	14,400	
Hosted Services	**14,784,367**	**(558,500)**	**(220,100)**	
Apprenticeship Levy	46,000	(3,000)	(1,200)	
Baseline Uplift surplus / (gap)	39,361	39,361	15,500	
Balance of Savings Target	(24,734)	(24,734)	(9,700)	
Grand Total Hosted Services	**14,844,994**	**(546,873)**	**(215,500)**	
Services Hosted in Perth & Kinross				
Prison Health Services	4,155,363	5,000	2,000	
Public Dental Service	2,582,675	87,000	34,300	
Podiatry (Tayside)	3,303,887	238,000	93,800	
Hosted Services	**10,041,925**	**330,000**	**130,100**	
Apprenticeship Levy - Others	41,700	389	200	
Baseline Uplift surplus / (gap) - Others	57,580	57,580	22,700	
Balance of Savings Target	(306,208)	(306,208)	(120,600)	
Grand Total Hosted Services	**9,834,997**	**81,761**	**32,400**	
Total Hosted Services	**24,679,991**	**(465,112)**	**(183,100)**	

Appendix 4

	Dundee IJB - Budget Savings List 2021/22		
	Agreed Savings Programme		
		2021/22 £000	**Risk of non-delivery**
(A)	**Full Year Effect of 2020/21 Savings**		
1)	New Meals Contract Price from Tayside Contracts under new CPU arrangements	*52*	Low
	Total Base Budget Adjustments	**52**	
(B)	***Non Recurring Savings 2021/22***		
1)	Reduction in GP Prescribing Budget	500	Low
2)	Reduction in Discretionary Spend (eg supplies & services, transport costs)	175	Low
3)	Anticipated Increased Staff turnover	350	Low
4)	Review Anticipated Additional Carers Funding for 2021/22	397	Low
5)	Delayed Utilisation of Reinvestment funding	400	Low
	Total Non-Recurring Savings	**1,822**	
(C)	**Recurring Savings**		
1)	Impact of DCC Review of Charges	168	Medium
	Total Recurring Savings	**168**	
	Total Savings Identified	**2,042**	
	Savings Target	**2,042**	

ITEM No …19……..

REPORT TO: **HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 23 FEBRUARY 2022**

REPORT ON: **DUNDEE IJB 2022/23 BUDGET DEVELOPMENT UPDATE**

REPORT BY: **CHIEF FINANCE OFFICER**

REPORT NO: **DIJB12-2022**

1.0 PURPOSE OF REPORT

1.1 The purpose of this paper is to provide the Integration Joint Board (IJB) with an overview of the potential implications of the Scottish Government's Budget 2022/23 on the IJB's Delegated Budget.

2.0 RECOMMENDATIONS

It is recommended that the IJB:

2.1 Notes the content of this report including the potential implications to the delegated budget of the impact of the Scottish Government's Budget on Dundee City Council and NHS Tayside's financial settlements as set out in sections 4.2 and 4.3 of this report;

2.2 Notes the provision of additional specific funding from the Scottish Government to support Health and Social Care Integration as set out in sections 4.2.6 to 4.2.8 of this report.

2.3 Remits to the Chief Finance Officer to present a proposed budget for 2022/23 for consideration by the IJB at its meeting on 25th March 2022.

3.0 FINANCIAL IMPLICATIONS

3.1 The range of anticipated additional cost pressures likely to impact on the IJB's delegated budget for 2022/23 as well as the implications of new responsibilities associated with the provision of the new Scottish Government funding set out in sections 4.2.6 to 4.2.8 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 25th March 2022 for consideration.

4.0 MAIN TEXT

4.1.1 Dundee Integration Joint Board was presented with an update on the development of the delegated budget 2022/23 at its meeting of the 15th December 2021 (Article XI of the Minute refers). This was the first in a series of budget development reports to ensure the IJB was fully informed of the financial environment impacting on Dundee City Council, NHS Tayside and ultimately the IJB's delegated budget.

4.1.2 The Scottish Government issued its Draft Budget on the 9th December 2021. The draft 2022/23 Scottish Budget was debated by the Scottish Parliament throughout January and February 2022, with the Scottish Budget Bill passed on the 10th February 2022. Dundee City Council plans to set its budget on the 24th February 2022. The Director of Finance of NHS Tayside has provided indicative figures based on the budget announcement with confirmation to be provided once NHST Tayside sets out its financial plan to a future Board meeting, anticipated to be April 2022.

4.2 Draft Scottish Budget Implications

Dundee City Council

4.2.1 The Local Government Finance Settlement figures have been advised in Local Government Finance Circular 9/2021, issued by the Scottish Government on 20 December 2021. The figures are provisional at this stage and are subject to consultation between the Scottish Government and COSLA prior to being laid before the Scottish Parliament. In late January 2022, The Scottish Government announced that a further £120m would be made available to local government in 2022/23 to support budget pressures with a view to removing the need for council tax increases.

4.2.3 Based on current assumptions, Dundee City Council will require to identify budget savings totalling around £12.2 million in order to achieve a balanced budget in 2022/23. As more information is understood about the grant settlement and the range of cost pressures faced by the council, these financial projections remain subject to change up until the date Dundee City Council agrees its budget on the 24th February 2022.

NHS Tayside

4.2.4 All Territorial Health Boards in Scotland will receive a baseline uplift of 2% with some Boards receiving a further increase as part of arrangements to ensure all Boards funding is maintained within 0.8% of NRAC parity (the national allocation formula). Further funding has been provided to support increases in National Insurance Contributions. NHS Tayside has received additional funding for NRAC parity in 2022/23 of £800k which when combined with the baseline uplift and the national insurance uplift results in an increase in funding for NHS Tayside to £22.2m. The Scottish Government has also provided additional funding in relation to Covid commitments such as permanent recruitment of vaccination staff and National Contact Centre staffing. The total increase to baseline funding to NHS Boards will be £317.4m in 2022/23. NHS Boards have been instructed by the Scottish Government to deliver an uplift of at least 2.0% over 2021/22 agreed recurring budgets to Integration Authorities in relation to delegated health functions and to make appropriate provision for increased employer national insurance costs.

4.2.5 In addition to this uplift, further investment in reform in the following areas will see an additional £70m available to NHS Boards:

Improving Patient Outcomes	**2021/22 Investment in Reform (£m)**	**2022/23 Investment in Reform (£m)**	**Increase in 2022/23 (£m)**
Primary Care	250	262.5	12.5
Waiting Times	196	232.1	36.1
Mental Health and CAMHS	231.1	246	14.9
Trauma Networks	37.8	44.3	6.5
Drug Deaths	61	61	0
Total	**775.9**	**845.9**	**70.0**

Within these allocations, Primary Care and Action 15 Mental Health funding (as part of the Mental Health and CAMHS additional investment) will flow through to Integration Joint Boards and are at the level anticipated.

Health and Social Care Integration

4.2.6 The Scottish Government's budget makes further provision for the transfer of resources from the Health and Social Care Portfolio to Local Government to support social care and integration of £554m. This recognises the recurring commitments on adult social care pay and on winter planning arrangements and in doing so, recognises the potential range of costs associated with elements of the winter planning commitments, and that some flexibility in allocation of funding may be required at a local level. This includes the provision of increased capacity for community-based health and social care services to recognise increasing demand levels and to reduce delayed discharges from hospital.

4.2.7 The overall transfer to Local Government includes additional funding of £235.4 million to support retention and begin to embed improved pay and conditions for care workers, with the Scottish Government considering that this funding requires local government to deliver a £10.50 minimum pay settlement for adult social care workers in commissioned services, in line with the equivalent commitment being made in the public sector pay policy. The additional funding will also support uprating of Free Personal and Nursing Care and the Carers Act.

4.2.8 The funding allocated to Integration Authorities should be additional and not substitutional to each Council's 2021/22 recurring budgets for social care services that are delegated. This means that, when taken together, Local Authority social care budgets for allocation to Integration Authorities must be £554 million greater than 2021/22 recurring budgets. Further funding is also being provided to increase social work capacity across Scotland (£22m), the recruitment of additional Health Care Support Workers (£40m) and for Multi-Disciplinary Teams (£30m).

4.3 Potential Impact on Dundee Integration Joint Board Delegated Budget

4.3.1 The additional funding provided to IJB's by the Scottish Government to support Integrated Health and Social Care Services will undoubtedly enable the IJB to meet a range of cost and demand pressures however it should be noted that most of this funding comes with additional commitments. A large proportion of the national funding is being provided to support the national policy of delivering Fair Work for social care workers employed by care providers through the increase in the minimum hourly rate from £9.50 which was implemented from the 1st April 2021, to the full year effect of the further interim uplift to £10.02 per hour from 1st December 2021 and a further increase from 1st April 2022 to £10.50 per hour. Furthermore, investment for services to support Carers through additional Carers Act funding and increases in Free Personal and Nursing Care Rates are also expected to be delivered by the IJB by the Scottish Government. Once these commitments are considered against the full range of cost pressures, such as increasing demand and rising inflation and pay costs, it is likely that the IJB's budget will still be facing some significant financial challenges.

4.3.2 The impact of the Scottish Budget on Dundee City Council and NHS Tayside's budgets as noted in sections 4.2.3 and 4.2.4 of this report is also expected to provide a number of challenges to the availability of funding to the IJB for 2022/23, although the Scottish Government has ensured some protection to current IJB funding levels through specific instructions issued to the partner bodies with regards to passing through uplifts and additional funding. Dundee City Council plans to set its budget on the 24th February 2022 with NHS Tayside expected to provide indicative figures on its budget around the same time therefore the IJB's budget cannot be concluded until the delegated funding levels are confirmed by the partner bodies.

4.3.4 The outcome of the overall funding settlements and anticipated cost pressures for the delegated budget will be presented to the IJB at its meeting of the 25th March 2022 for consideration as part of the IJB's budget setting process. Should there be a funding gap, mitigating actions will be presented to the IJB for consideration in order to ensure the IJB can meet its obligations to set a balanced budget.

5.0 POLICY IMPLICATIONS

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

6.0 RISK ASSESSMENT

Risk 1 Description	There is a risk that the IJB will not be able to balance its resources and achieve its strategic objectives should the combination of the level of funding provided through the delegated budget and the impact of the IJB's Transformation Efficiency Programme be insufficient.
Risk Category	Financial
Inherent Risk Level	Likelihood 4 x Impact 4 = 16 (Extreme)
Mitigating Actions (including timescales and resources)	Developing a robust and deliverable Transformation Programme Negotiations with Dundee City Council and NHS Tayside to agree the most advantageous funding package as part of the development of the IJB's delegated budget. Present to the IJB financially sustainable investment options to maximise the impact of additional Scottish Government Funding in managing demand and securing Best Value
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 2022.

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: 10 February 2022

DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD - ATTENDANCES - JANUARY 2021 TO DECEMBER 2021

Organisation	Member	Meeting Dates January 2021 to December 2021						
		24/2	26/3	21/4	23/6	25/8	27/10	15/12
Dundee City Council (Elected Member)	Cllr Ken Lynn	✓	✓	✓	✓	✓	A/S	✓
Dundee City Council (Elected Member)	Cllr Lynne Short	✓	✓	✓	✓	✓	✓	✓
Dundee City Council (Elected Member)	Bailie Helen Wright	✓	✓	✓	✓	✓	✓	✓
NHS Tayside (Non Executive Member)	Trudy McLeay	✓	✓	✓	✓	✓	✓	✓
NHS Tayside (Non Executive Member)	Jenny Alexander	A/S	A	A/S				
NHS Tayside (Non Executive Member)	Anne Buchanan				✓	✓	A	✓
NHS Tayside (Non Executive Member)	Donald McPherson	✓	✓	✓	✓	✓	✓	✓
Dundee City Council (Chief Social Work Officer)	Diane McCulloch	✓	✓	✓	✓	✓	A	✓
Chief Officer	Vicky Irons	✓	✓	✓	✓	✓	✓	✓
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)	Wendy Reid	A	A/S	✓	✓			
NHS Tayside (Registered Nurse)	Sarah Dickie						✓	✓
NHS Tayside (Registered Medical Practitioner (not providing primary medical services)	Dr James Cotton	✓	✓	✓	✓	A	✓	✓
Trade Union Representative	Jim McFarlane	✓	✓	✓	✓	✓	A	A
NHS Tayside (Staff Partnership Representative)	Raymond Marshall	✓	A	✓	✓	A	✓	✓
Voluntary Sector Representative	Eric Knox	A	✓	✓	-	A	✓	✓
Service User Representative	Linda Gray	✓	✓	✓	✓	✓	✓	✓
Person Providing unpaid care in the area of the local authority	Martyn Sloan	✓	✓	✓	A	✓	✓	✓
NHS Tayside (Director of Public Health)	Dr Emma Fletcher	A	A	A/S	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