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

City Chambers
DUNDEE
DD1 3BY

19th October, 2021

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, 27th October, 2021 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, 25th October, 2021.

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

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

3 MEMBERSHIP OF DUNDEE CITY INTEGRATION JOINT BOARD – REAPPOINTMENTS AND APPOINTMENT

(a) NHS TAYSIDE - REAPPOINTMENTS

The Integration Joint Board is asked to note that at the meeting of NHS Tayside Board held on 26th August, 2021 it was agreed that the undernoted members who were due for reappointment in October 2021 be given a further period of appointment as members of Dundee Integration Joint Board.

The Integration Joint Board is also asked to note that NHS Tayside had appointed Sarah Dickie to the position of Registered Nurse on the Integration Joint Board following the retiral of Wendy Reid.

Role	**Member**
Nominated by Health Board	Trudy McLeay*
Nominated by Health Board	Donald McPherson*
Nominated by Health Board	Anne Buchanan*
Registered nurse	Sarah Dickie **
Registered medical practitioner not providing primary medical services	James Cotton **

* Denotes Voting Member
** Denotes Non Voting Member

(b) MEMBERSHIP - REAPPOINTMENTS

The Integration Joint Board is asked to agree to a further term of appointment to the Integration Joint Board for the undernoted membership:-

Role	**Member**
Staff Partnership Representative	Raymond Marshall **
Staff of the constituent authorities engaged in the provision of services provided under integration functions	Jim McFarlane **
Third sector bodies	Eric Knox **
Service users	Linda Gray **
Person providing unpaid care in the area of the local authority	Martyn Sloan **
Director of Public Health	Emma Fletcher **

** Denotes Non Voting Member

(c) MEMBERSHIP – APPOINTMENT

It is reported that the Chief Officer has proposed that Dr David Shaw, Clinical Director, NHS Tayside be appointed as a Non Voting Member on the Integration Joint Board.

The Integration Joint Boards approval is requested

4 VICE-CHAIRPERSON - APPOINTMENT

The Integration Joint Board is asked to note that following the reappointment of Trudy McLeay as a Voting Member at the meeting of NHS Tayside Board held on 26th August 2021 the Board also agreed to her continued appointment as Vice-Chairperson of Dundee Integration Joint Board

5 PERFORMANCE AND AUDIT COMMITTEE – APPOINTMENT OF MEMBERSHIP AND CHAIRPERSON

Reference is made to Article VIII of the minute of meeting of the Integration Joint Board held on 30th August, 2016, wherein it was agreed to establish a Performance and Audit Committee as a Standing Committee of the Integration Joint Board. The Terms of Reference were also agreed.

(a) MEMBERSHIP

The Terms of Reference indicated that the Integration Joint Board shall appoint the Committee which would consist of not less than six members of the Integration Joint Board. The Committee will include at least four Integration Joint Board voting members (on the basis of two from NHS Tayside and two from Dundee City Council).

The Integration Joint Board is asked to note the position and to consider the reappointment of Trudy McLeay, and Donald McPherson as Voting Members on the Performance and Audit Committee and James Cotton, Raymond Marshall and Martyn Sloan as members on the Performance and Audit Committee.

The Integration Joint Boards instructions are requested

(b) CHAIRPERSON

The Committee will be chaired by a person not being the Chairperson of the Integration Joint Board and will be nominated by the Integration Joint Board.

It is reported that the Integration Joint Board's instructions are requested with regard to appointment of the Vice Chairperson of the Integration Joint Board, Trudy McLeay to serve as Chairperson of the Performance and Audit Committee.

6 MINUTE OF PREVIOUS MEETING AND ACTION TRACKER

(a) MINUTE - **Page 1**

The minute of previous meeting of the Integration Joint Board held on 25th August, 2021 is attached for approval.

(b) ACTION TRACKER - **Page 9**

The Action Tracker (DIJB56-2021) for meetings of the Integration Joint Board is attached for noting and updating accordingly.

7 PERFORMANCE AND AUDIT COMMITTEE

(a) MINUTE OF PREVIOUS MEETING OF 29TH SEPTEMBER, 2021 - **Page 17**

(Copy attached for information and record purposes).

(b) CHAIRPERSONS ASSURANCE REPORT - **Page 23**

(Report No DIJB56-2021 by the Chairperson of the Performance and Audit Committee, copy attached).

8 ANNUAL PERFORMANCE REPORT 2020/2021 - Page 25

(Report No DIJB48-2021 by the Chief Officer, copy attached).

9 MENTAL HEALTH AND WELLBEING PLANNING IN LIGHT OF THE IMPACT OF COVID-19 ON CITIZENS OF DUNDEE - Page 125

(Report No DIJB50-2021 by the Chief Officer, copy attached).

10 INDEPENDENT INQUIRY INTO MENTAL HEALTH SERVICES IN TAYSIDE PROGRESS RESPORT JULY 2021 - Page 129

(Report No DIJB55-202021 by the Chief Officer, copy attached).

11 A NATIONAL CARE SERVICE FOR SCOTLAND – CONSULTATION (DIJB47-2021)

In August 2021 the Integration Joint Board was advised of the Scottish Government's consultation regarding proposals to establish a National Care Service for Scotland (Article XII of the minutes of the Dundee Integration Joint Board held on 25 August 2021 refers).

The consultation period has now been extended by the Scottish Government and will end on 2 November 2021 (previously 18 October 2021).

A range of activity has been planned by the Partnership to encourage and support stakeholders to engage with and respond to the consultation, this includes:

- A range of approaches focused on raising awareness of the consultation amongst people who use health and social care services and supports, carers and the wider public. Within this the focus is on informing people that the consultation is open, that it proposes significant changes to the way that health and social care services and supports for people of all ages are planned and delivered in the future, and on the mechanisms by which they can make their views on the proposals know. Information has been added to the Partnership's website, the Health Inequalities Service website and is being distributed in collaboration with Dundee City Council Communications Services via social media channels. In addition, materials issued to providers (see below) include information and prompts to encourage them to support individuals and interest groups to participate in the consultation process.

- Information has been issued to local providers of health and social care services and supports, both via the Partnership's existing networks and through DVVA, to encourage and support providers to respond to the consultation. In addition, there will be opportunities to discuss the consultation at provider forums facilitated by the Partnership.

- Each of the Partnership's Strategic Planning Groups has been offered the opportunity to have a facilitated discussion regarding the key proposals within the consultation document and to capture views on the proposals made. Membership of Strategic Planning Groups includes internal Partnership staff, external service providers and community / lived experience representatives.

- A briefing session was provided to the IJB and Strategic Planning Advisory Group members on the 28 September 2021, including an opportunity for discussion regarding key aspects of the proposals set out in the consultation document.

- Materials have been developed to support facilitated discussions with the Partnership workforce. These will be distributed to managers to enable them to undertake discussions at service and team level and to gather workforce views on the proposals set out in the consultation document.

In addition to the above, a range of other activity is being taken forward by representative bodies at local, regional and national levels to gather views and make collated responses to the consultation. This includes provider representative bodies, workforce representative bodies and bodies representing specific interest groups within the population who utilise health and social care services and supports (including carers). A range of internal officers and external partners are participating in these activities in addition to the activities listed above that are being led by the Partnership.

The Integration Joint Board is asked to note the extension of the consultation period and activity across the Partnership to promote and support engagement in the consultation process.

12 DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP STRATEGIC RISK REGISTER UPDATE - Page 223

(Report No DIJB54-2021 by the Chief Finance Officer, copy attached).

13 CARERS STRATEGY – A CARING DUNDEE - Page 231

(Report No DIJB49-2021 by the Chief Officer, copy attached).

14 STRATEGIC AND COMMISSIONING PLAN – STATUTORY REVIEW TIMETABLE (DIJB51-2021)

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.

The Strategic Planning Advisory Group convened in early August 2021 to agree a realistic approach to completing the statutory review considering the ongoing pressures associated with pandemic response and recovery, timescales for a range of key local and national policy and planning developments (including the consultation regarding the National Care Service) and resources available within the Strategy and Performance Service to support the statutory review. The Group also considered content within the IJB's Annual Internal Audit Report 2021/22 that focuses on the strategic and commissioning plan. The timescale and approach agreed by the group is set out below:

August 2021	Completion of draft of revised strategic needs assessment, consideration of draft and headline findings by Strategic Planning Advisory Group and collation of feedback on draft throughout August and early September.
	Finalise re-assessment of the impact of COVID-19 on the delivery of the current strategic and delivery plan and consider headline themes / issues from this exercise. This has been completed.
September 2021	Briefing session for the Strategic Planning Advisory Group and IJB members regarding proposals set out in the National Care Service Consultation, including opportunities to identify short, medium and long-term potential impacts that impact on the content of the strategic and commissioning plan. This is planned for 28 September 2021.
	Revision and resubmission of the Partnership's COVID remobilisation plan as an accompanying document to NHS Tayside's remobilisation plan submission to the Scottish Government. This was completed on 24 September 2021.
	Desktop review of recently agreed plans for Dundee Strategic Planning Groups and significant transformation and change programmes (for example, the Primary Care Improvement Plan), and of strategic and commissioning plans recently published by other Partnerships across Scotland.
October / November 2021	Strategic Planning Advisory Group to meet to consider key themes and issues from activity undertaken to date and on the purpose of the strategic and commissioning plan with a view to making an initial recommendation about the need to replace or revise the current plan or that it is fit for purpose and requires no further work.
	Consultation sessions with Strategic Planning Groups on the initial recommendation from the Strategic Planning Advisory Group and also on the future of the strategic planning group structure required to deliver the plan.
	Consultation with LCPPs and other relevant local community planning networks / fora on the initial proposal from the Strategic Planning Advisory Group.

December 2021	Collation, consolidation and report writing. Including consultation on draft report to IJB making final recommendation on the outcome of the statutory review.
January 2022	Report to IJB with firm recommendation on outcome of the statutory review.
February 2022	Strategic Planning Advisory Group reconvenes to consider IJB decision and to make any plans required at that stage to complete work to revise or replace the existing plan.

If a recommendation is made and agreed by the IJB to revise or replace the current plan there is no timescale set-out in the legislation for the completion of this work. Were this to be required the Strategic Planning Advisory Group would make further detailed proposals to the IJB regarding the timescale and approach in early 2022.

The IJB is asked to note the timeline and planned approach for completion of the statutory review.

15 FINANCIAL MONITORING POSITION AS AT AUGUST 2021 - Page 271

(Report No DIJB52-2021 by the Chief Finance Officer, copy attached).

16 ANNUAL COMPLAINTS PERFORMANCE - Page 283

(Report No DIJB53-2021 by the Chief Finance Officer, copy attached).

17 MEETINGS OF THE INTEGRATION JOINT BOARD 2021 – ATTENDANCES – Page 289

A copy of the attendance return (DIJB57-2021) for meetings of the Integration Joint Board held to date over 2021 is attached for information.

18 PROGRAMME OF MEETINGS – INTEGRATION JOINT BOARD AND PERFORMANCE AND AUDIT COMMITTEE - 2022

(a) INTEGRATION JOINT BOARD

It is proposed that the the programme of meetings over 2022 be as follows:-

Wednesday 23rd February, 2022 - 10.00am
Wednesday 25th March, 2022 – 10.00am (Budget Meeting)
Wednesday 20th April, 2022 – 10.00am
Wednesday 22nd June, 2022 – 10.00am
Wednesday 24th August, 2022 – 10.00am
Wednesday 26th October, 2022 - 10.00am
Wednesday 14th December, 2022 – 10.00am

(b) PERFORMANCE AND AUDIT COMMITTEE

It is proposed that the programme of meetings over 2022 be as follows:-

Wednesday 2nd February, 2022 – 10.00am
Wednesday 23rd March, 2022 – 10.00am
Wednesday 20th July, 2022 – 10.00am
Wednesday 28th September, 2022 – 10.00am
Wednesday 23rd November, 2022 – 10.00am

19 DATE OF NEXT MEETING

The next meeting of the Integration Joint Board will be held remotely on 15th December, 2021 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)	VACANT
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 …6(a)……..

At a MEETING of the **DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** held remotely on 25th August, 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)
Anne BUCHANAN	Nominated by Health Board (Non-Executive Member)
Vicky IRONS	Chief Officer
Dave BERRY	Chief Finance Officer
Diane McCULLOCH	Chief Social Work Officer
Jim McFARLANE	Trade Union Representative
Linda GRAY	Service User Representative

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

Jenny HILL	Head of Health and Community Care
Kathryn SHARP	Strategy and Performance Service Manager
Arlene MITCHELL	Localities Manager
David SHAW	Health and Social Care Partnership
Linda GRAHAM	Health and Social Care Partnership
Simon LITTLE	Alcohol and Drug Partnership

Ken LYNN, Chairperson, in the Chair.

Prior to commencement of the business the Chief Officer took the opportunity to appraise 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 FOR ABSENCE

Apologies for absence were submitted on behalf of:-

Members	**Role**
James COTTON	Registered medical practioner(not providing primary medical services)
Raymond MARSHALL	Staff Partnership Representative
Eric KNOX	Third Sector Representative

II DECLARATION OF INTEREST

There were no declarations of interest.

III MINUTE OF PREVIOUS MEETING

The minute of meeting of the Integration Joint Board held on 23rd June, 2021 was submitted and approved.

IV SUICIDE PREVENTION STRATEGIC UPDATE

There was submitted Report No DIJB37-2021 by the Chief Officer giving an overview of the strategic suicide prevention arrangements in Dundee and collaborative developments across Tayside.

The Integration Joint Board agreed:-

(i) to note the content of the report;

(ii) 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;

(iii) 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;

(iv) 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; and

(v) to note the publication of the toolkit to support the development of local area Suicide Prevention Action Plans as outlined in Appendix 1 of the report.

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

(vi) to note the observation of Bailie Wright in relation to the age profiling mentioned in the report and that this may relate to the same generation of people in terms of demographics and for this to be examined;

(vii) to note the request of Bailie Wright for information on suicide trends over the Covid Pandemic period to be provided should they become available;

(viii) to note following enquiry from Trudy McLeay in relation to support for students and also financial support for families and direction to services in times of stress such as the Listening Service the advice of Arlene Mitchell that the Partnership were confident that appropriate support was in place at Universities in Dundee and that the Listening Service provided positive support towards the aims of the Community Health and Wellbeing Hub and that she would make further enquiry in relation to bereavement support for families and reply back to Trudy McLeay on this;

(ix) to note following enquiry from Trudy McLeay in relation to the possible provision of a Listening Service in the Hub the advice of Arlene Mitchell that it was still to be decided which services would be placed in the Hub; and

(x) to note following enquiry from Donald McPherson on support for families of individuals who had attempted suicide the advice of Arlene Mitchell that the Partnership continued to examine support mechanisms for families who had experienced suicide or attempted suicide and awareness of how this may further affect other members within that family circle.

V CARERS INVESTMENT PLAN UPDATE

Reference was made to Article VIII of the minute of meeting of this Integration Joint Board held on 21st April, 2021, wherein the report on engagement work carried out by the Partnership in relation to the impact Covid 19 on unpaid Carers in the City was agreed.

There was submitted Report No DIJB38-2021 by the Chief Finance Officer providing an update in relation to work undertaken by the Carer's Partnership and seeking approval of the updated Carers (Scotland) Act Investment Plan 2021/2022 and noting the anticipated allocations for 2022/2023.

The Integration Joint Board agreed:-

(i) to note the work undertaken by the Carer's Partnership to develop investment plans as described in the report;

(ii) to approve the Carers (Scotland) 2016 Act Investment Plan 2021/2022 set out in Appendix 1 of the report which included anticipated allocations for 2022/2023;

(iii) to accept the risk level described in section 6 of the report; and

(iv) to remit to the Chief Officer to issue the Directions set out in section 8 of the report.

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

(v) 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 Joint Board with more information in this regard such as staffing matters;

(vi) to note following enquiry from Councillor Lynne Short that any evaluation of the projects in terms of the Carers Act would be reported to the Performance and Audit Committee;

(vii) to note following enquiry from Councillor Short the advice of Jenny Hill that work was ongoing to help people identify themselves as being Carers; and

(viii) to note the observation of Anne Buchanan in relation to the benefits of care being provided on an over night basis.

VI REVISION OF DUNDEE HEALTH AND SOCIAL CARE INTEGRATION SCHEME

There was submitted Agenda Note DIJB39-2021 advising that in December 2020 the Integration Joint Board was informed that NHS Tayside and Dundee City Council had completed the statutory review of the Dundee Health and Social Care Integration Scheme (required by section 44 of the Public Bodies (Joint Working) Scotland Act 2014) and had agreed that a revised scheme should be prepared (Article X of the minute of the meeting of the Dundee Integration Joint Board held on 15th December 2020 refers). 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.

It was reported that the work to progress the production of a revised scheme had progressed more slowly than had originally been intended. In part this was due to the second wave of the pandemic at the beginning of 2021. However, additional time was also taken to clarify, through the Tayside Joint-Chief Executives Group, the scale and scope of the revision work in order that this could be progressed through a joint approach across all Tayside partners (corporate bodies and Integration Joint Boards).

Tthe following key areas of progress had been achieved:

- A Principal Officer from Angus Health and Social Care Partnership had been seconded to project manage the revision process.

- An Integration Project Group had been established with representation from each Council, NHS Tayside and each Health and Social Care Partnership across Tayside and had been meeting regularly since April 2021. The Chief Finance Officer and Service Manager, Strategy and Performance were representing the Dundee Health and Social Care Partnership on this group.

- A Project Initiation Document (PID) had been agreed through the Tayside joint-Chief Executives Group following consultation with the Integration Joint Boards' Chief

Officers. This sets out how partners wouldl work together to revise the schemes across Tayside including the aims of the project, drivers for change, project scope, roles and responsibilities of stakeholders, outline timescales, project reporting and risks to project delivery.

- The Principal Officer had undertaken a review of integration schemes in place across Scotland, with particular attention to the small number of schemes that had recently been revised following the completion of the statutory review in other Partnerships.

- The Principal Officer had begun the process of compiling discussion documents to support stakeholder engagement in the re-drafting of scheme text for sections of the scheme identified as priorities for revision through the Tayside joint-Chief Executive Group.

The Principal Officer leading the project would work with the Chief Finance Officer and Service Manager, Strategy and Performance to provide quarterly updates to the Integration Joint Board members through appropriate local reporting and communication routes (including further formal reports to the Integration Joint Board where this was required at key points in the revision process). The target for full project completion, including submission to the Scottish Government for parliamentary approval of the revised scheme, remained March 2022.

The Integration Joint Board agreed to note the updated position.

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

(i) to note following enquiry from Donald McPherson in relation to “whistle blowing” mechanisms to be incorporated that Dave Berry would feed in his comments to the Project Team for consideration.

VII DUNDEE PRIMARY CARE IMPROVEMENT PLAN UPDATE

There was submitted Report No DIJB40-2021 by the Chief Officer providing an update on the implementation of the Dundee Primary Care Improvement Plan for 2020/2021 and seeking approval for the implementation of the Dundee Primary Care Improvement Plan for 2021/2022.

The Integration Joint Board agreed:-

(i) to note the progress to implement the Dundee Primary Care Improvement Plan 2020/2021 in the third year of delivery as outlined in Appendix 1 of the report and the key achievements as described in section 4.3.3 of the report;

(ii) to approve the proposed actions for Dundee Health and Social Care Partnership for 2021/2022 as described in Appendix 1 of the report and note the proposed allocation of funding as detailed in section 3 of the report;

(iii) to note that aspects of the Plan would not be fully implemented by March 2022, and that practices would receive transitionary payments after that time point for services they were still delivering as outlined in section 4 of the report;

(iv) to instruct the Chief Officer to issue Directions to NHS Tayside to implement the specific actions relevant to them as outlined in Appendix 1 of the report;

(v) to note the previous agreement to delegate the monitoring of the Dundee allocation of the Primary Care Improvement Fund as noted in section 3.6 of the report; and

(vi) 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.

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

(vii) to note the advice of Dr David Shaw following enquiry from Councillor Short that the use of premises was being investigated as part of a wider property strategy in light of learning over the Covid period and that public health had been in discussion with regard to the use of retail premises; and

(viii) to note that Dr David Shaw would make the Team aware of point raised by Trudy McLeay in relation to telephone contact being made with any service user to confirm whether they still required that service in light of any extended time period between referral and appointment and the possibility of the patient being directed to another service area for help should demand outweigh availability.

VIII MENTAL HEALTH AND WELLBEING STRATEGIC UPDATE

There was submitted Report No DIJB41-2021 by the Chief Officer providing a briefing about local and Tayside strategic mental health and wellbeing developments.

The Integration Joint Board agreed:-

(i) to note the contents of the report;

(ii) 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; and

(iii) to approve a funding contribution of £180k per annum from delegated mental health funding as Dundee's contribution towards implementing Distress Brief Intervention as set out in section 4.13 of the report.

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

(iv) to note following enquiry from Councillor Lynn the advice of Arlene Mitchell that a Stakeholder Group would be set up for the establishment of the Community Wellbeing Centre and that a consultation paper had ben drawn up for engagement with Stakeholders and that the design of the building was expected to be as inclusive as possible to provide a service for a range of people and age groups across the city.

IX FINANCIAL MONITORING POSITION AS AT JUNE 2021

There was submitted Report No DIJB42-2021 by the Chief Finance Officer providing 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 30th June 2021 as outlined in Appendices 1, 2, 3 and 4 of the report;

(ii) to note the costs 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 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; and

(v) to note the observation of Donald McPherson for transformation opportunities to be explored when possible and for Risks in terms of the Risk Assessment findings to be minimised as far as possible and the reply from Dave Berry that a lot of change had taken place in services and that further information would be brought froward on any services which required to be financed and that risk levels reflected the current uncertainty of public sector finance.

X ALCOHOL AND DRUG PARTNERSHIP SELF- ASSESSMENT FINDINGS

There was submitted Report No DIJB43-2021 by the Chief Officer informing of the findings of the Alcohol and Drug Partnership's self-assessment process undertaken between May and July 2021 to evidence and evaluate the Dundee Partnership's performance in implementing the Action Plan for Change and addressing the 16 recommendations made by the Dundee Drug Commission in 2019.

The Integration Joint Board agreed:-

(i) to note the contents of the report, including the overview of the self-assessment process undertaken between May and July 2021, and findings of the self-assessment as outlined in section 4.4 and 4.5 of the report and Appendix 1 of the report;

(ii) to note that the self-assessment report had been submitted to the Dundee Drugs Commission to support their work to independently evaluate progress towards implementation of the recommendations made by them in 2019 as outlined in section 4.6.1of the report;

(iii) to note that amendments would be made to the Action Plan for Change based on the self-assessment findings as outlined in section 4.6.2 and instruct the Chief Officer to submit the revised plan to the Integration Joint Board for information once it had been agreed by the Dundee Partnership;

(iv) to note the additional funds provided by Dundee City Council and the Scottish Government and planned investment to support and accelerate actions contained within the Action Plan for Change as outlined in section 4.7 of the report; and

(v) 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.

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

(vi) to note the enquiry from Councillor Ken Lynn about capacity to develop further bids for monies and that advice of Diane McCulloch that the Partnership had a officer in post who carried out this work; and

(vii) to note following enquiry from Councillor Lynne Short in relation to the process of Cora funding and use of Fort by Alcohol and Dru Partnership the advice of Kathryn Sharp that Fort was embedded within the Children and Families Service of Dundee City Council and that possibility of this process being used within Adult Services would be examined.

XI ANGUS AND DUNDEE STROKE REHABILITATION PATHWAY REVISION

There was submitted Report No DIJB44-2021 by the Chief Officer reporting on the outcomes of the review of hyperacute and acute stroke care pathway as part of the Angus and Dundee Health and Social Care Partnerships respective redesign programmes.

The Integration Joint Board agreed:-

(i) to note the work to date to progress the development of stroke rehabilitation pathway review;

(ii) to support and approve the preferred model of care as outlined in the report;

(iii) to request a detailed implementation plan was brought back to Dundee Integration Joint Board; and

(iv) to remit the Chief Officer to issue Directions as outlined in section 13.1 of the report.

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

(v) to the content of the Direction to be issued being adjusted to include provision of non financial monitoring under Performance and Monitoring to reflect how the service was performing; and

(vi) to note the observation of Councillor Lynne Short that with the proposed service involving both Angus and Dundee that there would have been benefit to having information on the Angus position contained within the Integrated Impact Assessment Report which was attached to the report.

XII A NATIONAL CARE SERVICE FOR SCOTLAND - CONSULTATION

There was submitted Agenda Note DIJB45-2021 advising that the Independent Review of Adult Social Care recommended the creation of a National Care Service, with Scottish Ministers being accountable for adult social care support. The First Minister set out a commitment to start formal consultation for the new National Care Service in the first 100 days of the Parliament with a view to introducing legislation in the first year of the Parliament. However, the Scottish Government's ambition was to go beyond that. This consultation therefore would seek views on creating a comprehensive community health and social care service that supported people of all ages. It was focused on exploring the suggestions for significant cultural and system change that would need to be supported by primary legislation, new law, and to ensure the governance and accountability across the system to deliver successfully for people.

The Scottish Government were proposing that the National Care Service would define the strategic direction and quality standards for community health and social care in Scotland. It wouldl have local delivery boards which worked with the NHS, local authorities, and the third and independent sectors to plan, commission and deliver the support and services that the people of Scotland required.

The proposals would also take forward recommendations of the Independent Review of Adult Social Care around:

- ensuring that care was person-centred and human rights based
- providing greater recognition and support for unpaid carers
- improving conditions for the workforce
- commissioning for public good, and
- more effective approaches to scrutiny and improvement of social care services.

The consultation was divided into the following themes:

- Improving care for people

- The scope of the National Care Service
- Community Health and Social Care Boards
- Commissioning of services
- Regulation
- Fair work and valuing the workforce

The Consultation would run from 9th August, 2021 until 18th October.

Organisations were asked to promote the consultation widely within local networks and to support people with lived and living experience to engage with the consultation in a meaningful way.

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

Following questions and answers the Integration Joint Board further agreed to note that a Briefing Session on the consultation would be held in September 2021 for the membership of the Integration Joint Board.

XIII MEETINGS OF THE INTEGRATION JOINT BOARD 2021 – ATTENDANCES

There was submitted a copy of the attendance return Report No DIJB46-2021 for meetings of the Integration Joint Board held to date over 2021.

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

XIV 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 27th October, 2021 at 10.00 am.

Ken LYNN, Chairperson.

ITEM No …6(b)……..

DIJB56-2021

DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – ACTION TRACKER

No	Meeting	Minute Ref	Heading	Action Point	Responsibility	Timeframe	Status	Comment
1.	23/6/21	III	MINUTE OF PREVIOUS MEETING – 21ST APRIL 2021	The Partnership to hold the development session on Risk Management in late August 2021.	Chief Finance Officer/ Clerk	Late August 2021	Complete	Session arranged for 16th August 2021
2.	"	V(i)	PERFORMANCE AND AUDIT COMMITTEE MINUTE OF PREVIOUS MEETING OF 26TH MAY, 2021	Action Tracker to be provided from the meeting in August 2021.	Chief Finance Officer/ Clerk	August 2021	Complete	
3.	"	VI (ii)	PREPARATION OF THE INTEGRATION JOINT BOARDS ANNUAL PERFORMANCE REPORT 2020/2021	A summary version of Annual Performance Report to be published on or before the statutory deadline (31st July, 2021), with a full version submitted to the Integration Joint Board no later than 27th October, 2021 for approval and subsequent publication.	Strategy and Performance Service Manager	31st July 2021 and 27th October 2021	Complete	
4.	"	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 be in early 2022. Links to on-line training have been circulated in the meantime.
5.	"	VII (v)	LEADERSHIP OF PUBLIC PROTECTION ARRANGEMENTS	Strategy and Performance Service Manager to contact Louise Butchart, Service Manager, Housing and Communities for further information on background to figure in relation to rise in homelessness and provide	Strategy and Performance Service Manager	30th July 2021	Complete	

				the membership with analysis of this.				
6.	"	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	In progress	+Following further discussion, a report detailing the current Public Protection arrangements and progress made, will be provided to the IJB in December 2021. In the interim a copy of the current Public Protection structure will be circulated to IJB Board members
7	"	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	In progress	Scheduled for December 2021 meeting.
8.	"	VIII (ii)	STRATEGIC AND COMMISSIONING PLAN – COVID IMPACT AND STRATEGIC REVIEW	Chief Officer to make detailed recommendations to the Integration Joint Board regarding the approach and timeline for completion of the statutory review of the strategic and commissioning plan no later than 27th October, 2021.	Chief Officer	27th October 2021	Complete	
9.	"	(iii)	STRATEGIC AND COMMISSIONING PLAN – COVID IMPACT AND STRATEGIC REVIEW	Strategy and Performance Service Manager to arrange for a companion document on Fair Work to be provided alongside the next report on Strategic Commissioning in October 2021.	Strategy and Performance Service Manager	27th October 2021	Complete	The companion document to the strategic and commissioning plan that reflects Fair Work consideration is the Market Facilitation Strategy. The current version can be accessed at: https://www.dundeehscp.com/sites/default/files/publications/dhscp_shaping_adult_health_social_care.pdf

10.	"	(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	In progress	Scheduled for December 2021 meeting.
11.	"	(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	
12.		IX	DUNDEE INTEGRATION JOINT BOARD 2021/2022 BUDGET	Chief Finance Officer to report back to the Integration Joint Board following receipt of formal notification from Tayside NHS Board of the budget offer with associated recommendations, including any implications of the finalisation of hosted services budgets, and the Large Hospital Set Aside on the Integration Joint Boards net budget position and associated savings.	Chief Finance Officer	30th July 2021	Complete	
13.		IX	DUNDEE INTEGRATION JOINT BOARD 2021/2022 BUDGET	Chief Finance Officer to report back to the Integration Joint Board on the implications to the Integration Joint Board's budget should the additional funding received by the Integration Joint Board to implement the national living wage policy vary from the anticipated cost.	Chief Finance Officer	30th July 2021	Complete	
14.	"	X(iv)	FINANCIAL MONITORING POSITION AS AT 31ST MARCH, 2021	Chief Finance Officer to arrange for the report for submission to the August meeting to be more detailed so as to provide greater clarity and explanation in relation to figures mentioned for Dundee City Council Older Peoples Service	Chief Finance Officer	25th August 2021	Complete	

15.	"	X(v)	FINANCIAL MONITORING POSITION AS AT 31ST MARCH, 2021	Chief Finance Officer to take up Bailie Wright's question in relation to use of bubble pack medicines and the effect any change of a particular drug contained would have on the continued use of that pack with relevant officers and get back to her directly on the matter.	Chief Finance Officer	30th July 2021	Complete	
16.	"	X(vi)	FINANCIAL MONITORING POSITION AS AT 31ST MARCH, 2021	Chief Social Work Officer to provide Raymond Marshall with more detail in relation to savings in relation to Learning and Disability Service out with the meeting.	Chief Social Work Officer	30th July 2021	Complete	Newly formed staff-side forum established which includes Learning Disability Services. Further additional information will be provided prior to the October meeting.
17.	"	XI (iv)	UNAUDITED ANNUAL ACCOUNTS 2020/2021	Chief Finance Officer to submit the Unaudited Accounts to the Integration Joint Board's external auditors (Audit Scotland) by the 30th June, 2021 to enable the audit process to commence.	Chief Finance Officer	30th June 2021	Complete	
18.	"	XI(vii)	UNAUDITED ANNUAL ACCOUNTS 2020/2021	Chairperson to contact NHS Tayside with a view to securing more regular attendance of medical professionals at meetings of the Integration Joint Board	Chairperson	30th July 2021	Complete	
19.	"	XI(ix)	UNAUDITED ANNUAL ACCOUNTS 2020/2021	Chief Finance Officer to amend P71 of the report to reflect that Martyn Sloan was not a representative from Dundee Carers Centre.	Chief Finance Officer	30th July 2021	Complete	
20.	"	XII(ii)	ANNUAL INTERNAL AUDIT REPORT 2020/2021	Chief Finance Officer to incorporate the recommendations of the Annual Internal Audit Report into the Integration Joint Board's Governance Action Plan, presented to and monitored by the	Chief Finance Officer	30th July 2021	Complete	

				Performance and Audit Committee.				
21.	"	XIII	STANDING ORDERS – AMENDMENT	Clerk to amend Standing Orders.	Clerk	30th July 2021	Complete	
22.	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	27th October 2021	In progress	
23.	"	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	27th October 2021	In progress	
24.	"	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	27th October 2021	In progress	
25.	"	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	In progress	
26.	"	IV(x)	SUICIDE PREVENTION STRATEGIC UPDATE	to note following enquiry from Donald McPherson on support for families of individuals who had attempted suicide the advice of Arlene Mitchell that the Partnership continued to examine support mechanisms for families who had experienced suicide or attempted suicide and awareness of how this may further affect other	Chief Officer	27th October 2021	Complete	Any further actions identified will be included in the finalised Suicide Prevention Action Plan.

				members within that family circle.				
27.	"	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 Joint Board with more information in this regard such as staffing matters.	Chief Finance Officer	27th October 2021	In progress	
28.	"	VI(i)	REVISION OF DUNDEE HEALTH AND SOCIAL CARE INTEGRATION SCHEME	to note following enquiry from Donald McPherson in relation to "whistle blowing" mechanisms to be incorporated that Dave Berry would feed in his comments to the Project Team for consideration.	Chief Finance Officer	27th October 2021	Complete	
29.	"	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	
30.	"	VII(ii)	DUNDEE PRIMARY CARE IMPROVEMENT PLAN UPDATE	to note that Dr David Shaw would make the Team aware of point raised by Trudy McLeay in relation to telephone contact being made with any service user to confirm whether they still required that service in light of any extended time period between referral and appointment and the possibility of the patient being directed to another service area for help should demand outweigh availability.	Clinical Director	27th October 2021	Complete	Information was shared with Primary Care Cluster leads
31.	"	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	Chief Officer	27th October 2021	In progress	

				Strategic Plan to the meeting of the Integration Joint Board to be held in October 2021.				
32.	"	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	
33.	"	X(iii)	ALCOHOL AND DRUG PARTNERSHIP SELF-ASSESSMENT FINDINGS	to note that amendments would be made to the Action Plan for Change based on the self-assessment findings as outlined in section 4.6.2 and instruct the Chief Officer to submit the revised plan to the Integration Joint Board for information once it had been agreed by the Dundee Partnership.	Chief Officer	27th October 2021	In progress	
34.	"	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	In progress	
35.	"	X(vii)	ALCOHOL AND DRUG PARTNERSHIP SELF-ASSESSMENT FINDINGS	to note following enquiry from Councillor Lynne Short in relation to the process of Cora funding and use of Fort by Alcohol and Drug Partnership the advice of Kathryn Sharp that Fort was embedded within the Children and Families Service of Dundee City Council and that possibility of this process being used within Adult Services would be examined.	Strategy and Performance Manager	27th October 2021	In progress	

36.	"	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	
37.	"	XII	A NATIONAL CARE SERVICE FOR SCOTLAND - CONSULTATION	Following questions and answers the Integration Joint Board further agreed to note that a Briefing Session on the consultation would be held in September 2021 for the membership of the Integration Joint Board.	Chief Officer	27th October 2021	Complete	

At a MEETING of the **PERFORMANCE AND AUDIT COMMITTEE OF THE DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** held remotely on 29th September, 2021.

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
Tony GASKIN	Chief Internal Auditor
Diane MCCULLOCH	Chief Social Work Officer
Martyn SLOAN	Person proving 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
Jenny HILL	Head of Health and Community Care
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

Trudy MCLEAY, Chairperson, in the Chair.

I APOLOGIES FOR ABSENCE

Apologies for absence were submitted on behalf of:-

Raymond MARSHALL	Staff Partnership Representative
James COTTON	Registered Medical Practitioner employed by the Health Board and not providing primary medical services

II DECLARATION OF INTEREST

There were no declarations of interest.

III MINUTE OF PREVIOUS MEETING

The minute of meeting of the Committee held on 26th May, 2021 was submitted and approved.

IV DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP PERFORMANCE REPORT 2020/2021 - QUARTER 4 SUMMARY

There was submitted Report No PAC19-2021 by the Chief Finance Officer updating the Performance and Audit Committee on 2020/2021 Quarter 4 performance against the National Health and Wellbeing Indicators and 'Measuring Performance Under Integration' indicators.

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 of the report; and

(iii) to note the performance of Dundee Health and Social Care Partnership against the 'Measuring Performance Under Integration' indicators as summarised in Appendix 1, table 2, of the report.

Following questions and answers the Committee further agreed:-

(iv) to note that Kathryn Sharp was examining the format of the report and that the next report would be in a different format to take account of feedback from members and Tony Gaskin and this would commence from the next financial year;

(v) to note following enquiry from Trudy McLeay in relation to availability of respondents answers so as to establish why it was perceived that performance was poor as indicated in Table 1 of the report that Kathryn Sharp would check what information was available in this respect and issue to the Committee accordingly;

(vi) to note following enquiry from Bailie Wright in relation to readmissions to hospital and whether or not it was the same people who were presenting on each occasion and whether or not care packages were in place for them when discharged from hospital the explanation from Jenny Hill as to what was meant by clinically fit and medically fit and she would look further at readmissions to see what could be identified in these cases;

(vii) to note following enquiry from Bailie Wright that work was ongoing in relation to strategic needs assessment and that this would examine trends and changes in these;

(viii) to note following enquiry from Trudy McLeay in relation to mental heath training for third sector workers the information from Diane McCulloch that the Partnership had specialist mental health officers and that processes were in place to support mental health support in other ways; and

(ix) to note following enquiry from Trudy McLeay that Diane McCulloch would examine what may be required in terms of Assurance in reports to the Committee.

V DUNDEE CARERS PARTNERSHIP PERFORMANCE REPORT 2019/2021

There was submitted Report No PAC20-2021 by the Chief Finance Officer informing the Performance and Audit Committee of the progress achieved through the Dundee Carers Partnership over the period 1st April 2019 until 31st March 2021. The Partnership had worked towards realising the ambitions of the local Carers strategy, 'A Caring Dundee 2017/2020' which was extended to October 2021.

The Committee agreed:-

(i) to note the content of the report and of the Dundee Carers Partnership Performance Report 2019/2021 as detailed in Appendix 1 of the report; and

(ii) to note the intention of the Carers Partnership to review and refresh the local Carers Strategy by October 2021 as detailed in section 6 of the report.

Following questions and answers the Committee further agreed:-

(iii) to note following enquiry from Councillor Short the work which was ongoing as explained by Jenny Hill in relation to awareness raising to help people understand that they were carers including involvement in schools through young carer ambassadors and to make them aware of the support which the Partnership could offer them; and

(iv) to note following enquiry from Donald McPherson in relation to statistics that only 35% of Carers said they felt supported the explanation from Kathryn Sharp that these figures were on a national measurement level rather than a local level.

VI CARE INSPECTORATE GRADINGS – REGISTERED CARE HOMES FOR ADULTS /OLDER PEOPLE AND OTHER ADULT SERVICES 2020/2021

There was submitted Report No PAC21-2021 by the Chief Finance Officer summarising the gradings awarded by the Care Inspectorate to Dundee registered care homes for adults/older people and other adult services in Dundee for the period 1st April 2020 to 31st March 2021.

The Committee agreed:-

(i) to note the contents of the report and the gradings awarded as detailed in Appendix 1 of the report and highlighted in section 4.2 of the report;

(ii) to note the significant changes to the scale and scope of Care Inspectorate led inspections carried out in 2020/2021 due to the COVID-19 pandemic as detailed in section 4.1.2 of the report; and

(iii) to note the range of continuous improvement activities progressed during 2020/2021 as described in section 4.3 and Appendix 1 of the report.

Following questions and answers the Committee further agreed:-

(iv) to note as explained by Jenny Hill how any concerns would be discussed with Care Home Providers and that these would be identified and raised at an early stage and that a third round of oversight visits at Care Homes was currently being carried out by the Partnership and the contrast in the way inspections had been carried out over the period of the pandemic from an internal and external perspective and the work done by the Tayside Oversight Group to support Care Homes;

(v) to note following enquiry from Tony Gaskin in relation to level of assurance that could be ascertained from internal measures against external measures that Diane McCulloch would look at how this may be included in future reports; and

(vi) to note as advised by Vicky Irons that work was continuing on both weekly and daily reporting on a Scotland wide basis in relation to Care Homes and that prior to the Pandemic the Partnership had a Care Home Support Team in place.

VII GOVERNANCE ACTION PLAN PROGRESS REPORT

There was submitted Report No PAC22-2021 by the Chief Finance Officer providing the Performance and Audit Committee with an update on the progress of the actions set out in the Governance Action Plan.

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

Following questions and answers the Committee further agreed:-

(i) to note following enquiry from Donald McPherson that Dave Berry would look to provide further information in the report explaining some of the descriptions on status and that the figure in relation to progress on workforce issues would be further examined.

VIII DUNDEE INTEGRATION JOINT BOARD INTERNAL AUDIT PLAN PROGRESS REPORT

There was submitted Report No PAC23-2021 by the Chief Finance Officer providing the Performance and Audit Committee with an update in relation to the progress on the completion of the 2020/2021 Internal Audit plan as well as work ongoing in relation to the 2021/2022 plan.

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

Following questions and answers the Committee further agreed:-

(i) to note that Tony Gaskin would submit a summary of all reports to the next meeting of the Health Board;

(ii) to note that a meeting of all Integration Joint Boards Chairs and Vice Chairs would be held in October 2021 in the interests of sharing good practice;

(iii) to note following enquiry from Bailie Wright the explanation from Tony Gaskin in relation to what was meant by Viability as indicated in the report and that a report on Key Risk Viability would be submitted to the February meeting; and

(iv) to note following suggestion by Donald McPherson that Tony Gaskin would look at possibility of including an additional column in future reports on how each of the Audits was progressing

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

There was submitted Report No PAC24-2021 by the Clinical Director providing assurance regarding matters of Government policy directives and legal requirements. This aligned to the safe, effective and person centred quality ambitions of NHS Scotland.

The report was brought to the Committee to provide assurance on the clinical and care governance activities and arrangements across the Partnership as outlined in the Getting It Right For Everyone (GIRFE) Framework in accordance with the Partnership Integration Scheme. Clinical Governance was a statutory requirement to provide, at Board level, from Scottish Government as per NHS MEL (1998) 75. The Performance and Audit Committee was asked to provide their view on the level of assurance the report provided in regard to clinical and care governance within the Partnership. The timescale for the data within the report included April to May, 2021.

The Committee agreed: -

(i) to note the content of the report;

(ii) to note the Exception Report for the Dundee Health and Social Care Partnership Clinical, Care and Professional Governance Group as detailed in Section 4 of the report; and

(iii) with the Lead Officer for Dundee Health and Social Care Partnership that the level of assurance provided was: Moderate.

Following questions and answers the Committee further agreed: -

(iv) to note following enquiry from Bailie Wright the advice of Diane McCulloch that work was continuing to strengthen links between services to ensure that at time of discharge an agreed care plan was in place to support that person; and

(v) to note following enquiry from Donald McPherson the advice of Jenny Hill that significant interventions were in place to support the wellbeing of staff.

X ATTENDANCE LIST

There was submitted Agenda Note PAC25-2021 providing a copy of the attendance return for meetings of the Performance and Audit Committee held to date over 2021.

The Committee agreed to note the position as outlined.

XI DATE OF NEXT MEETING

The Committee agreed to note that the next meeting of the Committee would be held remotely on Wednesday, 24th November, 2021 at 10.00 am (unless otherwise advised by the Chief Officer).

Trudy MCLEAY, Chairperson.

REPORT TO: **HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD - 27 OCTOBER 2021**

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

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

REPORT NO: **DIJB56-2021**

This assurance report relates to the meeting of the Performance and Audit Committee of the 29 September 2021

Issues to highlight to the Board

- I opened the meeting by thanking all teams from the ground up for their incredible commitment, dedication and work on behalf of the population of Dundee. Not only are all staff dealing with this pandemic and supporting those affected, but they continue to focus on the health and social care needs of our population continuing business as usual. I know that for many staff it does take great courage and sense of duty to continue relentlessly and I am astounded by their resilience. Although not an aspect of the PAC agenda I took the opportunity to remind all staff that wellbeing support is an area that Dundee Council and NHST have really focussed on and that staff can access the many supports in place to help them should they require that additional support.

- We followed up on a number of action points from the previous minute and I noted that progress was being made to develop an action tracker for the completion of issues raised at previous meetings. This will be presented to the next PAC meeting after being initiated at the October IJB. I fed back to the Committee my view that it is essential that responses to questions asked by members of the PAC to be followed up outwith the meeting are shared with the wider meeting.

- The Quarter 4 Summary Performance Report again provided the opportunity for members to scrutinise performance and a number of questions were asked. Concern was raised around the outcome of the Health and Wellbeing indicators where Dundee's performance was poorer than the Scottish average in 7 of the 9 indicators. Due to this being a national survey, the information held by the partnership is limited and makes it difficult to better understand the reasons behind the respondents answers to make improvements. Kathryn Sharp noted the team were currently reviewing the format of the performance report following feedback from IJB members and the Chief Internal Auditor.

- The issue of readmissions to hospital was discussed with concern raised that people were being rushed out of hospital early before care packages were in place and Jenny Hill agreed to have a detailed look at hospital admissions data to determine what could be identified.

- A discussion took place around the provision of mental health training for third sector care providers with Diane McCulloch noting that specialist mental health officers were available to support services in addition to a range of other supports for those with mental health issues.

- The Dundee Carers Partnership Performance report provided the committee with an overview of progress being made to meet the strategic outcomes outlined in the Carers Strategy. The Committee reflected on the challenges faced by our carers in the city particularly over the pandemic and the crucial contribution they make in supporting our vulnerable citizens. Despite this there have been a number of key achievements in providing support to carers over the period of the report which covers April 2019 to March 2021.

- A summary of the Care Inspectorate grading reports for care homes throughout 2020/21 was provided and it was noted that due to the pandemic, formal inspection activity was lower than normal with a focus more in assisting care homes with various aspects of care through the challenges the pandemic. Diane McCulloch, Chief Social Work Officer, shared her view that this has been a very difficult time for care homes and they are now subject to their 3rd round of oversight visits. She was keen to see the additional supports put in to care homes continuing post pandemic. Jenny Hill went on to outline the process for these oversight visits.

- The Committee was pleased to see a revised format to the Governance Action Plan which has now been transferred to the Pentana system which enables real time monitoring of actions. The Committee noted some progress had been made with a number of actions and for those not complete a %ge complete field provides members with an indication of progress to date.

- The Chief Internal Auditor took the Committee through an update of the Internal Audit plan. Internal Audit reports in relation to performance management, viability of external providers and IJB's as Category 1 responders are all due to be received by the PAC by the end of the financial year. A request was made to add a further column to note revised submission dates should original date not be met.

- The Clinical Care and Professional Governance report provided moderate assurance to the group. From the report, it was noted that 4 of the top 5 identified risks related to Dundee Drug and Alcohol Recovery Service (DDARS) and the Committee noted the measures being put in place to mitigate against these risks. The Committee will continue to focus on these in future meetings.

- In relation to adverse events I was pleased to see the improvement made in reducing the number of overdue events following the introduction of the adverse event review group. Key themes which emerged from the adverse event reports were as follows:
- Lack of coordinated care
- Ineffective communication with inadequate procedures and processes to enable sharing of information across and between statutory services and with external organisations
- Lack of clarity in reporting systems in particular escalation strategies
- Inconsistent referral processes between disciplines and with partner agencies
- Individuals not being seen in a consistently timely manner upon discharge from inpatient care.

  The Committee was assured that improvements in these themes would continue to be a focus through the Clinical, Care & Professional Governance Group.

Trudy McLeay
Chair **13th October 2021**

REPORT TO: **HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 27 OCTOBER 2021**

REPORT ON: **ANNUAL PERFORMANCE REPORT 2020/21**

REPORT BY: **CHIEF OFFICER**

REPORT NO: **DIJB48-2021**

1.0 PURPOSE OF REPORT

1.1 The purpose of this report is to submit the full version of the Health and Social Care Partnership Annual Performance Report 2020/21 for approval.

2.0 RECOMMENDATIONS

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

2.1 Approve the Annual Performance Report 2020/21 (attached as Appendix 1).

2.2 Instruct the Chief Officer to update the Annual Performance Report with financial year 2020/21 data for all National Health and Wellbeing indicators as soon as data is made available by Public Health Scotland (section 4.2.2).

2.3 Approve the planned approach to formatting, publication and distribution (section 4.2.4).

3.0 FINANCIAL IMPLICATIONS

3.1 None.

4.0 MAIN TEXT

4.1 Background Information

4.1.1 Section 42 of the Public Bodies (Joint Working) (Scotland) Act 2014 states that Integration Authorities must prepare an annual performance report for each reporting year. A performance report is described as a report which sets out an assessment of performance by each Integration Authority in planning and carrying out its integration functions. The Public Bodies (Content of Performance Reports) (Scotland) Regulations 2014 sets out the prescribed content of an annual report prepared by an Integration Authority in terms of Section 42 of the Act.

4.1.2 There is a requirement for each Integration Authority to publish their annual performance report within four months of the end of the reporting year. The fifth annual report of the Dundee Health and Social Care Partnership (for 2020/21) was therefore due for publication by 31 July 2021. Consistent with previous years, the Integration Joint Board agreed to publish a summary version of the Annual Report 2020/21 on or before the statutory deadline, with a full version to be compiled and published as soon as possible thereafter.

4.2 Annual Performance Report 2020/21

4.2.1 The full version of the Annual Performance Report 2020/21 attached as appendix 1 fulfils the requirement of the regulations, including information regarding progress against the National Health and Wellbeing Outcomes and information at Partnership and locality level in relation to financial planning and performance, best value and scrutiny / inspection.

4.2.2 Due to the availability of data for National Health and Wellbeing Indicators 11 to 20, which are produced and published by Public Health Scotland, it has not been possible to provide financial

year data (2020/21) for all indicators. The Annual Performance Report therefore contains financial year data for indicators 17 and 19 (care services gradings and delayed discharge), with all other indicators in this subset being reported against the 2020 calendar year. The report will be updated as soon as financial year data is made available by Public Health Scotland for all indicators.

4.2.3 In normal circumstances the production of the annual report is undertaken in collaboration with a range of officers and stakeholders, however this has been significantly impacted by the COVID-19 pandemic. In the current context collaboration with stakeholders has been limited, particularly with operational colleagues who are experiencing significant additional pressures associated with the ongoing COVID-19 response. This annual reporting period is the first to cover the pandemic period and therefore the 2020/21 report combines content that relates to pandemic specific responses and developments alongside business as usual activity across the health and social care system and with wider community planning partners.

4.2.4 It is proposed that the full version is published on the Partnership website following approval by the IJB. Following publication of the full report it is proposed that it be formally submitted to the Scottish Government, Dundee City Council and NHS Tayside. In addition, it is proposed that it is electronically distributed to key stakeholders of the Partnership under the direction of the Strategic Planning Advisory Group.

4.2.5 Work that had begun at a national level through the Ministerial Strategic Group for Health and Community Care and the Strategic Commissioning and Improvement Network to strengthen and align the approach to production and publication of Annual Performance Reports across all Health and Social Care Partnerships, has not progressed due to the pandemic. This delay, combined with the exceptional pressures related to the pandemic at the time of production of the annual report has meant that the 2020/21 annual report format has remained largely consistent with previous years; however, the main content has been aligned this year to focus specifically on reporting progress against the Partnership's own strategic priorities rather than the national health and wellbeing outcomes. The intention to undertake a more thorough review of the format and approach to the annual report remains, with the timescale for this being dependent on national work resuming.

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

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

7.0 CONSULTATIONS

7.1 The Chief Finance Officer, 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: 16 September 2021

Lynsey Webster
Senior Officer, Strategy and Performance

Dundee Health and Social Care Partnership

Annual Performance Report

2020 - 2021

Dundee Health & Social Care Partnership

Contents

Foreword

Our Vision

"Each citizen of Dundee will have access to the information and support that they need to live a fulfilled life"

This is the fifth Annual Performance Report for Dundee Health and Social Care Partnership and it sets out some of our key achievements over the past year.

2020 was an extraordinary year for the Health and Social Care Partnership, for our workforce and for people who use health and social care supports and services, carers and communities.

The impact of the COVID-19 pandemic; on the health and social care needs of the population, on how we deliver supports and services, on health inequalities on the health and wellbeing of our workforce and on unpaid carers has been substantial and wide ranging.

At a time when there was increased need to self isolate within staff groups and increased pressure on staff resources and our ability to maintain supports and services to individuals, Partnership services have responded dynamically and innovatively. They not only supported efforts to rapidly increase the availability of beds in the acute sector to respond to COVID-19 positive patients requiring hospital admission, but have also been integral to providing responses to COVID-19 positive people in the community, both within their own homes and within residential settings such as care homes.

As part of local partnership arrangements, by March 2021, we supported the administration of COVID-19 vaccinations to 87,043 people (71% of the 18+ population) and 188,211 PCR tests through the establishment of COVID-19 Vaccination Centres and Community Testing facilities.

This Annual Performance Report therefore reflects the range of work undertaken by the Partnership over 2020-21 to respond to the COVID-19 pandemic, as well as our ongoing workstreams to deliver the strategic priorities set out in our Strategic and Commissioning Plan 2019-22.

Despite the challenges, we maintained lifeline social care services to 3,186 people during the pandemic, including the scheduling of 1,146k hours of homecare. We have made progress in relation to more efficient and effective prescribing which has seen GP prescribing expenditure for Dundee reduce to below the Scottish average per weighted patient. We have continued to embed the personalisation of social work and social care supports, increasing the number of people receiving a Self Directed Support Direct payment by 17%. Keep Well, Health and Homeless Outreach, MARAC Independent Advocacy, Get on Track Course and the ASPEN project are just some examples of how we have continued to address the health inequalities gap in Dundee by using local data, listening to citizens and providing services which support people living with deprivation and also harder to reach groups. The establishment of the innovative Independent Living Review Team has promoted independence, enablement and supported self management, reduced carer support required and contributed to reductions in delayed discharge.

We could not have achieved this without the continued support from unpaid carers and our workforce, who have had to adapt to the changing and increased needs of a cared for population and have been required to be increasingly flexible, pro-active and innovative. As we continue to respond to the ongoing pandemic we are also looking to the future, working collaboratively through the Dundee Partnership (our community planning partnership) to plan for Dundee's recovery. In 2021-22 this will include reflecting on our learning from the pandemic response, continuing to monitor the impact of the pandemic on health and social care needs and inequalities in Dundee's population and consolidating our recovery priorities into our strategic and commissioning plans. We look forward to continuing to work with our staff groups, people who use our services, carers and wider communities to support recovery.

Councillor Ken Lynn, Chair
Dundee Integration Joint Board

Trudy McLeay, Vice Chair
Dundee Integration Joint Board

1.1 Who We Are

The Public Bodies (Joint Working) (Scotland) Act 2014 required NHS Boards and Local Authorities to integrate the planning and delivery of certain adult Health and Social Care services. The Dundee Integration Joint Board (IJB) was established on 1st April 2016 to plan, oversee and deliver adult Health and Social Care services through the Dundee Health and Social Care Partnership (The Partnership).

In accordance with the **Public Bodies (Joint Working) (Scotland) Act 2014** ('Public Bodies Act'), an Integrated Strategic Planning Group ('ISPG') established by the IJB, developed the second Health and Social Care Strategic and Commissioning Plan ('Plan'), which was effective from 1 April 2019.
Our Plan describes our strategic priorities for the next three years and the key actions required to deliver on our ambitious vision for the city. The Plan represents the knowledge we have gained through our ongoing engagement with communities, people who use Health and Social Care services, their families and with carers.

Our Plan describes what has been achieved so far. It also outlines what still needs to be done to arrange services in a way that helps Dundee citizens receive the right information and support at the right time, to live a healthy and fulfilled life in the way they want.

Our Plan is a critical companion document to other plans such as the **City Plan for Dundee 2017-2026** and the **Tayside Primary Care Improvement Plan**. Success can only be achieved by our continued joined up working with partner organisations. As a Partnership, we are emboldened by the new vibrancy felt across the city and are determined to play our role in realising the full potential of each Dundee citizen by enhancing individual health and wellbeing.

The Partnership consists of Dundee City Council, NHS Tayside, partners from the third sector and

independent providers of Health and Social Care services. The main purpose of integration is to improve the wellbeing of people who use Health and Social Care services, particularly people whose needs are complex and require support from both Health and Social Care services.
Additionally Dundee, Angus and Perth and Kinross Health and Social Care Partnerships have mutual hosting responsibilities. Hosting arrangements were agreed for highly specialist or area wide services.

On behalf of the three Tayside Health and Social Care Partnerships, Dundee hosts and leads the planning and delivery of a number of services such as sexual and reproductive health, specialist palliative care, the Centre for Brain Injury Rehabilitation, medical advisory services and nutrition and dietetic services.

As well as working with other Health and Social Care Partnerships across Tayside and the rest of Scotland the Partnership also works closely with the Dundee Community Planning Partnership, including the Health, Care and Wellbeing Executive Board, Children and Families Executive Board, Community Safety and Justice Executive Board and Public Protection Committees.

The vision of the Partnership is:

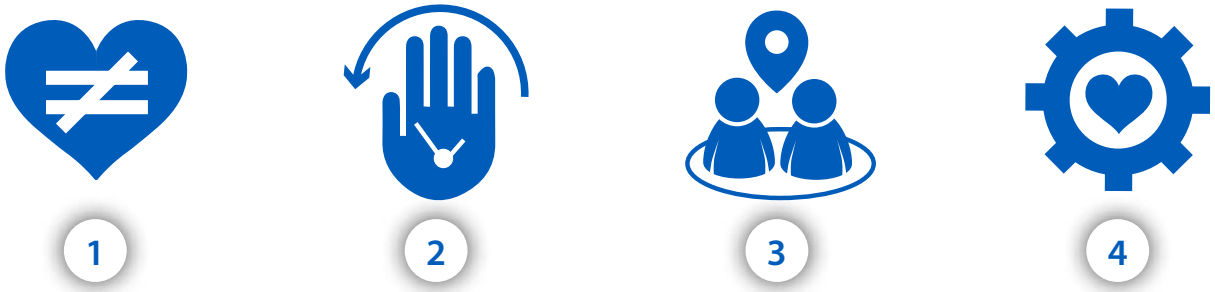
Each citizen of Dundee will have access to the information and support that they need to live a fulfilled life.

The vision sits alongside Scotland's long term aim for people to live longer, healthier lives at home or in a homely setting.

The Scottish Government has identified nine National Health and Wellbeing Outcomes that apply across all integrated Health and Social Care services. These outcomes provide a high level strategic framework for the planning and delivery of Health and Social Care services which is focused on improving the experiences and quality of services for people, their carers and families. You can read more about the National Health and Wellbeing Outcomes here and you can also find a full list of the outcomes in appendix 1.

To deliver our vision and the National Health and Wellbeing Outcomes, the Strategic and Commissioning Plan 2019-2022 revised the Partnership's Strategic Priorities. The main change from the previous plan is the focus on the delivery of four of the previous eight strategic priorities: Health Inequalities, Early Intervention and Prevention, Locality Working and Engagement with Communities, Models of Support and Pathways of Care. The four remaining priorities from the 2016-21 plan: Person Centred Care and Support, Carers, Building Capacity and Managing Resources Effectively are all now embedded in the Health and Social Care Partnership's everyday work.

You can read more about how we identified our Strategic Priorities and what we plan to do to achieve them, between now and 2021, in our **Health & Social Care Strategic & Commissioning Plan 2019-2022.**



Health Inequalities | **Early Intervention Prevention** | **Localities and Engaging with Communities** | **Models of Support/ Pathways of Care**

Novel Coronavirus (COVID-19)

Coronavirus is an infectious disease caused by severe acute respiratory syndrome coronavirus 2. It was first identified in December 2019 in Wuhan, China and has since spread globally. The World Health Organisation declared the outbreak a pandemic on 11 March 2020. The first confirmed case of COVID-19 in the UK was on 29 January and the first confirmed case in Scotland was 2 March 2020 in the Tayside area.

The first wave of infection endured until June 2020 and the second wave of infection began mid-October 2020 and continued into early Spring 2021. The COVID-19 pandemic has been the biggest public health challenge facing society, including our health and social care system, in our lifetimes.

At 31 March 2021 there had been 203,555 confirmed cases of COVID-19 in Scotland; 13,358 of which were in Tayside and 6,407 of which were in Dundee. There were over 300 deaths of Dundee residents. (based on deaths where COVID-19 was mentioned on the death certificate) (https://www.nrscotland.gov.uk/covid19stats).

The impact of the COVID-19 pandemic on the health and social care needs of the population, how we deliver supports and services, on health inequalities and on the health and wellbeing of our workforce and of unpaid carers has been substantial and wide ranging. However, data and modelling information about the impact of the pandemic beyond acute hospital settings is limited and a full understanding of the short, medium and long-term impact of the pandemic on health and social care needs will not be ascertained for some time to come.

Services delegated to the Partnership form a critical part of our overall health and social care system, particularly the wide range of community-based health, social care and social work supports and services. Partnership services have not only supported efforts to rapidly increase the availability of beds in the acute sector to respond to COVID-19 positive patients requiring hospital admission, but have also been integral to providing responses to COVID-19 positive people in the community, both within their own homes and within residential settings such as care homes.

Essential services have been maintained, including face to face contact with service users and patients, and intensive work was undertaken to upskill and train to support redeployment of colleagues from other sectors. A range of services and supports have been rapidly redesigned to enable continued operation in the context of social distancing regulations and public health advice.

The Partnership's contribution to staff and public COVID-19 vaccination programmes, as well as additional activity required to respond to annual winter pressures (including Flu Vaccination and disruption due to poor weather), represent significant additional elements of the second wave response. In addition, the Partnership has made a significant contribution to wider partnership efforts to respond to community support needs, such as responses to shielded people, food distribution and a range of public protection responses.

At the time of writing this Annual Report, COVID-19 remained prevalent in the population, with numbers beginning to rise following the easing of lockdown restrictions. The vaccination programme is continuing and demands on acute and community services are being closely monitored.

1.2 How We Measure Our Performance

As a Partnership we recognise the importance of self-evaluation, quality assurance and performance monitoring to enable us to identify areas of strength that we wish to build upon and areas for improvement. Our commitment to continuously improve services, in order to promote good outcomes for individuals, carers and families underpins everything that we do.

During 2020-21 the Performance and Audit Committee (PAC) of the Integration Joint Board (IJB) continued to be responsible for scrutinising the performance of the Partnership in achieving it's vision and strategic priorities, including overseeing financial performance and other aspects of governance activities. In common with other governance groups, due to the pandemic meetings of the PAC were suspended from March 2020 until September 2020, at which point they resumed on a virtual basis.

Since September 2021 the PAC has received quarterly local performance reports, including benchmarking data from other Health and Social Care Partnerships across Scotland. Benchmarking with other Partnerships assists the interpretation of data and identifies areas for improvement. Partnerships with similar traits, including population density and deprivation have been grouped into 'family groups', which consist of eight comparator Partnerships. Dundee is placed in a family group along with Glasgow, Western Isles, North Lanarkshire, East Ayrshire, Inverclyde, West Dunbartonshire and North Ayrshire.

You can see the Partnership's quarterly performance reports on our website.
https://www.dundeehscp.com/publications

At the height of the pandemic, priority given to reducing demand on unscheduled care temporarily shifted as Health and Social Care Partnerships adapted processes, procedures and pathways in order to prevent spread of the virus and to maximise hospital capacity to treat COVID-19 patients safely and effectively. This adds a level of complexity to the indicators monitored since 2015/16 to measure how Partnerships are performing towards 'shifting the balance of care'. Whilst we are monitoring and scrutinising performance quarterly, we recognise that indicators where processes and pathways were affected by the pandemic should be treated with caution and viewed alongside whole system pathways and processes when scrutinising performance.

The PAC requested additional analytical reports in areas where performance was poor, such as readmissions, complex delayed discharges and falls, to support an improved understanding of underlying challenges and the development of more detailed improvement plans. The PAC also received a Performance Report from Dundee Carers Partnership.

Over the last 12 months individual teams and services have adapted their approach to performance management and self-evaluation to reflect the pandemic context. Significant focus has been given to aspects of service delivery such as infection control and workforce sustainability and additional information has been captured across internal and external services to monitor the impact of changing models of service delivery. In some areas, such as the care home sector, additional requirements have been put in place on a national basis by Scottish Government, including data collection and reporting.

Clinical Care and Professional Governance (CCPG) is an important aspect of our work to improve the wellbeing of people and communities by ensuring the safety and quality of Health and Social Care services. The Framework for CCPG within integrated services is set out in the agreed framework – Getting It Right for Everyone: Clinical, Care and Professional Governance Framework. CCPG relies on all of these elements being brought together through robust reporting and escalation processes using a risk management approach to ensure person-centred, safe and effective patient care. This has been critical throughout the pandemic period to support the safety of people who use services and of the workforce. CCPG considerations have been central to managing the adaptation of existing services in response to public health restrictions and enhanced infection prevention and control measures, as well as to the development of new services and supports directly responding the new health and social care needs arising from the pandemic.

The Partnership has been part of and has contributed to the statutory Best Value Audit of Dundee City Council which was published in September 2020. The Accounts Commission is the public spending watchdog for Local Authorities and is responsible for assessing Best Value. The Council's audit focused on their vision and strategic direction, performance, planning for use of resources, delivery of services with partners and continuous improvement. The Accounts Commission found that whilst the Council and its partners have a clear and ambitious vision for Dundee, that there is an need to accelerate the pace of change in addressing complex and deep-rooted challenges such as poverty and drug and alcohol use. The Commission also noted risks in relation to the financial sustainability of the IJB and the likelihood that this would be further exacerbated by the impact of the pandemic.

1.3 How We Promote Equalities and Human Rights

The Partnership is committed to embedding the principles of fairness, equality and human rights in the planning and delivery of all our responsibilities. The implementation of the Equality Act (2010) supports our aim to reduce the impact of protected characteristics as well as poverty and poor social circumstances for people who need to access our services, their carers, our workforce and our communities. This is enhanced by our focus on reducing health inequalities and supporting efforts co-ordinated by the Dundee Fairness Commission across the Local Community Planning Partnerships to tackle deprivation and promote fairness.

The IJB is directly subject to the Public Sector Equality Duty and is responsible for delivering on its own Equality Outcomes. We work in partnership with Dundee City Council and NHS Tayside to ensure compliance with the Equality Act. All Public Bodies are committed to the delivery of the Equality Act across Dundee; this has particular importance as our workforce is employed by Dundee City Council, NHS Tayside or through commissioned organisations in the Third or Independent Sector. We have continued to work alongside all of the partners who employ our workforce to promote fairness and comply with our equality duties.

The Fairer Scotland Duty placed a legal responsibility on IJBs to 'pay due regard' to how they can reduce inequalities of outcomes caused by socio-economic disadvantage when making strategic decisions. The continued commitment within the Partnership's Strategic and Commissioning Plan to addressing health inequalities supports our progress towards fairness and equality of outcomes.

The Partnership's existing equality outcomes were reviewed to reflect the desired outcomes of people with Protected Characteristics and those affected by poverty. The outcomes were aligned with the revised outcomes published by Dundee City Council and NHS Tayside in 2017. This resulted in the publication of our Equality Outcomes and Mainstreaming Framework 2019-2022.

Our **Equalities Outcomes and Mainstreaming Equalities Framework** sets out our priorities for addressing equality issues. We monitor and report on our progress against each of the agreed equality outcomes, refreshing equality outcomes as required.

At the end of 2020-21 we published our statutory Equality Mainstreaming Report 2019-2021 (https://www.dundeehscp.com/sites/default/files/publications/dhscp_equality_outcomes_framework_2021_publication.pdf) which gives information about how Dundee Integration Joint Board (IJB) is mainstreaming the equality duty and achieving the equality outcomes that were set in 2019. The report provides an overview of some of the positive progress that has been made over the last two years, as well as identifying priorities for further progress and improvement in 2021/22. Key content from the report is also reflected within this Annual Performance Report.

We have continued to contribute to the British Sign Language (BSL) plans of our partners in Dundee City Council and NHS Tayside and we will continue our work to ensure we meet the needs of BSL users in the best possible way.

1.4 How We Engage and Communicate with Our Stakeholders

Throughout 2020-21 we continued to work in partnership across the city, Tayside and nationally. The constraints of lockdown and the impact of ongoing limitations and restrictions have meant that our usual partnership and engagement practices have been restricted and effort has been directed at finding new ways of communicating and hearing from Dundee Citizens and their Carers. We have maintained our commitment to understanding the needs of individuals, families and carers in different geographic communities and communities of interest in Dundee. We have also valued the efforts and energies that our workforce and our partners have extended to hear from and keep in touch with as many people as possible during this time. It has been more important than ever for us to recognise that meaningful engagement and participation requires us to take account of their individual and collective characteristics.

We recognise that engagement is better done in partnership, taking advantage of expertise, resources and relationships which exist across our communities to best listen to those who need and make use of our services and supports. We have continued to work towards the Vision in the Participation and Engagement Strategy approved by the IJB in 2019.

Ensuring that the voices of the citizens of Dundee are heard and listened to, to improve their health and wellbeing and the quality and delivery of health and social care services.

We have joined with others in Dundee Partnership to learn more about how the Pandemic has impacted them and recognise that isolation has had a significant impact on wellbeing, as have money issues. We anticipate learning more about how people have been affected and the positive lessons we can draw from this. As we recover, we anticipate supports and services resuming and being reshaped to best meet their current needs as well as co-producing responses that will mitigate this impact and improve outcomes for people who use our services, their families and carers.

The Participation and Engagement strategy sets the broad principles by which we engage with patients, service users, their families and carers and our workforce. Throughout the pandemic, although restricted, our services have continued to engage directly with individuals, their families and carers to hear their views on how to improve service delivery; face-to-face focus group activities have been very limited. We continue to use a range of engagement methods including surveys, customer questionnaires, education/information sessions, telephone and virtual feedback and interviews.

We have embedded many of the actions and activities identified through the Coalition of Carers in Scotland Best Practice Standards for Community Engagement. We have also continued active involvement of carer and service user representatives on the IJB and other strategic planning groups.

Across all services and supports in Dundee we listen to and work with service users and carers in accordance with the principles in the Health and Social Care Standards . In particular **Standard 2- I am fully involved in all decisions about my care and support**. Services are expected to evaluate their performance under the standards and evidence this for inspections by regulatory bodies.

Health and Social Care Standards
My support, my life.

We have made progress towards reducing the impact of social isolation for individuals and their carers and have been able to give direct support with obtaining digital devices as well as given (often virtual) support to use them. For example, Dundee Carers Centre was able to redirect some Carers Act Funding towards making sure all young carers known to them in early/mid 2020 had access to an appropriate digital device. Other service users, patients and carers have benefited from support from Connecting Scotland funding sourced by local organisations for individuals who are: digitally excluded, and on a low income, and at risk of social isolation and loneliness.

As well as providing one-to-one and groups support online and by telephone Dundee Carers Centre developed "Virtual Hubs" sessions via Facebook Live, these have proved highly successful with carers and workforce across Dundee and further afield.

A number of engagement surveys were disseminated during 2020 for both carers specifically and Dundee citizens in general. Findings of these surveys have been included under the Strategic Priority – Localities and Engaging with Communities section of this report.

2.0 OUR RESOURCES

2.1 Where Our Resources Come From

The Partnership's 2020-21 integrated budget for adult Health and Social Care services was confirmed at the IJB's meeting held in August 2020 (having been deferred from March 2020 COVID-19 pandemic lockdown restrictions). This budget consisted of resources delegated to the Partnership by Dundee City Council and NHS Tayside to support the delivery of adult Health and Social Care services.

The budget settlement from Dundee City Council for 2020-21 included an uplift for inflation of £nil, other net budget increases of £232k and additional funding from the Scottish Government of £2,799k for the implementation of new legislative and other national policy requirements and financial commitments, including further implementation of the Carers Act, the uprating of free personal care for under 65s, further payment of the living wage, and increases in free personal and nursing care payments.

The NHS budget settlement included an uplift passed on directly from the Scottish Government of 3.0% to fund general increases in expenditure.

In addition to the budget settlements from Dundee City Council and NHS Tayside, additional Scottish Government ring fenced funding was provided during the year to support national initiatives for Primary Care Improvement, Mental Health Action 15 and Alcohol and Drug Partnerships, as well as provision to support additional expenditure incurred by the Health and Social Care Services in relation to the COVID-19 pandemic response.

Set within this financial context are services which face increasing levels of demand to support vulnerable people in Dundee. This includes the demographic impact of an increasingly frail population, prevalence levels of people with a disability, mental health and substance misuse problems and levels of demand for GP prescribing. The culmination of these factors resulted in a projected budget shortfall of £2,341k in resources in the Health and Social Care Partnership's 2020-21 budget at the budget setting stage. The IJB considered and agreed to a range of savings and interventions which would be applied throughout the year in order to balance the budget.

This section of the report sets out how the Health and Social Care Partnership performed in relation to these challenges throughout 2020-21.

2.2 How We Have Used Our Resources

This section links to

National Health and Wellbeing Outcome 9: Resources are used effectively and efficiently in the provision of Health and Social Care services and Dundee City Best Value Theme - Use of Resources.

The IJB has a duty of Best Value, by making arrangements to secure continuous improvements in performance, while maintaining an appropriate balance between quality and cost. In making those arrangements and securing that balance, the IJB has a duty to have regard to economy, efficiency, effectiveness, equal opportunities requirements and to contribute to the achievement of sustainable development. Following a self-assessment, the IJB can evidence it has in place a clear strategy to support the delivery of best value through its governance framework and budget setting process.

With the backdrop of a significantly challenging overall financial settlement as noted in section 2.2, Dundee IJB received regular financial monitoring information throughout 2020-21 which continued to highlight the range of pressure areas and services which were likely to over or underspend throughout the financial year. These overspend areas included the continued challenges of meeting the demographic demands of an increasingly frail population, reducing delayed hospital stays resulting in further investment in community-based Health and Social Care services and the impact of pressures on the mental health inpatient service.

The COVID-19 pandemic had a significant impact on Health and Social Care Services throughout the year, with some services having to temporarily stop due to national guidelines and others needing to be enhanced or developed to support local residents, patients, service users and providers in different ways. The financial impact to support the additional remobilisation and recovery work amounted to £10,271k of additional expenditure, and this has been funded from additional Scottish Government non-recurring allocations during 2020-21.

The overall financial performance consisted of an underlying overspend of £1,387k in Social Care budgets (overspend of £6,073k in 2019-20) and an underlying underspend of £3,482k in NHS budgets (underspend of £266k in 2019-20) resulting in a net surplus of £2,094k.

The actual expenditure profile for integrated Health and Social Care services for 2020-21 is shown in the table below:

Service Type	2020-21 Net Expenditure/ (Income) £000	2019-20 Net Expenditure/ (Income) £000	Increase/ (Decrease) £000
Older People's Services	85,756	78,086	7,670
Mental Health	22,761	21,062	1,699
Learning Disability	37,401	35,448	1,953
Physical Disability	8,133	8,672	(539)
Substance Misuse	6,825	5,256	1,569
Community Nurse Services/ AHP*/Other Adult	17,351	15,128	2,223

Community Services (Hosted)	11,842	10,776	1,066
Other Dundee Services/Support/ Management	3,251	4,875	(1,624)
Prescribing	31,053	32,406	(1,353)
General Medical Services (FHS**)	28,136	26,687	1,449
FHS - Cash limited & Non Cash limited	22,174	19,216	2,958
Total Costs of Operational Services during the Year	**274,683**	**257,611**	**17,071**
IJB Operational Costs	329	294	35
Acute Large Hospital Set Aside	17,608	18,172	(564)
Total Cost of Services	**292,620**	**276,077**	**16,542**
Delegated Budget*	(305,957)	(273,803)	(32,154)
(Surplus) or Deficit on Provision of Services	**(13,337)**	**2,274**	**(15,612)**

*AHP - Allied Health Professionals

** FHS - Family Health Services

All above figures are subject to change following completion of the audit of the accounts. Final audited accounts will be available by the end of November 2021.

The summary of this financial performance is shown below:

Financial Performance Summary

	2016-17	2017-18	2018-19	2019-20	2020-21
Total Spend	£254.5M	£257.5M	£263.1M	£276.1M	275.1M
Health Service - Hospital In-patient	£44.7M	£40.4M	£42.1M	£43.6M	£43.1M
Other Social Care Services	£64.4M	£71.1M	£72.6M	£76.4M	79.4M
Other Health Care Services	£116.2M	£115.2M	£117.5M	£123.2M	£116.6M
Care Home and Adult Placement Social Care Services	£28.0M	£29.5M	£29.5M	£31.5M	£34.6M
Supporting Unpaid Carers	£1.2M	£1.3M	£1.4M	£1.4M	£1.4M

You can read more about our financial performance in our Unaudited Annual Accounts 2020-21, with the Audited Accounts available by the end of November 2021.

Reserves:

The financial performance of the IJB during 2020-21 resulted in a shift in the reserves position from £492k at the start of the year to 13,829k at the end of the year. The majority of this balance, £11,735k, relates to ring fenced funding which will be invested in the purposes for which they were intended during 2021/22 (i.e. Primary Care Improvement Plan, Mental Health Action Plan, Alcohol and Drug Partnership Funding and ongoing COVID-19 remobilisation and recovery). The remaining £2,094k will be uncommitted at the start of 2021/22.

Shifts in Resources:

Over the last 12 months, the IJB has continued to invest additional resources in social care and community-based services across client groups while redesigning services to reduce spend on the hospital bed base and care homes in line with its Strategic Plan. This has resulted in a continued decrease in delayed discharges from hospital and emergency bed days which had enabled NHS Tayside to release £1m of resources to Dundee Integration Joint Board as part of the 2020/21 budget agreement for reinvestment in community-based services.

3 OUR PERFORMANCE

This section describes and analyses our performance. In previous reports we presented our performance under 9 National Health and Wellbeing Outcomes and cross referenced these to local and national indicators, Dundee Strategic Priorities and Best Value Themes. In this report we have reorganised our focus to have a more direct connection with the 4 Strategic Priorities as set out in the Dundee Strategic and Commissioning Plan 2019-22. We have organised our Performance under these 4 Strategic Priorities and the performance and actions reported, link across to each of the 8 Best Value themes and 9 National Health and Wellbeing Outcomes.

Under each Strategic Priority we have described some of the key developments over the last year and any evidence of impact on health and social care needs and outcomes. This is not intended to provide a comprehensive overview of all of the work that has been undertaken during 2020-21. The examples we have included demonstrate pandemic specific responses, adaptions to existing services and supports in response to the pandemic and non-pandemic improvement activities where these have been able to continue over the last year.

3.1 Strategic Priority 1 - Health Inequalities

Our Ambition:

Health inequalities across Dundee will reduce so that every person, regardless of income, where they live or population group, will experience positive health and wellbeing outcomes.

Health inequalities are unfair and unavoidable differences in people's health across social groups and between different populations. They are determined by economic and social factors and the uneven distribution of wealth, income and power, not by individual choice. Health inequalities lead to a significant impact on people's health and life expectancy, but can be avoided or mitigated with changes to things such as socio-economic, welfare and public policies. There are however some things that are not within our control, such as age, ethnicity and genetics and to a degree, where we live, work, and learn. We may however, through partnership working, have a greater influence on some of these factors. We want people to have improved health and to have equality of health outcomes irrespective of where in the city they live.

Dundee had the 3rd highest premature mortality rate in Scotland during calendar year 2020, with 604 unexpected deaths per 100,000 population aged 75 and under. This is an increase of 11.4 % from 2019.

Dundee has high levels of deprivation with a wide gap between the richest and poorest communities. Overall Dundee is the fifth most deprived local authority area in Scotland. Seven out of eight Dundee LCPP areas contain postcodes which are of the most deprived in Scotland. More than half of those living in Lochee, East End and Coldside live in the 20% most deprived areas of Scotland.

55,840 (37.5%) people in Dundee City live in a datazone within the 20% most deprived in Scotland. (Scottish Index of Multiple Deprivation 2020)

A higher percentage of people in Dundee live with one or more health condition than in Scotland as a whole. East End, Coldside and Lochee are the LCPP areas with the highest levels of deprivation and they also have the highest rates of people experiencing multiple health conditions compared with the more affluent parts of Dundee and Scotland.

In Dundee life expectancy is 74.0 years for males and 79.2 for females, whereas it is 77 years in Scotland as a whole for males and 81.1 for females. Dundee has the second lowest life expectancy in Scotland for males and third lowest for females. Life expectancy varies substantially by deprivation level and the occurrence of health conditions and disability. Healthy life expectancy is used to understand how many years in 'good health' a person will live. In Scotland as a whole, males are expected to live 61.7 years in good health and in Dundee men are expected to live 56.8 years in good health. In Scotland as a whole, women are expected to live 61.9 years in good health and in Dundee women are expected to live 57.9 years in good health.

Local data provides strong evidence of the high levels of deprivation in Dundee. Evidence across a range of issues such as attainment, health, mental health and substance misuse highlights a strong correlation between poverty and poorer life outcomes and this association is clearly visible in Dundee. In addition to the frailty and ill health which is prevalent in the ageing population, many younger people are experiencing health conditions earlier in life as a result of lifestyles associated with deprivation. Looking after their own health may be more difficult for people with long term conditions including mental illness and disabilities. The combined effects of these are evidenced by the increased demand and usage of Health and Social Care services.

The short, medium and long term effects of the pandemic has further exacerbated the already high health and social inequalities in the city; reduced income as a result of job loss, reduced working hours and furlough. With unemployment predicted to rise in the medium term, this insecurity may accelerate. Personal debt has escalated during the crisis, potentially trapping households in unmanageable debt and poverty in the future.

How We Performed

"In general, how well do you feel that you are able to look after your own health?"

Health & Social Care Experience Survey 2019/20

Dundee

Scotland

"How good is your health overall?"

Dundee Citizens Survey 2019

The Dundee City Council's Citizens Survey is completed annually, however was not undertaken in 2020 due to the pandemic. There was a drop in the % of people who reported that their overall health is very or fairly good from 83% in 2018 to 77% in 2019.

The Dundee Citizens Survey is analysed by ward and Community Regeneration Area (CRA) shows that respondents who lived in Fintry, Whitfield and Mill O Mains (56%) were most likely to rate their health as 'very good' while respondents who lived in Mid Craigie, Linlathen and Douglas (39%) were the least likely.

Despite Dundee citizens giving a positive response to how good their health is and being able to look after their own health, emergency admission rates are high. This means that per head of the population a large number of people aged 18 and over are being admitted to an acute hospital in Dundee as an emergency. In 2020, for every 1000 people in Dundee who were aged 18 and over, there were 118 emergency admissions. This is higher than the Scottish rate and was the 12th poorest performing Partnership in Scotland, out of all 32 Partnerships.

The 2020 rate is lower than the 125 in 1000 people reported in 2019, however this is a result of the emergency response to the COVID-19 pandemic.

Emergency admission rates vary across the city. The highest emergency admission rate was in East End (162 admissions per 1000 people) and the lowest rate was in West End (81 admissions per 1000 people). There is also high variation between the neighbourhoods within each LCPP. When we analysed this data by whether an admission was due to COVID-19, the LCPP trend was the same however the rate was slightly lower. (Source: NHS Tayside, Business Support Unit)

During calendar year 2020 emergency admission performance was slightly higher in Dundee than across Scotland and Dundee was the second best performing Partnership in the family group, of eight Partnerships, that it is aligned to.

The Engage Dundee survey took place online during August 2020 and was a partnership between Dundee City Council Community Learning and Development section, the Partnership and NHS Tayside Public Health Directorate. It was circulated widely across a number of digital platforms and limited paper copies were made available through some local teams and voluntary sector partners. The survey aimed to explore the impact of the COVID-19 pandemic on Dundee's citizens, particularly in determining whether individuals had accessed specific services during lockdown, their experiences both positive and negative, whether there had been impacts on mental health and wellbeing and in what ways, any positive developments over the lockdown period, and to help assess the priorities of individuals, families and communities going forward.

Findings show 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%).

There were varying degrees of satisfaction expressed for using services; highest was for websites/self help resources (78.9%), food parcels/delivery (76.2%) and GP services (69%), and lowest for employment advice (40.2%) and substance use/alcohol support (16.3%).

The survey explored whether respondents were experiencing specific difficulties and the most common responses were for mental health (37%), healthy lifestyle (31%), family/household relationships (18%), physical health (18%), and income/money (20%).

Many respondents felt there had been positive developments due to lockdown/ COVID-19 restrictions. 57.7% reported less traffic, 41.5% reported spending more time with their family, 30.2% made more use of green space, and 28% exercised more.

Further analyses explored the variation in responses and experiences within the different categories of respondents; that is, age group, employment status, in receipt of welfare benefits or not, and living alone or with others. Significant inequalities across a range of indicators became apparent in these analyses, most notably for specific age groups, carers, long-term sick or disabled, the unemployed, people on benefits and those who live alone.

Results from this and other surveys show emerging themes regarding the impact of the pandemic during and moving out of lockdown. The most common themes across the surveys related to reduced access to services, the day to day challenges of lockdown measures, uncertainty and concerns about the ongoing nature of the pandemic, social isolation, mental health impacts more broadly, and financial and job insecurity. For many, the issues were interconnected and for some the pandemic had exacerbated what were already difficult life circumstances.

Results suggest that accelerated efforts should be considered by a wide range of partners to mitigate effects for those in most need whilst building resilience for individuals and communities to provide responses themselves. Suggested actions for partners moving forward are:

- disseminate the findings across the system, acknowledge the disproportionate effects of the pandemic on particular populations groups,
- use the data to influence recovery planning,
- involve local people in identifying solutions and setting priorities, and consider any rapid responses that can be implemented to alleviate difficulties.

The Get on Track course was developed by the Community Health Team to help address issues arising from the COVID-19 pandemic. Staff became aware of a wide range of challenges being encountered by indiviuals through their engagement with local people over the telephone, in settings such as foodbanks, and as evidenced through the findings of the Engage Dundee survey completed by over 800 residents. The survey showed that the pandemic was having a profound impact on the mental and physical health and wellbeing of residents, their social connections and sense of security, and the material circumstances of their lives.

Dundee had the highest rate of drug related deaths and the fourth highest rate of alcohol deaths in Scotland when calculated over a 4 year period from 2016-20.

Dundee had the highest suicide rate in Scotland when calculated over a 4 year period from 2016-20. 38% of Dundee carers reported having to reduce or give up hours in employment due to their caring commitments (Dundee Carers Engagement, 2020). 67% of Dundee Carers reported negative financial impact as a result of higher household expenses.

Samaritans reported that mental ill-health was the most common concern during the year since restrictions began, and increased slightly compared to last year. The mental health of people with pre existing mental health conditions appears to have been affected most. Finance and work concerns were strongly associated with concerns about the pandemic, with concerns about potential and actual job loss strongly linked to fears about the future.

What we have achieved to deliver this Strategic Priority

Community Health and Housing

- The Community Health Team produced an online directory of real-time service changes during lockdown covering public, voluntary and private sector. The development of a telephone support system for Community Learning and Development staff to enable them to support callers struggling to cope by connecting them with a wide range of services including the Council's Firmstep system.
- Social Prescribing Link Workers (Sources of Support) moved to telephone/online support during the pandemic and extended their coverage to an additional nine GP practices. This means that all practices in Dundee City now have access to link worker support.
- Housing First is an internationally recognised programme to provide intensive support to participants to encourage independent, community living. It is aimed to break the 'revolving door' of homelessness and introduces a network of partners to empower participants to take control of their lives. At 31 March 2021 there were 100 participants on the programme. The programme's sustainment rate is 89%, which is higher than the national rate. The Housing First Dundee Pathfinder will come to an end on 30 September 2021, and the participants will be offered support from alternative support providers including the Housing Support Team, who operate under the internationally recognised principals of Housing First. Within the above time period the programme has developed an exit strategy to ensure that the mainstreaming of the service is as seamless as possible for the participants, as well as providing the wrap-around support that had been provided over the previous two years.

Sources of Support:

Mr O - Key Issues

- Homelessness
- Low mood
- Anxiety
- Recovery from substance use
- Food poverty
- Employability support

Housing Issues

Mr O became homeless due to a relationship breakdown, at the height of the COVID-19 Pandemic. He was referred in to Sources of Support by his GP, as he had presented to them feeling overwhelmed.

He had no idea how to navigate through the homeless process, and could not access housing support until he had a tenancy. His Link Worker helped Mr O through the homeless application process and to secure temporary accommodation.

Financial Issues

Although this new temporary accommodation was more affordable, it was also unfurnished. This meant Mr O had no fridge, freezer, cooker, washing machine, bed or sofa. His Link Worker liaised with local community agencies to access furniture, and also helped Mr O apply successfully for a Community Care Grant.

Mr O now lives in a comfortable, affordable home with his own furniture and new white goods which will go with him when he moves into his own permanent tenancy.

Mental Health Support

Throughout this difficult time of transition, Mr O also faced other challenges including family illness, the unexpected loss of his job as a result of the pandemic and relationship problems. Mr O struggled with high levels of distress and anxiety and his Link Worker provided self-help resources and emotional support to help him, while he awaited assessment.

The Role of the Link Worker

Although the presenting issue was initially homelessness, the Link Worker was able to support Mr O through the other issues that arose in the course of their work together. This holistic approach included supportive, encouraging conversations, ensuring Mr O had access to mental health support by providing access to free online resources that he could work through at home and also linking him in with addiction support services, as he was in recovery and did not want to relapse due to the stress and turmoil that he was going through. Mr O engaged well with all the support offered, started a college course, and looks forward to moving into his own permanent home. Most importantly he feels empowered and well-equipped to deal with any future issues that may arise in a positive way, as he feels he now has the tools required.

- During the pandemic, Keep Well/ Health and Homeless Outreach Team nurses worked in partnership with community workers and third sector organisations at food distributions points where money advice, mental health and wellbeing leaflets and other information was inserted into food bags. The nurses also worked in partnership with the Housing Options Service due to the increased demand for Temporary Accommodation during the pandemic, and accessed funding for wellbeing packs to drop off at people's homes and undertake assessments at the same time.
- The Get on Track course was offered in five community centres once restrictions had lifted and used a range of activities to explore topics. The aim was to build the capacity of participants to cope with and address their own needs by working together, supporting one another, learning new skills, and accessing information. Group members could opt to participate in all or selected parts of the course and were able to progress onto the accredited Health Issues in the Community Course if they wished to. Sessions included: Getting to know one another; Looking after yourself; Knowing where to go for support; Making informed health choices; What influences our health and wellbeing; and, Taking control.

  Participants said...

I was so nervous about doing this course but my Community Nurse assured me that it would be friendly and welcoming… it was really good, we covered some really interesting subjects. It was so good to speak with adults again, I had been at home with my 7 year old and he has a learning disability.

Lochee Ward Group

I have had problems with alcohol and I struggle to find things to do. The course on a Monday afternoon was helping me to meet other people and talk about normal things. It was helping me keep motivated. I really hope it can start again as I have missed the support and direction that it gave me.

Coldside Ward Group

The Get on Track course is excellent, I have enjoyed all of the sessions especially the one that was about mental health. I suffer from stress and anxiety, it was reassuring to hear others talking about their issues. It made me realise that I wasn't the only person that was struggling.

Coldside Ward Group

The courses were suspended once restrictions were reintroduced; however, plans are in place to re-establish the courses as soon as it is permitted to do so.

Health and Homelessness Outreach Team (HHOT)

Links with National Health and Wellbeing Outcomes

1. People are able to look after and improve their own health and wellbeing and live in good health for longer.
3. People who use health and social care services have positive experiences of those services, and have their dignity respected.
4. Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
5. Health and social care services contribute to reducing health inequalities.
7. People who use health and social care services are safe from harm.

Mr K is a 40+yr old male with a long history of illicit drug use and mental health concerns. He has lived in the same community all his life and although he had support from family and friends and was in employment this changed due to his addiction and criminal activities.

In his late teens he sought help for his addiction and was prescribed Methadone. Mr K found it difficult to adhere to his treatment and despite being given support it was decided clinically that it was no longer safe for him to be prescribed Methadone and the treatment was terminated. Mr K has been in jail periodically due to drug related crimes for the past 20 years. After liberation from his last custodial sentence he was placed in homeless accommodation.

Mr K engaged with Parish Nurses and was referred to the mental health nurse from the Health and Homelessness Outreach Team (HHOT). On assessing Mr K's needs, the nurse found that he had anxiety due to being in a homeless hostel in an area of Dundee where he had no support network. He was struggling to attend welfare benefit assessments and was confused about medication. He was finding travel difficult and wished to apply for a bus pass. The HHOT nurse liaised with Positive Steps and together they helped Mr K to access a bus pass, which ensured he could attend a pharmacy for his prescription.

During lockdown, the HHOT nurse kept in touch with Mr K and arranged a joint visit with a Parish Nurse. The nurses contacted the GP Surgery to arrange a full medication review resulting in Mr K no longer being prescribed medication he did not need. This resulted in him feeling better physically. Mr K was refused Personal Independence Payments and the nurses are supporting him to cope with this decision and submit an appeal.

The nurses continue to visit Mr K fortnightly and provide regular updates to Positive Steps. They have also contacted the Dundee City Council Temporary Accommodation Team to support Mr K with his request to be housed in the area of Dundee where his support network lives.

Protecting People

- The MARAC Independent Advocacy (MIA) Service has progressed significantly in reaching service users who are at high risk of harm from domestic abuse and it provided a service for 489 referrals during 2020-21. Activities undertaken were designed to assess and reduce risk, to provide practical and emotional support and to ensure access to advice, information and support tailored to individual needs.

  These activities included:

  - Home visits carried out in the first quarter of the year, where appropriate and safe or alternative safe venues were arranged to provide face to face advocacy and support.
  - Victims supported to attend and engage with, e.g. GPs, solicitors, schools and other agencies that women found particularly difficult to engage with. During lockdown, such support was through digital means, with workers sharing information appropriately to make it easier for service users to engage with others without having to tell their story repeatedly.
  - Targeted work to specifically support service users to engage and access the new direct access clinics through the Integrated Substance Misuse Service (ISMS). This was more challenging during lockdown as these clinics closed, however they continued to liaise with ISMS to ensure safe arrangements were put in place to enable service users to access a service.
  - Advocacy and support carried out remotely. Client engagement rates were high, with less need for proactive outreach. This was undoubtedly due to MIA being able to assist clients financially. Barnardo's administered the Scottish Government wellbeing fund and also hardship funds provided by the National Lottery. Increasing numbers of service users experienced financial pressures during this time period. Change in benefits and increase in costs of food has increased the impact of poverty. Between 16th March and end of September, Barnardo's distributed over £8,500 through the FORT system to service users in our domestic abuse services and prison mentoring service who were severely financially impacted by COVID-19. An additional £2000 was also used to purchase supermarket vouchers, mobile phones/top ups and bus passes/taxi vouchers, from the hardship fund monies provided by Big Lottery, for use by vulnerable service users.

Outcomes of victims and their children affected by domestic abuse who were supported by the MARAC Independent Advocacy (MIA) Service:

- 94% have a reduced assessed risk of harm
- 87% report increased feelings of safety
- 94% report improvements in physical and mental wellbeing
- 98% accessed local networks of support and relevant agencies to improve their social capital
- 76% supported to be in safe accommodation
- 92% accessing appropriate services to ensure multiple needs are met
- 94% reported their views being heard
- 99% reported increased feelings of control

- The Dundee Women's Aid Aspen project recognised the value of having a Clinical Psychologist where specialist case consultation can be accessed, and treatment plus training can be accessed quickly. The case has been made for the position to be funded permanently and this has now been taken forward by the Partnership thereby securing the specialist provision for women who experience a range of health inequalities due to their experiences of trauma and homelessness. This will allow continuity of service and opportunities to expand the service.

- The recognition of the value and success of the ASPEN specialist provision has been extended to Dundee Women's Aid Children and Young People's service. There has been growing recognition of the complex needs of children and young people who have experienced domestic abuse and how these traumatic experiences impact on the child or young person's wellbeing and education. Shared learning led to a funding bid to employ a 0.5wte Clinical Psychologist to work in partnership with Dundee Women's Aid Children and Young People Team and CAMHS. This bid has been successful and monies have been awarded. ASPEN, Dundee Women's Aid Children and Young People Team, CAMHS Clinical Psychology and Dundee Educational Psychology Service (DEPS) continue to work in partnership to shape and support this pilot project. This has the potential to significantly reduce the impact of trauma for children and young people, including early intervention and prevention to reduce the likelihood of poor health outcomes in the future.
- Dundee Independent Advocacy (DIAS) service was successful in a bid to the Alcohol and Drug Partnership to create a new substance user independent advocacy post as a test of change over a 2 year period.

  There are 2 main parts to the role

  - Directly supporting people with substance use to have their voice heard and be the conduit between the person and services (both statutory and third sector) that are involved with the person.
  - To raise awareness of the benefits of seeking independent advocacy support at an early stage in a person's recovery process, often when non-engagement is high, to all staff within statutory and third sector organisations that support people with substance use. There will be an element of winning over the "hearts & minds" of some staff to see the wider benefits of advocacy to all involved, for example validating their own professional service and how it helps the recovery process be person centered at all times.

  Although DIAS has supported people who have substance use prior to this designated post it has been limited both in terms of sustainability of resource when there is non- engagement, and to the reach of services such as non-fatal overdose teams. It has also allowed DIAS to be directly involved at a strategic level, helping shape and influence support services with people with substance use and their families.

Substance Use

- We have listened to and shared the findings of Dundee Drugs Commission and the Tayside Mental Health Inquiry. Following the sharing of these reports, plans have been initiated to make changes to increase positive outcomes for people in Dundee and those who care for and support them.
- The Injection Equipment Provision Harm Reduction Service was awarded £500 by the Scottish Government's Supporting Communities Fund to hand out 100 hygiene packs to people who access the service and during outreach. These packs consisted of: a reusable purple duffle bag, two reusable face masks, hand sanitiser, 2 in 1 shampoo and conditioner, tooth brushes and toothpaste, a face cloth, a pack of razors, deodorant, hair brush, bar of soap and a lip balm. These packs allowed those facing financial hardship during the COVID-19 pandemic to continue practicing good hygiene.
- Prior to lockdown, We are With You developed a weekly recovery group programme which had been well attended and is starting up again. Activities include hill walking with Ancrum Outdoor Centre, cycling, allotment gardening, fitness with Street Soccer and walking with the Keep Well team.

When I first reached out to WRWY, I was on a downward spiral that was only going to end one way. A year later with frequent check-ins , I am a new person, quite literally saved my life. I still have down days but when I think of relapsing I go back to the advice given to me and that stops me doing anything silly. The best move I ever made was to make contact with WRWY. They gave me the tools I needed to succeed and stay sober and I will always be grateful.

Feedback from person supported by WRWY

- For several years the R&R (Restore & Revive) recovery café has run a Christmas toy appeal which distributes toys to families who otherwise may not be able to provide a Christmas for their children.

R & R Cafe
Revive & Restore

This past Christmas, although the R&R was closed due to COVID-19 they were still able to provide toys to 134 children within Dundee.

City Church Dundee kindly offered the use of their main auditorium and the recovery worker planned the event, ably assisted by R&R volunteers, who have lived experience of substance use and operate the café when it is open. The volunteers came together specifically for this event and their contribution demonstrated the progress they have made in their recovery journeys.

Family members were also extremely grateful as can be seen by the comments below.

Hi, My name is ** I'm 30+ years old, I have 2 kids. This year for kids has been the worst ever, I came to help yesterday and the lovely people I've met at the Friary to help bring toys for all the poor kids after this bad year. I'm so happy as I've had a very warm welcome and I thank all these volunteers etc. If it wasn't for the group my kids wouldn't have got as much for Xmas as I have very bad financial difficulties. I'm so grateful of what these people have done for me and my 2 kids. I can't stress enough how lovely everyone is here at the Friary. So thanks everyone and God bless everyone for the help as my kids didn't have much but I'm so grateful, thanks everyone, you are amazing people.**

The Recovery Café is empowering volunteers with lived experience to develop new skills, increase their self-esteem and be part of their community. After the toy event several of the volunteers felt confident enough to take part in CrossReach's internal volunteer training course.

Using Information for Improvement and Service Planning

- We have published Locality Profile information about the people who live in each of the eight Community Planning Partnership areas. This information helps inform planning in these areas and supports us to analyse if progress has been made towards the Partnership outcomes for people living in these areas.
- The IJB Performance and Audit Committee receive regular Performance Reports, with statistics comparing Dundee with other areas and including differences in Local Community Planning Partnership areas. This information is analysed and comparisons made between areas of deprivation regarding important statistics like: Emergency Hospital Admissions rates; number of bed days; and amount of Delayed Discharge. This information informs plans to address health inequalities.

3.2 Strategic Priority 2 - Early Intervention and Prevention

Our Ambition:

Enhanced community based supports are enabling people to take greater control of their lives and make positive lifestyle choices that enhance their health and wellbeing and reduce the need for service based interventions.

By working with people earlier, we can reduce the incidence and impact of ill health. We believe that a focus on prevention and early intervention is a positive choice, which will reduce the need for more intensive or acute support at a later time. It is by prioritising early intervention and prevention that we improve outcomes in the longer term, more effectively manage demand for services and release resources to where they are most needed.

Local people tell us that they want support to live independently and when possible want to be supported at home or in a homely setting. They prefer to live at home rather than be in a care home or hospital. We know that if needs can be met at home then the hospital environment is not the best place to provide long term care.

How We Performed

Health & Social Care Experience Survey 2019/20

"I was supported to live as independently as possible."

"The help, care or support improved or maintained my quality of life".

Dundee has a high rate of readmissions to hospital, where the patient had been discharged within the last 28 days. In 2020 14.6% of people discharged from hospital following an emergency admission, were readmitted within 28 days. (Public Health Scotland) Dundee has the second highest 28-day readmission rate in Scotland. We have compiled in depth analysis to understand reasons for this and whilst we realise that we need to improve the number of people being readmitted, we also know that the way we record readmissions differs to other Partnerships and this further inflates the rate. We are working with colleagues in NHS Tayside to agree a solution to this.

Despite a high rate of readmissions to hospital, the number of bed days lost to delayed discharges for people aged 75 and over is relatively low. Lost bed days are counted from the day the patient was assessed as medically fit to return home to the date they were discharged. In 2020-21, for every 100 people aged 75 and over, 32.4 bed days were lost due to a delayed discharge. This is an improvement on the 2019-20 figure, when there were 44.5 bed days lost for every 100 people aged 75 and over. In 2020-21 Dundee was the 12th best performing Partnership in Scotland. (Public Health Scotland)

There is variation between the number of bed days lost to a delayed discharge across LCPPs.

People aged 75 and over who live in North East LCPP contribute to the largest rate of standard delayed discharge bed days for all reasons. For every 100 people aged 75 and over living in North East there were 23 bed days lost in 2020-21. The lowest standard delayed discharge bed day rate was in Strathmartine where for every 100 people aged 75 and over there were 12 delayed discharge bed days used.

People aged 75 and over who live in Maryfield LCPP contribute to the largest rate of complex delayed discharge bed days for all reasons. For every 100 people aged 75 and over living in Maryfield there were 23 bed days lost in 2020-21. The lowest complex delayed discharge bed day rate was in Strathmartine where for every 100 people aged 75 and over there were 5 delayed discharge bed days used.

There are a number of preventative and rehabilitative supports available in the community and one measure of this is the extent to which the Partnership is maintaining people with long term care needs in the community. Home care is one of the most important services available to partnerships to support people with community care needs to remain at home. This indicator measures the number of adults who are 65 and over receiving care at home as a percentage of total number adults needing long term care. Using the most recent national data available for 2020, 59.5% of people in Dundee aged 65 and

over with long term care needs were receiving personal care at home. This is slightly lower than the Scottish figure of 62.9%.

Despite many Dundee citizens feeling that they were supported to live as independently as possible and preventative and rehabilitative services and supports being delivered in the community, emergency bed day rates for people aged 18 and over remain higher than most other Partnerships. Dundee has a high rate of emergency occupied bed days for all hospital specialties – acute and mental health, although there has been a substantial reduction (15%) between 2019-20 and 2020. (Public Health Scotland) This is a positive change, meaning that, on average, for every 100 people in Dundee 97 bed days were occupied during 2020, compared with 115 bed days occupied in 2019-20. Despite this improvement, during calendar year 2020, Dundee performed more poorly than the Scottish average and was the 15th poorest performing Partnership in Scotland, out of all 32 Partnerships. Whilst performance in Dundee is poorer than the Scottish average, when assessment is made alongside the other 'family group' Partnerships performance is more positive. In 2020 Dundee performed best out of all family group partnerships it is aligned to.

Emergency bed day rates vary across the city. The highest emergency bed day rate was in Lochee (119 bed days occupied per 100 people) and the lowest rate was in West End (71 bed days occupied per 100 people). There is also high variation between neighbourhoods within each of these LCPPs.

COVID-19 hospital admissions are necessary and unavoidable and cannot be influenced by the Partnership's Strategic Priorities. As part of our quarterly performance reporting we have tracked and analysed emergency admission and bed day rates across LCPPs with data separated by COVID-19 and non COVID-19 admission reasons. Trends show a more positive trend and similar pattern across the data that excludes COVID-19 admissions. (NHS Tayside Business Unit).

The Pandemic has affected the proportion of people who received a minimum of 12 months post diagnostic support following a diagnosis of dementia. Between 2015/16 and 2019/20 this proportion was always over 97%, however during 2020/21 this dropped to 61%, which is slightly lower than the 68% for Tayside.

What we have achieved to deliver this Strategic Priority

Protecting People

- Dundee City Council has signed up to the Make a Stand pledge, which was developed by the Chartered Institute of Housing, in partnership with Women's Aid and the Domestic Abuse Housing Alliance, to encourage housing organisations to make a commitment to support those suffering domestic abuse and to intervene early. As a result of that commitment, the Housing and Communities Service have now developed a policy to support those experiencing domestic abuse in council housing in our city. This policy was approved by Elected Members on 16 November 2020. Since then, an oversight group to roll out the actions required was developed across services which included:
    - Rent Recovery
    - Customer Services
    - Construction Services
    - Housing Support
    - Housing Options and Lettings
    - Quality and Performance Unit
    - Violence Against Women Partnership
    - Dundee Women's Aid
    - Anti-Social Behaviour

- As a landlord, Dundee City Council regards domestic abuse as wholly unacceptable behaviour which will not be tolerated in their council houses. Therefore, to reflect this, the Scottish Secure Tenancy Agreement was amended to include a new clause, emphasising that domestic abuse will not be tolerated and detailing the implications for anyone perpetrating domestic abuse in council houses. In addition, since approval of the policy, an online training resource is being rolled out to staff who may witness/come in to contact, but not directly deliver intensive support and also for staff who will directly support and assist those who engage with the services.
- In Dundee, the Trauma Steering Group was initially set up to undertake a mapping of the Dundee City Council and Partnership workforce against the National Trauma Training Framework but has evolved to take a broader remit to develop and support the implementation of an action plan around organisational change relating to trauma informed leadership and trauma informed practice. Prior to COVID-19 we had submitted a successful bid to the Scottish Government to pilot a focus on trauma training for our strategic and senior management teams and develop the concept of professionals with lived experience. There are three key areas of work identified by the steering group which are as follows:
    - Ensure that the National Trauma Training Framework is delivered and implemented in Dundee. The National Trauma Training Framework will entail specific trauma training at informed, skilled, enhanced and expert levels.
    - Build an action plan around ongoing organisational change relating to trauma informed leadership with a focus on developing the concept of professionals with lived experience. Focus on strategic and senior management within multi-agency public protection and community planning leadership groups and the local authority.
    - As both a cause and consequence of culture change, professionals within the workforce with lived experience of trauma are able to contribute and co-produce services and strategy.
    - A draft action plan has been developed detailing priority actions under each area of work.

A number of tests of change (trauma informed and responsive culture and practice) are in progress and the Trauma Steering Group will provide support for these tests of change and intends to organise future learning and review events as the tests progress to ensure we evaluate and learn as we go to inform further expansion to a whole systems change.

The initial resource offered by the Scottish Government as part of our bid consisted of training input and support from NHS Education Scotland to deliver Scottish Trauma Informed Leadership Training (STILT) to our Chief Officers group and other strategic and senior personnel between January to March 2020. This was cancelled due to the emergence of COVID-19 but was delivered at the end of 2020 / start of 2021 through a virtual approach.

- The Commercial Sexual Exploitation Working Group of the Violence Against Women Partnership has been an active and well-attended group. Key activities have included:
    - Development of a fast track sexual health pathway for vulnerable women.
    - Development of multi-agency guidance for supporting people involved in commercial sexual exploitation (CSE) which was launched in January 2021. https://www.dvawp.co.uk/professional/guidance-documents
    - The Protecting People Team have continued their collaboration with the University of Dundee on PhD research looking at the barriers women face to exiting prostitution. The first stage of research involved interviews with practitioners whose role brings them into contact with women involved in prostitution whether or not the support they give is around prostitution specifically. The practitioner interviews revealed concerns around the way they were currently working with women experiencing CSE. These concerns included feeling alone, feeling like there was no cohesive strategy, lack of clarity on organisational standpoint and concerns about saying the

wrong thing or offending. These initial findings were fed back to the CSE working group who responded by collaborating on the production of Dundee Multi-Agency Guidance for supporting those experiencing CSE. To accompany this guidance there has been ongoing knowledge exchange events where practitioners are introduced to CSE and introduced to some ways they may wish to apply the guidance in their own work. Practitioners attending these sessions said:

Such a challenging topic – but I'd feel much more confident working with CSE

I learnt new things which I had not considered and it will help me to signpost to the relevant organisations to help women

The Scottie Project

Links with National Health and Wellbeing Outcomes

3. People who use health and social care services have positive experiences of those services, and have their dignity respected.
4. Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
5. Health and social care services contribute to reducing health inequalities.
7. People who use health and social care services are safe from harm.

The Scottie Centre Project was formed in July 2019 to increase the support locally for women who are involved in commercial sexual exploitation. To effectively help these vulnerable women, whilst balancing community concerns, a focused partnership approach was formed by We Are With You, Maryfield Community Police Team and the Maryfield NHS Keep Well Team. Supported by Vice Versa, The Scottie Centre Project offers women a safe place to drop-in and access a range of supports including substance use, health assessments, benefit and housing advice. They also have access to food and toiletries, sanitary products, condoms and clothes.

The project is open access with no referral required and the woman can drop in by themselves. The project is open from 6.30pm-10.30pm - currently on a monthly basis. Prior to COVID-19 the project was becoming busier through word of mouth of the women who accessed and seeked support. Pathways were being developed with Dundee Drug and Alcohol Recovery Service and Brooksbank (Benefit Support) to increase the support and access into other services.

The project has now been running for two years and the support remained available throughout lockdown. The Scottie Centre closed for a period but support was still provided to the women as and when required from the same staff team. The focus now is to increase the drop-ins to bi-monthly and design opening hours around other services the women might attend, further increasing the accessibility of the service.

The Gendered Services Group (which reports to the Alcohol and Drug Partnership (ADP) and VAWP) has carried out a number of activities relating to services for women and has a remit to take forward actions in the ADP Action Plan for Change relating to gendered approaches (Recommendation 15 from the Dundee Drug Commission report - Ensure that the needs of women who experience problems with drugs are assessed and addressed via adoption of gender-mainstreaming and gender-sensitive approaches to service planning).

Following research carried out in Dundee during 2019 we have been able to fund a Gendered Services development post, through the CORRA fund. The project aims to work with services to improve their gendered approach and responses to women in the city

The Gendered Services Project

Links with National Health and Wellbeing Outcomes

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The Gendered Services Project is a two year project that began in September 2020. The project aims to encourage a gender mainstreaming approach to service delivery, specifically focussing on substance use services and homelessness services. The outcomes of the project are:

· Improved quality of service is provided to women
· Increased accessibility of services for women
· Increased capacity and ability of services to respond to women

The project is working with women with lived experience to shape the project and we now have around eight women with complex needs who regularly engage. The group has met to discuss the barriers they have experienced when trying to engage with services, and to talk about what makes a service more accessible. The input from the group members will be incorporated into a self assessment tool which will be used with services to identify gaps in service delivery and any gaps in understanding of a gendered approach for staff. The project has experienced delays due to the pandemic, especially when trying to recruit women with lived experience. We have done our best to be flexible in the ways in which women can participate. This has involved the use of online meetings, one to phone or video calls, email discussions and the use of online whiteboard tools to encourage collaboration. The ability to be so flexible in our approach has increased the engagement with women, and has provided us with a richer understanding of the barriers that women face in Dundee.

Over the remaining project delivery period, we will identify gaps in knowledge or support needs with services, the project will source training if needed, provide gendered approach training if required, advise on policies and procedures, and support services when they apply a gendered approach to service delivery. The project also aims to recruit champions within services who will continue to promote the need for a gendered approach with their colleagues and leaders. It is hoped that this approach will make the project sustainable.

Children and Families

- As part of our approach to gendered services we have engaged with women where there is significant adversity and vulnerability. Our multi-agency New Beginnings team (social work, midwife, mental health nurse, drug and alcohol recovery nurse and learning disability nurse) supported 38 babies to be cared for by their parents at home. In 31 of these families the child was placed on the Child Protection Register pre-birth due to concerns about significant risk however the team were able to work with the families to reduce these risks. We have also worked in partnership with Tayside Council on Alcohol (TCA) and PAUSE UK to support 22 women who have experienced the removal of 2 or more of their children. Most of the women were vulnerable due to mental illness or substance use issues and the program has supported them to achieve greater stability and connections with their families.
- PAUSE Dundee are working with 22 women. During the challenging lockdown period, the team has continued to work extremely hard to provide support, and the women on the programme have demonstrated high levels of resilience and engagement. No women dropped out of the programme, however one woman passed away. The first women to graduate from the programme began their transitions in February 2021, with the majority of transitions due to be completed by May.
  The women working with PAUSE Dundee are making excellent progress towards their goals. Examples of this include:
  - two women are attending college and have been supported by their practitioners to improve their digital literacy;
  - one woman has begun a volunteering opportunity with TCA;
  - three women have attended job interviews;
  - one woman is attending a weekly walking group independently;
  - the community are being supported through their grief and loss with three women now using memory boxes to record their experiences and memories.

Communication

- During the pandemic, The Protecting People Team has taken a lead, with Dundee City Council communications team (alongside NHS and Police Scotland communications teams) to ensure key messages are reaching the public. Leaflets with key protection messages for women who are involved in commercial sexual exploitation were developed. An accessible, symbolised version of public communication around domestic abuse has been produced with support from the NHS Speech and Language Therapy Department, Adult Learning Disability and Mental Health Service and Dundee Health and Social Care Partnership. Updates have also been made to the Protecting People website, including the violence against women section being significantly enhanced in January 2021 www.dvawp.co.uk
- COVID-19 information was sent out by the Community Learning Disability Nurses (CLDN) Dundee that was easy read during the changing face of restrictions. The team also worked jointly with the COVID-19 vaccination team to ensure safe and timely vaccinations were administered.

Substance Use

Alcohol Counselling Service

Links with National Health and Wellbeing Outcomes

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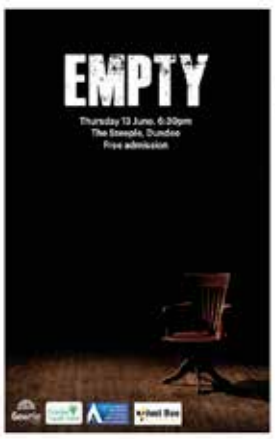
7. People who use health and social care services are safe from harm.

Mrs H was struggling with alcohol dependency and suicidal thoughts. In the past she had her own business, but now middle aged she finds herself unemployed, alcohol dependent and her health is suffering. She has engaged with counselling for six months and finds it helpful to talk over her issues and process feelings she has held onto from childhood. Her mother was also alcohol dependent, and they spent most of her life apart, although reconnected when Mrs H was in her 20's. Sadly her mother died after a year and this left her feeling abandoned again in the same way she felt as a child. Over the years her drinking began to increase and she tried to suppress the emotional pain and was always trying to help others. She has come to understand a pattern of behavior and the dangers of people pleasing.

Mrs H is being supported to work on her thought processes and feelings using a person-centered approach and Cognitive Behavioural Therapy. There have been additional complications because of her health issues and associations which has led to feeling of shame which has felt unbearable at times and there have been some relapses. This process is taking time and we will continue to provide support until Mrs H is ready to engage in the wider community as lockdown lifts.

- Funding was awarded from Dundee Youth Fund to deliver an interactive performance to young people living in Dundee, challenging the consequences of substance use.
  Peer educators working alongside staff from Young Peoples Drug and Alcohol service and Just Bee Productions have developed a play that focuses around the current issues facing young people living in Dundee based on feedback received. There is a strong focus on current trends such as cocaine and ecstasy giving a realistic look at the impact on individuals, families and communities challenging stigma and breaking down barriers to seeking support and advice. The aim is to deliver this in schools across Dundee with a view to securing additional funds to have a wider roll out across Tayside. (delivery of the play has been on hold due to the COVID -19 pandemic).



Alcohol Counselling Service

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During the pandemic the office has been open at certain times for new clients to be assessed and some clients have been opting to have telephone assessments. Part of the assessment process is to ask clients about their mental health and they are then triaged. Clients identified as high risk and who possibly have suicidal ideation are given priority in being allocated to a counsellor.

Mr C was identified as high priority as he suffered from depression and had attempted suicide several times. These attempts always happened when he had been drinking to excess so he, and his partner, decided it was time to do something about it. He is in his early forties and lives on his own but has a partner who lives elsewhere. He is trained as a chef and had been doing agency work but that had dried up due to the pandemic so he had a lot of time on his hands and was feeling a bit bored and depressed so the temptation was there to sit and drink.

Mr C explained that he had started drinking as a young teenager, but not to excess. He had been married but that broke up acrimoniously a few years ago and that is when his drinking started to become a problem. His habit was to binge for 3-4 days then spend the next few days recovering and then start again. We estimated that he was consuming, on average, in the region of 100 units a week. This puts him into the "dependent" category so we talked about the possibility of him trying detox again. The counselling process gave him the opportunity to reflect on his life and consider the pros and cons of drinking. He also consulted his GP and had his medication for depression reviewed. After a few weeks he reported that his mental health was improving and he had started going out walking every day. He was managing to cut down on his drinking and was able to stop after a few cans instead of carrying on until he passed out.

Mr C, with the help of his partner, is now managing to control his drinking and is keeping up the habit of going for daily walks to increase the feel good hormones in the brain and lift his mood.

The support Mr C received was carefully reduced as he became increasingly independent and he now only requires fortnightly telephone consultations.

- Prior to November 2019, individuals who experienced non-fatal overdoses (NFODs) in Dundee were formally discussed once per week by the Early Screening Group. Often those individuals were followed up after an extended delay, were difficult to contact or did not fit the criteria for follow up by Adult Protection, and the group thought a more robust response that met more often would be appropriate. It was initially intended as a six-week "Test of Change" that sought to improve the coordination of the various organisations responding to a NFOD. This joined-up, acute response continued and has developed into what we now call the Non-Fatal Overdose Response. The Dundee Non-Fatal Overdose (NFOD) Rapid Response Team was developed, implemented and evaluated. This is a multi-agency virtual team that meets every week-day to discuss all the known NFODs and develop a safety plan for each individual that has experienced a NFOD. A team of assertive outreach workers are linked to this response and aim to make contact with the individuals within 72 hours of the NFOD. The work of the NFOD Rapid Response team has been evaluated and a working group was set up to progress the recommendations.

  25 professionals responded to the online survey (out of 36 who were invited). Stakeholders were asked about a) their views on the current NFOD Response provision and delivery, b) perceived impact on partnership working and outcomes for individuals who have experienced an overdose, c) perceived barriers and gaps to delivering the NFOD Response, and d) potential NFOD Response developments.

  - 88% of respondents either somewhat agreed or strongly agreed that *'the NFOD Response adopts a person-centred approach to care that is tailored to people's needs and circumstances'*
  - 96% somewhat agreed/strongly agreed that the NFOD Response has *'Allowed individuals who have experienced a non-fatal overdose to have quick support and access to services'*
  - 88% either somewhat agreed or strongly agreed that the NFOD Response has *'Increased professionals'* ***confidence*** *to work in partnership to address non-fatal overdoses and support individuals at risk of subsequent fatal overdoses'*
  - 84% either somewhat agreed or strongly agreed that the NFOD Response has *'Increased professionals'* ***understanding and skills*** *to work in partnership to address non-fatal overdoses and support individuals at risk of subsequent fatal overdoses'.*
  - 88% agreed/strongly agreed that the NFOD Response has '*Improved joint working across the Partnerships-NHS, Police, Local Authority and other agencies*' and 76% thought it has *'Made decision-making easier and faster'* (76%).
  - 80% of respondents agreed or strongly agreed with the statement: '*the NFOD Response has 'Improved monitoring and understanding of the impact of services to prevent and address non-fatal overdoses'*

Miss M called the Cairn Centre today at lunch time – the call was missed so she left a voicemail asking us to call her back. By the time I phoned back she had the issue sorted but wanted to let us know that she has left the house with the dog today, she is now back in her own house. She didn't have electricity and that's why she contacted us but she now has this sorted out (with help from her ex partner). She has passed on her thanks for staff supporting her with the taxi, the mental health appointment went really well, she is going to engage with them, she said it feels like she's been in a trance but has now woken up and is going to start engaging with them. She wanted to pass on that the visit really benefitted her and she wouldn't have made this step without the staff support."

International Overdose Awareness Day

- Hillcrest Harm Reduction Team, Police Scotland and NHS Tayside worked together to raise awareness and reduce stigma around drug related deaths. 12 members of the public were trained and supplied with Naloxone.
- During 2020 NHS Tayside announced that Tayside has become the first region in the world to effectively eliminate Hepatitis C. In 2009, in partnership with NHS Tayside, Hillcrest Futures introduced Dried Blood Spot Testing to test for viral antibodies to further support individuals alongside harm reduction and safer injecting advice to identify people with active Hepatitis C infections and initiate them onto treatment.

Care at Home

- The Care at Home Team has been working in partnership with the Independent Living Review Team. The sharing of the skills and knowledge by physiotherapists and occupational therapists with frontline staff has been beneficial whilst supporting individuals in their home. This service works in conjunction with Care at Home and focuses on a functional assessment along with reviewing and supporting individuals. This is an excellent example of partnership working and enables individuals to reach their maximum potential.
- Staff from the Community Mental Health Teams for Older People created the 'Stay at Home, Stay Safe and Have a Cuppy' packs. The packs included seated exercises, seated yoga, word searches, quizzes, colouring pictures and pens, poems, carer stress tips and life story questions. They also contained a coffee sachet, some tea bags and a biscuit to encourage people to make time to do something nice in the day.

Activity Support Worker Jodie Milne with a selection of donated activity items. (The Evening Telegraph, May 2020)

Community Mental Health Team Older People East Team Lead, Christine Davidson, said:

As an occupational therapist I was acutely aware of the impact lockdown could have on our patients and carers. I was keen that as a service we would try and help people to stay as active as possible during this time. Social isolation among older people was already a huge issue before the coronavirus crisis and the lockdown has made life even more difficult and isolating for this vulnerable group. I would like to thank our support workers in the Community Mental Health Team Older People as they have really pulled together and worked incredibly hard to gather donations, find suitable activities and to put it all together and also arrange to get them delivered. We would not have been able to prepare these packs without the generous donations received from local businesses and members of the public. Everyone has been so kind and we really appreciate all the donations we have been given. In these difficult times we hope the activity packs are one way that we can let people know we are here for them and they are not forgotten.

Care Homes

- During lockdown, staff at Turriff House developed a comprehensive activity programme involving residents, families and staff. This ensured that residents not only coped during the pandemic but thrived despite the challenges. Some examples included a chatty cafe for residents to have a virtual cafe catch up via video call, a socially distanced fundraising 26.2 mile mad March marathon (relay style over a few weeks) including Olympic style torch and staff dressing up "118 style", pen-pal letter writing between residents and St Clements Primary which led to virtual maths and english classes led by the residents, washable Christmas decorations and an outdoor Christmas Market which served German sausage, churros and hot chocolate and a 'Strictly' style (singles) dancing competition.

Discharge from Hospital

- Ensuring patients are safely discharged from hospital as soon as they are well is a priority for the Partnership. We know that unnecessary hospital stays can have a negative impact on some people and we want to avoid this, whilst ensuring that there is support and services in the community to care for the patient. Although Dundee continues to perform well in relation to the 2015/16 delayed discharge benchmark, and has been amongst the top performing Partnerships in Scotland there was a deteriorating picture regarding standard delays. During 2017/18, the introduction of the 'Discharge to Assess' model enabled the majority of patients to be discharged on their Planned Date of Discharge as the assessment of their needs could be undertaken in a community setting. The greater accuracy of this assessment has enabled more patients to remain in their own homes on a long-term basis and demonstrated a reduction in the need for care home placements. However, this has also resulted in an increased requirement for social care. In order to address this, there is a need for a further improvement in discharge pathways which maximise the resources available and promote better outcomes for patients.

A number of improvements have already been made including:

- A locality modelling programme to ensure best use of existing staff resource across the Partnership. This will create multi-professional teams based within geographical localities, thereby reducing duplication and maximising efficiencies. This will support workforce remodelling and create staff resource to undertake the social care review function more robustly. A barrier to this is the increasing vacancy levels within both care management and community nursing teams.
- The Home First strategic programme is now underway. This aims to reduce barriers between urgent care services in the community and create a whole systems pathway for frail older people which ensures they can receive care and treatment in community settings wherever possible. This will support reduction in hospital admission, and will expand the Dundee Enhanced Community Support Acute model into a Hospital at Home service. This pathway will be focussed on community rehabilitation in order to promote independence and has replaced the previous 28 bedded Intermediate Care Unit which was closed in March 2020.
- The implementation of the Eligibility Criteria for social care is now complete and staff across the Partnership have been briefed. This will provide a clearer framework for allocation of social care resource with the aim being to only provide this service to people with a critical or substantial need. In tandem with the developing community rehabilitation focus through the development of the Independent Living Review Team, as well as stronger links with the Third Sector, this is designed to reduce reliance on traditional social care services over time.
- Winter Pressures monies were used to expand the existing 'Discharge to Assess' model over the winter. The success of this model has provided evidence that earlier discharge from hospital and minimal moves whilst an inpatient, creates better outcomes particularly for frail, older adults. Now that this approach is fully embedded, the next stage of development is to target inpatient rehabilitation alongside this resource within the acute hospital to ensure patients can return home safely on their Planned Date of Discharge. Whilst this may slightly increase the length of stay within acute hospitals, the aim is to reduce whole system length of stay while improving outcomes for individuals. The Acute Medicine for the Elderly Unit continues to support good quality frailty assessment and early discharge for frail older adults, and the Home First project is now focussed on developing a similar model in the community.
- Following a delay due to COVID-19, the 8 bedded unit within Turriff House has now been opened as a 'step down' alternative to inpatient psychiatric rehabilitation for older people.
- Advanced practice models are now being developed to support the community hospital and urgent care services in the community. This will complement the Primary Care Improvement Plan, specifically in relation to the proposal to develop urgent care around the existing GP cluster model.
- The Care Home Team continues to undertake development work with local care homes as a means preventing admission to hospital when appropriate and a further Nurse Consultant post is in the process of recruitment to support this.
- Frailty assessment is now fully embedded within the Surgical and Orthopaedic inpatient pathways which is contributing to reduced length of stay, however will initially impact on demand for services to support discharge.

3.3 Strategic Priority 3 - Locality Working and Engaging with Communities

Our Ambition:

People can access services and supports as close to home as possible, with these services and supports responding to the specific needs of the local community.

Dundee has a strong ethos of working in partnership with communities and the people it supports. The following factors impact on the way in which local services are accessed by the population within Dundee:

Geography of Dundee – Dundee occupies a small geographical area (approximately 60 km2). The city's compact size, coupled with a tradition of community activism, creates positive opportunities for collaboration between our workforce, communities and people using services and carers and means that any specific sites of service delivery will be relatively accessible to the whole population.

GP registration – in Dundee, GP registration does not correlate with area of residence and therefore, in most instances, it cannot be assumed that GP surgeries are responding to the needs of the local population. In addition, practices within Dundee have over 20,000 people registered who do not live within the city boundary.

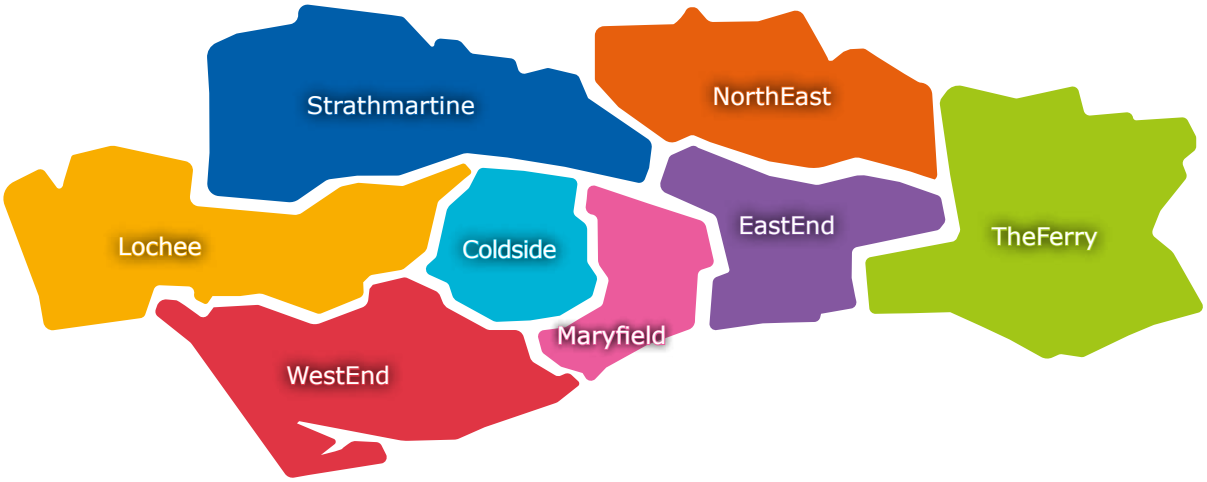
Definitions of community – Dundee's communities do not necessarily identify with the locality designations ascribed to them by the Council's administrative boundaries, with distinctive community identities existing within and across localities.

The Partnership follows a 'locality model' approach to delivering services within the city to ensure that services are targeted to meet the needs of individuals and their carers. The approach also helps to support community engagement and planning across universal, preventative and specialist services for people with all levels of need.

Dundee has a strong ethos of working in partnership with it's communities and the people it supports.

There are eight Local Community Planning Partnership (LCPP) areas with established communication and development plans and regular meetings between community representatives and statutory services.

The Partnership is an active partner in Local Community Planning Partnerships.



The four Partnership service delivery areas map across to the LCPPs, with two LCPP areas forming a single Partnership service delivery area:

- Strathmartine and Lochee
- West End and Coldside
- Maryfield and East End
- The Ferry and North East

The eight LCPPs are made up of 54 natural neighbourhoods. Unlike rural areas, where a sense of community can be linked to a whole village or small town, the nature of Dundee's communities can mean that the natural neighbourhoods that sit within the LCPP areas often have differing demographic, health and socio-economic profiles. We recognise that as well as identifying as a member of a neighbourhood or locality many people will also identify as a member of a non-geographical community based on personal characteristics or experiences, such as people from the same ethnic background or people who are carers.

As well as reporting on our activity in different geographic localities this section also provides information about our responses to communities of interest or who have shared characteristics / health and social care needs. This includes developments in relation to communities of people who have protected characteristics under the Equality Act 2010.

How we performed

Health & Social Care Experience Survey 2019/20

"I had a say in how my help, care or support was provided."

"Overall, how would you rate your help, care or support services?"

"Overall, how would you rate the care provided by your GP practice?"

"I felt safe"

"I agree that my health and social care services seemed to be well co-ordinated"

This information suggests that experience of care appears to be positive.

Across Dundee unpaid carers provide a significant level of care and support for family and friends who have health conditions, a disability, a mental health condition or substance misuse issues, are frail due to older age or have other health and social care needs. For most people this support is the preferred way of receiving support and meets many social and emotional needs as well as providing practical help. The provision of such unpaid care can avoid the need for more formal interventions for some and for others unpaid care is delivered as part of packages of care and support, alongside services provided by the Partnership. This is particularly the case for those with very high-level care and support needs who are being supported in their own homes or other community settings. Carers make an immeasurable contribution to the lives of the people they care for and although we know that it would be impossible to replace the quality of care and support given by someone who is not paid to be in your life we also acknowledge that there would be huge financial cost to us all if we were to attempt to replicate the care and support they give.

The most recent Census (2011) asked people whether they look after, or give any help or support to other family members, friends, neighbours or others because of either long term physical and/or mental ill-health, disability or challenges related to old age. The definition did not include paid employment.

In 2011, 13,072 people identified themselves as being a carer; this was 8.9% of Dundee's population at the time. Local intelligence estimates that this number is now significantly higher, particularly due to the pandemic when national statistics suggest a huge increase in the numbers of carers as well as in the roles and responsibilities they have taken on. It is thought that many of these carers will remain in this role after services and supports are resumed.

The Citizen Survey for 2019[2] was completed by 1300 Dundee residents. The key findings reported that 23% of households with at least one member who had some form of long-term health problem or disability also had at least one member of their household who was providing unpaid care and support for someone else. This is a significant increase from the 4% of households reported in 2018.

Of the households where someone provides unpaid care, the majority said this person who provides care or support was aged 18 or over (99%, 89% in 2018). 40% said they or others in their household have accessed information, services or support to help them manage their caring role. This is consistent with the 2018 survey results (41%).

Of the total number of carers in Dundee at the time of the 2011 Census, there were 3,909 who were providing more than 50 hours of care each week. Carers sustain, maintain and contribute to the quality of life and health and wellbeing of the people they support. Depending on the nature and level of their individual care and support needs some of those who receive a significant level of care from family or friends may otherwise be unable to continue to live in their own homes and may have had to move to housing with care or to residential or nursing care, or have experienced serious impact on their health and wellbeing. With the rising number of older people and increased complexity of needs of people with disabilities remaining at home, it is anticipated that the number of unpaid carers in Dundee will grow and we know that there will be a need to 'scale up' the level of carer support accordingly.

There has been a body of national research completed to measure the impact of the pandemic on carers.

Health & Social Care Experience Survey 2019/20

"I feel supported to continue caring"

[2] Dundee City Council City Wide Citizen Survey Report 2019

The results are consistent and show that unpaid carers are struggling to cope, have not had a break for a long time and are worried about the lack of services that will be available to them, and the person they look after, following the pandemic. 72% of unpaid carers reported poor mental health, and the same percentage (72%) said their physical health had deteriorated. There has also been an increase in the number of people who are caring for someone they didn't care for prior to the pandemic and for those who continued their caring role, 33% reported giving more help to people they helped previously. Those aged 45 to 54 were the most likely group to provide support - 60% of this age group reported doing this. Women were more likely than men to provide support, as were those with dependent children.

In late September 2020 to mid-November 2020, we launched local engagement work with carers and workforce supporting carers to better understand the impacts of the COVID-19 pandemic. The consultation involved engagement with carers, young carers and the wider workforce.

Data collection included two online surveys, a carer's survey and a workforce survey, and 5 focus group discussions with adult carers and one focus group held with a group of young carers, all focus groups were facilitated by support organisations in the City.

- Online local survey for carers -116 unpaid carers completed the online survey
- Online survey for local workforce –37 individuals completed the workforce survey
- Carer Focus Groups - 41 carers participated in the focus group discussions

The findings report https://carersofdundee.org/workforce/carers-partnership/#report has identified several recommendations that require consideration and action to ensure outcomes are met for carers in the City. The Dundee Carers Partnership has dedicated workstreams to develop proposals based on the finding areas to initiate targeted work activity to deliver improvements to better support carers in Dundee.

Findings revealed the following:

- The majority (84%) reported an increase in the amount of care provided since the start of the Pandemic
- A high proportion (63%) of carers were struggling to balance commitments alongside the caring role
- 38% had to reduce or give up hours in employment due to their caring commitments
- Negative impacts on physical, mental, and social wellbeing (84%) and feeling socially isolated (60%)
- The majority were feeling more worried and anxious about the future (82%)
- The financial impact on carers as a result of higher household expenses (67%)
- 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.

More positively, the engagement also identified areas that were working well for carers to build upon for future, including:

Community groups and voluntary sector organisations continued to provide essential support to carers during the pandemic, many utilising digital technology, which carers found invaluable in helping them cope during this period.

Carers also benefited from local networks in the community and neighbour support during this period.

It was recognised that these initiatives should continue to be promoted, whilst also finding other solutions for people who cannot access online information/digital engagement opportunities to ensure information and support is available in a wide range of accessible formats.

746 service users participated in the Care At Home COVID-19 Survey

99% of service users felt the service was good, very good or excellent during the pandemic

98% of service users felt the support offered/given by emergency responders was good, very good or excellent

79% of service users felt safe and confident in the SCRS team in relation to wearing PPE

99% of service users felt the way in which SCRS staff respected their wishes and preferences was good, very good or excellent

99% of service users felt the way in which SCRS respected their dignity was good, very good or excellent

Service users used words to describe the Care at Home service during the pandemic:

What we have achieved to deliver this Strategic Priority

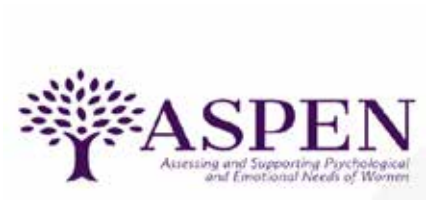
Unpaid Carers

- Dundee Carers Centre is working in all eight localities and has established locality teams and has worked with carers and workers to develop locality plans. https://dundeecarerscentre.org.uk/services/locality-work/
- Dundee Carers centre 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 short breaks. How we support carers continues to be informed by the Engagement Surveys and Focus Groups which carers were invited to contribute to.

Home First

- The Partnership is working to develop cluster focussed urgent care teams – bringing together Dundee Enhanced Community Support Acute (DECSA). Enhanced Community Support (ECS) nursing teams, Care Home Urgent Care Teams, Primary Care Urgent Care, care co-ordination, AHP and pharmacy services under the banner of "Home First". We have developed a single point of referral for ECS and DECSA and are working to develop an Urgent Care Triage tool and common assessment documentation.

Protecting People



- Dundee Women's Aid's ASPEN project aims to focus on engaging "harder to reach" women. The service criteria focusses on women who are homeless, or are at risk of homelessness, have experienced trauma (most often in a variety of forms, including victim of commercial sexual exploitation or trafficking, throughout their lifetime, rather than a single event) and have a range of complicated factors including significant mental health difficulties, high levels of trauma symptoms, unhealthy or harmful coping strategies including substance use, self-harm, suicidal behaviour, offending behaviour. Where someone has shown evidence that they are able to engage with conventional, mainstream services, their care will be directed towards those services, leaving ASPEN to provide assertive engagement to women who simply cannot access mainstream services, including GPs, due to the complexity of their difficulties. Typically engagement is a slower process, with missed appointments being tolerated for much longer than many mainstream services which adopt a discharge policy after two-missed appointments. A variety of engagement methods are used, including face to face alongside another worker, telephone, text or video appointments. The length of appointments is also adapted to suit the individual's needs, for example some women may want to start with shorter, less formal meetings which are extended over time, once trust and therapeutic rapport develops. Some women may need contact multiple times in a week or some may feel the need to be in control and access the service more sporadically, but knowing that they will be responded to as required in a time of need. This is a truly trauma informed way of responding – flexibility of response is one of the keys to ASPEN's success.

Dundee Violence Against Women's ASPEN Service

Links with National Health and Wellbeing Outcomes

3. People who use health and social care services have positive experiences of those services, and have their dignity respected

4. Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.

7. People who use health and social care services are safe from harm.

Miss J was referred to DWA's ASPEN service a few weeks after a very serious assault. Whilst clinical recommendations are that intervention is not offered within the first three months of a traumatic incident (as most symptoms of acute trauma resolve within this time frame) a decision was made to prioritise offering Miss J support due to the high levels of distress that she was displaying. Psychological support was led by Miss J's needs and requests moving from initially daily, down to three times a week, then twice a week, then weekly, now fortnightly. Interventions have included empathic listening, provision of psychoeducation regarding normal responses to trauma, psychological formulation, behavioural activation, and cognitive restructuring. Liaison with multiple services has also been a key factor in working with Miss J successfully. Extensive liaison has been undertaken with Police Scotland, Procurator Fiscal Service, surgical services at Ninewells Hospital, GP, Community Mental Health Services, Housing, Families Outside, MIA and TDAS. In addition liaison was undertaken with Scottish Women's Aid regarding media reporting of the case, which culminated in two national tabloids being directly challenged on their reporting standards. Whilst much remains problematic and worrying for Miss J, her functioning and wellbeing has improved significantly, with her now actively completing an Open University course and making positive plans for her future. Miss J's case represents the importance of a co-ordinated, specialist approach focussing on early intervention and prevention work, whilst also demonstrating locality and community engagement that is unlikely to have been as successful without DWA's APSEN service leading the response and care of Miss J.

Children and Families

- Non-medical prescribing nurses have been appointed who are based with Children and Families Teams: this approach supports the focus on the health and wellbeing of families and ensures parents can access fast and well supported treatment for drug use. This approach also increases the joint working between the specialist adult substance use service (DDARS) and children and young people's services.

Substance Use and Recovery

Dundee Violence Against Women's ASPEN Service

Links with National Health and Wellbeing Outcomes

3. People who use health and social care services have positive experiences of those services, and have their dignity respected

4. Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.

7. People who use health and social care services are safe from harm

Mrs P was known to DDARS with an active methadone prescription and was on the caseload of one of the locality nurses. The nurse worked closely with Mrs P as her son was being supported by the social work team. Mrs P was seen every 4-6 weeks for testing and relapse prevention work. Mrs P's choices of drugs were illicit street Valium and illicit Pregabalin or Gabapentin. Regular team around the child (TATC) meetings were organised by the social work team and Mrs P's son's case was closed due to her evidencing stability and therefore reduced risks and concerns towards her son.

Mrs P was then placed onto the unallocated list within DDARS and her nurse started her new role as a locality nurse within the children and families service as part of a pilot.

2020

Information was shared with Mrs P's previous social worker and her nurse via Police Scotland regarding concerns that she had been subjected to a traumatic incident and it was deemed that it was unsafe for her son to remain at home. Mrs P's son was placed with a kinship carer until the social work team assessed the situation further.

As Mrs P's nurse was now a locality nurse she was then able to attend Mrs P's house with the social worker. This was highly beneficial as both workers knew Mrs P well. The social worker and locality nurse worked jointly to assess the situation and provide intensive support. Mrs P has become more stable; the level of risk has been reduced and her son is back living in her care. Mrs P is now illicit free from Gabapentin and Pregabalin and is working towards being illicit free from Diazepam. The locality nurse and the social worker continue to work jointly to maintain stability.

Interventions

- High level of support to Mrs P to enable her to be illicit free from Gabapentin and Pregabalin
- Relapse Prevention work
- High level of therapeutic support from locality nurse to Mrs P
- Immediate crisis response and continuity of workers

Outcomes

- Mrs P now stable mentally and physically
- Son has returned home full time
- Mrs P more supported by DDARS while dealing with trauma and able to seek additional support from other services promptly.

- We completed a test of change in the Lochee surgery to develop a shared-care approach between Primary Care and Dundee Drug and Alcohol Recovery Service (DDARS) which has resulted in the appointment of GPs who will work directly with the DDARS. We have increased the availability of Take Home Naloxone in Dundee, with more organisations issuing Naloxone kits to individuals
- In partnership with Tayside Council on Alcohol and a host of agencies, the Safe Zone bus returned to Dundee's streets in May 2020. The bus offers support out with normal hours to anyone in need. As well as general welfare there is access to harm reduction including Naloxone. Crisis work can be supported and there is an established pathway for the staff and volunteers on the bus to refer into specialist agencies.
- We Are With You (WAWY) and Hillcrest are now following locality working when delivering substance use services. Each organisation is now located in a different part of the city (East and West) and attached to a specific locality team within DDARS.
- Hillcrest provided local drop-in at various locations in City Centre and West Dundee. They had a presence at Lochee Hub, Charleston Community Centre, Kirkton Community Centre and Dundee West Church. They provided drop-ins including a women only one. They also had a regular presence in Lochee High Street to support people attending local pharmacies – providing emotional and practical support including lunch bags (social Byte) and Injection Equipment Provision (IEP) and Naloxone. This was well accessed by locals as a street advice hub and locals have been very appreciative of this advice point with consistent workers offering support. Through this street advice hub Hillcrest supported people to get in touch with other agencies including ISMS, GP surgeries and the Department of Work and Pensions (DWP)

Hillcrest Futures Harm Reduction Team with their Integrated Care Award

- Hillcrest has delivered recovery and harm reduction services from its base at The Cairn Centre. Prior to the pandemic, the recovery café drop-in provided food, support and advice to many people – both in recovery and requiring crisis support. Through a hub model with partners Hillcrest offered advice on housing, benefits, health, Naloxone distribution, Blood Borne Virus testing and treatment as well as services such as Optometry and Dentistry. These services were provided to people who would not access mainstream service in other locations. During COVID-19 lockdown Hillcrest was only able to provide essential IEP and harm reduction service at The Cairn Centre which reduced the face-to-face recovery work but telephone support was provided and recovery support provided to people in community pharmacy, during delivery of Opioid Substitution Therapy and also via phone. Later online mutual aid was introduced. They provided people with mobile phones and data so that we could keep in touch with them and they had a means of accessing further support and contact

with others. This included people coming out of prison. Hillcrest also provided harm reduction assertive outreach throughout the first COVID-19 lockdown. The Harm Reduction Team has made 447 visits. 171 were as a direct result of a near fatal overdose and the remaining 276 were seen opportunistically or referred via an external agency. The average age of individuals supported is 34 -42 years old which is consistent with the high risk age group the model is targeting. 22 phones and top-up cards have been given to those without access to a phone who need to be in contact with services.

- Inclusive Cities Events are aimed to celebrate recovery, make it visible and to challenge stigma and promote inclusion for those who have experienced personal, family or community substance use. They give people the opportunity to showcase their talents and experiences through creative arts in a venue that many may feel initially disconnected from. We aim to host regular Inclusive Cities Events both at the V&A and other venues across the city. We hope that the Inclusive Cities 'brand' will become well known and synonymous with inclusion and connection for all Dundee citizens regardless of their background, talent or current circumstances. Attendees had the opportunity to find out more about the drug and alcohol services offered by the charities. Poetry and art work created by people with lived experience of substance use were also exhibited. Feeling part of a community can have a significant positive effect on someone's recovery journey. Being part of Inclusive Cities events and showcasing their creative abilities help people feel less marginalised, improve self-esteem and provide hope.

In the past I have felt unable to access community facilities as I believed I would not be made to feel welcome. It was really great to go to the V&A. I never thought that this was a place for me to go to, however I was made to feel welcome

I can't believe my work is being shown at the V&A, this is something I never imagined would happen to me

Hillcrest at the Cairn Centre

Links with National Health and Wellbeing Outcomes

1. People are able to look after and improve their own health and wellbeing and live in good health for longer.

3. People who use health and social care services have positive experiences of those services, and have their dignity respected

4. Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.

7. People who use health and social care services are safe from harm

Mr M has been attending the Cairn Centre regularly since he returned to Dundee to have ulcerated wounds on his legs cleaned and dressed, as well as collect Injection Equipment Provision. Over the past few months, it has become apparent that there is a significant deterioration in Mr M's mental wellbeing, leading to a marked increase in risk taking behaviour, which in turn has resulted in him appearing on the Non-Fatal Overdose Multidisciplinary Team Call for three incidents, all within less than 36 hours of each other. As a single male over the age of 35 years, Mr M is in a high risk group for drug related injury and death.

Mr M's Journey

- Mr M stopped engaging at Eagles Wings meaning he was receiving no support
- Mr M is considered to be at elevated risk of serious illness and death associated with COVID-19
- Mr M's injecting frequency of heroin had increased to 0.5g Heroin, 3-6 and more times a day
- Following a breach of his occupancy agreement Mr M became homeless
- Mr M's on-going substance use increased, poor sleep, poor diet, no income, leg wounds, and minimal support, meant he was at an extraordinarily high risk of overdose
- Mr M was known Hepatitis C Virus (HCV) positive but non engager with treatment interventions
- Mr M was supported to commence an Opioid Substitution Therapy prescription and he was accompanied to his first appointment
- Over the course of the month, Hillcrest Futures staff secured clothing provisions so that Mr M could promote the healing of his wounds
- Hillcrest liaised with Positive Steps to set up transition into a Network flat and he was supplied with a mobile phone to stay in regular contact for support
- Food bank referrals and electricity top up facilitated by Hillcrest Futures supported Mr M moving into his accommodation
- Mr M was supported to speak with NHS Harm Reduction Nursing team at the Cairn Centre regarding HCV treatment then Mr M dropped in on his own accord and started treatment the following week and was cured after 6 weeks
- Mr M's risk taking behaviour immediately decreased and a change in his behaviour and outlook was clear. He is continuing to try and stabilise on a prescription and reduced his heroin use to 0.5grams, 1-2 times a day

- 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. Over one third of individuals who the service engaged with were not in treatment, and thus would have otherwise had limited access to co-ordinated, holistic support regarding their substance use. Furthermore, 71% were male and 36% were aged 41 or over. This group is considered particularly "hard to reach" as many have repeatedly cycled in and out of services, and frequently have complex health needs associated with age. Engaging effectively with this group therefore necessitates innovative, flexible and truly relational approaches. Over a 4 month period, 19 individuals were keen to be referred into treatment. The service effectively addresses the needs of older men and those disengaged from treatment; populations at highest risk of death from overdose. This is currently operating in the East of Dundee. We have sights at Whitfield , Albert St and Douglas. This provides easy access to all residents in the East of Dundee.

Primary Care

- We continued to work towards actions in the Primary Care Improvement Plan (PCIP) and increased the support to General Practices by providing community supports such as Community Care and Treatment Services, First Contact Physiotherapy, Social Prescribing, improved diagnostic pathway for adults with autism, follow up service for people discharged back to GP care by the Community Mental Health discharge hub, the Advanced Practitioner role across Community Mental Health Teams to assess and prescribe and the Community Health Online Directory. We have also made improvements to urgent care referral routes and pathways and developed cluster Home First teams.
- The First Contact Physiotherapy (FCP) Service has now recruited posts within the original PCIP 3 year plan. The COVID-19 pandemic has changed how the service is delivered, with initial contact by phone, supported by video or face to face consultations, and from more centralised venues. All practices have been able to book into FCP as part of support during the pandemic. Insufficient capacity issues have emerged, however, with demand appearing to significantly exceed the capacity of the service. We are currently reviewing the service to consider how it remobilises and develops the model. We have not yet agreed what a full service is; recognising it is not possible that every MSK presentation to General Practice can or should be seen within a FCP service. There is agreement we need to increase capacity and will review the impact on other linked services to consider how resources can be released to support this aspect of care.

Day Support

- Feedback regarding Wellgate Day Support

- Tayside Adult Autism Community Team (TAACT) liaise and interact with third sector organisations (e.g. Autism Initiatives) to support their proposals for development of a Tayside wide service. They also liaised with Citizens Advice to ensure community support was available prior to the launch of developmental questionnaires pre initial assessment.

The Friary – A therapeutic environment for recovery in the city

Recovery@ The Friary is open every Tuesday & Wednesday

Woodworking area at Recovery@ The Friary

Learning Disabilities

You are the go to person to ensure anything that I say to the client they understand. You are able to see if they understand and how you speak to them they can understand" Complement received by the CLDN from another professional

Community Learning Disability Nursing (CLDN) Dundee

Links with National Health and Wellbeing Outcomes

2. People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.
3. People who use health and social care services have positive experiences of those services, and have their dignity respected.
4. Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
7. People who use health and social care services are safe from harm.

Miss E had a mild learning disability and was homeless and pregnant. She was staying with her sister whose own tenancy was in jeopardy due to this. Joint working with a Children's Social Worker, Housing department and CLDN, meant we were able to secure immediate network housing for Miss E. Her sister, who was also vulnerable, could then continue with her tenancy.

Miss E was not long into her tenancy when there were issues surfacing with regards to exploitation from various apparently undesirable associates. The First Contact Team became involved due to this to look at the concerns for Miss E as she was vulnerable and was potentially being exploited.

Miss E has an appointment to see the Consultant Psychiatrist in Learning Disability to assess her capacity to make decisions regarding her associations.

Service Users from Wellgate Day Support enjoying outdoor activities

Mental Health

Dundee Community Mental Health Services

Links with National Health and Wellbeing Outcomes

4. Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
8. People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.
9. Resources are used effectively and efficiently in the provision of health and social care services

The patient was transferred from another area to the Community Mental Health Team (CMHT). On transfer to CMHT the patient was allocated to a Community Mental Health Nurse (CMHN).

On the first meeting it was identified that person had moved to live in Dundee with a family member in a 1 bedroom flat with another room being shared by 3 family members, having to sleep on the floor.

With the patient's agreement, the nurse contacted the Social Work team who arranged a joint meeting with the patient, the CMHN and the social worker. From the meeting the agency `Shelter` got involved to support the patient to gain options for appropriate accommodation.

Dundee Adult Psychological Therapies Service

Links with National Health and Wellbeing Outcomes

3. People who use health and social care services have positive experiences of those services, and have their dignity respected.
4. Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.

Mrs A was a 50+ year old lady referred to the Dundee Adult Psychological Therapies Service by her GP for anxiety. Mrs A was diagnosed with social anxiety and low self-esteem and she often had thoughts such as "I am stupid" and "others will be judgemental". Having recently retired she had become increasingly withdrawn and avoided social situations. Mrs A had tried psychological therapy 5 years ago but struggled to engage and she was offered a place at the virtual Building Confidence Group. The group includes 10 weekly 2 hour sessions with a follow up 7 weeks after. It uses a Cognitive Behaviour Therapy approach and is hosted on a virtual platform – 'The National Video Conferencing Service'. Initially Mrs A was reluctant to attend due to anxiety and was apprehensive about using the technology. However, she actually found the system really easy to use and although initially she only wanted to have part of her head visible on camera and talked only occasionally: over time this became easier. Mrs A began to feel more confident to contribute to the exercises, was able to show her face on camera, provided advice to other group members, made jokes and chatted during the break. Mrs A was also able to attend the group even after she was contacted by Track and Trace when she had to self isolate for 10 days. At the end of the group Mrs A said "I would not have attended if this was in person, I'm happy I got this opportunity". At the follow up, group members were planning a social meet up once Covid-19 restrictions lifted.

Home Care

- During 20-21, 1762 people received a Home Care service and 1,146 thousand home care hours were scheduled. During the pandemic, home care services continued to be provided in localities and care workers frequently made community connections with service users and shared information about local initiatives and activities.
- Within each household of the Chinese community there are laminated sheets from the Social Care Response (SCRS) service with symbols in Chinese and English, with numbers attached to each possible answer. SCRS staff have the same sheets in the control room but in reverse (Chinese to English). These sheets are used to overcome language barriers and communicate with the service user by referring to symbols and numbers to represents the type of support required.

Young People

The Corner

Links with National Health and Wellbeing Outcomes

3. People who use health and social care services have positive experiences of those services, and have their dignity respected.
4. Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.

A young person attended the Corner for emotional wellbeing support. After a Corner assessment, it was agreed for the young person to access The Corner counselling service. As well as the young person being offered counselling, the Corner counsellor also offered additional support to the young person's parents. This included speaking to the parent's outwith appointment times and being on the end of the phone when times were difficult. The support offered to both the young person and her parents made a significant difference to the wellbeing of the whole family. By being offered additional counselling support and advice and by working together the young person and parents are in a better place and are now more hopeful for the future.

Email from a parent (with consent)

"Our world started to crumble around us when our daughter unfortunately succumbed to anxiety just after her birthday last year and after advice from our GP, we called The Corner for help.

The Corner counsellor came to our rescue and I will always be indebted to this lovely lady. She not only reached out to help our daughter, our most precious thing, immediately, but she helped my husband and I also, especially me.

As we spiralled downwards over the next few weeks because of our daughter's ill health, on her and my darkest days, the counsellor was only a phone call away. She always made time to talk to our daughter, in a way that helped her.

At my very low points, so desperate, the counsellor lifted me with her wise words of encouragement.

Six months on, we are still dealing with our daughter's anxiety but there are now days that she laughs and I believe the counsellor is the key person who has given our daughter the motivation to step back into life again, which she is trying really hard to do.

We don't know what the future holds but at this stage, we have a small amount of hope.

I would like to thank all the staff at The Corner, for the unbelievable work that they do and very special thanks to the counsellor".

The Corner staff at their core, are kind and they listen non-judgmentally. Empathy and care build the foundation of their work, not to mention the huge breadth of skills, knowledge and expertise that the staff have. Online interviews, one-to-one and counselling have the same warmth and inclusion of face to face and the video platform is easy to understand. Everything comes with a few technical difficulties, however, they are quick to solve and ever improving.

The Corner window displays

- To help reduce health inequalities experienced by young people, a digital content officer was recruited in late 2020, with an aim of improving the Corner's digital media presence. The Corner's website was launched in January 2021 and the number of followers on The Corner's social media platforms (Facebook, Instagram and Twitter) have increased. The most engaged posts included suicide prevention, World Bipolar Day, Stress Awareness Month and our Wellbeing Boxes being delivered to young carers. The number of young people accessing the Corner is also increasing and increased 300% between January 2021 (66) and March 2021 (187). To mark Young Carers Awareness Day, The Corner has teamed up with the Dundee Carers Centre to provide every young carer in Dundee with a Wellbeing Box.

  Launched in February, The Corner Wellbeing Boxes contain items such as a stress ball, a mindfulness colouring book and various leaflets to use if people are feeling upset or anxious, to help them relax and to promote positive mental health and self-care. Dundee Health and Social Care Partnership has provided the project with additional funding to provide all young carers living in Dundee with a box.

Health Outreach Officer at The Corner, Caroline Millar said,

"Thanks to the Dundee Health and Social Care Partnership we have been able to double the amount of young people benefiting from this initiative to ensure that all young carers will receive a box."

We understand that young people are increasingly worried about their future and some are facing many stresses during lockdown so we hope these boxes will help them focus on their own wellbeing……The boxes will be distributed in the coming weeks and we thought this initiative was a brilliant way to mark Young Carers Awareness Day."

The box was really helpful - it could help a lot of other young people and help them with their mental health and lift everyone's mood

Feedback from recipient of box

Hello, everyone at The Corner Dundee. I just want to drop a line to say thank you so much for my daughter's 'you got this' box. It means so much to receive an act of thoughtfulness and kindness in these trying times. Your wonderful service hasn't gone unnoticed

Feedback from a Parent via Twitter @ TheCornerDundee

The box is fantastic, I was really surprised with everything in it, I thought it was amazing.
Box is amazing, I cried, thank you so much

Feedback from recipient of box

Kieran Drugan, Team Leader Dundee Carers Centre said,

"This is a fantastic idea and I'm sure the Wellbeing Boxes will be gratefully received by young carers across the City. We have identified more than 700 young carers through schools, colleges and communities and they all will receive a wellbeing box."

- It was recognised that young carers unlike older carers do not currently receive a "health check" to establish emotional, physical and other concerns experienced by young carers. This has led to conversations with key partners about how to redress this imbalance with this vulnerable group and subsequently a further funding bid to develop a "Transition Health Session, Young Carer's Health Check and Follow Up" programme to build links, relationships and deliver health checks for all identified young carers across Dundee is to be submitted. This funding has been central to many developments and positive improvements to the service for Young Carers such as: The Corner assessment undertaken with all young people includes a Young Carers section, to identify young carers and establish and address unmet need. The Corner is now Carer Aware and now has a Carers Charter and worked in collaboration with CAMHS, Dundee Carers – Family Feelings group.
- The Humanitarian Team is creating content for the 'new Dundonian' tab within The Corner website and includes the Scottish Refugee Council link and the Dundee Resettlement group link which offers support to refugees. A Google translate function has been created and is now available on The Corner website. Information leaflets have also been created and have been adapted for different languages.

  45 Health and Wellbeing Boxes were delivered to young refugees, contents including; pencils, mindfulness colouring books, hug in a mug, aromatherapy fragrance, Lush products, healing crystal, stress balls, fidget spinner, bubbles, mints, lip salve, thoughts diary, and positive

affirmation cards. This Box is a resource for young refugees to use to improve their mental health and wellbeing in times of stress. A referral form for further Boxes is available on The Corner website.

Local young person from the Hope Humanitarian Group receiving Wellbeing Box delivered in partnership with local CLD Youth Work Staff

Staff training at The Corner for Purple Friday- part of LGBT History Month

3.4 Strategic Priority 4 - Models of Support, Pathways of Care

Our Ambition:

People will live more independently at home for longer, supported by redesigned community based, person centred services.

The Kings Fund Report **Reimagining Community Services - Making the most of our assets** published in 2018, notes that "A radical transformation of community services is needed, making use of all the assets in each local community wherever these are to be found, breaking down silos between services and reducing fragmentation in service delivery."

We recognise the need to continue to improve the way that people move between large hospitals and the community, how we would redesign models of non-acute hospital-based services and re-invest in community-based services including our response to protecting people concerns.

How We Performed

Encouraging people to have choice and control over the services and supports they receive underpins this strategic priority. The table below shows that the number of people who received Self Directed Support options 1 and 2 has increased consistently since 2015-16. The amount spent on delivering services and supports under options 1 and 2 increased considerably from around £1.8M in 2015-16 to around £6.5M in 2020-21.

Self Directed Support – Options 1 and 2

	2015-16		2016-17		2017-18	
Option	**No. of people**	**Cost (£)**	**No. of people**	**Cost (£)**	**No. of people**	**Cost (£)**
Option One Total	58	928,673	60	1,087,024	74	1,522,411
Option One - Adults only	50	865,451	52	1,016,659	65	1,413,326
Option Two	22	96,279	30	308,726	39	287,817
	2018-19		**2019-20**		**2020-21**	
Option	**No. of people**	**Cost (£)**	**No. of people**	**Cost (£)**	**No. of people**	**Cost (£)**
Option One Total	103	1,875,293	122	3,432,428	143	3,782,570
Option One - Adults only	79	1,640,765	81	2,701,004	88	2,682,716
Option Two	70	613,366	161	2,062,732	123	1,663,544

What we have achieved to deliver this Strategic Priority

Community Health and Care

- We received funding and support from Healthcare Improvement Scotland for the development of Hospital at Home service. (£160k until March 2022) This has allowed expansion of the team, increased medical input and recruitment of a healthcare assistant post.
- Across the Urgent Care Service we have improved patient pathways including widening referral routes and creating smoother pathways to and from the service and we have improved co-ordination of social care support via the co-ordinator role

Feedback via Care Opinion regarding Urgent Care service:

The lead nurse practitioner ....was excellent in keeping in touch with family and explaining everything she was putting in place. Thanks to (the nurse practitioner) and the team he was able to spend his last days at home surrounded by family.

have to say that this team went over and above their duty of care more than I could have expected. All necessary tests were carried out at home and they were just a phone call away if needed!

The care that (the team) provided was so thorough and professional, yet always compassionate and respectful. To say that they went the extra mile would be an understatement. Telephoning on their days off and keeping us well informed of our Mum's situation, their treatment, and how they were juggling medications to best treat her complicated needs. We had no idea that this care was available in Dundee, and we were so relieved to be referred to them. They undoubtedly saved Mum's life, giving her a little more time with us, and they gave us comfort and peace of mind. The family owe them so much, we cannot speak highly enough of them and the care they have provided.

In my opinion there should be more of these teams set up throughout the NHS Scottish regions. It saves the stress of hospital admission which can sometimes affect a patients recovery especially when there are conditions that can be treated safely and effectively within the home environment but need that little bit more input than a GP can provide.

The team showed not only great care and kindness to my father but to the family. Having the DECSa team in our home instead of a clinical environment helped to make the situation a lot less stressful.

- There is a growing number of older adults whose needs cannot be accommodated within the current local care home resource and for whom more complex discharge planning is required. There are plans to remodel local authority care home provision which will ensure older people with the most complex needs receive appropriate care and support, however progression of this has been delayed due to COVID-19.
- The Pelvic & Obstetric Physiotherapy Team (POP) have worked with primary and secondary care colleagues and the Transforming Outpatients Team to develop the Urogynaecology pathway and proposed new guidelines for referrers. This promotes and encourages self-management of urinary incontinence at an early stage. The new pathway has led to higher referral rates and more patients redirected into the physiotherapy service due to enhanced gynaecology vetting and implementation of the new pathways. The POP team cover both Dundee and Angus patients and have received investment to reduce the significant waiting list the new pathways have contributed to.
- The plan is to develop patient friendly digital resources (online patient information, links to pertinent sites, instructional videos and potentially app development) that can be utilised at all stages of the pathway (Obstetric MSK, Male & Female Pelvic Health, Prostate Rehab, Section School). Information will also be accessible to aid improved public health. It is anticipated that these resources will improve access to information for patients and may reduce the number of unnecessary referrals into the service. Timely access to resources will be supported by clinicians sending patients (digitially if possible) the right information when assessing referrals, therefore enabling patients to self-manage whilst waiting for an appointment. It will also allow patients who may find it hard to attend clinics an opportunity to access information to help their condition.
- In February 2021, representatives from Allied Health Professions across all three partnership areas, the Tayside Orthopaedic Service and other important stakeholders met to embark on an improvement project. The project acknowledged there are increasing pressures on hospital outpatient departments to provide timely medical and Allied Health Care for an increasing numbers of patients with orthopaedic/musculoskeletal (MSK) complaints. AHPs are integral to the efficient management of outpatients within NHS Tayside, and as per the Tayside MSK pathway, patients should be directed to AHP services as first line management for MSK problems. In light of recent developments in management of primary care patients, e.g. introduction of First Contact Physiotherapy, and because the MSK pathway was last reviewed in 2013, it was agreed the project would undertake a thorough review of the whole service in order to ensure the best patient outcomes and experience. Furthermore, developments in managing patients virtually during the COVID-19 pandemic, including multi-disciplinary team communication and support will be factored into any future service model. An analysis of current staffing, DCAQ and mapping of desired patient pathways is being reviewed. Referral guidance for all sub-specialities developed, utilising IT solutions to ensure they remain accessible, relevant and reflective of any changes in evidence base and practice. Criteria to measure success of the project will be agreed with support from the NHS Tayside Improvement Team.

Care Home and Treatment Service

Links with National Health and Wellbeing Outcomes

1. People are able to look after and improve their own health and wellbeing and live in good health for longer.
2. People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.
3. People who use health and social care services have positive experiences of those services, and have their dignity respected.
4. Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.

"At the beginning of last year I was referred to the Dundee Home Care and Treatment Service. For many months I had daily dressings carried out in my home since I was shielding. My care was then taken over for a very short time by the District Nursing Team before being returned once more to the Home Care and Treatment Service. At this point I started to attend the Crescent at Whitfield for my dressing the frequency of which was slowly reduced from daily to weekly. Fortunately I no longer require dressings but must have received care from this team for about a year so I got to know them quite well!

Each & every member of this team were excellent. They were knowledgeable, supportive & clearly very experienced & expert in the service they provided. For many months they were my only contact with the world outside & they helped me remain mentally well. They were clearly busy but I never felt rushed or a nuisance. At one point I was struggling with making a decision whether to have major surgery during a pandemic. My surgeon made it very clear about the risks should I contract Covid post op & it was not therefore a decision to be taken lightly. The nurses in the Home Care and Treatment team listened to my concerns, supported me when I was distressed & very gently helped me to reach a decision on surgery. I will never be able to thank them enough for their support. They also seemed like a happy team and one which was fulfilled by their role.

I should also say the staff who manned the telephone lines were always professional & helpful including fitting me in to have bloods taken rather than have to attend at another time. They looked for & found solutions & were willing to be flexible. The Phlebotomist at Whitfield was also excellent & one of the few people who always got a vein first time - & believe me that is rare.

Anyway hopefully I've made it clear how much I valued & respected this entire team."

- Tayside Adult Autism Consultancy Team (TAACT) has reviewed the diagnostic pathway for Primary Care referrals, resulting in developmental information being gathered in advance of first appointment. This reduces the number of sessions required and is in line with other similar services nationally.
- The NHS Tayside Chronic Pain Service Improvement Group was established to work collaboratively and use a quality improvement whole systems approach to advise on the delivery of safe, person-centred and cost effective care to patients living in Tayside. Through this work the group continues to implement chronic pain pathways within NHS Tayside that are aligned with the Scottish Chronic Pain Service Model (https://www2.gov.scot/Topics/Health/Services/Chronic-Pain).

  As part of this group, the Clinical Health Psychology Service has been able to work more closely with the Tayside Pain Service to establish new patient pathways through funded Clinical Psychology posts integrated within the Pain Service. The service continues to develop with both new post holders in place in January 2021. A new patient pathway will allow service delivery in line with the Scottish Chronic Pain Service Model where patients can access input from psychological care as part of multidisciplinary treatment within the Pain Service.

Prior to the establishment of this pathway, patients wishing to seek psychological input for symptoms of chronic pain accessed psychological therapy via the General Physical Health Service within the Clinical Health Psychology Service. Providing integrated care together with other health professionals was challenging as patients may have been discharged from the Pain Service by the time they were offered an appointment. Patients also tended to be referred to Clinical Psychology when they had received all other healthcare interventions. The new pathway will allow patients to receive psychological care earlier in their care.

The new pathway will also allow for the delivery of a Pain Management Programme (PMPs) provided by Clinical Psychology, Physiotherapy and Specialist Nurses. Finally, this new pathway will also allow for a tiered service delivery model of psychological therapy by further aiding multidisciplinary team members to deliver psychologically informed care to individuals living with symptoms of chronic pain.

- At the start of the pandemic there was a request from the Scottish Government to set up community COVID-19 assessment centres to focus on assessing people in the community who may have COVID-19. This would allow assessment in an environment which minimised risk to staff and patients. There were several pathways after assessment, including advice for self care, a treatment plan, both for COVID-19 and other illnesses, and referral of those who are acutely unwell requiring admission. The Community Covid Assessment Centre (CAC) involved a wide range of partners, including the Partnership, Out of Hours Service, Paediatric Service and General Practice Teams. Initially 5 centres were opened in Dundee, Perth and 3 sites in Angus. The CAC is now managed alongside the Out of Hours Service. Additional salaried staff have now been employed on fixed term contracts, supported by Out of Hours and General Practice staff.

  Tayside opened the first centre in Scotland, with the base in Dundee, with the other centres opening within 2 weeks. The centre was staffed by General Practitioners, Advanced Nurse Practitioners, staff from Out of Hours Service and a number of staff who returned from retirement to support the service in a range of roles. Redeployed staff from the Dental Service also provided significant staffing. The service included telephone triage as well as face to face assessment. It was also developed to allow support for daytime work if a practice or practices had to close due to COVID-19.

  The model developed in Tayside has been effective in managing this group of patients in a drive through centre. The Dundee site has stayed open to provide a service to those who it is not possible to see in general practice, but is mainly focussed on those in Dundee. Numbers are now much smaller, but staffing and sites reduced to reflect this, but it has the ability to flex up if required. It has been a huge commitment which has worked because of the input of a wide range of partners, with really strong leadership from across primary care in Tayside. It has had a key role in supporting General Practice and in managing care to minimise admissions to hospital during this challenging time.

- In line with other services general practice had to adapt its model of care delivery overnight to minimise face to face contact, while also dealing with significant demand from patients with possible COVID-19. It has been a challenging year as processes have changed and evolved with phases of lockdown. Patients are predominantly now given an initial assessment by phone and either supported on that initial call, or given a subsequent appointment by video call or face to face where required. Practices all developed "hot rooms" to see those who might have COVID-19 in practice, where they could not be assessed in a car at the CAC. There was a huge rise in Near-Me video consultations, although this was more marked in some practices than others, and has reduced with time. The increased use of technology has been welcomed by many patients, with access to advice and support through a range of routes in a way that was not as well established prior to COVID-19.

  The workload for GPs has increased overall, particularly as they support people to manage their condition while they wait for assessment, treatment and intervention in secondary care. This pressure is likely to continue to increase. Balancing this with remobilisation is challenging at the current time.

- The use of online supports has resulted in a huge reduction in travel time and an increase in the number of multi-disciplinary team / referral / consultation meetings able to be attended. As a result, all Allied Health Professionals can now network with a wider group of colleagues both locally and nationally with less time taken from clinical services.
- The Physiotherapy Team used the initial drop in face to face contact in order to review and implement the National Physiotherapy Guidelines for Learning Disability Physiotherapy Services. This has incorporated a benchmarking system and the themes covered chimed well with the 4 Strategic Priorities as laid out in the Dundee Strategic and Commissioning Plan 2019-2022. Physiotherapy staff were able to grasp new learning opportunities, this included one support worker commencing her Physiotherapy degree Pathways of Care course.

Mental Health

- The Dundee Community Mental Health Services Discharge Hub was created at initial stages of COVID-19. This centralises all Carseview, Murray Royal Hospital and Crisis Team discharges for residents of Dundee. The Hub provides a consistent and streamlined process of discharge and an improved quality of care and patient experience post discharge. This is a "wrap around service" for people who have been referred to the CMHT and is also a follow up service for people who are discharged back to the care of their GP or other services including Integrated Substance Misuse Services. This service is operational 6 days per week including public holidays.
- Community Mental Health Nursing and medical staff altered their normal working patterns and have been operational on public holidays due to perceived effects of COVID-19 and the restrictions placed on people.
- The Dundee Community Mental Health Service introduced the Advanced Practitioner role across Community Mental Health Teams so that their prescribing/assessing skills would reduce the pressure on medical cover.

Community Mental Health Referral Hub

Links with National Health and Wellbeing Outcomes

1. People are able to look after and improve their own health and wellbeing and live in good health for longer.
3. People who use health and social care services have positive experiences of those services, and have their dignity respected.
4. Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.

Miss R was referred to the Community Mental Health Referral Hub with anxiety and low mood. The Hub offers a new way of working and allows Peer Support Workers, Psychological Therapies, Community Mental Health Team and AIDARS to meet together to discuss mental health referrals and agree on the best service to meet the patient's needs.

It was thought that Miss R may benefit from the new group interventions being delivered within the service and was invited to attend a core skills cognitive behavioural therapy group. Due to COVID-19 this group was being delivered remotely. Miss R attended and benefitted greatly from the group with a noted reduction in anxiety and mood on measures post group. She had two further sessions within Psychological Therapies to look at goal setting for the future.

Due to not working and lack of activity maintaining her mood, she was signposted to Voluntary Action Angus and she began volunteering locally. She has also started to engage with the Penumbra service.

- The community mental health teams enhanced the support worker role in their teams to ensure that increased practical, social and emotional support was more readily available for people with mental health needs living at home. This has allowed more individualised support plans and greater access to personalised supports.

Community Mental Health Team Older People

Links with National Health and Wellbeing Outcomes

1. People are able to look after and improve their own health and wellbeing and live in good health for longer.
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3. People who use health and social care services have positive experiences of those services, and have their dignity respected.
4. Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.

Mr O is a 78-year-old man who lives alone with a mental health diagnosis. He was referred to the team for assessment and support for his mental health. Mr O had chosen not to engage with support services in the past. He was found to be living in poor conditions and socially isolated. A support worker worked alongside the multi-disciplinary team to build a relationship with Mr O with the goal of improving his quality of life. To date the support worker has worked at Mr O's pace to achieve a variety of changes including his house being thoroughly cleaned and redecorated, accessing supports such as Foodtrain and engaging him with social support groups once a week. Mr O feels he now has a better quality of life and knows he can access supports on his terms.

Social Care Response

- The Social Care Response Service (SCRS) is an emergency support service that operates 24 hours per day and one of their high priority calls is attending to those who have fallen at home, supporting emergency services and preventing unnecessary admissions into hospital. SCRS have referred a significant amount of service users to the falls test of change (224 people were referred during December 2020 and January 2021). The COVID-19 pandemic has had a significant negative effect on individuals health and wellbeing. During lockdown, most people spent more time at home and were less mobile. They had fewer visitors and fears and anxieties around catching COVID-19 may also have had a negative impact on that persons mental health and stimulation, resulting in further physical inactivity. All of these factors greatly increased the risk of some people falling at home. Within the Partnership there were some changes to the delivery of care which could also impact people falling at home, such as (i) an overall increase in demand for community-based services; (ii) the profound and complex needs of service users and increase in the demand for multiple visits throughout the day (iii) the focus and drive of less reliance on care services due in part to eligibility criteria changes and resource issues elsewhere in the system. We are starting to see signs that this service could have a profound impact on service users. SCRS have around 7000 service users they support in Dundee, with varying levels of need, a high proportion of these individuals are not known to wider Partnership teams, so this test of change

has highlighted how important it is to have a needs led assessment in relation to the fall and factors contributing, with the intention of trying to prevent further falls. Those referred to the test of change were also referred to occupational therapy for a wider assessment in relation to aids and adaptations, nutritional advise, podiatry needs explored or falls leaflets left with them for support in the future.

Social Care Response

Links with National Health and Wellbeing Outcomes

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4. Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.

Mrs H is over 90 years old and lives at home with her husband and has been using her alarm system with Social Care Response Service since 2015. Mrs H has seen a deterioration of her health over the last year, with declining mobility and a significant number of falls. Emergency responders were called 26 times over a four month period. With the support of the emergency responders and control room advisers a referral was made to the falls project support worker who was able to assess Mrs H and support her in a full assessment of need, with the outcome being Rehab/Physio support. The outcome was a big reduction in the number of times Mrs H would fall.

Feedback regarding the Falls Test of Change:

The Falls Test of Change has had an instant impact due to the high level of referrals that came through the service. People who were frequently falling went on to have an assessment followed up with the relevant interventions. The data collected from this Test of Change enables us to see that there's been a significant impact on these people where they are no longer calling SCRS. This service has the potential to be developed and rolled out to other frontline services

Although this project has only been running for a matter of months, the feedback and outcomes given by the support worker enables us to be better informed and able to support individuals better and it links key areas within the partnership, such as OT and Physio

The care given to my mother was a lifeline. Community alarm supported her with respect and dignity at every visit. Not only did they reassure and support her they also helped support me when I was finding things difficult when mum was poorly or had fallen. Mum has sadly passed away but you made her final few days dignified.

The way the controller handled the call to my mother was excellent from start to finish, reassuring her at every step and also the care given to my mother was again excellent.

I have just had the pleasure of seeing your service first hand when my father-in-law had a community alarm installed. The installer was a credit to your service and her people skills with my father-in-law who has advanced dementia were excellent.

I felt this service was incredible and a great support to my mum in accessing services and staying connected.

- The Technology Enabled Care Service is based within the Social Care Response Service (SCRS) and has expanded and developed over the last 2 years. We have introduced a team of Technology Assistants along with a line manager who will keep the service up to date with new pieces of equipment and will lead the transition from analogue to digital technology. This service quickly recognised that many carers had to have time off work to make themselves available for pieces of equipment to be installed in their loved one's homes. This service has not only increased in size but also works 7 days per week and up to 8pm in the evenings to support service users and carers.
- All social care staff now have their own e-mail account and many have been issued with a mobile phone. This has enhanced our communication with staff working in the community. Staff now receive information, publications and 'all staff' information in a timely manner. Social Care Organisers previously had to visit complexes and print off information for each worker so this development has made the service much more efficient in many ways.

Multi-Agency

Links with National Health and Wellbeing Outcomes

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2. People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.
3. People who use health and social care services have positive experiences of those services, and have their dignity respected.
4. Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.

Mr A is a 70+ year old male who lived alone when he was seriously injured in a house fire.

Mr A has a learning disability making his understanding and processing of events difficult to comprehend. The trauma of the fire left him with severe anxiety and medical interventions proved challenging. Following a period of time in hospital where he underwent critical medical interventions followed by rehabilitation to learn to walk again, Mr A was moved to a Step Down flat ahead of him moving into his own accommodation in a Housing with Care setting.

Mr A's transition to his Housing with Care accommodation was challenging for him and he required a high degree of interventions from other health care professionals, particularly due to his obesity. This in turn impacted on his mobility, and on occasion, it took several care workers to turn him in bed. During the night, Mr A would become very agitated and was reliant on Social Care Response Service (Community Alarm) for reassurance.

In order to support Mr A to live as independently as possible a multi-disciplinary support plan was developed.

District Nurses visited every morning to dress his legs and administer his medication in liquid form as Mr A had developed a swallowing problem through smoke inhalation. Community Dentist visited and Mr A received a new set of dentures which made swallowing easier.

Speech and Language Therapy (SALT) then became involved and Mr A was placed on a pureed textured diet along with thickened fluids.

These interventions affected Mr A's mood and it took a long time before he began to establish a trusting relationship with the care team.

At this juncture, the SALT Therapist/Dietician worked closely with the Bield kitchen staff and care team as charts were to be completed and Mr A was to be supported when eating.

To make his mealtimes pleasurable, Mr A was supported by a Clinical Psychologist from the Psychological Therapies Service through the Learning Disabilities Section. Although the Psychologist had never met Mr A, she was able to send simple distraction techniques and breathing exercises.

This was very effective and was the turning point for Mr A. He gradually lost weight and his legs began to heal. He was then able to walk with the aid of his frame. At this point the Community Rehab Team became involved and worked with Mr A on a weekly basis until he gained confidence and latterly took his first steps outside his flat.

It was not too long before Mr A could walk to the dining room and share the company of others at lunch time and eat solid food again.

Mr A now has a fantastic relationship with his care workers, and they oversee all aspects of his care from medication to the maintenance of his legs which have healed well.

Children and Families

Care and Protection Team, Aberlour and Children 1st Pilot

Links with National Health and Wellbeing Outcomes

3. People who use health and social care services have positive experiences of those services, and have their dignity respected.
4. Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
5. Health and social care services contribute to reducing health inequalities.

As part of the Alcohol and Drug Partnership Children and Families Working Group, and under section 8 of the Substance Use Action Plan "Keep Children Safe from Substance Use and its Consequences", it was agreed to create a pilot between the Care and Protection Team, Aberlour and Children 1st. A number of cases were identified which required an Initial Assessment due to substance misuse issues which were affecting parenting. The pilot was for Aberlour or Children 1st to complete the Initial Assessment. It was anticipated this would encourage families to engage with the voluntary organisations and create some additional capacity within the Intake Service.

It quickly became apparent that the majority of families would agree to work with the voluntary organisation and then not engage with them once Social Work closed the case. It was vital that the children were provided with the correct level of input and not closed with no change. As these were children on the brink of falling into the child protection process. The solution to this was to identify a social worker within the duty team to do the introductory visit and thereafter be the identified social worker who would remain the single point of contact for the worker from Aberlour or Children 1st.

Of the eleven families referred into the pilot:

- only one resulted in no further action/case being closed following the assessment.
- six resulted in ongoing support being provided by either Aberlour or Children 1st following assessment.
- In all of the above cases, Aberlour or Children First provided Intake with a written Initial Assessment which was recorded in Mosaic and uploaded as an attachment.
- Four families were returned/reopened by social work.
- Two of those families had Child Protection issues, which resulted in the cases going to Initial Child Protection Case Conference and the children's names being placed on the Child Protection Register.
- One case returned to social work due to a new referral, which appeared to be of a child protection nature. An Initial Assessment was completed by social work, with the outcome of ongoing support provided by Children 1st.
- One was returned due to non-engagement by the family, which resulted in an Initial Assessment being undertaken by the Care and Protection Team, with no further action as a result of that.

Achievements

- All of the cases identified in this pilot have been appropriate and the majority have resulted in ongoing support being provided to the family by Aberlour or Children 1st.
- The families and children at a point of crisis have been provided with a high level of support that has benefited them all.

- In the two cases that went to Initial Child Protection Case Conference, Aberlour and Children 1st attended and contributed to the meeting. The children's names were placed on the Child Protection Register and the voluntary organisation continued to provide support and were part of the child protection plan.
- The test of change has contributed to stronger positive links between the Care and Protection team in social work and Aberlour and Children 1st.
- The number of cases within this pilot is small in comparison to the number of referrals that are dealt with in the Care and Protection Team but has resulted in creating some additional capacity within the Intake Service.
- The most important outcome is that children's situations have improved, they are getting their needs met and are safe.

Following involvement in the Test of Change pilot, there have been many notable benefits, positively impacting 3rd sector partners and the families who have been supported within the pilot.

- Strengthened Partnership Working
- Supported learning opportunities when practitioners worked alongside duty workers. They gained a better understanding of the day to day processes on safeguarding responses within Dundee. This created further understanding and promoted shared thresholds surrounding risk and risk management. Practitioners spoke extremely highly of this opportunity.
- For families, it has encouraged positive engagement and demonstrated positive experiences of agencies working in partnership to provide required support and reduce risks allowing families to thrive together.

Feedback from supported families about the service they received from Aberlour:

I didn't want social work involved for my child coz I had them when I was younger, so it was better for us to work with Aberlour, but I didn't really know what they did but once I got to know the worker, it was good, cos they helped us as a family and they didn't make me feel judged.

I just can't thank your staff enough

If we have needed anything I knew you are only a phone call away

I feel you really made sense. I felt listened to and respected. We were really happy with how the assessment was done and felt if we weren't sure, we could ask you. I feel like you really did help us.

Adult Support and Protection

The COVID-19 pandemic impacted on the protection and vulnerability agenda as a result of self isolation and reduced support to vulnerable adults and families.

Adult Support and Protection remained a statutory duty of councils, health boards, police and others to support and protect adults at risk of harm. The Coronavirus Act 2020 did not affect these duties, especially the identification and referral of adults at risk of harm, subsequent inquiries, investigations, Protection Planning or Protection Orders and multi-agency co-operation to support these activities.

Throughout the COVID-19 crisis, it has been particularly important to safeguard adults with care and support needs. They may be more vulnerable to abuse and neglect as others may seek to exploit disadvantages due to age, disability, mental or physical impairment or illness.

In response to COVID-19, the partnership recognised that protection remained a key priority during the pandemic and along with our key partners, we continued to offer the same level of oversight regarding these duties.

These included:

- Additional monitoring and oversight on a multi-agency basis was introduced with weekly meetings and data collection and analysis.
- Updating of operational guidance to accommodate situation.
- A focus on a multi-agency corporate "Risk Register" in respect of Protecting People.
- 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 electronically and via newsletters to raise awareness and ensure staff remain vigilant
- Scottish Government supplementary Adult Protection Guidelines shared
- The Mental Welfare Commission guidance in response to COVID-19 to support practitioners was shared across a variety of platforms

The number of adult concerns reported to the Partnership have continued to increase on last years figures although the vast majority of these (81%) did not meet the definition of an adult at risk. A further 16% were supported by actions other than adult protection and the remaining 3% were progressed by actions in accordance with the Adult Support and Protection (Scotland) Act.

Police continue to be the main source of reported concerns although we have continued to see a rise in referrals from NHS colleagues. This is considered a positive development as it demonstrates greater confidence in partners ability to recognise and respond to an adult potentially at risk.

There has been a focus on developing key areas of Adult Support and Protection, primarily;

· Support and training for the role of Council Officer.

· The piloting of new models of screening and risk assessment.

· The appointment of Nurse Advisors within the NHS Adult Protection Team.

As we move forward, there will be a need to review and analyse the impact of these development on vulnerable adults.

4 Our COVID-19 response

A timeline of the pandemic response delivered by the Partnership in collaboration with other community planning partners during waves 1 and 2 was presented to the Dundee Integration Joint Board on 25 August 2020 and 21 April 2021. The timelines describe the Partnership response regarding governance, leadership, service provision and service user and staff safety. This can be viewed here https://www.dundeehscp.com/publications/ijb and provides a comprehensive overview of the range of activity the Partnership undertook to maintain lifeline services, establish new COVID-19 services and supports, support other partners across wider health and social care and community planning systems and to protect the health and wellbeing of the health and social care workforce.

Some of the key developments that the Partnership delivered as part of the COVID-19 response are highlighted below:

- As part of local partnership arrangements we have to date, supported the administration of COVID-19 vaccinations to 87,043 people (71% of the 18+ population) and 188,211 PCR tests through the establishment of COVID-19 Vaccination Centres and Community Testing facilities.
- Maintained lifeline social care services to 3186 people during the COVID-19 pandemic, including the scheduling of 1,146k hours of homecare.
- During the pandemic the existing good links and support systems from the Partnership to care homes was enhanced. The recognition that this period was extremely challenging and worrying for care home staff, residents and families was apparent. In Dundee we were able to draw on our existing care home team which comprises of social workers, mental health nurses and general nurses to ensure each care home had a link member of staff to speak with. This service was also expanded to weekends to ensure daily support if required. A central, regularly updated email information system was set up to ensure relevant information and guidance was shared. Prior to the pandemic there was a Dundee Care Home Provider's Forum Meeting which was held monthly. These were increased to weekly throughout the pandemic to ensure care homes were able to hear up to date information and discuss concern. We established a daily, then twice weekly safety huddle meeting to ensure that a local oversight was kept to ensure that any concerns or supports requirements were responded to.

Wellgate 'Box of Tricks'

- Community Care and Treatment Service adapted their clinic based services to visit shielding patients at home to deliver wound care and phlebotomy services.
- 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.
- The First Contact Physiotherapy (FCP) Service continued to be accessed directly by GPs. However the pandemic changed how the service is delivered, with initial contact by phone, supported by video or face to face consultations, and from more centralised venues.

Wellgate 'Box of Tricks'

- Wellgate Day Support introduced a timetable of COVID-19 friendly initiatives including remote music therapy sessions, speech and language therapy video sessions and outreach work. Makaton packs and various games and outdoor large games were shared with service users to support activities in their own home, a guitar from Wellgate was delivered to a service user to support music activity and a "Wellgate box of tricks" was delivered. These were individualised packs including pots to decorate and a competition to grow a sunflower, including seeds, craft packs, embroidery, knitting, face masks, word search books, postcards/decoration items to design a card to send to a friend, time capsule and a keep in touch leaflet.
- A collaborative project between the music therapist and physiotherapy support and recreation staff saw the creation of a series of YouTube based exercise to music sessions. These sessions were aimed at a range of individuals supported by the learning disability and mental health teams and became a vital means of support to a large number of individuals. Family carers whose loved ones were unable to leave home due to the COVID-19 related closure of their day service supports, found this to be an invaluable respite in their daily routines.
- The `Positive Notes` Learning Disability choir, led by the Occupational Therapy service positively embraced the move onto an online platform as a means of continuing to sing together.

- Occupational Therapists, who were unable to carry on all their group work with people with learning disabilities, created a range of art and craft based resources which they delivered on a weekly basis to individuals in their home environments. This provided vital practical opportunities for individuals to maintain their activity and cognitive engagement levels whilst also providing `mask to mask` contact between therapists, support workers and family or paid care staff.
- 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 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 Corner provides holistic, person-centred, services to young people, including sexual and emotional health support, counselling and crisis support. The development of the new website www.thecorner.co.uk offers young people several new platforms including an up to date range of information, a live chat function, online booking system and live Near Me video chat link. In a year when young people have been more isolated and limited than ever this has allowed us to offer a full range of services using online and telephone platforms. During recovery they are now working on integrating face to face services and an online presence to continue to offer young people a diverse and responsive service.
- Further developed and strengthened our support to third and independent sector providers to support 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.
- 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.
- Ensured that people in vulnerable care groups are supported when they attend their appointment for a COVID-19 vaccination by supporting 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.
- 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.

Responding to the COVID-19 pandemic also meant that the Partnership faced a number of challenges:

- The need to rethink and plan how we deliver services and communicate in order to maximise safety during the pandemic, including the use of outdoor space and digital methods of communication. The closure, suspension and moving online of many services meant that they were less accessible to some people who under usual circumstances would have been able to benefit in a number of ways, such as improving social connections and tackling loneliness.
- The increased frailty and reduced mobility of many citizens caused by isolation and reduced opportunities to socialise and take part in activities away from the home has increased the demand for support and services.
- The increased need to self isolate within staff groups, particularly within social care teams has increased pressure on staff resources and our ability to maintain supports and services to individuals.
- The increased requirement to support staff at a time when stress levels and workload was heightened and office bases were closed and home working was expected.
- COVID-19 restrictions and lockdown have had a significant impact on service users, who have been at increased risk of 'hidden harm' and there has been increased difficulty in reaching already 'hard to reach' groups due to pandemic restrictions. For example, restrictions on face to face peer support/ self help and lived experience work had to be mostly postponed or conducted virtually.
- Continuing to focus on long-term strategic priorities and improvement activities at the same time as delivering a reactive response to the pandemic.

During 2020/21 our recovery planning work incorporated learning from the pandemic, the challenges we faced during the pandemic response thus far and from changes made to services and supports over the last 12 months. Our recovery plan aims to address three critical elements:

- scalable and sustainable plans for context where we are 'living with COVID-19', including further potential surges in COVID-19 cases and peaks of demand;
- medium-term recovery planning over the next 12-month period; and,
- re-setting our strategic vision and priorities post COVID-19 in partnership with people who use our services, their carers and our local communities.

The Recovery Plan continues to recognise that recovery may not be a linear process and may involve movement both forward and backwards through planned recovery phases and actions.

During 2021/22 our priority is to begin the process of aligning our recovery priorities and the strategic priorities contained within the Partnership's Strategic and Commissioning Plan.

Complaints

In 2020-21 a total of 39 complaints were received regarding social work and social care services provided by the Partnership. Over half of the complaints (54%) were resolved at the first stage of the complaint process, frontline resolution. For 61% of the total complaints received, the Partnership was able to respond within target dates set out in our own procedures or agreed directly with the complainant. Complaints related to a number of different aspects of social work and social care service provision and these are categorised below.

Complaints regarding Social Work and Social Care services

Top 5 Complaint Reasons
Treatment by, or attitude of, a member of staff
Delay in responding to enquiries and requests
Failure to meet our service standards
Failure to follow the proper administrative process
Dissatisfaction with our policy

For 21% of complaints we agreed that the complainant had reason to complain so they were upheld or partially upheld.

In 2020-21 a total of 102 complaints were received about health services. 33% of complaints were resolved at the first stage of the complaint process, frontline resolution. Most complaints (51%) were responded to and resolved within the target timescales which has continued over the last two years.

Complaints regarding Health Services

Top 5 Complaint Reasons
Attitude and Behaviour
Communication (oral)
Competence
Date or appointment
Clinical treatment

For 76% of complaints we agreed that the complainant had reason to complain so they were upheld or partially upheld.

Compliments

The Partnership also regularly receives compliments from the people who use our services, their families, carers and other professionals.

This compliment was received about Dundee Enhanced Community Support Acute Service:

"After being discharged from hospital, after a severe bout of pneumonia, my 80 year old mother still had a few health issues that needed to be dealt with from her GP after she got home. Her GP decided that it would be more beneficial that she were referred to the Dundee Enhanced Community Support Acute Team (DECS-A) who have the experience to deal with elderly adult conditions. This team was set up a couple of years ago to treat patients who needed a more clinical input than a GP can give but really don't have the need to be admitted to hospital as they can be treated just as effectively at home. I have to say that this team went over and above their duty of care more than I could have expected. All necessary tests were carried out at home and they were just a phone call away if needed. In my opinion there should be more of these teams set up throughout the NHS Scottish regions. It saves the stress of hospital admission which can sometimes affect a patients recovery especially when there are conditions that can be treated safely and effectively within the home environment but need that little bit more input than a GP can provide."

This compliment was received about one of our Community Support team:

"My 85 year mother received great service from the Dundee Enhanced Community Support Acute Team. The nurses /doctor were all very friendly and helpful could not fault them they made a big difference to my mother just a pity it had to stop. 10 out of 10 thank you very much."

This compliment was received about the OT team:

"I would like to thank you, on behalf of my mother, for having the steps and hand rail installed for her. What a difference it has made to her already. The communication and service was excellent and work completed quicker than expected. Wishing you a Merry Christmas and a big thank you once again."

Inspection

Whilst over the last year the quality of services directly delivered by the Partnership has in the vast majority of cases been very good we recognise the need to continuously maintain and further improve the quality of the services we deliver and to address any aspects of quality that fall below this standard.

Services for adults registered with the Care Inspectorate in Dundee include services directly provided by the Partnership, services commissioned by the Partnership from the Third Sector and independent providers and services operating independently of the Partnership.

Advice from Directors of Public Health in Scotland was that Care Inspectorate inspection visits would present a real risk of introducing and spreading COVID-19 in Scotland's care homes. Therefore, to limit the spread of COVID-19, and with agreement from Scottish Government the Care Inspectorate restricted their presence in services unless necessary.

This approach resulted in the majority of services not being graded as normal and retaining the grades they had last received. Instead the Care Inspectorate intensified oversight using a range of remote and virtual approaches to ensure services were supported and operating well throughout the pandemic.

The Coronavirus (Scotland) Act, introduced by the Scottish Government on 31 March 2020 to respond to the emergency situation caused by the COVID-19 pandemic came into force on 7 April 2020. Within the Act are provisions which affected the work of the Care Inspectorate, the providers and services they work with, and individuals experiencing care.

In order to robustly assess arrangements to respond to the COVID-19 pandemic, inspections required to place particular focus on infection prevention and control/PPE (Personal Protective Equipment), well-being and staffing in care settings. A key question to augment existing frameworks was developed –

How Good is our Care and Support during the COVID-19 pandemic?

This key question has three quality indicators associated with it:-

1. People's health and wellbeing are supported and safeguarded during the COVID-19 pandemic.
2. Infection control practices support a safe environment for both people experiencing care and staff
3. Staffing arrangements are responsive to the changing needs of people experiencing care

A total of 17 inspections were carried out in 13 services during 2020-21

- 15 inspections in 11 care homes
- 2 inspections in other adult services

Where there were performance concerns at an inspection resulting in a number of requirements being imposed, a follow up visit was arranged. A follow up visit can result in further action being taken or grades being amended. This was relevant to 4 care home services during 2020-21.

Inspection visits can also be carried out if complaints are made against a service.

Dundee was placed 28th poorest out of 31 Partnerships for the proportion of care services rated as good or better in Scotland (80%).This figure is below the Scottish average (82%).

Summary of Inspection Gradings

Grade 2020-21	OVERALL	People's health and wellbeing are supported and safeguarded during the COVID-19 pandemic		Infection control practices support a safe environment for people experiencing care and staff		Staffing arrangements are responsive to the changing needs of people experiencing care	
6 excellent	-	-	-	-	-	-	-
5 very good	5%	1	(7.5%)	-	-	1	(7.5%)
4 good	49%	8	(62%)	4	(31%)	7	(54%)
3 adequate	20%	1	(7.5%)	5	(38.5%)	2	(15.5%)
2 weak	23%	3	(23%)	3	(23%)	3	(23%)
1 unsatisfactory	3%	-	-	1	(7.5%)	-	-

Of the services that were inspected, 9 of the 13 received no requirements for improvement. You can read the inspection reports of the 4 services which received requirements on the Care Inspectorate website. https://www.careinspectorate.com/index.php/inspection-reports

These inspections relate to :

Bridge View Care Home inspected on 22 June 2020
Forebank Care Home inspected on 6 August 2020
Pitkerro Care Centre inspected on 24 June 2020
Rose House Care Home inspected on 27 November 2020

No enforcement notices were issued and two care homes received Letters of Serious Concern from The Care Inspectorate.

A complaint is an expression of dissatisfaction about a registered care service's action or lack of action, or about the standard of service provided by or on behalf of a registered care service.
Following investigation, a decision is made by the Care Inspectorate whether the complaint is upheld or not upheld.

During 2020-21 the Care Inspectorate received complaints relating to 2 services in Dundee. Of these, all were upheld or at least one of the following elements were upheld.

Healthcare
- Nutrition
- Medication issues
- Infection Control issues
- Hydration
- Tissue Viability
- Inadequate healthcare or healthcare treatment

Wellbeing
- Behaviour

Record-Keeping
- Personal Plans/agreements

Communication
- Between staff and service users/relatives/carers

Policies and Procedures
- Complaints procedure

Staff
- Recruitment procedure (including disclosure checks)
- Training/qualifications

Healthcare Improvement Scotland

Healthcare Improvement Scotland (HIS) undertook an unannounced inspection of Royal Victoria Hospital during July 2020. 6 requirements were made regarding 2 outcomes:

- People's health and well-being are supported and safeguarded during the COVID-19 pandemic
- Infection control practices support a safe environment for both people experiencing care and staff

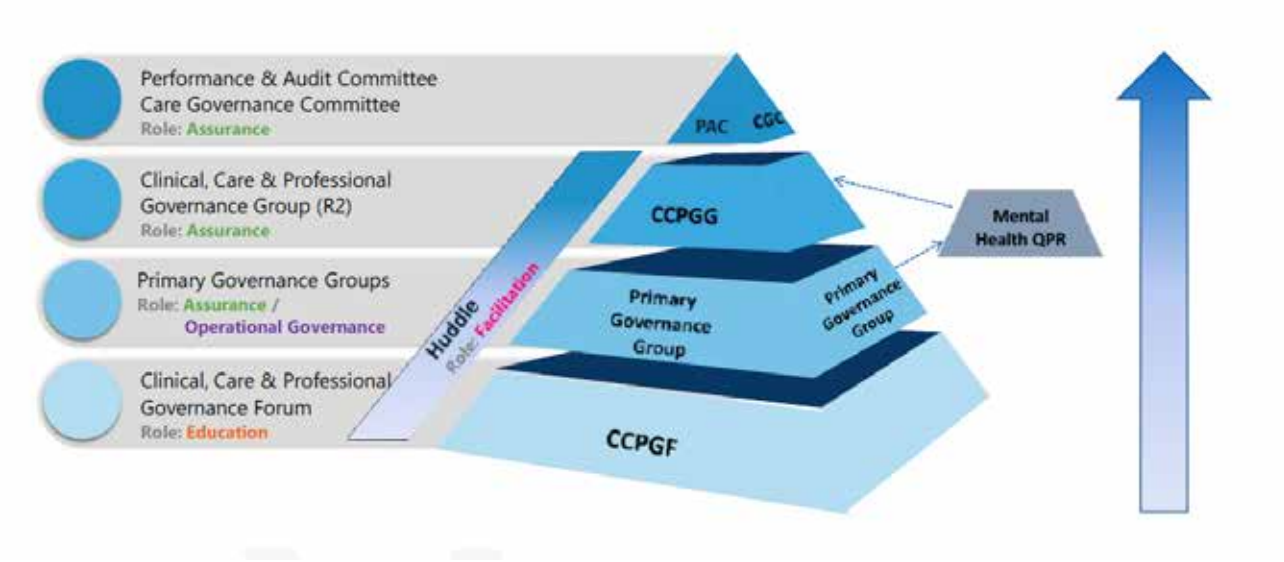
An improvement action plan has been developed regarding these and 3 areas of good practice were also identified.

Clinical Care and Professional Governance

Clinical care and professional governance is the system by which the Partnership is accountable for ensuring the safety and quality of Health and Social Care services and for creating appropriate conditions within which the highest standards of service can be promoted and sustained. Our clinical, care and professional governance includes a focus on:

- information governance
- professional regulation and workforce development
- patient / service user / carer and staff safety
- patient / service user / carer and staff experience
- quality and effectiveness of care
- promotion of equality and social justice

There are well-established partnerships in Dundee that plan and co-ordinate a range of multi-agency supports and interventions to protect people of all ages. The Partnership is an active leader and contributor within these.



In addition to this established framework, there has been a requirement for monitoring, reporting and redesigning of services as a result of the COVID-19 Pandemic, to ensure the delivery of safe and effective services.

The continuing impact of the pandemic is being felt by staff across the Partnership as they continue to support service delivery alongside supporting COVID-19 testing and the delivery of vaccinations.

Measures are in place to support staff through the wellbeing framework and the Spiritual Care service has been instrumental in supporting staff and teams through very challenging and traumatic events.

Staff Resources

- The contribution of the health and social care workforce, including those employed by independent and third sector providers, has continued to be a critical and invaluable enabler during the COVID-19 pandemic. Recognising and responding to the significant impact the pandemic has had on workforce wellbeing has been a priority during the response period and within the recovery plan. Collaborative working with Dundee City Council, NHS Tayside and staff-side / Union representatives has supported a co-ordinated approach. Dundee City Council Learning and Organisational Development Service is leading the development of a Dundee Health and Social Care Partnership Wellbeing Framework that aligns with the Scottish Government's National Framework for Workforce Wellbeing. The Framework includes a series of targeted interventions and activities which respond to observations of workforce wellbeing and identified risk and protective factors. Further development and implementation of the framework across Partnership services, including the Senior Management and Leadership Team, will be a priority over the next 12 months.

I maybe feel that as the pandemic has went on and our supported people were still not allowed to shops etc but the general public were it was quite restrictive for them. Although I totally understand the risks and the reasons why.

Staff Feedback regarding the Supported Living Team

I have always felt supported and know I can get management support at any time.

Staff Feedback regarding the Supported Living Team

As this has been a new situation to all of us I feel everyone has been very supportive and worked together.

Staff Feedback regarding the Supported Living Team

- Karen Laing from the Community Learning Disability Nursing Team has become a Queens Nursing Institute Scotland `QNIS` Nurse. This is a major achievement in promoting the role of the LD community nurse. This was commended in an article in pages 14 &15, the Dundee Courier on 12/05/21 to mark International Nurses Day.
- The Positive Steps Assertive Outreach Service was shortlisted as part of the Non-Fatal Overdose Response Team for a NHS Tayside Star Award for innovation.

Source: The Courier and Advertiser, 12 May 2021

7 Looking to the Future

CONTINUE
to develop our approach to locality working and enhance the collation, analysis and reporting of performance information at a locality and neighbourhood level.

STRENGTHEN
Clinical, Care and Professional Governance reporting arrangements for hosted services through governance systems and for Primary Governance Groups.

CONTINUE
to work with partners across the Dundee Partnership to streamline and add structure to our engagement with local communities.

CONTINUE
to implement the Primary Care Improvement Plan, including testing new models of community based service delivery and building on and further developing our new initiatives in response to COVID-19.

RESPOND
to the findings from the review processes currently being undertaken by the Tayside Mental Health Inquiry and Dundee Drugs Commission by working closely with partners, including people with lived experience to fully implement existing action plans and consider any emerging challenges.

INCREASE
the pace of improvement in relation to key performance challenges including falls, complex delayed discharges and unscheduled care.

ACTION
the areas for improvement identified by the Best Value self-evaluation for Dundee City Council and respond to any subsequent recommendations in their Best Value Audit report.

LEARN
from national and local research about the short and long term impact of COVID-19 and use this to plan supports and services which address the needs of the population.

National Health and Wellbeing Outcomes

1. Healthier Living	People are able to look after and improve their own health and wellbeing and live in good health for longer.
2. Independent Living	People, including those with disabilities, long term, conditions, or who are frail, are able to live as far as reasonably practicable, independently at home or in a homely setting in their community.
3. Positive Experiences and Outcomes	People who use Health and Social Care services have positive experiences of those services and have their dignity respected.
4. Quality of Life	Health and Social Care services are centred on helping to maintain or improve the quality of life of service users. Everyone should receive the same quality of service no matter where they live.
5. Reduce Health Inequality	Health and Social Care services contribute to reducing health inequalities.
6. Carers are Supported	People who provide unpaid care are supported to look after their own health and wellbeing, and to reduce any negative impact of their caring role on their own health and wellbeing.
7. People are Safe	People who use Health and Social Care services are safe from harm.
8. Engaged Workforce	People who work in Health and Social Care services are supported to continuously improve the information, support, care and treatment they provide and feel engaged with the work they do.
9. Resources are used Efficiently and Effectively	Best Value is delivered and scarce resources are used effectively and efficiently in the provision of Health and Social Care services.

Appendix 2: Performance against National Health and Wellbeing Indicators

Indicators 1-9 are measured using the National Health and Care Experience Survey disseminated by the Scottish Government every two years. The latest one was completed in 2019-20.

The methodology was changed by Scottish Government for the 2019-20 survey, on how the responses included in these results are filtered, therefore it is not accurate to compare longitudinally. This is because the question which allow the Scottish Government to ascertain which respondents receive care / support from the Health and Social Care Partnerships was changed and the interpretation of these questions is subjective and varies per respondent.

National Indicator	2015-16 Dundee	2015-16 Scotland	2017-18 Dundee	2017-18 Scotland	2019-20 Dundee	2019-20 Scotland	Comparison with Scotland 2019-20
1. Percentage of adults able to look after their health very well or quite well	93%	94%	93%	93%	92%	93%	↓
2. Percentage of adults supported at home who agree that they are supported to live as independently as possible	88%	84%	84%	81%	79%	81%	↓
3. Percentage of adults supported at home who agree that they had a say in how their help, care or support was provided	79%	79%	78%	76%	73%	75%	↓
4. Percentage of adults supported at home who agree that their health and care services seemed to be well co-ordinated	76%	75%	81%	74%	72%	74%	↓
5. Percentage of adults receiving any care or support who rate it as excellent or good	84%	81%	82%	80%	75%	80%	↓
6. Percentage of people with positive experience of the care provided by their GP practice	90%	87%	84%	83%	79%	79%	↔
7. Percentage of adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life	88%	84%	85%	80%	77%	80%	↓
8. Percentage of carers who feel supported to continue in their caring role	44%	41%	38%	37%	35%	34%	↑
9. Percentage of adults supported at home who agree they felt safe	85%	84%	87%	83%	82%	83%	↓

National Indicator	2015-16 Dundee (Scotland)	2016-17 Dundee (Scotland)	2017-18 Dundee (Scotland)	2018-19 Dundee (Scotland)	2019-20 Dundee (Scotland)	2020 Dundee (Scotland)	Comparison with Scotland 2020
11. Premature mortality rate (per 100,000 people aged under 75)	546 (441)	572 (441)	554 (425)	539 (432)	542* (426)*	604* (457)*	↓
12. Emergency admission rate (per 100,000 people aged 18+)	12,168 (12,281)	12,425 (12,215)	12,815 (12,192)	12,703 (12,195)	12,463 (12,522)	11,823* (11,100)*	↓
13. Emergency bed day rate (per 100,000 people aged 18+)	146,192 (128,630)	141,439 (126,945)	135,284 (115,518)	125,377 (116,485)	114,566* (118,288)*	97,449* (101,852)*	↑
14. Readmission to acute hospital within 28 days of discharge rate (per 1,000 population)	122 (98)	127 (101)	127 (103)	129 (103)	128 (105)	146* (114)*	↓
15. Proportion of last 6 months of life spent at home or in a community setting	87% (87%)	87% (87%)	89% (88%)	89% (88%)	89% (88%)	92%* (90%)*	↑
16. Falls rate per 1,000 population aged 65+	25 (22)	26 (22)	29 (23)	31 (22)	31 (23)	31* (22)*	↓
17. Proportion of care services graded'good'(4) or better in Care Inspectorate inspections	88% (83%)	86% (84%)	85% (85%)	86% (82%)	80% (82%)	80%** (83%)**	↓
18. Percentage of adults with intensive care needs receiving care at home	50.0%* (61.2%)*	54.0%* (61.6%)*	54.4%* (60.7%)*	58.7%* (62.1%)*	57.8%* (63.0%)*	59.5%* (62.9%)*	↓
19. Percentage of days people spend in hospital when they are ready to be discharged, per 1,000 population	832 (915)	754 (841)	349 (762)	372 (793)	443 (774)	324* (488)*	↑
20. Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency	28% (24%)	27% (24%)	27% (25%)	26% (24%)	23% (24%)	20%* (21%)*	↑

* The primary source of data for these indicators are Scottish Morbidity Records (SMRs) which are nationally collected discharge-based hospital records. In accordance with recommendations made by Public Health Scotland (PHS) and communicated to all Health and Social Care Partnerships, the most recent reporting period available is calendar year 2020; this ensures that these indicators are based on the most complete and robust data currently available. Please note that figures presented will not take into account the full impact of COVID-19 during 2020/21.

** National data for Indicators 10, 21-23 are not available.

Improved since 2015/16 | Stayed the same since 2015/16 | Worsened since 2015/16

↑ Better than Scotland | ↓ Worse than Scotland | ↔ Same as Scotland

Appendix 3

Glossary of Terms

Acute (Care) Hospital	A hospital that provides inpatient medical care and other related services for surgery, acute medical conditions or injuries (usually for a short term illness or condition).
Allied Health Professional (AHP)	A person registered as an Allied Health Professional with the Health Professions Council: they work in health and social care teams providing a range of diagnostic, technical, therapeutic and direct patient care and support services and include Physiotherapists, Dieticians, Speech and Language Therapists, Psychologists, Occupational Therapists, Podiatrists, Audiologists, etc.
Anticipatory Care Planning	Anticipatory Care Planning is about thinking ahead and understanding your health. It's about knowing how to use services better and it helps people make choices about their future care.
Best Value	Best Value is about ensuring that there is good governance and effective management of resources, with a focus on improvement, to deliver the best possible outcomes for the public. The duty of Best Value applies to all public bodies in Scotland.
Carer	A person of any age who provides, or intends to provide, unpaid care for at least one other person. This could providing support for a relative, partner or friend who is ill, frail, disabled or has mental health or substance misuse issues. Carers provide care for adults and/or children but the definition used here excludes people who provide care for a child or young person with similar needs to their peers.
Clinical Care and Professional Governance (CCPG)	The system which ensures that health, social work and social care services are person-centred, safe and effective.
Emergency Admission	An unplanned admission to an acute hospital which occurs when, for clinical reasons, a patient is admitted at the earliest possible time after seeing a doctor.
Enablement Support	Support services for people with poor physical and/ or mental health to help them re-learn skills, or develop new skills, support them to be independent and improve their quality of life. In Dundee the Enablement Service is a short term care at home service which is provided for a limited time period.

Health Inequalities	Health inequalities are the unjust and avoidable differences in people's health across the population and between specific population groups. They are avoidable and they do not occur randomly or by chance. They are socially determined by circumstances largely beyond an individual's control. These circumstances disadvantage people and limit their chance to live longer, healthier lives.
Health and Wellbeing Indicators	A suite of indicators which draws together data to measure the performance of Health and Social Care Parternships in relation to the Health and Wellbeing Outcomes. These were developed in partnership with NHS Scotland, COSLA and the third and independent sectors.
Health and Wellbeing Outcomes	The National Health and Wellbeing Outcomes are high-level statements of what health and social care partners are attempting to achieve through integration and ultimately through the pursuit of quality improvement across health and social care.
Integration Joint Board (IJB)	Dundee Integration Joint Board (IJB) was set up in October 2015. The IJB is responsible for the planning, oversight and delivery of integrated functions delegated by NHS Tayside and Dundee City Council.
Lived Experience	The term person with lived experience is used to describe a person who has first-hand accounts and impressions of living as a member of a minority or disadvantaged group, this can include carers of that person or other family/friends affected by the persons experience. Person with Lived Experience is a term used in a number of circumstances in health and social care, in particular: • a person using substances, in recovery, or with previous experiences of drug or alcohol use as well as a person with current or previous experience supporting/caring for someone in recovery or being impacted by someone else's substance use. • a person who can identify as currently experiencing mental illness or who has previously been impacted by mental ill health.
Local Community Planning Partnerships (LCPP)	Local Community Planning Partnerships (LCPP) are groups of professionals and citizens who work in partnership to deliver priorities in a geographical area. In Dundee each of the 8 electoral wards have a LCPP group.
Long Term Condition	Long-term conditions are also known as chronic diseases. These are conditions for which there is currently no cure, and which are managed with drugs and other treatment. This includes diabetes, chronic obstructive pulmonary disease, arthritis and hypertension. Some Mental Health Conditions are also seen as long term and enduring.
The Partnership	Throughout this document the Partnership referred to is Dundee Health and Social Care Partnership (DHSCP).

Pharmacotherapy	Pharmacotherapy is therapy using pharmaceutical drugs.
Power of Attorney	A power of attorney is a document can be used to appoint someone to make decisions on your behalf. The appointment can be effective immediately or can become effective only if you are unable to make decisions on your own.
Premature Mortality	This is when individuals die at an earlier age that would normally be expected in a particular population.
Self-Directed Support	The Social Care (Self-directed Support) (Scotland) Act 2013, requires local authorities in Scotland to offer people four choices on how they can get their social care. The choices are: • **Option 1**: direct payment • **Option 2**: the person directs the available support • **Option 3**: the local authority arranges the support • **Option 4**: a mix of the above Option 1 and Option 2 are designed to give the supported person the greatest choice over their care and support.

The Dundee Strategic and Commissioning Plan
and associated documents were produced,
on behalf of the Dundee Integration Joint Board,
in partnership with a wide range of stakeholders
and was overseen by the Integrated Strategic Planning Group.

Get in touch:

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Dundee
Health & Social Care
Partnership

REPORT TO: **HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 27 OCTOBER 2021**

REPORT ON: **MENTAL HEALTH AND WELLBEING PLANNING IN LIGHT OF THE IMPACT OF COVID-19 ON CITIZENS OF DUNDEE**

REPORT BY: **CHIEF OFFICER**

REPORT NO: **DIJB50-2021**

1.0 PURPOSE OF REPORT

1.1 To provide the Integration Joint Board with an overview of current strategic mental health and wellbeing planning as a result of learning gained about the impact of the Covid-19 pandemic on citizens of Dundee.

2.0 RECOMMENDATIONS

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

2.1 Note the contents of this report.

2.2 Remit to the Chief Officer to submit further progress reports to future IJB meetings.

3.0 FINANCIAL IMPLICATIONS

3.1 There are no additional financial implications associated with the contents of this report. Mental health and wellbeing developments will continue to be progressed within the financial resources available to the Dundee Health and Social Care Partnership.

4.0 MAIN TEXT

4.1 Report DIJB41-2021 “Mental Health and Wellbeing Strategic Update”, which provided a briefing on local and Tayside wide mental health and wellbeing developments, was noted by IJB members in August 2021 and it was remitted to the Chief Officer to present a further report outlining the review of Dundee Mental Health and Wellbeing Strategic Plan.

4.2 The Dundee Mental Health and Wellbeing Strategic Plan 2019-2024 (the Strategic Plan) was approved by the IJB at its meeting of 27 August 2019.

4.3 Over recent months the Strategic Plan has been subject to review in terms of progress to date against key priorities and consideration given as to whether it requires to be refreshed in light of learning gained about the impact of the Covid-19 pandemic on citizens of Dundee.

4.4 At its meeting in March 2021, the Mental Health and Wellbeing Strategic and Commissioning Group (MHWSCG) discussed findings from three resident surveys undertaken in the early months of the pandemic. The total sample was 1535 and key themes that emerged were:

- reduced access to services and support,
- the day to day challenges of being in lock down,

- uncertainty and concerns about the ongoing nature of the pandemic,
- social isolation and loneliness,
- mental health more broadly, and
- financial/ job insecurity and effects on life circumstances.

4.5 An inequalities analysis evidenced differential effects on particular groups of people, in particular the long-term sick and disabled, specific age groups, carers, unemployed and/or on welfare benefits, and those that lived alone. This included significant and profound inequalities in mental health and wellbeing.

4.6 The survey findings helped the MHWSCG and other strategic groups to understand more fully the impact of the pandemic. It influenced efforts to mitigate effects for those in most need whilst also building resilience for individuals and communities to provide responses themselves.

4.7 Focused discussions took place between the Chair of the MHWSCG and the Community Health Inequalities Manager, who is the lead DHSCP officer for the surveys. It was agreed that a sub group would be formed to discuss the results in more detail and consider implications for future planning and commissioning of support for people.

4.8 The sub group met in May 2021 and agreed a range of short-term actions including linking Public Health with planned follow-up surveys and leading on a “Mental Health in All Policies” approach, ensuring appropriate links with the Carers Wellbeing workstream, consideration of recommendations on mental health and employability from the Fairness Commission, and mapping survey findings against existing mental wellbeing actions.

4.9 In June 2021, the MHWSCG Chair and the Community Health Inequalities Manager mapped the existing Strategic Plan against survey results. In doing so, the plan was agreed to be a good fit in terms of the current priority areas of

- reducing health inequalities
- prevention/ early intervention
- right support at the right time, and
- recovery.

However, further consideration was required to assess how emerging issues would be addressed to reflect the changing strategic and operational landscape arising from the pandemic.

4.10 It was agreed that the existing plan should be refreshed to include an update on progress towards existing actions, reference to survey findings, links across a range of strategic plans including Living Life Well and Listen. Learn. Change., identify gaps and target groups, enhancement of work in communities, and consideration of workforce development required to achieve desired change.

4.11 At its meeting on July 7th 2021 the MHWSCG discussed a proposal to refresh local Health and Wellbeing Networks. Led by the DHSCP Health Inequalities Service, the networks provide a platform for services to come together to share information on health and wellbeing developments, plan and implement community engagement, facilitate partnership working, and create innovative and sustainable tests of change. Local people/ service users form a central element of the networks and will be provided with appropriate support.

4.12 Three networks cover the six wards containing Community Regeneration Areas with alignment to Local Community Planning Partnerships. Strategic developments such as the next phase of Dundee Drugs Commission, the Community Wellbeing Centre, support for unpaid carers, and service recovery and remobilisation increase the relevance of the networks in strengthening locally-led responses. A range of funding sources to address priorities is available, some of which have been allocated directly to communities.

4.13 The MHWSCG supported the proposal for refreshed networks, which would

- support locally-led actions that contribute to strategic priorities,
- share information, enhance partnership working and avoid duplication of effort,
- facilitate efficient use of local staff and other resources,

- ensure effective linkages to local interventions with a specific focus,
- support LCPPs to monitor and implement health and wellbeing priorities, and
- enable reciprocal communication between strategic groups and local communities.

4.14 Complementing these developments is the production of a new Community Learning and Development Plan (CLD Plan) for the city, which is a statutory requirement under section 2 of the Education (Scotland) Act 1980. All education authorities must secure adequate and efficient CLD provision and publish plans every three years that recognise CLD approaches within the local authority, schools, colleges, third sector and other community planning partners. This requires a collaborative approach to co-ordination and delivery, and must be developed in consultation with stakeholders with a particular emphasis on people who are marginalised.

4.15 An important component of the CLD Plan for Dundee is the section on addressing health inequalities. Responses to health inequalities and their social determinants is undertaken at a local, service and strategic level in the city including direct provision and a drive to ensure an inequalities perspective in practice and plans. As such, action to address inequalities and improve health is threaded through the CLD Plan in addition to direct areas of work which reflect the four DHSCP strategic priorities. The overarching aim is to create more positive and equitable health and wellbeing in Dundee's communities.

4.16 At its meeting on September 1st 2021, the MHWSCG discussed progress with the local health and wellbeing networks, the draft health inequalities section of the CLD plan, and the proposed refresh of its strategic and commissioning plan as noted in 4.7 of this report.

4.17 The MHWSCG agreed the formation of a new Communities and Inequalities workstream with the following remit:

- strengthen the focus on mental health inequalities, determinants, and early intervention/prevention within Dundee's Mental Health and Wellbeing Strategic Plan,
- identify gaps relevant to the findings of local surveys,
- link to local developments and structures such as health and wellbeing networks, LCPPS, and new Local Community Plans,
- strengthen and build on local relationships and infrastructure,
- develop proposals for appropriate targeted actions in conjunction with communities,
- ensure effective mapping to other strategic areas that impact on mental health and wellbeing, and
- consider workforce development to support achievement of the above aims.

4.18 The workstream will be co-chaired by the Community Health Inequalities Manager, DHSCP/ Neighbourhood Services, and the Consultant in Public Mental Health, NHS Tayside. The inaugural meeting will take place on the October 5th 2021 when the workstream will discuss membership and a Terms of Reference. It will report to the MHWSCG and contribute to the production of future progress reports for submission to the Strategic Planning Advisory Group and IJB.

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	That the planned approach outlined in the report does not progress at pace and Dundee citizens are not fully engaged in planning and/ or do not receive adequate mental health and wellbeing support
Risk Category	Operational
Inherent Risk Level	Likelihood (4) x Impact (4) = Risk Scoring (16)
Mitigating Actions (including timescales and resources)	Group identified to progress work, first meeting arranged with a view to terms of reference/ timescales being agreed. Strong multi-disciplinary strategic group in place to support the work, engagement with people with lived experience locally can be built upon
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 IJB accept this risk

7.0 CONSULTATIONS

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

8.0 DIRECTIONS

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

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

9.0 BACKGROUND PAPERS

None

Vicky Irons
Chief Officer
Dundee HSCP

DATE: 01 October 2021

REPORT TO: **HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD 27 OCTOBER 2021**

REPORT ON: **INDEPENDENT INQUIRY INTO MENTAL HEALTH SERVICES IN TAYSIDE, PROGRESS REPORT JULY 2021**

REPORT BY: **CHIEF OFFICER**

REPORT NO: **DIJB55-2021**

1.0 PURPOSE OF REPORT

1.1 To brief the Integration Joint Board about the Independent Inquiry into Mental Health Services in Tayside, Trust and Respect, Progress Report which was published in July 2021.

2.0 RECOMMENDATIONS

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

2.1 Notes the content of this report.

2.2 Notes the publication of Trust and Respect Progress Report, David Strang CBE, July 2021 (Appendix 1).

2.3 Notes the contents of the Full Survey Report 'Experiences of NHS Tayside Mental Health Services (Appendix 2).

2.4 Notes the easy read version of the Survey Report (Appendix 3).

2.5 Notes the actions being taken in sections 4.11 -4.16 that relate to some of the areas noted within the Progress report.

3.0 FINANCIAL IMPLICATIONS

There are no additional financial implications arising from this report.

4.0 MAIN TEXT

4.1 The Independent Inquiry Report into Mental Health Services in Tayside, 'Trust and Respect', was published in February 2020. Following publication of the Inquiry report, Dr David Strang, who led the Inquiry, was asked by the then Scottish Government Minister for Mental Health to review progress in Tayside after 1 year.

4.2 Dr Strang commenced a review as to the progress being made in February this year, the findings of which were published in July (Appendix 1).

4.3 The impact of the Covid-19 pandemic, which emerged directly following the publication of the Inquiry report, and the extraordinary demands placed on health and social care services is acknowledged at the outset of the report.

4.4 The Progress Report mentions in particular that the Inquiry team were impressed with the commitment and dedication of staff, partner organisations and others seeking to make a difference for people in Tayside.

4.5 Mention was made in the report of some positive developments to date. The Mental Health Discharge Hub in Dundee, and plans for the development of mental health hubs in each Health and Social Care Partnership within Tayside, were cited as examples. During the review, members of the team in Dundee had an opportunity to share with Dr Strang the plans at that time for a city centre Community Wellbeing Centre, Distress Brief Intervention support and a mental health ambulance vehicle. These developments are now materialising and the Integration Joint Board continue to be briefed as to progress.

4.6 Dr Strang also highlighted areas of concern within his report. Whilst the Inquiry team could evidence some improvements, Dr Strang noted that there is a long way to go to deliver required improvements. In addition, the report raised questions about the level of confidence in the accuracy of reported progress against Tayside's Listen. Learn. Change. Action Plan, which was produced in response to 'Trust and Respect', and some key relationships were found to still be problematic and unresolved.

4.7 Since the publication of the Progress report, a process of internal scrutiny has been followed in order to review reported progress against the Listen. Learn. Change. Action Plan. The outcome of this will support the anticipated independent process of scrutiny and help to ensure a realistic assessment of both progress to date and how much still requires to be achieved from here on.

4.8 Relational challenges continue to be a focus at an executive level for the Tayside Executive Partners Strategic Group. It is envisaged that shared understanding and agreement around governance/ accountability/ how collaboration should look and feel will support the development of a robust implementation plan for the Living Life Well Strategy.

4.9 The Inquiry review team considered that ongoing oversight of Tayside's response to the Inquiry recommendations should be provided by the Scottish Government's Quality and Safety Board for Mental Health Services.

4.10 Meaningful engagement by senior managers with patients, staff, families and carers in the development of future plans was also reinforced as necessary within the Progress report. Alongside the review process a survey aimed at capturing up to date experiences of NHS Tayside Mental Health Services from the perspective of service users was undertaken between January and April 2021 (Appendix 2). It was undertaken by PLUS Perth, with assistance from Dundee Healthy Minds Network, Angus Voice and several members of the Stakeholder Participation Group, formed during the Inquiry. The strong message from the survey findings is that 'authentic listening' will be an essential prerequisite to improving mental health support, and therefore satisfaction levels, in Tayside. A very helpful, easy read version of the survey findings has also been produced (Appendix 3).

4.11 The direction of travel within Tayside's Mental Health and Wellbeing Strategy 'Living Life Well' was submitted to the IJB in December 2020 for approval. The development of the Strategy was acknowledged as meeting one of the main recommendations of the Inquiry. Previous to that in 2019, the IJB had approved Dundee Mental Health and Wellbeing Strategic Plan and Commissioning Plan, which had been co-produced locally. Parity is given to both Tayside wide and local workstreams by Dundee operational/ strategic and clinical leaders, who both are immersed in leading key Tayside and local developments.

4.12 In terms of the development of the financial framework to support both the Living Life Well Strategy and Dundee's local strategy, the three Chief Finance Officers of the Health and Social Care Partnerships in Tayside and the Finance Manager of NHS Tayside have agreed a way for this to be taken forward. Dundee's Chief Finance Officer, alongside a finance

representative of NHS Tayside, will support a Tayside Integrated Leadership Group to develop a financial framework. This will support the development of an implementation plan to accompany the Tayside Strategy, which is an outstanding action.

4.13 We have been fortunate to have had some stability within the Dundee mental health Consultant Psychiatry workforce for over a year now and our Clinical Lead for Mental Health and Learning Disabilities regularly attends GP Cluster Lead meetings to keep colleagues updated on a range of issues. There are also regular meetings between the Consultant group and Clinical Lead, this has led to our medical colleagues feeling more supported locally.

4.14 We are in the process of developing a commissioning group for Tayside Psychological Therapies Services, which are hosted within Dundee HSCP. This will streamline our process for responding to 'asks' around changes/ increase to resources, driven either through local or Tayside developments. This will strengthen our hosting responsibilities and ensure robust governance arrangements. Increases to Psychological Therapies resources to date this year have included in patient input and support for a complex needs multidisciplinary community model within one of our neighbouring Health and Social Care Partnerships.

4.15 Dundee's Mental Health & Wellbeing Strategic & Commissioning Group comprises a wide range of partners including statutory and voluntary sector organisations, Police & Scottish Ambulance Service, primary care colleagues, Advocacy, Neighbourhood Services, Lead GP, Community Learning & Development, Dundee Healthy Minds Coordinator and Public Health colleagues. The Group is now moving to being co-Chaired by a representative of Dundee Voluntary and Volunteer Action (DVVA) and the Locality Manager for Mental Health and Learning Disability Services.

4.16 The outcome of the Mental Health Pulse Survey which was undertaken as part of the Inquiry review of progress has been fully reviewed and there is a draft improvement plan, co-produced with teams, in place. We are establishing a regular Staff Partnership Forum alongside Staffside/Trade Union representatives to improve staff engagement and better enable co-production.

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	That people in Dundee do not receive effective and quality support in relation to mental health and wellbeing, and that the workforce is not fully supported in their respective roles
Risk Category	Operational
Inherent Risk Level	Likelihood (4) x Impact (4) = Risk Scoring (16)
Mitigating Actions (including timescales and resources)	Tayside wide and local workstreams are in place based on Living Life Well Strategy and Dundee Mental Health and Wellbeing Strategic Plan. Prioritisation of local and Tayside wide workstreams has been undertaken to ensure realistic scale and pace of work over the next 3 -5 years. Leadership capacity continues to be explored both locally and on a Tayside basis.
Residual Risk Level	Likelihood (2) x Impact (3) = Risk Scoring (6)
Planned Risk Level	Likelihood (2) x Impact (3) = Risk Scoring (6)

Approval recommendation	That the risk should be accepted.

7.0 CONSULTATIONS

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

8.0 DIRECTIONS

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

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

9.0 BACKGROUND PAPERS

None.

Vicky Irons
Chief Officer
Dundee HSCP

DATE: 04 October 2021

THE INDEPENDENT INQUIRY
into Mental Health Services in Tayside

Trust and Respect

Progress Report 2021

July 2021

David Strang CBE

Independent Inquiry Review Team

David Strang CBE - Chair of the Inquiry

Denise Jackson - Secretary to the Inquiry

Contents

1. Executive Summary

1.1. In the year since the publication of the *Trust and Respect* report in February 2020, every area in Scotland has had to respond to the COVID pandemic. This has understandably placed extraordinary demands on those charged with delivering health and social care.

1.2. At the time of publication of the *Trust and Respect* report, the Minister for Mental Health asked the Independent Inquiry team to revisit Tayside's mental health services in 2021 to review the progress which had been made in implementing the report's recommendations. Throughout the year 2020-21 the Chair of the Inquiry was kept informed of the development of Tayside's mental health services by the Director of Mental Health and the Director of Strategic Change for NHS Tayside.

1.3. The purpose of this review has been to give everyone the opportunity to have their voices heard in relation to the progress made in addressing the issues raised by the *Trust and Respect* report. Contributions were invited from everyone working in mental health services in Tayside, as well as from a wide range of partner organisations and other interested stakeholders. The feedback and evidence provided to the Review team has informed the conclusions of this review.

1.4. The Review team was assisted by a user survey conducted by the Stakeholder Participation Group and a mental health services staff pulse survey conducted by NHS Tayside. The Review team is grateful to everyone who contributed evidence to the review.

1.5. The formal Progress Review began in February 2021, with a request to NHS Tayside and its partners to provide an assessment of the progress that had been made in implementing the relevant recommendations in the report. It was understood that it would not have been possible to have implemented fully the longer-term changes which were planned, but an accurate self-assessment of progress to date was requested. One of the issues the Review team was concerned about was to what extent were the assessments by Tayside a realistic reflection of the true extent of the changes accomplished.

1.6. It is important that Tayside has a realistic understanding of the scale of the task ahead of them in transforming the delivery of mental health services following the *Trust and Respect* report.

1.7. This Progress Review is intended to assist the delivery of improvements in the provision of mental health services in Tayside and highlights the key elements that need to be addressed over the next two to four years in order to deliver the desired outcomes.

1.8. The Review team has found a great deal of positive changes in progress and has been impressed with the commitment and dedication of staff, partner organisations and others seeking to make a difference for patients and the wider community in Tayside. There have been some very positive developments such as the mental health discharge hub and the local mental health hubs planned in each Health and Social Care Partnership (HSCP) area.

1.9. There have, too, been some missed opportunities for listening to people and engaging with partners in order to build trust. It is hoped that this Review will provide a fresh opportunity to build on the early response to the *Trust and Respect* report.

Key findings

- **Tayside responded positively to the *Trust and Respect* report, establishing an early foundation for developing a new approach to delivering mental health services in Tayside.**
- **There remains a long way to go to deliver the improvements that are required.**
- **Questions have been raised about the level of confidence in the accuracy of the reported progress against Tayside's Listen Learn Change Action Plan.**
- **Some key relationships remain problematic and unresolved. There is scope for building the respectful relationships which are necessary for the delivery of effective mental health services.**

2. Response to the *Trust and Respect* report

2.1. The final report of the Independent Inquiry into mental health services in Tayside (entitled *Trust and Respect*) was published in February 2020.

2.2. It was recognised that Tayside faced a considerable challenge in responding to the *Trust and Respect* report and in addressing the long-term difficulties which were evident in the delivery of mental health services. These were long-standing challenges; they would not be fixed in a short time.

2.3. Nevertheless, Tayside partners welcomed the report and accepted all its recommendations. There was a commitment to make the delivery of mental health services a priority for Tayside and a standing item at every Tayside NHS Board meeting.

2.4. The Chief Executive of NHS Tayside and the Director of Nursing had an early meeting in February 2020 with the Stakeholder Participation Group, who had made significant contributions to the work of the Inquiry. The Chief Executive expressed his personal commitment to deliver the recommendations of the report and to improve the delivery of mental health services.

2.5. An important decision was taken to appoint a new Director of Mental Health to lead the response to the report. This was a one-year appointment, with a specific remit to develop an action plan and a long-term mental health strategy for Tayside.

2.6. The Tayside Executive Partners (TEP), comprising the Chief Executives of NHS Tayside, Angus, Dundee City and Perth & Kinross Councils, and the Tayside Police Scotland Divisional Commander, issued a joint statement of intent, committing their organisations to work collaboratively to deliver the improvements identified in the *Trust and Respect* report.

"Together with people living with lived experience of mental health conditions, their families and carers, and our staff, we will continue to work on addressing the issues raised from the Independent Inquiry and set out in the *Trust and Respect* (2020) to build high quality mental health services that meet people's needs and build a working environment that supports our staff." Tayside Executive Partners.

Listen Learn Change Action Plan

2.7. The *Trust and Respect* report recommended that a detailed action plan should be developed by 1 June 2020. This was achieved through the development of the Listen Learn Change (LLC) Action Plan. This was accompanied by an extensive engagement programme to hear the voices of relevant stakeholders, including patients, families, carers, staff, third sector and partner organisations. Consultation events for LLC were well attended.

2.8. A comprehensive response was developed for each of the 49 (Tayside) recommendations, which included an identified lead person and a target timescale for completion. Separately, the Scottish Government developed responses to the additional two recommendations which applied across Scotland.

2.9. Regular progress updates were produced throughout the year for NHS Tayside, the three Integration Joint Boards and other relevant organisations, staff and stakeholders. The status of each recommendation's progress was reported using a Red/Amber/Green (RAG) status for each

recommendation.

2.10. Throughout the year, a number of challenges emerged:-

Consultation and inclusiveness of processes

2.11. In developing the LLC Action Plan, there was a real opportunity to involve staff from partner organisations other than NHS Tayside in leading the responses to the recommendations. In the event, however, nearly all the people who were appointed to lead the Action Plan were from NHS Tayside.

2.12. The process of allocating lead people was rushed, with partner organisations feeling that there was insufficient time to consider the Action Plan in detail before it was finalised. As a result, they felt that their opportunity to contribute to shaping the Action Plan was limited. Some people who were identified to lead responses had not been asked if they would contribute, and subsequently withdrew.

2.13. Some contributions and responses to the early documents went unacknowledged and ignored. Some people feared that consultation events for LLC were a tick-box exercise, because their questions went unanswered and their contributions ignored.

2.14. The LLC document itself was subject to a number of revisions throughout the year, including the definitions of the RAG status. This made comparisons difficult to make; some people found the document and reporting hard to follow.

Use of RAG status

2.15. The May 2021 LLC Action Plan (Appendix 2) showed that 34 (of 49) recommendations were graded with a Green status. A Green status indicated that the outcome for the recommendation was complete.

2.16. A Listen Learn Change Progress Overview was presented to the Tayside NHS Board meeting on 24 June 2021 (Appendix 3). There were now 35 recommendations graded with a Green status. The Progress Overview used a different format, which made it clearer to identify the updates for each recommendation. Each section included “Next Steps”, describing what action is still to be undertaken, irrespective of whether the recommendation had been graded Complete or Ongoing. However, there was a less detailed response to each of the recommendations compared to the May 2021 Action Plan. Individual action points were no longer listed, there were no timescales indicated for completion, and the person leading each response was no longer identified in the report.

2.17. Two particularly important recommendations of note are Recommendation 1 (Develop a new culture of working in Tayside built on collaboration, trust and respect) and Recommendation 48 (Ensure that bullying and harassment is not tolerated anywhere in mental health services in Tayside. Ensure that staff have confidence that any issues or concerns they raise will be taken seriously and addressed appropriately).

2.18. Despite these being long-term cultural change recommendations, they were both designated Green status within 11 and 13 months of the Trust and Respect report’s publication. It is not credible or realistic that culture change of such magnitude could be implemented in such a short time. In the June 2021 LLC Progress Overview the grading for Recommendation 1 had been changed to Ongoing, in recognition of the long-term nature of this recommendation. At the time of publication of the Trust and Respect report, it was anticipated that these two recommendations would require a much longer timeframe to implement (perhaps over several years).

2.19. The May 2021 status of Recommendation 48 is assessed as being Green, with the accompanying text indicating a relaunch of the Dignity at Work policy. Relaunching the Dignity

at Work policy would be necessary, but not sufficient to ensure a new culture among the workforce. The status report of this Recommendation states that [a number of actions] will be undertaken or completed. Despite this indication that further work is required, the status is shown as Green, "Recommendation complete" and has remained so in the June Progress Overview report.

2.20. This response suggests that Tayside has not fully appreciated and understood the cultural change requirements that were identified in the Trust and Respect report.

2.21. Direct feedback to the Review team demonstrates that these cultural issues are far from being resolved.

2.22. Further examples of Recommendations which have been graded Green but which the Review team had concerns about are:

2.23. 13 (Ensure that there is urgent priority given to planning of community mental health services. All service development must be in conjunction with partner organisations and set in the context of the community they are serving.) The status report in October 2020 shows all actions complete.

2.24. 22 (Develop pathways of referral to and from university mental health services and CRHTT.) Although the June Progress Overview indicates the pathways are now in place, thier success or otherwise is yet to be tested.

2.25. 51 (Ensure that all external review processes are embraced wholeheartedly and viewed as an opportunity to learn and develop.) The status report in October 2020 shows an action plan tracker and Standard Operating Procedure was established in 2019. The action plan sets out suitable actions to implement this recommendation, but with insufficient progress to warrant a Green assessment.

Implications for effective oversight and governance

2.26. Many of the recommendations with a Green status still have outstanding actions awaited. The Green RAG status may mistakenly give the impression that there is no further action required. This potentially provides the Board with the impression that the task is completed, rather than a work in progress that needs further effort and scrutiny. To be satisfied that a recommendation has been completed and that the recommended changes have in fact occurred, there must be sufficient evidence to provide the assurance that the task is complete. It is not enough to report that a committee has been tasked with examining the issue or that a new policy has been developed and published.

2.27. For example, three of the recommendations graded Green (numbers 44, 48, 49) in the May 2021 update have the following as the final comment in the status updates:

> All actions complete. The responses to this recommendation have provided a platform upon which to build an ongoing Workforce Development Programme to raise awareness and enhance understanding of associated guidance for staff. The programme of sessions will be extended through April, May and June 2021. Recommendation complete.

2.28. Over-optimistic use of the RAG system is problematic for the Board (and others with responsibility for the oversight of the LLC Action Plan). There should be a clear distinction between those recommendations that have been implemented in full with no further action required and those which are simply "in progress" with further actions required and which will therefore need further scrutiny. The completion of tasks in themselves may not be sufficient to discharge the recommendation; there needs to be an assessment of the impact on the underlying issue which gave rise to the recommendation. Have the desired changes taken place? There is a danger that over-optimistic

reporting may undermine the effective functioning of the Board.

Living Life Well – a lifelong approach to mental health in Tayside

2.29. One of the foundational recommendations in *Trust and Respect* is Recommendation 2 (Conduct an urgent whole-system review of mental health and wellbeing provision across Tayside to enable a fundamental redesign of mental health and wellbeing services for Tayside). This has been a substantial task for Tayside throughout 2020-21, resulting in the publication of its Living Life Well (LLW) strategy in February 2021 (Appendix 1).

2.30. Tayside undertook a substantial consultation process involving a wide range of stakeholders in order to hear the voices of people with an interest in mental health and wellbeing in Tayside. Participants and contributors included people with lived experience of services, staff in NHS Tayside and other partner organisations, third sector and community groups.

2.31. The result was a new mental health and wellbeing strategy: Living Life Well – a lifelong approach to mental health in Tayside. Living Life Well is a well-designed and professionally produced document, with positive photographs throughout. It is commendable that there is a comprehensive, well presented document setting out the vision for mental health services in Tayside. Such a strategy has been missing to date.

2.32. The LLW strategy is a substantial document (with 131 pages), setting out the aspirations for mental health services in Tayside. Its content focuses on the strategic intent and high-level outcomes for patients and communities.

Implementation

2.33. The final chapter of LLW ("Delivering the Strategy") sets out how the strategy will be implemented. "This strategy must have a full three to five-year implementation plan to match the expressed and identified needs of those described in this strategy." (p.118).

2.34. However, to date there is no implementation plan for the LLW strategy.

2.35. "Implementing the Strategy (2020-2025)" p.123 identifies that a number of cross-cutting themes will see full and detailed plans developed. These include:

- **Risk management strategy and plans**
- **Communication and engagement plans**
- **A Transitions strategy and plan**
- **A digital/new technologies plan**
- **A workforce strategy and plan**
- **A financial plan**

2.36. The Board (and other scrutineers such as Healthcare Improvement Scotland; Mental Welfare Commission Scotland; Scottish Government Quality and Safety Board) should ask to see the LLW Implementation Plan (p.118) and the cross-cutting detailed plans (p.123), and should regularly monitor progress against these plans.

2.37. The Director of Mental Health had been instrumental in ensuring the delivery of the response to *Trust and Respect* (through LLC) and the development of the new mental health strategy – Living Life Well. The Director of Mental Health left Tayside in March 2021 and is yet to be replaced. The earliest appointment date for the replacement is anticipated to be September 2021. This raises the question as to how the strategy will be implemented in the absence of the Director of Mental Health. There was concern around NHS Tayside and amongst partners that the momentum of the last year may be lost.

2.38. In addition to the above, there needs to be a more systematic approach to managing the change programme,

providing administrative support, following up actions from decisions in meetings and ensuring scrutiny and assurance. There needs to be a more detailed design of actions undertaken and detail of monitoring the effectiveness of the changes that have been introduced.

2.39. The role of the TEP in the implementation phase is unclear. The Listen Learn Change Scrutiny Panel comprises predominantly NHS Tayside staff, with only one Local Authority Chief Executive a member.

2.40. Community Mental Health Teams (CMHT) continue to struggle with the demands placed on them. It seems there is a lack of communication about the difficulties the service is experiencing. Cluster 4 CMHT had no psychiatrist for several weeks, but those working in primary care making referrals did not know. Primary care teams supporting their patients with mental ill-health report that it is difficult to feel optimistic about services improving when there is little or no communication.

Resourcing

2.41. The three Integration Joint Boards in Tayside approved the LLW strategy in principle, subject to more details about the funding of the strategy. Plans for funding the new strategy are laid out on p.120 of LLW "Funding the Strategy".

"The public sector organisations in Tayside will work together in early 2021 to set out the financial framework that acknowledges the strategic priorities set out in this strategy."

2.42. There is still a focus on inpatients/ hospitals rather than on developing community mental health services - which should be the first priority.

Scottish Government response

2.43. The Scottish Government undertook to lead on the response to two of the *Trust and Respect* recommendations – Recommendation 12 (Conduct a national review of the assurance and scrutiny of mental health services across Scotland, including the powers of Healthcare Improvement Scotland and the Mental Welfare Commission for Scotland) and Recommendation 32 (A national review of the guidelines for responding to substance misuse on inpatient wards is required). The Scottish Government's update in response to these recommendations is in Appendix 4.

3. Leadership

3.1. The first substantive chapter of *Trust and Respect* was Governance and Leadership. This reflected the importance of good governance and leadership in the effective delivery of mental health services in Tayside. One year on, the delivery of a major improvement in mental health services still requires clear, confident, engaged leadership.

3.2. The establishment of the Tayside Executive Partners (TEP) was a positive step forward in stating the intention to lead collectively on such a major change programme in Tayside. At an individual level, the Director for Mental Health was able to provide energy and focus to develop the Listen Learn Change (LLC) Action Plan and the development of the Living Life Well strategy (LLW) (Appendices 2 and 1 respectively).

3.3. However, it is clear that the leadership of mental health services in Tayside is still divided. The Review team received conflicting messages about how the leadership team is working in practice. This impacts at two levels. Firstly, the leadership partners are not united in their assessment of progress. There is not a sense of shared collective ownership and responsibility for the delivery of mental health services. Secondly, there continues to be a gap between what is stated publicly at a Board level and the reality of the experience of those delivering the service and of patients, carers and families.

Leadership of staff

3.4. A number of people reported to the Review team a gap between the stated values of the public sector organisations and the behaviours exhibited at a senior level in NHS Tayside. There had, at times, been low levels of respect shown to those engaging with the response to the *Trust and Respect* report. The Review team received feedback that some people felt that undue pressure was exerted on them to deliver the recommendations of the Action Plan – simply to allow for 'Green' status. Leaders may have to be firm in managing the performance of staff, but this experience of pressure is inconsistent with respectful working.

Leadership/collaboration of partners

3.5. One of the most important and pressing recommendations of the report was Recommendation 5 (Review the delegated responsibilities for the delivery of mental health and wellbeing services across Tayside, to ensure clarity of understanding and commitment between NHS Tayside and the three Integration Joint Boards).

3.6. In the May 2021 LLC Action Plan this has been assessed as Amber 25%, indicating that work has started to scope actions and an implementation plan is under development. It was clear in evidence to the Review team that little progress had been made in developing such a shared understanding and commitment.

3.7. The major thrust of this recommendation relates to the relationship between the four organisations and the need to develop a shared understanding of and commitment to the respective roles and responsibilities of each organisation.

3.8. Tayside are aware that this recommendation remains to be completed. There is an acknowledgement that the level of trust between the partner organisations needs to improve. Until relationships have improved, it is difficult to see how progress can be made in implementing the changes that will flow from the greater clarity that is needed.

3.9. Some felt that the decision made by the Scottish Government in February 2020 that GAP inpatient responsibility should move from Perth & Kinross Integration Joint Board to NHS Tayside had exacerbated the situation.

"I have had loads of ideas of how to change things following *Trust and Respect*, but they have just fallen on deaf ears".

Stability of Leadership team

3.10. There is a need for strong and clear leadership to take forward the mental health strategy for Tayside – Living Life Well. With the level of changes of senior staff in recent months, there is a risk of the implementation of the strategy losing momentum and direction. An unsuccessful recruitment process for a new Director of Mental Health was undertaken in October 2020. Another recruitment process is underway in summer 2021, but this process should have been completed in advance of the previous post-holder's leaving in March 2021. This delay has resulted in a significant and unnecessary gap in mental health leadership.

3.11. A recruitment process was undertaken in response to Recommendation 45 of *Trust and Respect* (Prioritise recruitment to ensure the Associate Medical Director (AMD) post is a permanent whole-time equivalent, for at least the next two years whilst significant changes are made to services), but without success. A second process is underway, but 17 months after the report's publication there is still no permanent whole-time equivalent AMD.

3.12. CAMHS: A lack of leadership is still a major concern within CAMHS. There needs to be identifiable leadership at a clinical level in both Paediatrics and CAMHS, in order to progress some of the much-needed initiatives.

3.13. In the Relationships chapter of this report it is noted that communications were still inadequate. Members of staff reported that they did not know who to go to for decision making and leadership. Staff were not encouraged to share their thoughts and ideas.

4. Relationships

4.1. Organisations with good working relationships can demonstrate a culture of respectful personal interactions and collegiate practices. These should be evident in all relational activities, regardless of circumstance or the status of individuals. The *Trust and Respect* report identified many cases of poor working relationships in Tayside mental health services (between staff; between staff and patients/ carers; across services/partnerships) and urged a much greater genuine engagement with people who are closely involved in or affected by the delivery of mental health services.

Partnerships

4.2. Respectful and collegiate working relationships between the three Integration Joint Boards (IJBs) and Health and Social Care Partnerships (HSCPs), and NHS Tayside are critical to the successful delivery and quality of care in mental health services in Tayside.

4.3. The *Trust and Respect* report identified that these relationships were generally not functioning well. The Review team have ascertained that little has changed since then. Delegations of responsibilities continue to be poorly understood, with Chief Officers reporting that there remains a lack of clarity of who oversees what. Furthermore, communication between the partnerships and the NHS on operational matters remains poor. Leadership in NHS mental health services reported finding out about changes decided by individual HSCPs from the Press.

4.4. Initially, the Tayside Executive Partners (TEP) responded positively to the *Trust and Respect* report, appearing to have a genuine desire to work together on the recommendations and production of the strategy. However, there is uncertainty within TEP members about there being a collaborative approach to the next stages. They expressed concern that NHS Tayside is asserting control over strategy implementation without adequate collaboration.

4.5. The three HSCPs do not have strategies for working together in the delivery of community mental health services and in conjunction with crisis and inpatient services. Each locality has remained focused on its own area. Whilst this has been understandable during the pandemic, it has created a risk that Tayside-wide issues are currently being overlooked. There is a view that in fact most of the current challenges facing community mental health provision are the same across all three localities and could therefore be addressed more efficiently through a collective approach. This would allow each partnership to focus on the remaining issues unique to its own area.

4.6. The quality of mental health services in Tayside is dependent on the four organisations (and associated partners – such as Police Scotland) working well together, both legislatively and relationally. There should be a concerted effort at executive level to work collaboratively and respectfully. This in turn will set the tone for operational relationships to develop and flourish, creating a real prospect of improved mental health services for the people of Tayside.

Staff

4.7. The *Trust and Respect* report identified many cases of committed and dedicated staff in mental health services being overlooked or simply not listened to. Staff felt undervalued by some of those leading the service.

4.8. The Review team found that in responding to the recommendations

in the *Trust and Respect* report, the interim leadership developed good working relationships within services and the staff involved felt they had enjoyed a clearly defined sense of strategic direction and agreed that they had felt supported in their work. The creation of short-life working groups within the Listen Learn Change (LLC) Action Plan had worked well and staff had enjoyed working together with a positive focus on a better future.

4.9. However, since April 2021 the leadership void in mental health services has begun to impact on the energy and enthusiasm of the staff involved in the change process, creating a significant risk that newly created and well-functioning relationships will wane.

4.10. Staff are aware of key leadership resignations and interim contracts coming to an end but are not being advised of a strategy to cope with these vacancies. There is a feeling that the open and transparent decision-making which had been in place during the response to *Trust and Respect* is no longer existent. Staff are not being answered when raising their concerns, creating an environment of worry and concern where once again, they feel disenfranchised or that their views and opinions are of no value.

4.11. Whilst it is understood that the multiplicity of resignations, retirements and expiry of interim contracts is challenging to navigate for senior leaders, experienced and dedicated staff feel there is a real need to work together collegiately. Service continuity planning alongside the development of a clear implementation plan for the Living Life Well (LLW) strategy are both critical to the future of mental health services. Inclusion of senior staff from across the services is encouraged, to share the problem and to canvass alternative views on the solutions.

4.12. The Review team also found that there had been some progress in the development of better working relationships within service delivery, but this was not universal. There were some examples of good strong leadership which had impacted positively on staff, encouraging a feeling that there was now more of a sense of a team working approach. Disappointingly, the leaders who have effected these changes did not report that they themselves felt supported in their roles and instead stated that their relationship with line managers was poor.

4.13. There is a continuing concern about relational difficulties across the whole of mental health services arising from the conflict between the need for progressive change against the concerns of the impact of the change on staff at operational levels. The employee-employer partnership relationship has, at times, created an impediment to the change processes rather than actively supporting it.

4.14. NHS Tayside recently conducted a survey of NHS mental health services staff which showed that there is still low confidence that staff feel their ideas are listened to and acted on or that their employer is concerned about their well-being. Good working relationships are predicated on staff feeling valued and listened to, particularly those working at operational levels. Staff feel valued if they are empowered in their roles, trusted to make the right decisions and to feel supported when they don't.

4.15. A culture of trust is still lacking in many aspects of mental health services, with the relationship between frontline staff and senior managers at times to be more that of a distrust. Many of those in leadership and management roles felt that staff were being asked excessively to evidence the rationale behind their decision-making. Whilst it is understood that decisions on patient care must be documented and evidenced, there is a need to balance that requirement against the risk of discouraging creativity and disempowering staff. This culture seems to exist throughout the management hierarchy and, unsurprisingly, is pervasive within and across teams who are trying to work closely together. The result is that there are still many staff who feel their working relationships are not good, with

several saying they feel undervalued and undermined almost daily.

4.16. Many of the clinical staff who agreed to lead on the short-life working groups, now feel they have unmanageable workloads which in turn has become a disincentive for others to be willing to engage in change processes at all. It is important to support staff who are willing to be part of the solution to the problems in mental health services. Overwhelming them by not giving them appropriate time to engage with projects creates more stress and anxiety which impacts the whole service, and ultimately the service users.

4.17. There continues to be conflict between managers deciding on operational changes and clinicians not agreeing with the changes, due to the practicalities of their application. The clinicians often feel excluded from the decision-making processes and are not listened to if they register concerns. This unresolved cycle of disharmony has almost become a self-fulfilling prophecy, rehearsed regularly as changes are mooted or strategies are developed.

4.18. For services to improve staff must feel they are part of the changes; they need to have the ability to see where they fit into the service redesign and to feel they are listened to if they have comment or concern. Some staff who were keen to engage with the LLC process and who took the time to comment and engage extensively, reportedly received no acknowledgement of their feedback or commentary. This is disappointing as these were individuals with enthusiasm and a genuine desire to help, who then felt despondent and disrespected. These included individuals who were not NHS Tayside staff but were from areas of mental health services working in partnership. To involve these people would have created an opportunity to engage with others whose work may not be at the centre of NHS mental health services but who do have an important role in supporting the people in Tayside with mental ill-health.

4.19. Good working relationships require good quality communications particularly during a time of significant change. Many staff who gave feedback to the Review team noted that the communications regarding the strategy development and action plans have been excessive and beyond what many had time to read and digest. Paradoxically, this has resulted in reports of “poor communication” as staff were in fact unaware of changes being made. They described having feelings of waiting for something to happen without having time to find out what that might be. It is important that communications are finessed, with consideration given to the amount, type and nature of the messaging if staff are to feel part of the change process.

4.20. In summary, there is still much work to be done in the development of good working relationships in mental health services. The development of a culture of collegiality – where staff feel valued and respected - is critical if the LLW and LLC Action Plans are to be delivered successfully. The culture of healthy working relationships is set by the organisation itself, in its values and the actions of its leaders. There needs to be an urgent top-down review of how well staff feel supported and treated and a sincere drive to address disrespectful and unsupportive behaviours if mental health services are to develop and improve for the people of Tayside.

5. Operational Issues

Adverse Event Reviews

5.1. The May 2021 Listen Learn Change (LLC) Action Plan shows Recommendation 31 (Ensure swift and comprehensive learning from reviews following adverse events on wards) to be Amber status – 75%. There are several identified tasks which still have a status "to be completed in April/May 2021" or are simply a narrative of what needs to happen, without a timescale.

5.2. From the status reports, the greatest impediment to progress seems to be a lack of staff availability and capability to undertake these reviews. This impacts on the speed of the reviews taking place (as staff are reluctant to move from clinical time to conduct the reviews). Correctly, consideration is being given to using personnel from other Boards or using retired clinical staff. So far this has not been resolved and no one person has been recruited to undertake this work.

5.3. There has nevertheless been a significant amount of work to consider the processes and procedures for learning from reviews of adverse events and staff reported feeling that the procedures are generally now more robust and are operating more within a learning and no-blame culture. The Review team also received feedback from staff who had been involved in a significant incident on a ward in recent months, saying that they had felt supported by line management during and immediately after the incident, which in turn gave them confidence (and not fear) to be involved in the future review of the event.

5.4. So far, the work undertaken on this recommendation shows positive steps in the direction of the development of a learning culture for staff within mental health services, and with a continuity of leadership and support from the Quality Improvement Team, there should be confidence that a supportive learning culture will develop.

5.5. There are some outstanding concerns from families and carers of patients regarding the post-event engagement between themselves and NHS Tayside following a significant incident. There are currently several examples of a lack of response from NHS Tayside to concerns raised in connection with Local Adverse Event Reviews (LAER) which remain unresolved. The concerns from the families and carers have been further compounded by senior staff in NHS Tayside who promised to investigate and made offers to family members to meet to discuss, but then the family heard nothing more. One family is still waiting for a meeting with Executives which was promised in May 2020 - to correct inaccuracies in a LAER report from 2019. It is likely there are understandable mitigations for the delay to responding to these individuals (particularly given the pandemic) however, the families feel a lack of respect and kindness being shown to them by false-promises giving rise to false-hopes. It also must be concluded that learning opportunities are being delayed or missed altogether or that the learning outcomes may be misguided if they are based on inaccurate or out-of-date information and data.

5.6. As Recommendation 31 moves to its completion, it should be borne in mind that learning outcomes from adverse events are achieved by fully understanding the situation, by engaging with everyone involved in a supportive and compassionate manner. Staff clearly are important to the process and should feel supported throughout an incident review, but families and carers also need to understand what happened and why, and to feel included in a compassionate manner. Families and carers, whilst upset and maybe angry, mostly are keen to assist in the reviews and potential learning outcomes for future

service development. This is extremely important, if families and carers are to trust the service and those responsible for its delivery.

Inpatient and Community Services

5.7. There has been good progress on improvements to inpatient services across NHS Tayside since the publication of the *Trust and Respect* report.

5.8. The work to develop better ways to support patients on the wards has been welcomed, with patient handouts relating to admission information and protocols for family and carer involvement in care-planning now in place. Patients should expect to feel more comfortable when being admitted to a ward they are unfamiliar with, and to feel there is support from those who know them best in the development of their care-plans.

5.9. Some of the desired improvements to inpatient services are being impeded by staffing issues particularly where recruitment has been difficult. Notwithstanding that, the Review team feel that the decision to create new posts to effect these changes is correct as many of the initiatives reflect new ways of working or an organisational change, both of which require a level of ownership beyond existing staff roles.

5.10. Recommendation 30 (Ensure all inpatient facilities meet best practice guidelines for patient safety) will not be completed until 2022. The implementation plan includes an aim to achieve standards set by the national Scottish Patient Safety Programme and by the Royal College of Psychiatrists. The work towards accreditation for these standards takes time and the Review team recognise that it has been difficult to build the evidence required during the challenges of the last year. Nevertheless, the Review team would urge that these standards be satisfied and accreditation sought, if public confidence in NHS Tayside's inpatient mental health services is to be restored.

5.11. There are some policy-practice gaps becoming evident where new protocols or policies have been devised within the action plan and introduced operationally but without success in achieving their aims. An example of this is the Intervention Observation Policy (IOP) which is working well in Intensive Psychiatric Care Unit (IPCU) due to the small number of patients but not on the other busier wards. There are also examples of policies which are clearly in place but after initial promotion become invisible (e.g. access to external independent advocacy services).

5.12. An ongoing concern is the location and redesign of General Adult Psychiatry (GAP) inpatient services. During the Independent Inquiry (August 2018 – February 2020) there were proposals and consultations for redesign of GAP inpatient services with no conclusion reached at the time of the publication of *Trust and Respect* in February 2020. In June 2021, the issue remains unresolved.

5.13. The current debate regarding the redesign of GAP inpatient services continues to raise several concerns which have been shared with the Review team. These are: -

The proposal to reduce the numbers of GAP inpatient beds in Tayside

5.14. The Review team recognises the concerns about the strategy to further reduce the number of GAP inpatient beds before community provision is enhanced. Statistics show that there are currently a third fewer beds than 20 years ago, but there is no evidence that community provision has correspondingly increased over that time and no confidence this will be addressed during the current redesign.

5.15. The effective delivery of good mental health services in Tayside is at risk unless action is taken to significantly enhance services in the communities before inpatient bed numbers are reduced. Mental health service strategies are required from each Health and Social Care Partnership

(HSCP), to complement the LLW strategy and to ensure alignment of community mental health service provision and outcomes.

5.16. Concerns about the lack of community strategies and service enhancement are echoed in primary care services where an increase in community mental ill-health (at the mild to moderate level) has already been noted by GP practices during the pandemic. It was noted that there are more referrals being made to the Community Mental Health Teams (CMHT) than anticipated in 2021, resulting in waiting times increasing. GPs across Tayside agree that they expect that this trend will continue for the next few years.

5.17. Increased demands on community mental health services should be noted as an early warning for a likely increase in demand on inpatient service provision long-term. Likewise, inpatient services are also reliant on adequate community resource at the point of discharge.

5.18. The Review team learnt that community services have struggled to cope during the last year. Medical staffing shortages in CMHTs were not communicated to primary care and instead patients were simply told appointments were cancelled with no explanation or indication of when they may be rearranged. Locum staff are now in place but once again the lack of continuity in patient care is destabilising and distressing. It appears that there are still some patients who feel the only continuity is their GP - as the person who truly knows and understands them.

Location of GAP inpatient services

5.19. Currently, the decision to move to a single site for inpatient services has been largely accepted (although not universally welcomed) but its location is yet to be decided.

5.20. To redesign an inpatient service in Tayside which is resource-sustainable (both human and financial), safe for patients and effective in the delivery of patient care is extremely difficult. The continual churn of proposals and consultations which seem only to lead to more indecision is unhelpful and is without doubt affecting the morale of staff, patients and stakeholder groups. A decision must be made and in conjunction with consideration of community service provision across Tayside.

Learning Disability

5.21. Since the publication of *Trust and Respect*, the Learning Disability service has continued to operate within a culture of instability and uncertainty. The 2019 decision to close Craigowl ward at Strathmartine was made at short-notice and without full consultation or consideration of options. This was noted in *Trust and Respec*t.

5.22. The consequences of this sudden change are still, 23 months later, being felt. There are several outstanding grievances raised by staff, which remain unaddressed or unresolved - causing stress and anxiety to the staff concerned. Medical staffing continues to be a challenge since the resignation of the substantive consultant in 2019. There is reportedly no visible leadership on site regularly and as a result staff feel there is little or no support in their day-to-day work.

5.23. The Review team found there to be ongoing concerns and anxiety from staff and from family and carers regarding the quality of care currently being delivered. It was noted in the May 2021 LLC Action Plan that within the Whole System Change programme, the “rapid review of Learning Disability Inpatient Services requires immediate and ongoing attention”. This stated “rapid review” will be welcomed, as the lack of decision-making, alongside the lack of investment in the Strathmartine site, is causing significant concerns for staff and for patients, families and carers.

CAMHS

5.24. There have been several improvements in CAMHS during the last year.

HEALIOS

5.25. At the time of the publication of *Trust and Respect*, waiting times for CAMHS were long. This has much improved, aided by the use of the external online HEALIOS service for certain referrals. At the time of writing, 85% of referrals to CAMHS are seen within the 18-week target waiting time.

Primary Care – referrals

5.26. The relationship with GP practices in Dundee has improved following the introduction of a pilot system of telephone consultations for patients before they are referred to CAMHS. This was part of a Covid-response in primary care. The telephone consultations triaged patients and, in some cases, prevented inappropriate referrals to CAMHS, instead giving opportunity for signposting to alternative services for families, where appropriate. Now there are plans in place to roll this out to other GP clusters and across other HSCP areas.

Website

5.27. A new website has been developed for CAMHS. This was done in conjunction with families, carers, children and Allied Health Practitioners. It includes important information such as referral guides, scope of CAMHS and confidentiality. The website has been very well received.

Clinical governance

5.28. CAMHS is based in Women, Children and Family services but the clinical governance matters are now also shared with mental health services. The quality of data collection has improved which is informing decision making.

5.29. However, despite these positive changes, there remain some concerns about the provision of mental health care for young people in Tayside.

5.30. The leadership challenges currently experienced by CAMHS have made operational changes difficult in the last year. It has been difficult to recruit to clinical leadership roles. It is thought it would be helpful if both CAMHS and Paediatrics had clinical leaders in post. Some recommendations from *Trust and Respect* have not been implemented and without any clear leadership, these will be challenging to action. The creation of a neurodevelopmental hub has not been achieved despite funding being made available. This is disappointing as there is a significant increase in young people being referred for assessment on the Paediatric Neurodevelopmental Pathway. These young people and their families are currently waiting an unacceptably long time (more than 6 months in some cases) to be seen.

5.31. The transition age of young people from CAMHS to Adult Services has not yet fully moved to being 18 although this change is in progress, in an incremental manner. The recommendation in the *Trust and Respect* report to consider developing a separate service for 18-24yr olds was reviewed by CAMHS staff but it was felt better to work on improvements in the transition processes of young people to adult services instead.

6. Actions

The Review team considers the following actions are necessary to progress appropriately the implementation of the recommendations made in the Independent Inquiry's *Trust and Respect* report.

1. **Recommendation 5 must be revisited urgently to resolve the relational issues which still exist in Tayside.**

2. **The response to all recommendations should be subject to some form of independent scrutiny to assess more accurately the progress that has been made. This would result in a more realistic assessment of the rate of progress and how much remains to be implemented further.**

3. **An implementation plan is urgently needed for the Living Life Well Strategy.**

4. **Ongoing oversight of Tayside's response to the recommendations should be provided by the Scottish Government's Quality and Safety Board for Mental Health Services.**

5. **Senior leaders should engage meaningfully with staff, patients, families and carers in the development of future plans.**

Appendices

Appendix 1 - Living Life Well

The “Living Life Well” document can be accessed at:

https://www.nhstayside.scot.nhs.uk/OurServicesA-Z/MentalHealthandLearningDisabilityServices/PROD_342608

Appendix 2 - Listen Learn Change Action Plan May 2021

The Listen Learn Change Action Plan can be viewed here:

https://independentinquiry.org/listen-learn-change-action-plan/

Listen Learn Change

Status update

Listen Learn Change Action Plan - our Tayside response to the Trust and Respect' Independent Inquiry Report

May 2021 (Update Version 11)

Appendix 3 - Listen Learn Change Progress Overview June 2021

Board paper 8.1 of board meeting 24 June 2021.

https://www.nhstayside.scot.nhs.uk/YourHealthBoard/TheBoardanditsCommittees/TaysideNHSBoard/index.htm

Listen Learn **Change**

An Action Plan for mental health services in Tayside 2020 in response to 'Trust and Respect' Independent Inquiry Report

Listen Learn Change Progress Overview

June 2021

NHS Tayside

Appendix 4 - Scottish Government Response to Recommendations in *Trust and Respect*

SCOTTISH GOVERNMENT PROGRESS AND UPDATE TO INDEPENDENT INQUIRY RECOMMENDATIONS

RECOMMENDATION 12

Conduct a national review of the assurance and scrutiny of mental health services across Scotland, including the powers of Healthcare Improvement Scotland and the Mental Welfare Commission for Scotland.

The Scottish Government has confirmed its commitment to this recommendation in the Mental Health Covid-19 Transition and Recovery plan which was published in October 2020. The following wording was included:

16.7 – Patient Safety. Through the Quality and Safety Board we will review the assurance and scrutiny of mental health services across Scotland, including the powers of Healthcare Improvement Scotland and the Mental Welfare Commission, as recommended by the Independent Review of Mental Health Services in Tayside. This will seek to ensure safe delivery against the new standards outlined above.

What do we want to achieve?

We want to make sure that people who access mental health services are safe and receive person-centred and effective care. We want to have the correct arrangements in place to assess the quality and effectiveness of services, to ensure they are safe and to drive improvement. Mental health service users, especially when acutely ill, are vulnerable to a number of potential risks. We want to improve the safety and quality of experiences, as well as prevent unwanted inequalities for those experiencing mental illness. We want to support and empower services to be transparent and demonstrate accountability at a local and national level to the people who use them, their families and carers. This will ensure continuous improvement in support provided, greater trust in mental health services and ultimately better outcomes for the people who access them.

How do we want to achieve it?

Our approach will seek to strengthen improvement, scrutiny and assurance mechanisms aimed at driving continuous quality improvement by working closely with our partners at both a local and national level. We will aim to do this by working with the Quality & Safety Board for Mental Health Services to undertake a scoping exercise into how we can support local governance mechanisms which are key to improving quality and safety nationally. This focus will enable us to better understand variation within the system and any gaps in national provision. Through this exercise we will aim to:

- Collect key local data to aid our understanding of common themes and variation in the safety and quality of mental health care across Scotland
- Identify and support the sharing of good practice
- Scope the governance assurance arrangements at a local level, benchmarking this against the national guidelines
- Develop recommendations to further strengthen improvement, governance and assurance
- Support and empower both local and national governance bodies' oversight of these complex services in their drive to improve care quality and safety.

Next Steps

We will commission a programme which will:

- gather local quality indicators
- map local governance arrangements
- produce a rapid evidence review of effective scrutiny and assurance mechanisms
- undertake engagement with local governance leads.

From this we will produce a series of recommendations to our Quality and Safety Board to support future policy development.

The work identified above and any improvements made to local scrutiny and assurance processes will inform the wider review of assurance and scrutiny of mental health services across Scotland, including the powers of Healthcare Improvement Scotland and the Mental Welfare Commission.

We have begun a series of engagement with partners who have been supportive of the need for this work. A working group has been established to support the local government mapping exercise which will host its first meeting in June 2021. We will continue to work with the Quality & Safety Board to develop a scoping exercise over the summer. This will provide an evidence base for a further review of the scrutiny and assurance of mental health services.

RECOMMENDATION 32

A national review of the guidelines for responding to substance misuse on inpatient wards is required.

What do we want to achieve?

We want to make sure that those who come into hospital for mental health support are also provided support for co-occurring substance use. We recognise that mental health treatments cannot take place in isolation and that where possible, patients need to receive help and treatment in hospital and to ensure that this is followed up upon discharge into community services.

It is also recognised that inpatient substance use can affect other in-patients and staff in the ward. We want to ensure that inpatient wards and all mental health settings are safe places for those who use them and work there.

How do we want to achieve it?

We want to support action to improve treatment and management of those on mental health wards using substances through various means:

- Medical Managers & Nurse Leads Group

The Scottish Government attended the first meeting of Mental Health Medical Managers & Nurse Leads Group in May this year (delayed due to Covid) where the issue of substance use on inpatient wards was identified as a priority. Scottish Government officials have agreed to act as secretariat to the national group as well as a dedicated Short Life Working Group (SLWG) which is being established to address substance use on inpatient wards. This SLWG will work collaboratively with other agencies as part of this work and will enable us to ensure the voice of staff is included and heard to inform our guidelines and response.

- Lived Experience

Also critical to this work is to ensure the voice of those with lived experience is included. We are working with Drugs Policy colleagues to connect with their lived experience groups and Mental Health Division is establishing a Lived Experience Panel to inform our work which we will also engage with.

- Improving integration of Mental Health and Substance use services

Health Improvement Scotland (HIS) are currently working in Tayside to prototype a new model and pathway of care, with a view to spreading good practice, innovation and learning about “what works” Scotland-wide to drive improvement and change in developing and delivering integrated and inclusive mental health, alcohol and drugs services. This work is currently taking place in

Dundee, however, we are currently in discussions negotiating with HIS with regards to expanding this work, with an opportunity to look at the connection to inpatient wards and upon discharge to community services. Learning from these areas will be shared throughout Scotland to ensure better integration of services nationwide.

- Mental Welfare Commission

The Mental Welfare Commission (MWC) has made dual diagnosis the focus of their themed visit programme for 2021. The MWC has assembled a team to take forward this work which includes people with lived experience, care experience and addiction workforce experience. It is expected that these visits will identify good practice, current protocols as well as gaps. The report is expected to be published in April 2022 and this work will be used to inform any set of standards or principles for care of those with a dual diagnosis.

- Mental Health Quality & Safety Board

We will be bring the outputs and recommendations emerging from this work to the Mental Health Quality & Safety Board for advice and input. The Board is made up of a cross-section of those working in and leading mental health public services and scrutiny and lived experience representation. We will also ensure that the work being taken forward to develop quality standards for adult secondary mental health services, and the Medication Assisted Treatment (MAT) Standards which were recently published by the Drug Deaths Taskforce, will inform any guidelines that are developed on substance use on inpatient wards.

THE
INDEPENDENT
INQUIRY
into Mental Health
Services in Tayside

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LISTEN

Experiences of NHS Tayside Mental Health Services

Full Survey Report

September 2021

In collaboration with the Independent Inquiry Stakeholder Participation Group

Contents

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EXECUTIVE SUMMARY

The aim of this survey was to capture up to date *Experiences of NHS Tayside Mental Health Services* from the perspective of service users. It was undertaken by PLUS Perth, with the assistance of Dundee Healthy Minds Network, Angus Voice and several members of the SPG (the Stakeholder Participation Group formed during the Independent Inquiry into Mental Health Services in Tayside). The survey was open from 18th January to 11th April 2021, during which time it was promoted in the press, on local radio and on social media. Four hundred and three respondents completed the survey. Of those that revealed which Local Authority they resided in, 136 lived in Perth and Kinross, 94 lived in Dundee and 42 lived in Angus. The results assisted the Independent Inquiry Review, the purpose of which was to "*give everyone the opportunity to have their voices heard in relation to the progress made in addressing the issues raised by the Trust and Respect report*" (Strang, 2021; section 1.3).

This survey was based on a similar survey conducted by PLUS Perth in 2017, which was completed by 395 respondents, allowing comparison of results over the 4 year period (PLUS Perth, 2017). The 2021 survey comprised 48 multiple choice questions regarding service user experiences and nine questions capturing demographics. Sixteen of the service user experience questions were open ended and invited respondents to elaborate on their multiple choice answers by entering comments in a "*please expand if you wish*" section. The survey was completed by 403 respondents.

Comparison of the multiple-choice responses from the 2021 survey with those of the 2017 survey revealed a deeply concerning downward trend in service user satisfaction over the four year period. The percentage of respondents rating the service "*poor"* rose from 14% to 21% and those rating it "*very poor"* rose from 9% to 20%. Only 36% of respondents gave the service a favourable rating ("*good" "very good"* or "*excellent"*) in 2021. Of the 286 people who answered Q43 "*How confident are you in NHS Tayside looking after your mental health if required?*" 14% said "*highly confident"*, 28% said "*fairly confident*" and 58% said "*not confident"***.** The areas of mental health care showing greatest deterioration in this survey, compared to the 2017 survey, were patients' relationships with their psychiatrists and community psychiatric nurses (CPNs) and care received, or lacking, during inpatient stays.

The comments submitted to the survey amounted to over 30,000 words. The vast majority of comments were highly critical of NHS Tayside Mental Health Services as a whole. Respondents who gave the service a favourable rating were less inclined to leave detailed comments than those who gave the service a critical rating. Negative comments outweighed positive comments by more than 5:1. However, many respondents clearly felt that there were highly skilled and compassionate individuals and teams working within the service. There were many comments praising individual service providers (such as a named Doctor or CPN) and specified teams such as the Intensive Home Treatment Team (IHTT).

The comments revealed that service users shared many common areas of concern. Many of these concerns had not been directly addressed by any of the survey questions, yet they emerged very clearly and repeatedly from the comments.

The seven emergent themes of concern were:

1. Poor service response to expressed suicide risk
2. Scarcity of psychological therapies for inpatients
3. Absence of promised follow up
4. Excessive waiting times
5. Difficulty in accessing support prior to, or during, a mental health crisis
6. NHS Tayside strongly favouring medication as a primary, and often sole, means of treatment for mental health conditions
7. Failure of the service to cater to the communication needs of autistic patients and deaf patients

Recent appraisals of components of the service conducted by Health Improvement Scotland (HIS, 2018 & 2020), the Mental Welfare Commission for Scotland (MWCS 2020 & 2021) and the Independent Inquiry (Strang 2020 & 2021) have highlighted issues that echo, and help to explain, our emergent themes.

Respondent confidentiality prevents us from disclosing any respondent quotes in this report. Instead, these comments were collated according to the topics they address and shared with the Inquiry Review team (David Strang & Denise Jackson). The Independent Inquiry Review assessed the progress made by NHS Tayside in enacting the recommendations set out in the Inquiry final report *Trust and Respect*, which was published on 5th February 2020. All the documents we sent to the Inquiry Review team made a clear distinction between service user experiences that were known to have occurred since the publication of *Trust and Respect* and those that either pre-dated *Trust and Respect* or were of undetermined date. The Inquiry Review team was also provided with all the raw data from this survey and the 2017 PLUS Perth survey. This data was shared to enable scrutiny of all the analytical work undertaken in the process of compiling their confidential documents and this report. The Inquiry Review team published their Progress Report on July 14th 2021 and acknowledged the contribution of this survey in section 1.4 (Strang, 2021).

We recognise that the time required for the work outlined in *Listen Learn Change* to be put into practice and the additional pressures placed on the NHS by the COVID pandemic must be taken into account when interpreting the results of this survey. This report is not intended to constitute a final verdict on the success or failure of NHS Tayside's response to the Inquiry. It is a reflection of the experiences of several hundred people who are trying to access support from a system that is clearly compromised, whilst that system undergoes transition. **The results of this survey support the Inquiry Review findings (Strang, 2021) that, in their efforts to implement the *Trust and Respect* recommendations, NHS Tayside are rushing to enforce change, without first really listening to and learning from their own staff, their patients or the wide range of other stakeholders who are making great efforts to be part of the solution to the crisis in mental health care in Tayside. Our recommendations focus on areas where such listening has been demonstrably poor and on improving NHS Tayside's approaches to stakeholder involvement.**

The final section of this report addresses the future surveys we intend to conduct for the purpose of monitoring changes in Mental Health Service user experience in Tayside.

Dissemination of survey results

In an effort to alleviate any concerns amongst respondents that being seen to criticise NHS Tayside could have a detrimental effect on the care they received, we provided assurance that only the Survey Analysis team (5 members) and the Inquiry Review team (2 members) would have access to the information they shared. (We are aware that this did not allay all fears amongst potential respondents, see section 4.4.3). After careful consideration, we (the Survey Analysis team) have chosen to disseminate the results of the survey in the following ways:

1) A set of confidential documents which were prepared solely for use in the Independent Inquiry Review and submitted to the Inquiry Review team on May 10th 2021.

2) A full survey report (this document) published on 16th September 2021 in print and on PLUS Perth, Dundee Healthy Minds Network & Angus Voice websites.

3) A meeting between the Survey Analysis team and NHS Tayside Board for the presentation and discussion of the full survey report, date to be determined.

4) A key findings summary of the full report, published on 16th September in print and on PLUS Perth, Dundee Healthy Minds Network & Angus Voice websites.

1. BACKGROUND

This 2021 survey was conducted to appraise the current state of NHS Mental Health Services in Tayside, from the perspective of service users. It was conducted by PLUS Perth, Dundee Healthy Minds Network and Angus Voice. The survey included twenty five of the questions posed by a similar survey conducted by PLUS Perth in 2017. The purpose of using these repeat questions was to allow us to assess changes in service user experience over the four year period. We timed the 2021 survey to coincide with, and to help inform, the Inquiry Review. The purpose of the Inquiry Review was to assess progress made by NHS Tayside since the publication of *Trust and Respect*, the final report of the Independent Inquiry into Mental Health Services in Tayside, which was published on 5th February 2020 (Strang 2020). The Inquiry Review team (David Strang and Denise Jackson) published their Progress Report (Strang, 2021) on July 14th 2021, acknowledging the contribution of our survey in section 1.4 of their report.

1.1 The 2017 PLUS Perth Survey

In July of 2017 NHS Tayside undertook a public consultation regarding the centralisation of Mental Health Services at Carseview in Dundee. As part of the consultation process, the public of Tayside were encouraged to contribute their views through a 15-question survey that was available online via the host site SurveyMonkey and in paper form. It was live for 3 months and was completed by 363 respondents. NHS Tayside promoted the centralisation of services at Carseview as a *"transformation"* of Mental Health Services in Tayside (NHS Tayside, 2017). However, many service user groups, carers and third sector organisations were concerned about the manner in which the NHS Tayside consultation was being conducted (Appendix 1) and were fearful that the proposed centralisation would weaken community services (Evening Telegraph, 2017). Therefore, in order to capture and to convey the views of the community regarding the proposed centralisation, PLUS Perth undertook their own survey. The PLUS Perth survey, which was also available online via SurveyMonkey and in paper form for a 3 month period, enabled members of the public to express their views on a range of matters affected by the proposed centralisation.

The NHS Tayside and PLUS Perth surveys were independent of each other and differed both in the questions used to garner public opinion and in the analysis of the data collected. NHS Tayside concluded, on the basis of their consultation, that the best way forward was to proceed with the centralisation (NHS Tayside, 2018). Conversely, the results of the PLUS Perth survey demonstrated that the vast majority (88%) of their 395 respondents were opposed to the centralisation (Appendix 2). The PLUS Perth survey report therefore recommended that the centralisation proposal be abandoned (PLUS Perth 2018).

1.2 The Independent Inquiry

"*Following widespread concerns raised in the Scottish Parliament in May 2018 about the provision of Mental Health Services in Tayside, NHS Tayside commissioned an Independent*

Inquiry to examine the accessibility, safety, quality and standards of care provided by all Mental Health Services in Tayside" (Strang, 2020; section 1.6). Both the Interim Report and the final report of the Independent Inquiry echo the concerns that prompted the 2017 PLUS Perth survey and were in concurrence with its findings. The Inquiry interim report (Strang, 2019) warns that "*the centralisation of the out-of-hours Crisis team to Carseview Centre has had a detrimental effect on those patients in Angus and Perth & Kinross who are experiencing mental health crisis"* (section 4.1.1) and recommends that *"**the proposed changes* [in the redesign transformation] *should not be implemented before there is a comprehensive review of the wider needs of the community, beyond inpatient requirements"*** (section 4.6.4). The Inquiry final report (Strang, 2020; section 3.70) states "*the Independent Inquiry team received evidence that there was widespread dissatisfaction about the consultative process in arriving at the decision to centralise adult inpatient beds in the wards at the Carseview Centre. Both staff and patients' representative groups felt that the consultation was not genuine and had been tokenistic. The process lacked the confidence of staff, patients, families, community groups and partner organisations. The final decision was perceived as having been made without proper consideration of all the relevant information, data, options, resources and impact. Many respondents said that the NHS Tayside had already made up their mind before the consultation process began"*. In section 4.8 the Inquiry final report continues "*recent evidence received by the Independent Inquiry from patients, families and carers raised repeated concerns about the centralisation of crisis services to Dundee from Angus and Perth & Kinross. The impact of the loss of these services in Angus and in Perth & Kinross is also felt by the police who immediately saw an increasing pressure on their services*".

The Inquiry final report *Trust and Respect* made 51 recommendations for improvements to Mental Health Services, 49 of which apply to Tayside and two apply to all of Scotland. NHS Tayside responded to the report and the recommendations it contained by creating their Listen Learn Change action plan (NHS Tayside, 2020) and producing their Living Life Well strategy (NHS Tayside, 2021a). In order to assess the current state of services, and to gauge the progress that has been made by NHS Tayside in implementing the 49 recommendations, the Inquiry Progress Review commenced in February 2021. The findings of this survey were incorporated in the Inquiry Review team's Progress Report which was published in July 2021 (Strang, 2021 section 1.4).

1.3 The genesis of the 2021 survey

In July 2020, several members of the Stakeholder Participation Group (SPG) that was formed during the Inquiry met virtually with a group of third sector stakeholders. The purpose of the meeting was to discuss means of evaluating the progress made by NHS Tayside in enacting the Inquiry recommendations. The consensus view at the time was that the best approach would be to facilitate service users throughout Tayside to express their views in a survey which addressed many different aspects of the service user experience. The template proposed was that of the 2017 PLUS Perth survey.

Dundee Healthy Minds Network, part of Dundee Volunteer and Voluntary Action (DVVA) and Angus Voice provided sponsorship and assisted PLUS Perth in conducting the survey.

These three organisations and several SPG members collaborated over the proceeding months to tailor the survey questions to meet the agreed objectives. The questions and survey design were finalised in early January 2021. **In an effort to alleviate any concerns amongst respondents that being seen to criticise NHS Tayside could have a detrimental effect on the care they received, the survey form provided assurance that only the Survey Analysis team and the Inquiry Review team would have access to the information they shared.** In light of the timeline proposed for the implementation of the Living Life Well strategy, the three sponsors agreed that a further survey would be required 18-24 months after the completion of the 2021 survey. Section 7 addresses the factors that will be taken into consideration when conducting future surveys.

2. OBJECTIVES

The objectives of this study were:

- To provide the Inquiry Review team with up to date information about people's experiences of using Mental Health Services across Tayside.
- To report the above findings to the public and NHS Tayside, whilst protecting confidentiality of service users and providers.
- To evaluate changes in service user experience since the 2017 PLUS Perth survey.
- To provide a baseline against which improvements to the service can be measured over the coming years, as the recommendations from *Trust and Respect* the final report of the Inquiry, are put into practice.

3. METHODS

3.1 Promoting the survey

PLUS Perth, Dundee Healthy Minds Network, Angus voice and SPG members promoted the survey on social media and through their own networks of contacts. PLUS Perth promoted the survey via press releases with The Courier, the Evening Telegraph and the Perthshire Advertiser. During the week that the survey was launched, Radio Tay featured it on their local news bulletin (TAY FM, January 2021). For the first month that the survey was live, there were either weekly articles about it, or mental health articles that referenced the survey in the local press. The second and third months saw a decline in articles and there was a corresponding decline in respondents completing the survey online. The sponsors held weekly virtual reviews to ensure all parties involved were appraised of the progress of survey responses. Gaps in press coverage were filled by social media activity. Social media promotion was less successful than the print media, as evidenced by the number of weekly responses. Links to survey promotion articles in the media are provided in section 8.1

3.2 Constructing the survey

The survey comprised 48 multiple-choice questions regarding service user experiences and nine questions capturing demographics. Fifteen of the multiple choice questions were open ended and allowed respondents to elaborate on their answers by entering comments in a "*please expand if you wish*" section. The survey sought feedback on the service as a whole and therefore did not ask respondents to specify which specialities within the service they accessed (e.g. Substance Misuse, Psychiatry of Old Age, General Adult Psychiatry etc).

The multiple choice questions that invited additional comments were Q1, Q2, Q10, Qs13-16, Q23, Q26, Qs28-31, Q42, and Q48. Appendix 3 contains all the survey questions and all multiple-choice response results. Respondents used the comment sections of their form to provide details about their experiences such as the dates of their inpatient stays or how many psychiatrists they had seen in their recent appointments. Many respondents also provided extensive additional information about their experiences, often covering matters that were not directly addressed by the multiple-choice questions. They submitted these broader ranging comments under the multiple-choice questions listed above and under Q44 "*Is there anything else you wish to tell us*? The comments left under each of these questions ranged from one word answers to several paragraphs. **In total, these comments amounted to more than 30,000 words (about 50 pages). The volume of this qualitative data was greater than anticipated and its content is both sobering and enlightening**. Our analysis of this qualitative comment content is presented in section 4.4. The results for the quantitative, multiple choice response data are presented in section 4.2.

3.3 Segregating the data according to recency

Neither the 2017 nor the 2021 survey questions asked respondents to restrict the experiences they based their answers on to a particular time period. Respondents who had been NHS Tayside mental health patients, (or carers/family members of NHS Tayside mental health patients) for many years, or even decades, provided feedback on both recent and historical

experiences. **In order to understand how service user experience has evolved over time, it was essential to segregate the data, as far as possible, into subsets according to their recency.** Therefore, ascertaining the month or year in which each experience described took place has been a major focus of the analysis. The segregation was achieved by scrutinising all the information on each respondents form for any evidence of when each of their experiences occurred.

In preparing the confidential documents for the Inquiry Review, identifying the content that could confidently be attributed to February 2020 onwards took first priority. We (the Survey Analysis team) used dates provided by respondents, and any reference to the COVID pandemic to establish whether each experience described by the respondent had occurred before or after *Trust and Respect* was published. Due to insufficient information, it wasn't always possible to ascertain when an experience had occurred. **We erred on the side of caution by excluding all experiences of undetermined date from the data that we categorised as "recent" (5th February 2020 onwards) in the documents we submitted to the Inquiry Review.** Alongside each recent quote, we displayed the information we had used to verify that the quotes described experiences which had occurred after *Trust and Respect* was published.

3.4 Identifying trends and themes in the data

3.4.1 Quantitative data

Many of the questions posed by the 2021 survey were repeats of 2017 survey questions. We assessed changes in Mental Health Service user experience over time by comparing responses to 25 of the multiple choice questions from the 2021 survey with those from the 2017 PLUS Perth survey. The questions had different numbers in the two surveys. For example, the question "*Did you have trust and confidence in the psychiatrist you saw*?" was Q11 in 2017 and Q9 in 2021. Throughout this report, whenever we refer to a question by its number, we use the question number from the 2021 survey. Results for some of the questions that were new to the 2021 survey are presented and discussed in this report, whilst others will simply serve as baseline data to be compared with data from future surveys. There was a modest degree of overlap in the data collected by the two surveys, as explained in section 4.3

3.4.2 Qualitative data

We noted high levels of repetition in the comments on topics that were not addressed by any of the survey questions. If ten or more respondents separately raised the same topic, we collated these comments according to the theme they addressed and sought to establish the recency of each respondents' experience. We did not assume that recent support from the service (Q6 – see Table 2) meant that the experience being described in the comments was necessarily a recent one. Instead, we relied on dates provided in the comments and references to the COVID pandemic to indicate that the experience was recent. Comments describing topics that we had not sought feedback on through the survey questions (for example waiting times) were collated into comment tables and submitted to the Inquiry Review team. **Throughout this report, these topics that were <u>not</u> addressed by our survey questions but featured repeatedly in the comments are referred to as <u>emergent themes</u> or <u>emergent topics</u>.** To protect respondent and staff confidentiality, the seven comment tables we submitted to the Inquiry Review have been replaced in this report by sections 4.4.1.1 to 4.4.1.7.

3.5 Relating the survey results to their wider context

Having identified themes and trends in our survey data, we then used published reports and statistics from widely recognised sources to explore how our findings fit into the wider context of Mental Health Service user experience in Tayside and in Scotland. The sources of information we used to contextualise our findings include Health Improvement Scotland (HIS), the Mental Welfare Commission for Scotland (MWCS), the Scottish Public Health Observatory (ScotPHO), NHS Tayside and the Independent Inquiry.

3.6 Facilitating scrutiny of our work

Appendix 3 of this report contains all the raw data for the multiple choice answers to the 2021 survey. It does not contain any of the comments we received. We are fully committed to protecting the privacy of every individual who shared their experiences with us in the comment sections of the survey. We consider ourselves very privileged to have been entrusted with such sensitive and deeply emotional testimony and are extremely grateful to every individual who took the time to complete the survey.

Reporting on such sensitive data, much of which is highly confidential, is challenging in that we are prevented from substantiating the findings from the 30, 000 words of comments. **We chose the timing of this study so that we would be in a position to disclose all our data and explain all our data processing and presentation to a credible, trusted body, the Inquiry review team.** This benefits everyone in that it gives the public, NHS Tayside and other organisations working in the field of mental health, assurance that the information we present in this report is authentic. On May 10th 2021 we submitted a series of documents to the Inquiry Review team. With the exception of Table 3 and Figures 1 - 3 in this report, all the documents we submitted to the Inquiry Review are confidential, due to the inclusion of respondents' quotes. The Inquiry Review team published their Progress Report on July 14th 2021 and acknowledged the contribution of this survey in section 1.4 (Strang, 2021).

We also chose to share all our 2017 and 2021 raw data with the Inquiry Review team. We did so to enable scrutiny of the survey itself and of all the analytical work we have undertaken in our reporting. In future surveys there may be no option to have the results authenticated in this way, so it will be essential that we achieve the optimal balance of transparency and confidentiality. Therefore, in section 7 we discuss some of the factors that we will take into account when designing future surveys, in order to ensure that our results and findings can be shown to be reliable. We will also invite input, including question suggestions, from NHS Tayside and other stakeholders. This input, together with the lessons we have learned from the 2017 and 2021 surveys, will help us tailor the design, analysis and reporting of our future surveys for the benefit of the people of Tayside.

4. RESULTS AND DISCUSSION

The survey was designed to be completed by patients and the majority of our respondents were patients. Sixteen respondents (4%) stated in their forms that they were a relative, carer or guardian to a patient and were completing the form on the patients' behalf. **We did not ask respondents to state which speciality they had accessed, for example Learning Disability, Psychiatry of Old Age, General Adult Psychiatry, Substance Misuse, etc. The findings are therefore a reflection of the service as a whole.**

The survey featured questions about demographics, inpatient stays, patient interactions with their psychiatrists and community psychiatric nurses (CPNs), medication, NHS Tayside patient satisfaction questionnaires and about the NHS Tayside Mental Health Service as a whole. Not all of these questions applied to every respondent. For example, respondents who answered *"no"* to "*Have you seen a psychiatrist in the last three years?*" skipped Q8 to Q13, all of which addressed aspects of psychiatric care. In addition, some respondents chose not to answer certain questions, perhaps because they simply did not wish to reveal the information requested. For example, the questions "*How old are you?*" "*Which part of Tayside do you live in?*" and "*What is your gender?*" were each skipped by 30% of our 403 respondents. Thirty one percent of the respondents who told us that they'd had an inpatient stay did not provide dates for their stay(s). It is possible that some respondents avoided giving these personal details in an effort to remain as anonymous as possible.

These variations in applicability of questions and personal preferences of our respondents resulted in each question in the survey being answered by a different number of people. The numbers of respondents who answered and skipped each question appear in Appendix 3, directly below each question. Other than for questions about ethnicity and questions about NHS Tayside questionnaires, the number of people answering each of our questions ranged from 133 to 396. Two thirds of the questions were answered by more than 200 people. The figures given in this report for the percentage of respondents who fell into each answer category (e.g. "*yes", "no", "good", "poor"*) are the percentages of those who answered that particular question.

Due to the scope of the survey and the number of questions it contained, this results section covers a lot of ground. Rather than revisit each aspect of the study in a separate discussion section, we have combined results and discussion here for ease of reading. **We have used reports and statistics from the Scottish Public Health Observatory (ScotPHO), Health Improvement Scotland (HIS), the Mental Welfare Commission for Scotland (MWCS) and the Independent Inquiry to give context to the results we present. The sections of this report that use these sources to contextualise our findings are in blue text.**

Our primary focus when analysing the multiple choice responses was to assess changes in service user experience by comparing the results from the 403 respondents who completed the 2021 survey with those from the 395 respondents who completed the 2017 PLUS Perth survey. Approximately half of the questions in this survey had been asked in 2017 survey. These 25 repeat questions are dealt with in section 4.2 below, which compares results across the four year period.

Q43 "*How confident are you in NHS Tayside looking after your mental health if required?"* was new to the 2021 survey. **Of the 286 people who answered this question, 14% said "highly confident", 28% said "fairly confident" and 58% said "not confident".**

We believe that the remainder of this report provides valuable insight into some of the reasons for this poor result. We present the following information in good faith, with the hope that it will be given careful consideration by NHS Tayside, so that it may be utilised to help improve patient care and to monitor the implementation of their Living Life Well strategy.

4.1 Assessing representativeness

For meaningful interpretation of our results, it is important that we consider how accurately our sample of 403 respondents represents the Mental Health Service user population of Tayside. **Our respondents were not a randomly selected group and we therefore do not assert that they constitute a representative cross section of service users.**

4.1.1 Demographics

Assessing representativeness using the available demographic data is difficult for two main reasons. The first is that, as mentioned in section 4 above, approximately 30% of our respondents chose not to supply their demographic details. Therefore, the information we have is incomplete and our calculations are based on the 70% that did provide these answers. The second reason is that there does not appear to be an official estimate for the size of the Mental Health Service user population of Tayside.

Living Life Well, the current NHS Tayside Mental Health Service strategy, states that there are 417,470 people living in Tayside and that "*in 2018/19, there were 4,605 Tayside practice patients registered as having a mental health condition"* (NHS Tayside, 2021a; pp 26 & 29). Going by this figure, we would estimate that, with 403 respondents, our survey had captured 9% of the target population. This 9% estimate is approximate for two reasons. Firstly, not everyone with experience of using Tayside Mental Health Services necessarily has a diagnosis. Secondly, whilst this survey was explicitly intended for people who had been patients within NHS Tayside Mental Health Services, our sample appears to include some individuals who had sought help with their mental health from NHS Tayside but had not received care from Mental Health Services. As explained in section 4.1.2 below, 15% of the 403 forms we received did not contain a clear indication that the respondent had been an NHS Tayside Mental Health Service patient.

Seventy percent of respondents who revealed their gender were female (Appendix 3 Q49). Whilst this clearly isn't representative of the population of Tayside as a whole, it may be representative of the Mental Health Service user population. According to the Information Services Division (ISD) of the NHS "*for four out of the five groups of mental health drugs there are substantially more drugs dispensed to females than males"* (ISD 2019a, p11). The exception is attention deficit hyperactivity disorder (ADHD) medication. It is therefore reasonable to assume that significantly more females than males seek help from NHS Tayside Mental Health Services.

In terms of ethnicity, with 1% of respondents, the non-white population of Tayside is underrepresented in our survey (Appendix 3; Qs 52-57), as the true figure is 3.2% (NHS Tayside, 2021a; p28). The over 65 age group is also under-represented (Appendix 3 Q51). Five

percent of our respondents were over 65, whereas, to reflect the population accurately the figure should be 21%. Geographically, Perth & Kinross residents are over-represented in the survey and Angus residents are under-represented (Appendix 3 Q50). This subject is covered in depth in section 4.2.6 as it has a bearing on the interpretation of the results.

4.1.2 Service use by respondents

We examined all forms to ascertain whether the respondent (or the person on whose behalf they were completing the form) had been an NHS Tayside Mental Health Service patient. For most respondents, this information was contained in the answers to Q2, Q4, or Q14. In these questions, respondents could select all the response categories that applied to them. Table 1 below combines the responses to these questions and displays the number of respondents who stated that they received care from the specified service component.

Table 1. Number of survey respondents who stated that they had received support from specified components of NHS Tayside Mental Health Services.

Survey Question	Service component	Number of respondents who had received support from specified component
Q2	Psychologist	183
Q2	Occupational Therapist	74
Q2	Counsellor	146
Q2	Art Therapist	21
Q4	Psychiatrist	210
Q4	Community Psychiatric Nurse	163
Q14	Inpatient Stay	116

The category "*GP"* from Q2 has been omitted from Table 1 because GPs act as a gateway to the service, but they are not a part of the service itself. We have also omitted the "*other – (please state whom)*" category, in Q2 from Table 1, since to include it would be misleading for two reasons. The first is that in many cases the source of support specified by the respondent in the comment section of Q2 was a third sector organisation, not a component of NHS Tayside Mental Health Services. The second reason is that most respondents completed the survey electronically and so could not read further ahead in the form than the question they were answering. Therefore, a third of respondents who selected *"other"* in Q2 specified CPN or psychiatrist in the comment section, unaware that they were about to be asked if they had seen these professionals in a later question, Q4. Careful consideration will be given to the order and wording of future survey questions so as to improve data collection and analysis (see section 7).

Some of the comments entered under "*other*" in Q2 did enable us to confirm that the respondent had experience of using the service, for example if the respondent listed a component of the service that was not available as a multiple choice answer, such as the Intensive Home Treatment Team (IHTT). **A combination of the multiple-choice answers to Q2, Q4 &Q14, together with the comment responses to the open ended questions throughout the survey, enabled us to conclude that 343 respondents (85%) had experience of being an NHS Tayside Mental Health Service patient.**

There were sixty respondents (15%) whose forms did not provide answers that clearly indicated they had been a patient in the service. Some of these respondents skipped the majority of the

questions on their form, perhaps because they did not have enough knowledge of the service to answer them. Many of these 60 respondents had approached NHS Tayside for help with a mental health problem, but do not appear to have become Mental Health Service patients. Several respondents stated that they had tried multiple times, without success, to get a referral to the service. Twelve respondents appear to have understood being prescribed mental health medication by their GP to constitute accessing support from NHS Tayside Mental Health Services.

Table 2 shows that sixty two percent of our respondents had received support from NHS Tayside Mental Health Services in the twelve month period prior to completing their survey form. Question 6 was answered by 381 respondents.

Table 2. Responses to Q6 *"When was the last time you received support from NHS Tayside Mental Health Services?"*

Most recent support from service	Number of respondents	Percentage of respondents
In the last week	68	18%
1-4 weeks ago	38	10%
1-3 months ago	65	17%
4-6 months ago	27	7%
6-12 months ago	37	10%
More than 12 months ago	146	38%

4.1.3 The spectrum of service user satisfaction

Regarding representativeness, the most difficult, and most important variable to gauge, is how well the respondents to our survey represent the spectrum of service user satisfaction. We do not assert that our sample of respondents is a representative cross section of service users on the spectrum of service user satisfaction, as we do not have a reliable way to assess this. **What we can state is that this survey embodies what the 403 people who were aware of the surveys' existence, and felt willing and able to contribute to it, wished us to know about their experiences of accessing support from NHS Tayside Mental Health Services.** The sponsors of this survey, PLUS Perth, Angus Voice and Dundee Healthy Minds Network work daily with Mental Health Service users all over Tayside and have done so for many years. The senior staff in these organisations who have been involved in this survey can attest to the fact that the themes raised in this report are ones that they are very familiar with. The decline in service user satisfaction demonstrated by this study is a reality that they are all acutely aware of, as they see its impact on the people of Tayside every day. **Throughout section 4 of this report, (in blue text) we demonstrate that the issues raised by our respondents are clearly not isolated occurrences. They echo the findings, facts and figures regarding mental health care in Tayside that have been published by widely recognised authorities, including ScotPHO, HIS, MWCS, the Independent Inquiry and NHS Tayside.**

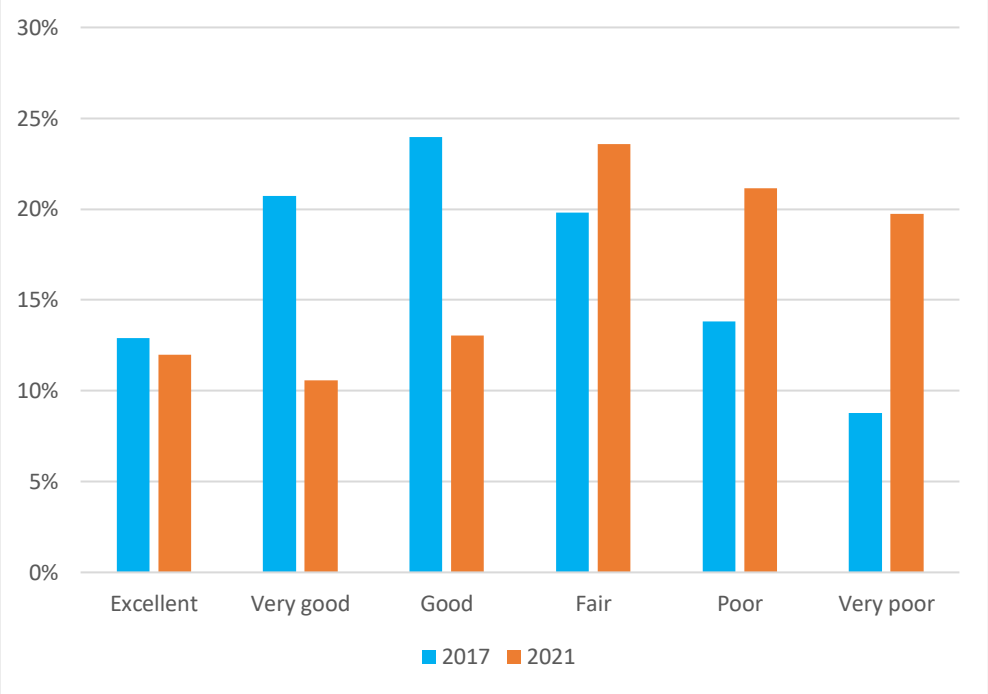
4.2 Comparison of multiple choice responses from 2017 and 2021

The results of the 25 identical/comparable questions posed by the 2017 and 2021 surveys are presented here, first for the service as a whole and then for four different components of the service: inpatient stays, psychiatrists, CPN's and medication. The results for three of these questions are presented as bar charts in Figures 1 – 3. The results for the remaining 22 questions, all of which had yes/no based answers, are presented together in Table 3.

4.2.1 Comparison of overall service results

Both surveys asked respondents to rate the care they had received from NHS Tayside Mental Health Services as a whole. **Figure 1 demonstrates a substantial deterioration in service user satisfaction amongst respondents between 2017 and 2021.** 214 people answered this question in 2017 and 284 answered in 2021.

Figure 1. Comparison of overall service rating for NHS Tayside Mental Health Services between 2017 and 2021



The percentage of respondents giving the service a favourable rating (i.e. *good, very good* or *excellent*) fell from 58% to 36% over the four-year period. The percentage of people rating the service as "*poor*" rose from 14% to 21% and those rating it as "*very poor*" rose from 9% to 20%. This deterioration in service user satisfaction is in keeping with the downward trend shown in Table 3 below and with the very low levels of confidence expressed in the system as detailed in section 4. above.

Figure 2 displays the results for "*Who has helped you the most with your mental health challenges*" and shows that CPNs, psychologists and psychiatrists ranked well below "*family*", "*friend*" and "*other*" by respondents in both 2017 and 2021. The "*please expand if you wish*" comments of the 2021 survey show that GPs and charities were prominent in the "*other*" category.

Figure 2. People who provided the greatest support to survey respondents in 2017 and 2021

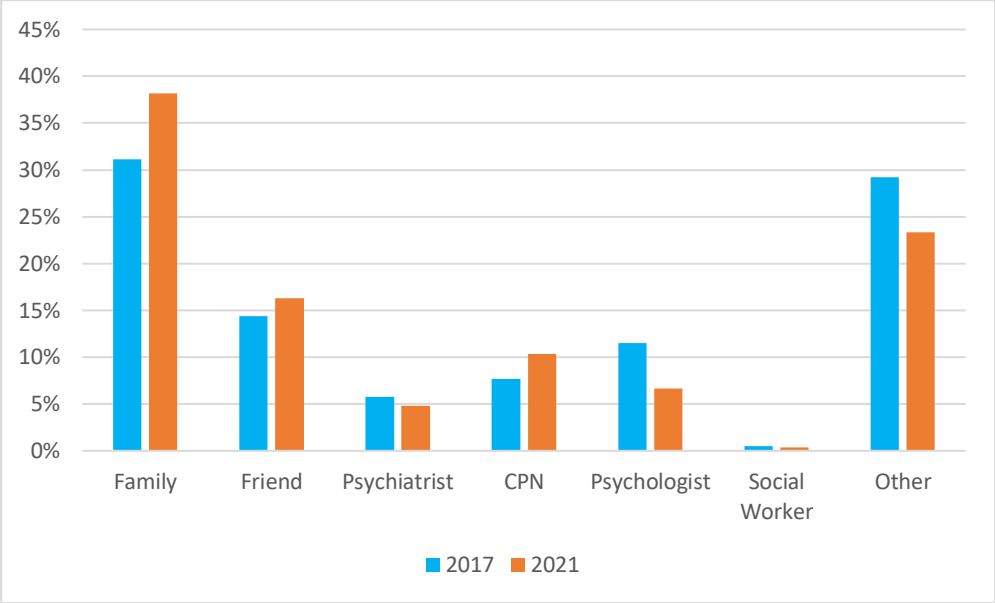


Table 3 compares the results for the 22 questions with yes/no based answers. The questions in the table are divided into the four different areas of the service that they address: psychiatrists, inpatient stays, CPNs and medication. The final question in the table applies to the service as a whole. The central column illustrates the change in the percentage of respondents who answered "*yes*" to each question. The width of the arrow in each row depicts the magnitude of the change between 2017 and 2021. **The striking dominance of downward arrows in this table portrays a substantial deterioration in respondent satisfaction with many different elements of the service over the four year period. The areas of mental health care showing the greatest deterioration are inpatient stays and patient relationships with their psychiatrists and CPNs.** These components of the service are dealt with separately in sections 4.2.2 to 4.2.4 below.

4.2.2. Comparison of inpatient stay results

Responses to key questions about inpatient care revealed the most pronounced changes in respondent experience when compared with the 2017 survey. **The percentage of patients answering "*no*" to Q17 "*Overall, would you say your stay in hospital aided your recovery?*" rose from 8% in 2017 to 51% in 2021. There was a similar change with Q16 "*When you were in hospital did you feel safe?*" with those answering "*no*" increasing from 14% to 50%.** There was a less steep, but still substantial rise, 33% to 52%, in those answering "*no*" to Q22 "*When you were in hospital, were you given the opportunity to talk about how you were feeling?*"

Many respondents provided the dates of their hospital stay(s). This allowed us to isolate the data for the people who had been inpatients since the publication of *Trust and Respect* from the rest of the 2021 respondents who answered these three questions (Q16, Q17 and Q22). The results for the 27 respondents with recent inpatient stays are presented separately in Table 3 and are highlighted in blue. **We isolated the data for these recent patients to look for indications that the inpatient experience had changed as a result of the Inquiry. For Q16 and Q17, the results were not improved by reducing the data set to just the recent**

inpatient stays. Responses to Q22 indicate that the recent patients had been given more opportunity to talk about their feelings whilst in hospital than the remainder of the 2021 respondents who'd had hospital stays. However, when compared with the 2017 responses for the same question, there was no indication of improvement over the four year period.

The availability psychological therapies during inpatient stays was an emergent theme from the comments and is addressed below in section 4.4.1.2

We searched the comments for feedback that gave an indication of the quality of care received in hospitals across Tayside. For comments that applied just to Murray Royal (Perth & Kinross) and just to Carseview (Dundee), the ratio of positive to negative was 1:6. Many respondents explained that the environment at Carseview was not conducive to recovery, describing it as "*cold*", "*like prison*" "*isolated*" and without access to safe outdoor space. We received three times as many comments about Carseview as we did about Murray Royal. Feedback about Stracathro (Angus) was limited since the mental health inpatient facility (Mulberry Unit) there closed in 2017. We received comments from three respondents concerning the quality of care received at Stracathro, all three gave positive feedback.

Other than for the three inpatient stay questions, it was not possible to segregate the data presented in Table 3 into pre and post *Trust and Respect* data. This is because the answers given were not based on experiences that took place within clearly specified dates. Section 4.3 below explains that there was a degree of data overlap between the 2017 and 2021 surveys.

4.2.3 Comparison of psychiatrist results

In both surveys, we asked our respondents if they had seen the same psychiatrist at each of their last three appointments. In 2017, 73% answered *"yes"* to this question, but by early 2021, this figure had fallen to 43%.

The change in this figure is unsurprising given that Strang (2020; Appendix H) reported that permanent post vacancies in general adult psychiatry (GAP) had risen from two in June 2018, to five in September 2018 and then to eight in June 2019. On April 1st, 2021, as this survey drew to a close, The Courier reported that 14 permanent GAP positions were unfilled and being covered by locums at an additional cost to the NHS of £11.3 million over the last four years (The Courier, April 2021).

Many of our respondents described the difficulties that this lack of continuity in psychiatric care had caused them. They explained that new psychiatrists would often suggest medications or therapies that had been tried before without success. Patients expressed their frustrations at being told that altering their medication was considered a last resort due to service limitations for follow up and monitoring. Some respondents complained that they'd had a series of psychiatrists, all of whom had held contradictory opinions about their diagnosis and treatment. Some respondents stated that continually having to explain their condition and case history to a new person was exhausting and re-traumatising. Many related experiences of just reaching the point where they felt they could "*open up*" to their psychiatrist, only for him/her to be replaced. Many others lamented the fact that they never saw one person for long enough to build trust and confidence in them. Three of our respondents stated that they had been able to consistently see the same person for several consecutive appointments and all stated that this had made a "*huge difference*" to them.

Table 3. Identical and comparable survey questions from 2017 and 2021

Question wording 2017	Yes	Yes, to some extent	no	Change in Yes answers	Yes	Yes, to some extent	no	Question wording 2021
Q10 The LAST time you saw a psychiatrist did they listen in a way which you felt understood?	41%	35%	24%	Down 16%	25%	37%	38%	Q8 When you were treated by a psychiatrist, did they listen in a way which you felt understood?
Q11 Did you have trust and confidence in the psychiatrist you saw?	41%	35%	24%	Down 15%	26%	33%	42%	**Q9 Did you have trust and confidence in the psychiatrist you saw?**
Q12 Did you bring up suggestions about what might help in your treatment and recovery when you met with your psychiatrist?	69%		31%	Down 18%	51%		49%	Q10 Did you suggest what might help you to your psychiatrist?
Q13 Has your diagnosis been discussed with you in a way that you understood?	37%	42%	22%	Down 7%	30%	40%	31%	**Q12 The diagnosis you have been given, has it been discussed in a way that you understood?**
Q14 The last 3 times you had an appointment with a psychiatrist, was it with the same psychiatrist?	73%		27%	Down 30%	43%		57%	**Q13 The last 3 times you had an appointment with a psychiatrist, was it with the same psychiatrist?**
Q18 When you were in hospital did you feel safe from harm?	38%	48%	14%	Down 26%	12%	38%	50%	**Q16 When you were in hospital did you feel safe?**
				Down 23%	15%	41%	44%	Results from Q16, after removing responses relating to inpatient stays which occurred prior to the Independent Inquiry final report on 5th Feb 2020
Q17 Overall would you say your stay in hospital benefited you?	50%	42%	8%	Down 35%	15%	34%	51%	Q17 Overall would you say your stay in hospital aided your recovery?
				Down 35%	15%	31%	54%	Results from Q17, after removing responses relating to inpatient stays which occurred prior to the Independent Inquiry final report on 5th Feb 2020

Question wording 2017	Yes	Yes, to some extent	no	Change in Yes answers	Yes	Yes, to some extent	no	Question wording 2021
Q21 When you were in hospital, were you given the opportunity to talk about how you were feeling?	67%		33%	Down 19%	48%		52%	**Q22 When you were in hospital, were you given the opportunity to talk about how you were feeling?**
				Down 4%	63%		37%	Results from Q22, after removing responses relating to inpatient stays which occurred prior to the Independent Inquiry final report on 5th Feb 2020
Q23 The LAST time you saw a Community Psychiatric Nurse did they listen in a way which you felt understood?	78%	16%	6%	Down 44%	34%	30%	36%	**Q25 The LAST time you saw a community psychiatric nurse did they listen in a way which you felt understood?**
Q24 Do you bring up suggestions about what might help in your treatment and recovery when you meet with your CPN?	92% yes		8% no	Down 37%	55% yes		45% no	**Q26 Do you bring up suggestions about what might help in your treatment and recovery when you meet with your community psychiatric nurse?**
Q25 Have you been discharged by the Community Mental Health Teams in the last 5 years?	34%		66%	Up 3%	37%		63%	**Q27 Have you been discharged by the Community Mental Health Teams in the last 5 years?**
Q26 Did you agree with the decision to stop your support?	47%		53%	Down 6%	41%		59%	**Q28 Did you agree with the decision to stop your support?**
Q27 Were you given a reason as to why your support was being withdrawn?	63%		37%	Down 5%	58%		42%	**Q29 Were you given a reason as to why your support was being withdrawn?**
Q28 Were you involved in discussions leading to the decision to withdraw your support?	63%		37%	Down 23%	40%		60%	**Q30 Were you involved in discussions leading to the decision to withdraw your support?**
Q29 Did your CPN give you the names of other organisations who may help you?	30%		70%	Up 14%	44%		56%	**Q31 Did your community psychiatric nurse give you the names of other organisations who may help you?**

Question wording 2017	Yes	Yes, to some extent	no	Change in Yes answers	Yes	Yes, to some extent	no	Question wording 2021
Q30 Do you take medications for your mental health problems?	75%		25%	Up 4%	79%		21%	Q32 Do you take medications for your mental health issues?
Q31 The last time you had a new medication prescribed for you did you feel you had a choice in this matter?	39%	38%	23%	Down 3%	36%	38%	26%	Q35 The last time you had a new medication prescribed for your mental health issues, did you feel you had a choice in this matter?
Q32 Was the purpose of this medication explained to you before you started taking it?	51%	39%	10%	Down 14%	37%	46%	17%	**Q36 Was the purpose of this medication explained to you before you started taking it?**
Q33 Were you told about possible side effects of the medication before you started taking it?	29%	31%	40%	Down 1%	28%	27%	45%	**Q37 Were you told about possible side effects of the medication before e you started taking it?**
Q34 Were you told about the potential weight gain of specific medications before you started taking it?	32%		68%	Down 1%	31%		69%	Q38 Were you told about the potential weight gain of specific medications before you started taking it?
Q35 Were you given a leaflet or informed you could see a dietician to help prevent the weight gain?	15%		85%	Down 6%	9%		91%	Q39 Were you given a leaflet or informed you could see a dietician to help prevent the weight gain?
Q37 Would you say you have choice and control in decisions about your NHS mental health care and treatment?	17%	50%	33%	Up 3%	20%	36%	44%	Q41 Did you have choice and control in decisions about your NHS Tayside mental health care and treatment?

Percentages shown are rounded to nearest whole number. Percentages for each question may therefore add up to 99% or 101%.

The 2017 and 2021 surveys both featured three questions (Q8, Q9 & Q10) about the levels of trust, confidence, constructive communication and understanding within the patient-psychiatrist relationship. The percentages of respondents who answered "*yes*" to these three questions fell between 15% and 18% over the four year period.

Our results echo the findings of the recent Health Improvement Scotland *Review of Adult Community Mental Health Services, Tayside*. Referring to the dominance of locums in the service, the report stated, "*this is not sustainable and we are concerned about the negative longer-term impact and risks this has on staff wellbeing and patient care*" (HIS, 2020; p8). The report continues "*the shortage of senior permanent medical staffing and leadership had not only significantly impacted on staff morale and relationships with colleagues, but has also led to gaps in key organisational learning and continuity of care for individual patients. **Teams told us that people receiving services were unhappy at the regular changes in locum doctors. We were also told that decisions with regard to medications, diagnosis and care planning could change frequently and had at times been unhelpful and had a detrimental impact on the person receiving care***" (HIS, 2020; p30).

4.2.4 Comparison of community psychiatric nurse results

Two survey questions addressed the quality of communication between patients and their CPNs. **The percentage of respondents answering "*yes*" to Q25 *"The LAST time you saw a community psychiatric nurse did they listen in a way which you felt understood?"* fell steeply from 78% to 34% between 2017 and 2021. There was a similar decline in the "*yes*" responses to Q26 *"Do you bring up suggestions about what might help in your treatment and recovery when you meet with your community psychiatric nurse?"* which fell from 92% to 55%.** The percentage of people who felt they were involved in the decision to stop their CPN support declined by 23%.

This breakdown of understanding between respondents and their CPNs is gravely concerning. It is beyond the scope of this broad survey to provide an in-depth analysis of the variables at play. However, we did receive some comments from respondents, including some who worked in NHS Tayside Mental Health Services, that appear to offer at least a partial explanation. Respondents stated that CPN caseloads were very high and that CPNs were under pressure to discharge patients due to "*throughput*". Concerns were strongly expressed about the safety of this situation both for CPNs and for their patients. Respondents stated that the situation was exacerbated by the fact that there were so few permanent psychiatrists in place to support the work of the CPNs.

Figures from ISD (2019b) reveal that NHS Tayside's spending on community mental health, as a proportion of its total mental health spend, is low relative to that of other Health Boards in Scotland. In 2017/18 Tayside spent 31% of its mental health budget on community mental health, whilst the average for all Health Boards in Scotland was 37%. **Tayside had 34.6 community mental health nurses per 100,000 population in 2017/18 which was well below the average of 49 per 100,000 population, across all Health Boards in Scotland. These figures help to explain the comments we received about excessive caseloads.** We were unable to find more recent figures.

In the interests of balance, it is worth highlighting that in Figure 2 above CPNs scored slightly (2.7%) better in 2021 than they did in 2017 on the question of who helped our respondents the most with their mental health challenges. CPNs scored better in both surveys than psychiatrists, psychologists and social workers on the same question.

4.2.5 Comparison of medication results

As shown in Table 3, answers for comparable questions about medication varied very little between 2017 and 2021. The greatest change was in the percentage of those answering "*yes*" to Q36 "*Was the purpose of this medication explained to you before you started taking it?"* which declined by 14%. We included questions about the length of time patients had been taking their mental health medications and the number of medications they took in the 2021 survey. These will add further comparable data for future surveys.

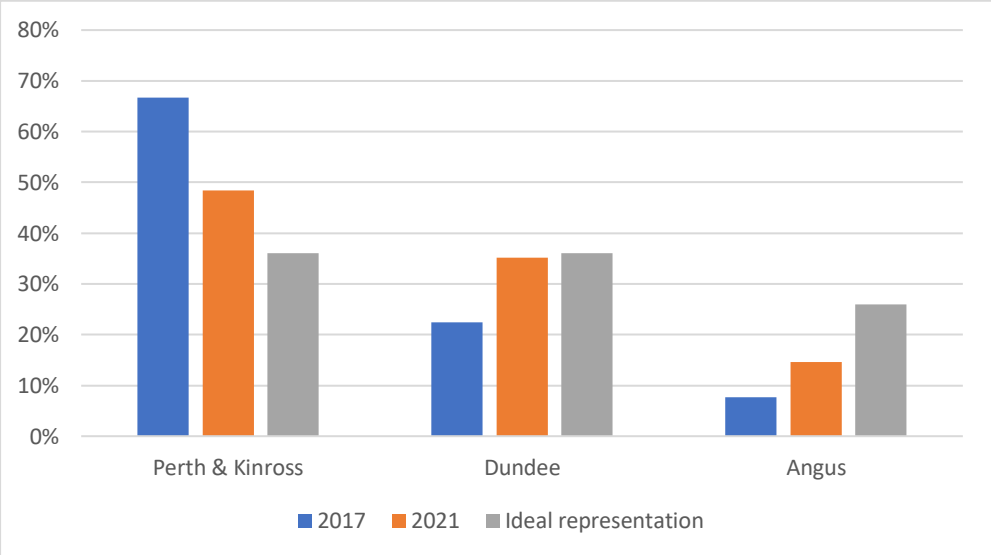
The comments revealed that a large number of respondents felt there was a problem of overprescribing within Tayside Mental Health Services. This topic is dealt with in section 4.4.1.6, alongside the other themes that emerged from the respondent comments.

4.2.6 Comparison of geographic distribution of respondents

Figure 3, the residential location bar chart, shows how our respondents were distributed across the three Local Authority areas in 2017 and 2021. The right hand (grey) bar for each location shows the percentage of the entire population of Tayside living in each Local Authority area (NHS Tayside, 2021). The grey bar shows what our results would look like if we had achieved perfect geographical representation.

It is clear that the 2021 survey achieved a better geographic spread than the 2017 PLUS Perth survey. Increased promotion in the media and involving Dundee Healthy Minds Network and Angus Voice in the survey are the primary reasons for this improved result. **Nevertheless, Angus remains under-represented and Perth & Kinross over-represented.** This result will be borne in mind when deciding upon methods for promoting future surveys.

Figure 3 Percentage of survey respondents living in each Local Authority area



4.2.6.1 Regional variations in service user experience

Given the concerns outlined in section 1.1 about the negative impact that the centralisation of services to Dundee might have on the rest of Tayside, we looked for indications of service user experience varying according to place of residence. We segregated the overall service rating data from Q40 according to Local Authority and the results are displayed in Figures 4, 5 and 6. These results are based on the 272 people who responded to both the service rating question

and the area of residence question in 2021. Of these, 94 lived in Dundee, 136 lived in Perth & Kinross and 42 in Angus.

This segregation revealed that in 2017 respondents in Dundee were least satisfied with the service, with 31% of respondents rating it either "*poor*" or "*very poor*" compared to 21% of respondents in Perth & Kinross and 16% in Angus. By 2021 the proportion of respondents rating the service "*poor*" or "*very poor*" had risen to 44% for Dundee, 43% for Perth & Kinross and 29% for Angus.

Figure 4. Overall service ratings in 2017 and 2021 for Angus

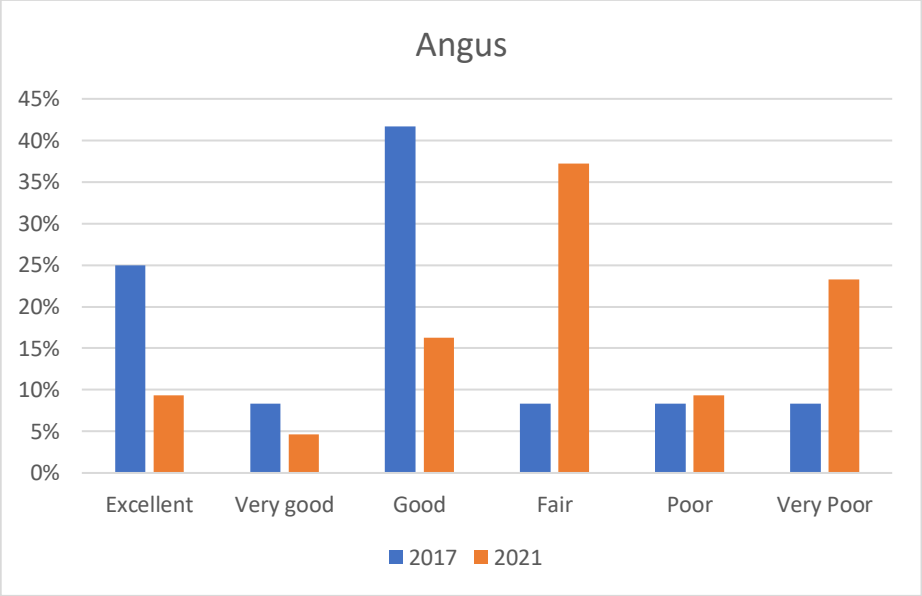


Figure 5. Overall service ratings in 2017 and 2021 for Perth & Kinross

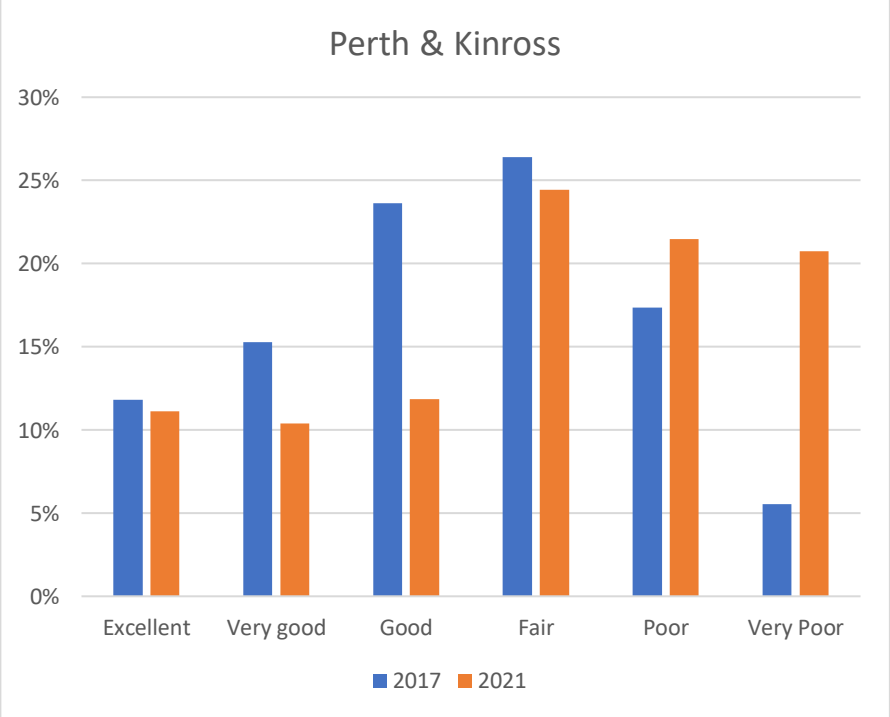


Figure 6. Overall service ratings in 2017 and 2021 for Dundee

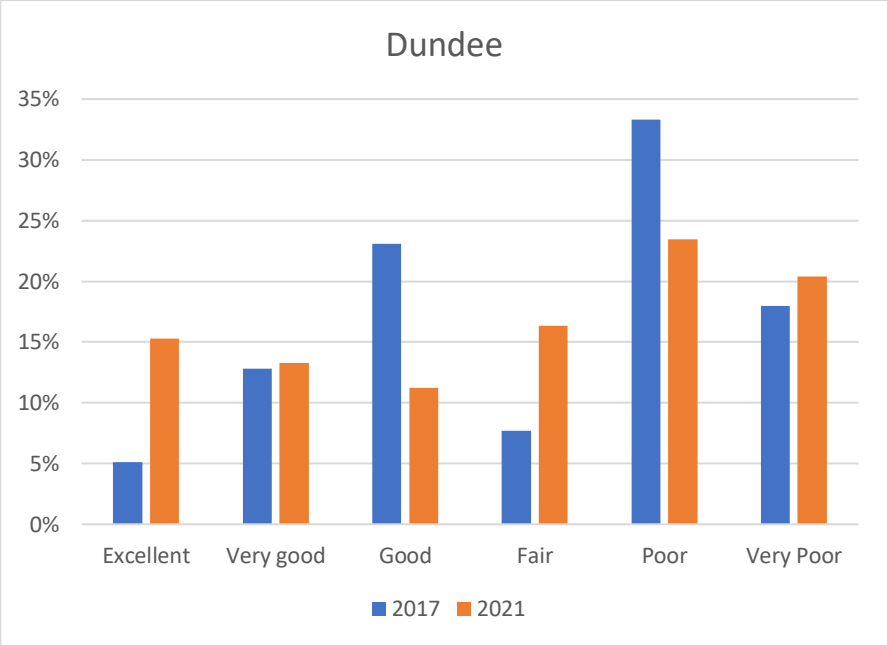


Table 4 shows the segregated 2021 results for the 278 people who responded to both Q43 "*How confident are you in NHS Tayside looking after your mental health if required*" and Q50 "*Which part of Tayside do you live in*? Of these, 104 lived in Dundee, 134 lived in Perth & Kinross and 40 in Angus. The confidence question was not in the 2017 survey.

Table 4. Level of confidence in NHS Tayside Mental Health Services expressed by respondents living in each Local Authority area in 2021

	Highly confident	Fairly confident	Not confident
Dundee	17%	29%	54%
Perth & Kinross	13%	28%	59%
Angus	10%	27.5%	62.5%

The results for the confidence question, whilst poor throughout Tayside, are better for Dundee than for Perth & Kinross and worst for Angus. As shown in Figure 3, residents of Angus are under-represented in this survey. Whilst we cannot, with confidence, extrapolate the results from a sample of 42 or 40 to the entire Mental Health Service user population of Angus, **the results offer no reassurance that the centralisation has not had a detrimental effect on the residents of Angus. A similar deterioration in service user confidence and satisfaction is evident amongst the residents of Perth & Kinross, who are better represented in this study with 136 and 134 people answering Q40 and Q43 respectively. Service user satisfaction amongst Dundee respondents did not deteriorate as much as in the rest of Tayside over the four year period.**

Regional variation in service user experience has been reported by several other sources. In June 2021, the Mental Welfare Commission for Scotland (MWCS) reported on an announced virtual visit to the Mulberry ward at Carseview on April 6th 2021. **Their report on this visit stated, "there is an inequity in service provision as a seven day community service is not available in Angus unlike in other parts of Tayside"**. The team conducting the visit "*were*

told that the lack of a fully functioning crisis resolution and home treatment team (CRHTT) in Angus has an impact on discharge planning, and leads to some patients remaining in the ward for longer than is necessary". The report continued "*if the CRHTT service in Angus was fully operational, these patients could be discharged promptly with the relevant support"* (MWCS, 2021, p5). **The authors emphasised the fact that despite this issue being raised repeatedly, by different authorities, over several years, the problem remained.** The matter was previously raised by HIS (HIS, 2018; p6) (HIS, 2020; p21). The Independent Inquiry final report stated, "*there has been detriment to patients discharged from Carseview Centre to the Angus community who did not receive adequate intensive home treatment or supported discharge*" (Strang 2020; section 4.44). **The MWCS report, published in mid-June 2021, states *"the Strang review also highlighted that the plan had been to expand community mental health services in Angus to a seven day service starting from January 2020, but that this has still not happened"*** (MWCS, 2021; p5).

4.3 Data overlap

In presenting these data comparisons for the 25 repeat questions in the two surveys, it is important to declare that a small minority of our 2021 respondents included descriptions of experiences that they stated had occurred prior to the 2017 survey. In addition, some respondents did not provide sufficient information for us to judge the recency of the experiences on which they were basing their answers. Through careful scrutiny of the information in each of the 403 survey forms, we estimate that between 5% and 10% of answers were based on experiences that pre-dated the 2017 survey. For a further 15 to 20% of our 2021 respondents, we were unable to obtain clarity about the time period that their answers reflected.

There is therefore a modest degree of overlap in the time periods that these two surveys encompass. For this reason, we acknowledge that the arrows depicting increases or decreases in "*yes*" answers in the range of 0-10% may not represent significant changes. However, even taking the above factors into consideration and discounting the questions with 0-10% arrows, **Table 3 still conveys essentially the same message. It illustrates an unmistakable and deeply concerning downward trend in most indicators of service user satisfaction over the four year period and it echoes the service rating results in Figure 1 and the figures for confidence levels in the service detailed in section 4 above.**

4.4 Comment responses

The remainder of this results and discussion section focuses on the comments that accompanied the multiple choice answers. **Before presenting these comment results, it is important to state that respondents who rated the service poorly were more inclined to enter additional comments on their form than those who rated the service favourably.** Whilst just over a third (36%) of respondents gave the service a "*good", "very good"* or *"excellent"* rating, negative comments outweighed positive comments by more than 5:1. The balance of praise and criticism in the comments is explored further in section 4.4.3.

It became clear, from the very early stages of data analysis, that the experiences our respondents described had many common themes. Many topics and difficulties were separately raised by large numbers of respondents. Some of the themes that repeatedly featured in the comments,

for example how respondents felt about not being able to regularly see the same psychiatrist, were matters that the multiple choice questions had directly addressed. **In addition, many topics that we had <u>not</u> sought feedback on through the survey questions were frequently and consistently raised by respondents. These themes are important in that they reveal what service users really wanted to share with us and the remainder of this section elucidates them.**

4.4.1. Emergent comment themes

Comments about matters that our survey questions had not addressed (for example waiting times) were collated according to the theme they addressed. Throughout this report, these topics that were not addressed by our survey questions but featured repeatedly in the comment sections, are referred to as **emergent themes** or **emergent topics**. **If the emergent topic was separately raised by ten or more respondents, we created a comment table for it.** The comment tables featured the quotes on the topic made by different respondents, together with any evidence that we had used to attribute each quote to the Inquiry Review period (February 2020 onwards). Each respondent had their own code number, allocated by SurveyMonkey, so we labelled respondents by these codes in the tables. We did this in order to make it easier for the Inquiry Review team to use the raw data to verify that the collated comments came from different respondents (rather than from just a few respondents repeating the same issue many times within their own form). Seven such comment tables were submitted to the Inquiry Review team on 10th May, each showing how many different respondents had raised the same topic.

The comment tables cannot be included here, since they contain hundreds of direct quotes from respondents. Therefore, a major challenge with this report, is to effectively convey the obstacles, the frustrations, the fear, the despair and the gratitude that our respondents expressed in relation to their care, and the lessons therein, whilst protecting the confidentiality of all respondents and staff concerned. To this end, **the seven comment tables created for the Inquiry Review have been replaced in this report by sections 4.4.1.1 to 4.4.1.7**. Although these sections cannot contain the enlightening details of what went right or what went wrong in the individual cases, they do reveal patterns that could help inform decisions about where improvements should be made to the service. The number of respondents that raised each of the emergent theme is given under each theme.

4.4.1.1 Emergent theme 1: Poor service response to expressed suicide risk

Many respondents in the survey described their attempts to seek urgent help from GPs and Mental Health Services whilst experiencing suicidal feelings and/or following failed suicide attempts. Other respondents provided details of their attempts to get help for suicidal relatives or friends. The majority of these comments describe patients and their families feeling "*desperate*" and "*begging*" for help. Most of these respondents stated that they felt "*dismissed*" or were "*turned away*", sometimes repeatedly, by the services they reached out to. Four disclosed that the patients concerned went on to attempt, and in some cases complete, suicide. Of the 16 respondents who explained their attempts to get help for a suicidal person (whether themselves or a loved one), only one person felt that they had experienced an appropriate response from the service. Nine out of these 16 incidences had occurred since the publication of *Trust and Respect*. (The completed suicides mentioned in the comments were inpatient suicides, of unknown date).

These comments are of great concern given that suicide rates for Tayside are high compared to the rest of Scotland. **Official figures reveal that Dundee has the highest suicide rate of any local authority in Scotland with 23 deaths per 100,000 population compared to the Scotland average of 13.9. The rate for Tayside is 16.5 per 100,000 population.** These rates were calculated by the Scottish Public Health Observatory (ScotPHO, 2020) using their 2015-2019 data.

Health Improvement Scotland's *Review of Adult Community Mental Health Services in Tayside* identified failings in the help given to people in crisis situations and in risk assessment procedures. HIS (2020; p20) reported **"***our findings from this review confirm that there were clear variations in the help, care and support available to people in crisis in Tayside and although we did find examples of good crisis care***, *we saw that many people had poor experiences due to challenges accessing the service when they needed a response".*** The review report stated, on page 18, "*the quality and consistency of documented risk assessments were also variable. There was a lack of clarity as to who had completed or been involved in the completion of the risk assessments".*

4.4.1.2. Emergent theme 2: Scarcity of psychological therapy during inpatient stays

The absence of talking therapies and meaningful activities during hospital stays was raised by many respondents. Most of the 30 respondents who described their inpatient stays complained about the absence of therapeutic support. Two patients (neither of whom indicated the recency of their stay) complained that they had been left alone without food for days (one for three days, the other for two days) without staff realising. Eleven of these 30 respondents had been inpatients since the publication of *Trust and Respect*. Eight respondents described being left alone in their rooms all day and only seeing a psychiatrist briefly, once a week to discuss medication adjustments. A few respondents left positive feedback about members of hospital staff, describing them as "*supportive*". However, in common with the greater numbers of respondents who felt staff were "*uncaring*", "*dismissive*", or "*apathetic*", they highlighted the problem that staffing levels did not allow for conversations with patients lasting more than a few minutes.

This emergent theme is reflected in recent reports on announced ward visits by the MWCS. The 6th April 2021 visit to the Mulberry Ward at the Carseview Centre (MWCS 2021; p4) highlighted the issue of availability of psychological therapies for inpatients. Whilst they did encounter many examples of good practice during the visit, the authors state that ***"the main deficit in the ward is the lack of availability of clinical psychology"***. The authors note "*from file reviews we could see that there were a number of patients who could clearly benefit from input with the clinical psychology service*". ***The report stated that there were "patients who are not able to access clinical psychologist support"*** and the authors were *"advised that a proposal for developing dedicated psychology input into the service was being prepared*". A MWCS report on a visit to the Moredun ward at Murry Royal Hospital noted *"**the ward should have dedicated clinical psychology input, with 0.5 of a psychology post attached to the ward. Unfortunately this post is currently vacant** but it is hoped that this can be filled in the near future*" (MWCS, 2020; p3).

In the Inquiry Progress Report Strang (2021; section 5.7) states that "*there has been good progress on improvements to inpatient services across NHS Tayside since the publication of the Trust and Respect report*" and that when it comes to resourcing "*there is still a focus on inpatients/ hospitals rather than on developing community mental health services*" (section 2.42) **However, the report does not make any mention of the availability of psychological therapies to inpatients.**

4.4.1.3 Emergent theme 3: Patients being promised follow up that did not materialise

Of the 23 respondents who complained about lack of follow up, half were describing post *Trust and Respect* experiences. The follow up complaints we saw most frequently in the comments were, in descending order of frequency:

1) promised medication reviews not occurring
2) patients being discharged from hospital without a care plan or any guidance/advice
3) patients that were promised phone calls or told they would receive appointment letters in the post not receiving them
4) patients being dropped from the service simply because the professional who had been treating them left the service
5) patients being placed on online courses as a mode of treatment, assured that their course responses would be monitored and that they would receive follow up, but not hearing from the service again

Both Strang (2021) and HIS (2020) reported on some of the likely reasons why this theme emerged from our survey. Strang (2021) noted that *"medical staffing shortages in CMHTs* [Community Mental Health Teams] *were not communicated to primary care and instead patients were simply told appointments were cancelled with no explanation or indication of when they may be rearranged".* In their review of Adult Community Mental Health Services in Tayside, HIS found that "*There was no systematic monitoring or review of open cases.* ***We saw examples where people were waiting for an appointment to see a psychiatrist but if one was not available, they were not offered a follow-up appointment or alternative support***" (HIS, 2020; p17). The review report also stated *"staff in the CMHTs and the CRHTT* [Crisis Resolution and Home Treatment Teams] *and HTT* [Home Treatment Team] *did not participate in ward meetings.* ***This meant that they did not contribute to the care planning and support for early discharge or make arrangements for people planning to return home****.* ***This was a concern as it meant that there was a limited contribution to planning and evaluation of people's care in preparation for discharge****. There was no structured mechanism in place for discussion between the CMHT and the inpatient team"* (HIS, 2020; p24).

As highlighted in section 4.2.6.1 above, **Angus does not have a seven day community service, and this appears to be reflected in the comments we received about follow up.**

4.4.1.4. Emergent theme 4: Excessive waiting times to access services

It was clear from the comments that having to endure a long wait to access services was a common problem. 34 respondents expressed difficulties with their waiting times. People voiced that they felt "*abandoned*" and characterised their wait as "*unacceptable"* "*very hard so far*" and "a *long painful slow process*". Many did not specify the length of their wait. Of

those that did indicate duration, most had waited a year or longer, six of whom had waited two years or longer.

HIS (2020; p15) reported waiting times of similar length for some patients and noted that they varied according to geographical area. "*The review team was concerned that waiting times for access to assessment were dependent on the geographical area. Depending on where someone lived, they could be seen as much as 10 weeks earlier than others, which is clearly inequitable*".

We looked at whether our respondents waiting times had varied according to where they lived. Of the 30 people who had complained about their wait (and told us where they lived), 18 were from Perth & Kinross, 9 from Dundee and 3 from Angus. Given that the ratio of respondents in this survey for was 7:5:1 (P&K:D:A), this may indicate that waiting times for Dundee are better than for Perth & Kinross and Angus. However, the sample size is much too small to conclude that this is the case and including a multiple choice question in future surveys will generate more useful data.

On page 16 the HIS (2020) report continues **"*The longest internal waiting times – up to a year in some instances – were for OT* [Occupational Therapy], *clinical psychology and psychiatry. There was no robust process to capture, monitor, analyse or discuss waiting times for the commencement of treatment or intervention*".** Strang (2021; section 5.25) notes in his Inquiry Progress Report that waiting times for CAHMS were "*much improved, aided by the use of the external online HEALIOS service*" and states that "*at the time of writing, 85% of referrals to CAMHS are seen within the 18-week target waiting time*". However, in section 5.30 Strang states "*the creation of a neurodevelopmental hub has not been achieved despite funding being made available. This is disappointing as there is a significant increase in young people being referred for assessment on the Paediatric Neurodevelopmental Pathway. These young people and their families are currently waiting an unacceptably long time (more than 6 months in some cases) to be seen*".

4.4.1.5. Emergent theme 5: Difficulty in accessing support prior to, or during, a mental health crisis

In the interests of clarity, this theme excludes all comments that described seeking help from the service for someone expressing suicidal intent, as these are dealt with separately, under their own theme (section 4.4.1.1) above. Thirty four respondents provided comments about their experience of trying to access support from the service at a time of heightened need. Over half of these respondents were describing experiences that are known to have occurred after *Trust and Respect*.

Seven of these 34 respondents' experiences were neutral or positive, and three of these seven were recent. One respondent who had moved to Tayside from elsewhere in the UK stated the care they received from Tayside was superior to their previous NHS care.

The majority, (27) of the respondents described very unsatisfactory experiences and almost all related stories of repeated, fruitless attempts to access support. Six of these respondents stated that help was only accessible once the condition they were seeking help for had culminated in a crisis. Some of these crises had required hospitalisation of the patient. One respondent related having been told, by the NHS Tayside professional that they consulted, to go away and wait for a crisis to emerge, as this was the only way help could be accessed.

Several respondents explained that they had moved from another Health Board area in Scotland to Tayside and in doing so experienced a much lower level of care and support.

More than half of the respondents who left negative comments under this theme, stated that even when in crisis, they were still not afforded help. Thirteen respondents stated that they had resorted to paying privately for help because they could not get help through the NHS. Four of these respondents specified that they saw a private psychiatrist, two saw a private psychologist, four saw a private counsellor and three did not specify.

The report on the recent HIS *Review of Adult Community Mental Health Services, Tayside, January – March 2020* sheds some light on this theme, highlighting the fact that **"*the* [mental health] *needs of the population have changed with the expectation of the service fundamentally changing in response to this*"**. It states "*in particular, all CMHTs' remit seems to have widened from "severe, complex and enduring mental health problems" to include 'moderate' level of needs, with many more referrals for people with mild/moderate distress and emotionally unstable personality disorders*" (HIS 2020; p13-14). However, it is important to state that the word *"mild"* does not reflect the level of distress conveyed by respondents in their comments under this theme. It is clear from our survey and from the HIS review that this "*expectation of the service fundamentally changing"* is not being met. The review report also states (as quoted above under the suicide theme) "*our findings from this review confirm that there were clear variations in the help, care and support available to people in crisis in Tayside and although we did find examples of good crisis care**, we saw that many people had poor experiences due to challenges accessing the service when they needed a response"*** (HIS 2020; p20).

4.4.1.6. Emergent theme 6: NHS Tayside strongly favouring medication as a primary, and often sole, means of treatment for mental health conditions

Many of the people who left comments shared the view that NHS Tayside has a strong tendency to favour medication, often to the exclusion of all other forms of mental health treatment. **Twenty respondents complained that medication was the only form of help they were offered, despite making it clear that what they were seeking was either talking therapies alone, or a combination of medication and talking therapies**. Respondents described feeling "*fobbed off*" with medication that didn't help them. Several stated that the professionals treating them were under the mistaken impression that patients were "*all good*" because they were being medicated. Four respondents disclosed that they were "*put under a lot of pressure*" or "*forced*" to take the medication, two of whom described being pinned down and injected whilst an inpatient. There were a few comments about medications being used to modify patients' behaviour on wards in order to make it easier on the overstretched staff.

Whilst these comments about medication, choice and control come from relatively small numbers of respondents, they are clearly an elaboration on the multiple choice answers (displayed in Table 3) that were supplied by far greater numbers of respondents. Many respondents felt they had little or no say in decisions about the medications, or other forms of treatment, they received. **A quarter (64) of the 246 people who answered Q35 "*The last time you had a new medication prescribed for your mental health issues, did you feel you had a choice in this matter?"* said "*no*". Of the 282 respondents who answered Q41 "*Did you have choice and control in decisions about your NHS Tayside mental health care and***

treatment?"* 124 (44%) said *"no". (33% of 218 respondents had answered "*no*" to this question in 2017).

A National Statistics report published by ISD (2019a) provides context to these survey responses. It states that throughout Scotland *"the dispensed volume of antipsychotics, antidepressants, drugs for ADHD and drugs for dementia has been steadily increasing over the past ten years"* and it compares prescribing across the different Health Boards in Scotland. **For antipsychotics and ADHD medications, Tayside was well above average for Scotland in 2018/19. It prescribed more ADHD medication per 100,000 population than any other Health Board in Scotland (p28) and more antipsychotics per 100,000 population than all but one other Health Board. (p20).** Antidepressant and dementia medication prescriptions in Tayside were average compared to other Health Boards in Scotland (p24).

In their mental health strategy, *Living Life Well* NHS Tayside (2021a; p113) **confirms that the concerns raised by our respondents are reflective of reality. It states, "*there is a growing recognition over-prescribing needs addressed. With the correct investment and cooperation by public partners, we will create a supportive system in which medication use is part of a recovery landscape and people can fully participate in the decisions that affect their care".***

The results of this survey indicate that there is a very long way to go towards achieving this ambition. Our future surveys will collect data to monitor progress towards this culture change.

4.4.1.7 Emergent theme 7: Services not catering to the communication needs of autistic patients and deaf patients

Twelve respondents raised the topic of autistic patients care, all of whom complained of an absence of support. One respondent stated that the diagnosis of Autistic Spectrum Disorder (ASD) was a "*roadblock*" to avenues of treatment. **Most respondents complained that the mental health professionals they saw had "*no knowledge*", "*no experience*" or "*no understanding*" of ASD, or stated that the service did not know how to "*engage*" with autistic patients. They commented that they felt excluded by the inability of the service to communicate with patients in a manner that was cognisant of their condition.** They all described a failure of the service to cater to their distinct needs and some stated that this lack of support was giving rise to additional mental health problems. One patient had waited more than two years for an assessment. There were no comments about satisfactory, or better than satisfactory, care for autistic patients.

The 2020 HIS review of community services highlighted the high demand for specialist autism services but did not comment on the quality of the service delivered. ***The review report stated "there were lengthy waits for people to access diagnosis and treatment within subspecialist teams, in particular for ADHD and ASD".*** (HIS 2020 p25). The report on a recent virtual visit to the Mulberry ward in Carseview stated *"several patients who have recently been diagnosed with autistic spectrum disorder now have contact with a psychologist from the specialist autism service*" (MWCS 2021; p4). This may indicate that waiting times have recently reduced, at least for some inpatients.

The failure of the service to accommodate patients' additional communication needs was also raised, in smaller numbers, by deaf patients. The point was made that having a third

person in the room, in the role of interpreter, greatly affects the dynamic between professional and patient. **Respondents requested that the service take on deaf counsellors, recommending an organisation called Deaf4Deaf, which is used by the NHS in England and Wales, but not in Scotland.**

The failure of the service to engage with autistic and deaf patients is an indication that NHS Tayside still has a long way to go towards achieving the ambitions set out in their *Living Life We*ll mental health strategy which states, on page 45 "*All our staff will be supported to be highly skilled communicators, committed to partnership and collaborative working in service of person centred care, ensure genuine co-production with those who access mental health services and their carers*" and on page 11*"our redesigned mental health services will be: person centred – ensuring that individuals, their carers and families are at the centre and able to see the right person in the right place at the right time to meet their specific needs*". The comments submitted to the survey highlighted numerous other examples of the service failing to meet additional communication needs of patients, including those with profound and multiple learning disabilities (PMLD).

4.4.2 Regional variation in comments

For each emergent comment theme, we noted the Local Authority area that every respondent who left a negative comment lived in. We tallied the number of comments from each area of Tayside and combined these counts for all emergent themes, with the exception of the inpatient stay theme. **This exercise revealed that 71 of the critical comments came from Perth & Kinross residents, 29 from Dundee residents and 15 from Angus residents.** The spread of these comments across the three Local Authorities differs greatly from the geographic spread of all respondents who told us which Local Authority they lived in. For the survey as a whole, the ratio of respondents was 7:5:1 Perth & Kinross : Dundee : Angus. (We omitted the inpatient stay theme from this calculation as it seemed unlikely that a person's Local Authority would have any impact on whether they were offered psychological therapy whilst an inpatient. The ratio for the inpatient theme alone was 14:11:1, P&K:D:A).

Most of the positive comments we received under our emergent themes came from Dundee residents. The tally for positive comments over all seven themes was one for Perth & Kinross, six for Dundee and two for Angus. These positive comments came under theme 4, which concerned waiting times and themes 1 and 5 which concerned attempts to access help prior to and/or during a mental health crisis.

These ratios indicate that, on the topics most frequently raised in the comments, respondents who live in Dundee are less unhappy with the service than respondents in Perth & Kinross and Angus. This is in tune with the multiple choice results in Table 4 which show that confidence in the service, whilst low throughout Tayside, is a little higher in Dundee than Perth & Kinross and Angus.

4.4.3 The balance of critical, neutral and positive comments

The 41% of respondents who rated the NHS Tayside Mental Health Services as "*poor*" or "*very poor*" submitted a far greater volume of comments explaining the nature of their experiences than the 36% of respondents who rated the service favourably ("*good*", "*very good*" or "*excellent*"). As a result, the volume of negative comments submitted to this survey outweighed that of positive comments by a ratio of more than 5:1.

It is widely recognised that in surveys featuring open ended questions, respondents with negative experiences are "*more likely to provide comments than their more satisfied counterparts*" (Poncheri *et al*, 2008). This tendency to place more emphasis on negative experiences is known as negativity bias. As a result of the imbalance in positive and negative comments, this survey was considerably more effective in revealing themes in poor service user experience than it was in identifying commonalities in good service user experience.

Many respondents complained about a hurtful absence of respect and dignity in the way that staff had interacted with them, and several people indicated that they had disengaged from their treatment as a result. We cannot quote any of these comments for reasons of confidentiality. However, the answers (displayed in Table 3) to the multiple-choice questions about whether patients felt listened to by their psychiatrist (Q8) or their CPN (Q25), whether they felt safe in hospital (Q16) or whether their hospital stay aided their recovery (Q17) give some indication of the content of these comments, as do our seven emergent themes.

In *Trust and Respect,* Strang (2020; section 5.19) states that patients described a "*culture where the genuine concerns of patients were not taken seriously*".

Regardless of whether the respondent addressed one of our emergent themes, or some other matter, this was the common thread that permeated the majority of the comments we received. **The feeling that the patient, the carer or the relative was not taken seriously by the professionals that they looked to for help was at the core of most of the experiences related to us in the comments.**

Of those that did feel taken seriously and treated respectfully, many commented that the professional trying to meet their needs simply did not have the resources to do so. The majority of respondents clearly felt very disheartened and disillusioned by their experience of trying to get help from NHS Tayside Mental Health Services.

A minority of respondents clearly stated that they had received support from highly skilled and compassionate individuals and teams working within the service. There were many comments praising individual service providers (such as a named Doctor or CPN) and specified teams such as the IHTT. **Three respondents stated that they owed their lives to individuals working in the service. Many others commented that their quality of life had improved due to the support they had received from an individual or a team within the service.** For just these types of statements about experiences of specified individuals or teams, the ratio of positive to negative was approximately 3:2. **(**More than 60 comments were submitted regarding GP's involvement in mental health care, 50% of these were positive, 10% were neutral and the remaining 40% were negative).

The assurance we gave that only the Survey Analysis team and the Inquiry Review team would see respondents' forms did not allay fears amongst all potential respondents. We are aware, from direct feedback to PLUS Perth and Dundee Healthy Minds Network that several individuals either refrained from completing the forms at all, or from entering comments to accompany their multiple-choice answers. These individuals all expressed fears that to do so

would bring negative repercussions concerning their future care from NHS Tayside Mental Health Services.

In addition to the negativity bias described earlier in this section, we acknowledge that a second factor may have influenced the positive/negative balance of comments in the survey. The media articles publicising the 2021 survey all highlighted shortcomings in NHS Tayside Mental Health Services. The focus of these articles will likely have reassured people who'd had poor experiences of using the service that their input would be taken seriously. However, it may also have had the unintended effect of discouraging respondents with good experiences from elaborating on those experiences.

Our approaches to publicising future surveys will be improved upon, as outlined in section 7, to ensure that all service users feel encouraged to participate as fully as possible. **We recognise that identifying and understanding patterns in good service user experience is as important in helping to shape the service as identifying and understanding patterns in the experiences of dissatisfied service users.**

5. CONCLUSIONS

The results of this survey suggest that the benefits of any improvements to the service, that may have been made in response to the Independent Inquiry, are yet to be felt by most service users, their families and carers. It is extremely difficult to gauge the degree to which the COVID pandemic has impacted on progress that might otherwise have been made in this regard. In May (NHS Tayside, 2021b) and June (NHS Tayside, 2021c) NHS Tayside reported on the progress of the work involved in their Listen, Learn, Change Action Plan, stating "*service and leadership teams have taken time to carefully and realistically review the progress to date"*. These reports declared work on 34 (May) and 35 (June) of the 49 Tayside based Inquiry recommendations to be complete. **However, the Inquiry Review Progress Report has expressed considerable doubt regarding the accuracy of NHS Tayside's reporting of their own progress against the Action Plan, cautioning against the "*danger*" of "*over-optimistic reporting*". Strang (2021; Section 2.28). Given that submissions for responses to this survey closed on 11th April, just one month before the May progress report, our findings strongly suggest that NHS Tayside has indeed over-estimated the degree to which the service has improved in the wake of the Inquiry.**

Our results revealed a marked deterioration in service user satisfaction amongst respondents over the past four years, with respondents who rated the service as either "*poor*" or "*very poor*" increasing from 23% to 41%. Continuity of psychiatric care has been further compromised, with over reliance on locums meaning that only 43% of respondents had seen the same psychiatrist for their previous three appointments, down from 73% in 2017. Respondents in 2021 displayed lower levels of trust, understanding and constructive communication in their relationships with their psychiatrists and CPNs than 2017 respondents. As a consequence, 2021 respondents felt even less empowered by the mental health care they received with those answering *"no"* to Q41"*Would you say you have choice and control in decisions about your NHS mental health care and treatment?"* rising from 33% to 44% over the four year period.

Our study identified seven emergent themes based on the problems respondents commonly encountered whilst seeking help from NHS Tayside Mental Health services. These were 1) poor service response to expressed suicide risk; 2) scarcity of psychological therapies for inpatients; 3) absence of promised follow up; 4) excessive waiting times; 5) difficulty in accessing support prior to, or during, a mental health crisis; 6) NHS Tayside strongly favouring medication as a primary, and often sole, means of treatment for mental health conditions; 7) failure of the service to cater to the communication needs of autistic patients and deaf patients. **Throughout section 4 of this report, we have demonstrated that these emergent themes echo many of the findings from recent service appraisals conducted by HIS, MWSC and the Independent Inquiry team. This demonstrates that the themes are not limited to this study but are a reflection of the wider reality of the current state of mental health care in Tayside.**

Comments relating to poor service user experience outnumbered comments describing good service user experience by a ratio of more than 5:1. **As a result, this study was much more effective in identifying patterns in poor service user experience than it was at identifying and understanding patterns in good service user experiences.** Negativity bias (see section

4.4.3) is likely to have played a key role in the balance of positive and negative comments, however, survey promotion may also have influenced this. Methods of survey promotion will be improved upon in future, as described in section 7. Identifying and understanding patterns in good service user experience has a crucial role to play in helping to improve services.

The results of our survey support the warnings in the Inquiry Review Progress Report (Strang, 2021; sections 5.14 & 5.15) that community services have not been strengthened sufficiently to allow the service to safely reduce inpatient beds. The fact that, prior to the COVID pandemic, and the considerable additional demand for mental health support that has accompanied it, HIS (2020) reported **"*the* [mental health] *needs of the population have changed with the expectation of the service fundamentally changing in response to this*"** is further reason for caution in this regard.

The majority of our respondents expressed very little confidence in the ability of NHS Tayside to take care of their mental health needs. Of the 286 people who answered Q43 "*How confident are you in NHS Tayside looking after your mental health if required?"* only 14% said "*highly confident*", 28% said "*fairly confident*" and 58% said "*not confident*". **There is recent evidence that NHS Tayside mental health staff hold their employer in similarly low regard when it comes to safeguarding their wellbeing.** In order to inform the Inquiry Review, NHS Tayside recently conducted a survey of their Mental Health Service staff. Strang (2021; section 4.14) reports that the results of the survey showed that "*there is still low confidence that staff feel their ideas are listened to and acted on or that their employer is concerned about their wellbeing".* Both this report (section 4.4.3) and the Inquiry Progress Report (Strang, 2021) emphasise the fact that there are many excellent, dedicated staff working in NHS Tayside Mental Health Services. However, if these staff do not feel appreciated or empowered to perform their roles effectively, neither staff nor patient confidence in NHS Tayside Mental Health Services is likely to significantly improve and the service will remain in crisis.

The Inquiry Review Progress Report expresses concerns (in section 2.23) about the reporting of progress on Recommendation 13 from *Trust and Respect.* **Recommendation 13 urges NHS Tayside *to "Ensure that there is urgent priority given to planning of community mental health services. All service development must be in conjunction with partner organisations and set in the context of the community they are serving"*** (Strang 2020, p57). One criticism that is consistently levelled at NHS Tayside, in their attempts to consult and involve stakeholders (including their own staff) in the process of service development, is that their approach is tokenistic and does not constitute a genuine opportunity to contribute (Strang, 2019; section 4.6.5; Strang, 2020; section 3.7; Strang, 2021; sections 2.11-2.13;).

During the period that this study covers, there have been numerous examples of NHS Tayside trying to skip forward to the <u>change</u> component of a process, without properly engaging in the <u>listening,</u> and therefore the <u>learning,</u> components. The centralisation consultation process outlined in section 1 above is a well-documented example of this. Members of the SPG have recent experience of being on the receiving end of this tokenistic type of 'consultation', and for illustrative purposes we will share one example here. On page 18 of their Living Life Well strategy, NHS Tayside state "*Members of this Stakeholder Participation Group (SPG) have been involved in the development of this strategy from the outset and throughout the process*". The term "*involved*" is open to interpretation

here. In June 2020, the Interim Director of Mental Health invited SPG members to attend a virtual "scoping and engagement session" as part of Tayside's "*Mental Health & Wellbeing Strategy and Change Programme".* This two hour 'consultation' exercise constituted a very detailed 36 slide, 4,000 word PowerPoint presentation (Appendix 4), distributed on the day of the meeting. Slide 35 of this pre-prepared presentation declared "*well done*" here is "*what has been achieved today*". These 'achievements' of the meeting, which had been declared before the session began, included establishing *"clear priorities for our mental health system wide work"* and a "*shared understanding of all recommendations in the Independent Inquiry, the actions to be achieved in the change programme, and other national priorities from our Mental Health Action Tracker"* (Appendix 4). To anticipate reaching genuine understanding on such an extensive range of issues and planned actions, in a diverse group of people, within a two hour period is presumptuous and unrealistic. **Given that most of the two hours was to be taken up by the people being 'consulted' simply listening to a presentation, it is clear that NHS Tayside fell woefully short of facilitating genuine engagement and partnership working in this exercise.** The SPG scoping session was to be followed, some days later by a similar scoping session with GPs, the duration of which was to be just one hour. **The Inquiry Progress Report highlights this problematic way of working, stating that partner organisations "*felt that their opportunity to contribute to shaping the Action Plan was limited"* because "*there was insufficient time to consider the Action Plan in detail*".**

The Inquiry Progress Review (Strang, 2021; sections 1.9, 2.13, 5.5 & 5.6) found that in the process of enacting the recommendations of *Trust and Respect*, many more opportunities for listening to, learning from, and meaningfully collaborating with stakeholders have been lost. **We believe that NHS Tayside's continued failure to embrace such learning opportunities is the root cause of the very low level of service user satisfaction revealed by our survey. This report represents an important opportunity for NHS Tayside to gain a better understanding of the impact of their services on patients, their families and carers.** We sincerely hope that the time and expertise that have been heavily invested in it, by several hundred service users and by the survey team, will be valued and capitalised upon.

Strang (2021; section 4.5) states "*the three HSCPs* [Health and Social Care Partnerships] *do not have strategies for working together in the delivery of community mental health services and in conjunction with crisis and inpatient services. Each locality has remained focused on its own area*". Our survey results revealed some regional variation in service user experience across the three Local Authority areas. In the four years since the 2017 PLUS Perth survey, deterioration in service user satisfaction was greatest in Perth & Kinross. Respondent levels of confidence in the service in 2021, whilst low throughout Tayside, were highest in Dundee and lowest in Angus. **The results of this study, whilst not conclusive, suggest that in the wake of the centralisation, respondents in Dundee have been less unhappy with the service they received than respondents elsewhere in Tayside. Further surveys are needed to clarify patterns in regional variation.** Strang (2021; section 4.5) states that from the perspective of the service providers, the three Local Authority areas present similar challenges.

6. RECOMMENDATIONS FOR NHS TAYSIDE

The recommendations based on the insights gained from this study are presented in two sections. This section covers the recommendations which are directed at NHS Tayside. Section 7 presents our recommendations regarding future service user surveys.

Our recommendations to NHS Tayside centre around one word, the first word of their Action Plan: LISTEN. The recommendations are accompanied by relevant examples from this study, and from the Inquiry Review Progress Report, where stakeholders did not feel sufficiently heard, valued or involved. We implore NHS Tayside to **authentically listen**, without predetermined outcomes,

1. to their patients about how they wish to be supported and what kind of treatment they would like to access (examples - Question 41, emergent theme 6**)**
2. to the concerns and contributions of their staff (examples - section 4.2.4 paragraph 2 & Strang, 2021; sections 4.17, 4.18, & 4.20)
3. to HIS and the MWCS. As stated in *Trust and Respect*, Recommendation 12, these organisations need greater powers to enforce their recommendations, but NHS Tayside do not have to wait until these powers are granted (examples - 4.2.6.1 paragraph 5)
4. to other parts of their own organisation, so that follow up can be improved (examples emergent theme 3; Strang, 2021 section 2.40)
5. to the Inquiry Progress Report (Strang, 2021)
6. to patients who have additional communication needs, about how to effectively engage with them (examples - Emergent theme 7**)**
7. to patients, during their psychological therapy sessions (examples - sections 4.2.3 & 4.2.4)
8. to carers and family members of patients (examples – section 4.4.3 paragraph 1)
9. to this study, so that this doesn't become another missed opportunity (Strang, 2021, section 1.9). Whilst this report is lengthy and imperfect, it encapsulates 403 perspectives on the impact that NHS Tayside Mental Health Services has had, and continues to have, on the lives of its patients, their families and carers.
10. to stakeholders and partnership organisations, as per Strang, 2021, section 6, Action 5, (examples – section 1.2 & section 5 paragraphs 7-9).

We believe that until the **listening** greatly improves, the **learning** will not be meaningful and the **change** will be misguided and will continue to lead to a false sense of progress.

We recommend that NHS Tayside make a commitment to regularly receive and digest feedback from a range of stakeholders about their experiences of attempting to 'co-produce' services with NHS Tayside. Guidelines on best practice in public participation, including those produced by the National Institute for Health and Care Excellence (NICE, 2016) the National Institute for Health Research, (NIHR *et al*, 2019; NIHR, 2021) and the NHS' Health Research Authority (HRA, 2021) offer valuable guidance on improving stakeholder engagement. **As a starting point, we direct attention to HRA's Principle 3 - "*Involve those people enough*" which states "*it is important that there are shared expectations of what the role of involved people will be*"**. Much like the assertion that culture change had been achieved within 11 months (Strang, 2021 sections 2.17 & 2.18), the statement that "*we have prioritised communication and engagement so that we actively listen, engage,*

and continually develop how we work together" (NHS Tayside 2021a; p18) gives the impression of a greater level of progress than is being experienced by those involved.

We are aware that, in addition to our own survey, the Inquiry Review team were assisted by a Pulse survey that NHS Tayside conducted to canvas the views of their Mental Health Service staff (Strang, 2021; section 1.4 & 4.14). We wish to draw attention to the contrast between service users being able to submit their views to a coalition of independent organisations, with assurance of anonymity, and NHS Tayside Mental Health Services staff submitting their views to a survey conducted by their employer. **We strongly recommend that in future staff views are canvased in surveys conducted by an independent organisation rather than by their employer.**

We strongly agree with, and wholeheartedly second, David Strang's recommendation that "*the response to all* [Trust and Respect] *recommendations should be subject to some form of independent scrutiny to assess more accurately the progress that has been made*" (Strang, 2021; section 6). We believe that external scrutiny is absolutely crucial to NHS Tayside delivering a Mental Health Service that can meet the needs of the population it exists to serve.

There is potential for the survey team to play a meaningful role in future scrutiny of the service, by conducting regular service user surveys, as outlined in section 7.

7. CONSIDERATIONS FOR FUTURE SERVICE USER SURVEYS

7.1 Survey Promotion

In future, we will strive to ensure that the sample of respondents captured by our surveys is as representative of NHS Tayside Mental Health Service users as possible. We will increase publicity of the survey, particularly in Angus, to correct the issue of under representation in this Local Authority. We will endeavour to ensure that all service users feel that their input is fully welcomed, regardless of their experience. Media articles and any other promotional material associated with surveys will represent a range of service user opinions and experiences. Articles promoting the survey will not disclose any preliminary survey results.

7.2 Survey design

A number of factors led to complexities in reporting the results of this survey. The fact that survey questions did not relate to specified time periods, the large volume of comments submitted and the ambitious, broad scope of the survey all contributed to time-consuming analytical work and a lengthy report. **It is our intention to design future surveys in a manner that allows for greater transparency and more concise reporting. Future surveys will have fewer, more tailored multiple choice questions that are time specific.**

The greater the degree of transparency we achieve in our reporting of future surveys, the more useful the findings will be in helping to shape the service. The results of all the multiple choice questions can safely be made public, without the danger of exposing respondents' identities. Future analysis and reporting will focus more heavily on this shareable, quantitative data and less on the qualitative comment data.

Future studies will explore regional variations in service user experience and may omit other demographic questions, in an effort to encourage more respondents to disclose their area of residence.

Future surveys are likely to include a question which invites the respondent to indicate which specialty (or specialties) within the service they received support from (e.g. General Adult Psychiatry, Substance Misuse etc). Assuming sufficient numbers of respondents, this data will enable us to analyse and report on variations in user experience across the different specialties within NHS Tayside Mental Health Service .

The emergent themes from this survey will help us to compose questions for future surveys. In designing future surveys, we will consider how we can best gather data that will enable us to identify the common factors in favourable service user experiences.

To help inform and refine our future survey work, we will review relevant guidance on best practice regarding public involvement in health care and related research, including guidelines produced by the National Institute for Health and Care Excellence (NICE, 2016) the National Institute for Health Research, (NIHR *et al*, 2019; NIHR, 2021) and the Health Research Authority (HRA, 2021).

We shall seek input from NHS Tayside representatives as to what questions would yield the most valuable information, from their perspective. **The survey and reporting will remain**

completely independent of the NHS. However, for surveys to have a meaningful role in monitoring and shaping the service, it is important that the survey team understand the applicability of the work we will be conducting.

Future surveys will retain at least one comment section that allows for respondents to elaborate on their experiences. **Respondents to future surveys will be given the option to consent to their comments being quoted in our reports. Identifying details such as names and inpatient stay dates will be redacted from any such quotes.**

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9. GLOSSARY

ASD	Autistic Spectrum Disorder
ADHD	Attention Deficit Hyperactivity Disorder
CMHT	Community Mental Health Team
CPN	Community Psychiatric Nurse
CRHTT	Crisis Resolution Home Treatment Team (this team covers Dundee)
DVVA	Dundee Volunteer and Voluntary Action
GAP	General Adult Psychiatry
GP	General Practitioner
HIS	Health Improvement Scotland
HTT	Home Treatment Team (this team covers Perth & Kinross)
IHTT	Intensive Home Treatment Team
ISD	Information Services Division (part of NHS Scotland)
LLC	Listen Learn Change
LLW	Living Life Well
MWCS	Mental Welfare Commission for Scotland
NHS	National Health Service
PMLD	Profound and Multiple Learning Disabilities
ScotPHO	Scottish Public Health Observatory
SPG	Stakeholder Participation Group (formed during the Independent Inquiry)

10. ACKNOWLEDGEMENTS

We would like to thank everyone who participated in this survey for taking the time to share their experiences of using NHS Tayside Mental Health Services. We are grateful to each individual for the information they revealed and for their candour. Throughout our analysis and reporting we have striven to ensure that we have represented the information submitted to us accurately and objectively so that this study can play a meaningful role in helping to improve the service.

We wish to express our appreciation to the members of the Stakeholder Participation Group who helped to formulate the questions for this survey and to promote the survey to members of the public, namely; Mandy McLaren, Maureen Summers, Elinor Dowson and Ron Lindsay, Additionally, our thanks to SPG member Kate Sainsbury, who provided helpful comments on the final draft of this paper.

We are deeply grateful to David Strang and Denise Jackson for all their work on the Independent Inquiry and on the Inquiry Progress Review.

The Survey Analysis Team:

Rachel Lawrence	PLUS Perth volunteer & SPG member (Lead author & lead analyst)
Susan Scott	PLUS Perth Development Manager & SPG member
Alan Cotter	PLUS Perth Consultant and Advocate & SPG member
Lynsey McCallum	Dundee Healthy Minds Network Co-Ordinator
Colin McMillan	Chair of Angus Voice & SPG member

Please address enquires about this report to: survey@plusperth.co.uk

APPENDICIES

Appendix 1. Scottish Health Council letter to NHS Tayside concerning service redesign transformation programme

Scottish Health Council
3rd Floor, East Wing, Ashgrove House, Foresterhill, ARI,
Aberdeen, AB25 2ZA
Tel: 01224 559444

scottish health council

making sure your voice counts

Lynne Hamilton
Mental Health Programme Director and Finance Manager
NHS Tayside
East Day Home
Kings Cross Hospital
Clepington Road
Dundee
DD3 8EA

Date: 15 November 2017
Enquiries to: Emma Ashman
Direct Line: 01224 554719
Email: emma.ashman@scottishhealthcouncil.org

Dear Lynne

Mental Health Service Redesign Transformation Programme

I am writing to share the feedback received to our survey during the consultation for proposed changes to Mental Health and Learning Disability services. The proposal focuses on how and where General Adult Psychiatry (GAP) and Learning Disability (LD) inpatient services will be delivered across Tayside.

Integration Authorities have a duty to ensure that communities are engaged in the planning of local services and that people's views and needs are taken into account when decisions are made as set out within the planning principles[1] within the Public Bodies (Joint Working) (Scotland) Act 2014.

The Scottish Health Council's remit in working with NHS Boards when they propose changes to services is described clearly in the Scottish Government's CEL 4 (2010) guidance for NHS boards[2]. As any final decision on proposals in this particular case will be made by Perth and Kinross Integration Joint Board (IJB), rather than NHS Tayside, the Scottish Health Council does not have a formal role, as the CEL4 (2010) guidance does not apply to Integration Joint Boards.

Whilst the Scottish Health Council does not have a formal role in this process, it agreed to gather feedback from people involved during the consultation period. The feedback and concerns raised are shared to assist the consideration of the proposal.

The findings below are based on the feedback received from the questionnaire, the meetings attended, correspondence received, as well as reviewing social media and media coverage for feedback on the process.

Questionnaire feedback
The evaluation was distributed to people who had taken part in the engagement activities (public sessions, focus groups etc) and was also shared by the Tayside local office with their contacts who have an interest in mental health and learning disability services.

1 Guidance on the Principles for Planning and Delivering Integrated Health and Social Care, Scottish Government, (2014) http://www.gov.scot/Publications/2015/12/4851
2 'Informing, Engaging and Consulting People in Developing Health and Community Care Services', Scottish Government, 2010, www.sehd.scot.nhs.uk/mels/CEL2010_04.pdf

1

Scottish Health Council
3rd Floor, East Wing, Ashgrove House, Foresterhill, ARI,
Aberdeen, AB25 2ZA
Tel: 01224 559444

Although the results below may be a small sample of people who have participated in the consultation process (54 responses), it generally reflects the other feedback we received. There was a relatively even spread of responses from across the three Integration Joint Board areas.

General feedback
The general feedback indicates responses to questions on the reasons for change and how decisions would be made. The numbers in brackets indicate the respondents to each question.

Questions	Yes	No	Unsure
Do you feel the reasons for the proposed change are clear? (44)	57%	25%	18%
Do you feel it is clear how a decision will be made on the proposals? (44)	36%	34%	30%

People who indicated that they had participated in the consultation
Of the 54 responses, 30 respondents indicated that they had participated in the consultation with either attending a meeting or completing the consultation survey being the most popular options highlighted. The numbers in brackets indicate responses to each question from the 30 respondents.

Questions	Yes	No	Unsure
Opportunity to give your views (28)	57%	29%	14%
Opportunity to ask questions (27)	56%	29%	15%
Feel that your views were listened to (28)	43%	39%	18%
Feel that your questions were answered (24)	42%	42%	16%

Compared to the levels we would normally expect, the percentages indicating that, for example, 'views were listened to' appear low.

The main issues noted in the questionnaire feedback

- Lack of awareness specifically in relation to learning disability proposals
- People indicating they would like more information on issues relating to transport and access, and
- Perception that the reason for the proposed change is financial and that a decision has already been made.

I am aware of a variety of methods used to promote the consultation. This includes: direct mailings to mental health and learning disability groups, elected members and community groups, posters sent to GP practices, leisure centres, post offices, libraries, mobile libraries, shops, media and social media used to promote the consultation process.

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I felt there was a pro-active approach to offering meetings and seeking the involvement of the third sector in the development of the consultation materials, process and to support engagement. Some service users and third sector groups have chosen not to participate in the organised meetings and have held their own meetings and carried out engagement to gather views on the proposals (MSPs, mental health service user groups).

Proposals

The main concerns regarding the proposal, that the Scottish Health Council were aware of, related to:

- loss of local services and impact on service users and families of accessing services centrally; challenges in public transport and access
- whether there would be sufficient service capacity at Carseview to meet people's needs
- concerns relating to the environment and quality of care delivered at Carseview
- interim closure of Mulberry Unit while consultation was going on and what will happen to the Susan Carnegie Unit, Stracathro, and
- some comments describing the proposed changes as "cost saving".

Consultation process

The main concerns from the consultation, that the Scottish Health Council were aware of, related to:

- accessibility of the consultation materials in alternative formats
- that people were required to read all the consultation materials before providing feedback -and this information was 'overly-complicated'
- the consultation materials offered no alternative to the preferred option and didn't allow respondents to offer counter proposals; concerns that a decision has already been made
- that people would not be listened to and it may be a 'tick box' exercise

Prior to the consultation I was aware of a level of mistrust about the engagement process from those campaigning against the proposed changes. The Integration Joint Boards and programme team may wish to consider how to rebuild trust with these groups going forward, to aid further public and community engagement.

Next steps

It is important that the views of people who took part in the consultation are accurately recorded and Perth and Kinross Integration Joint Board demonstrate how people's views are taken into account as part of the decision making.

The consultation report should be made available to the people who participated in the consultation and with groups with an interest in mental health and learning disability services.
I would suggest that the programme review team:

- follow up on their offer of further engagement with groups who may have experienced barriers to engagement; ethnic minorities, learning disability service users and people with sensory impairments
- follow up on their offer of further engagement with any neighbouring geographical communities, and
- provide reassurance in relation to the future use of the Susan Carnegie building.

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Implementation

If the proposals are approved, I would suggest:

- An implementation group is set up with patient, carers, staff and third sector representatives to address the issues raised about travel and access.
- Continuing to use the review newsletter (from the earlier stages of the review) to keep people informed of progress and timescales.
- Working with patients, carers, families and third sector organisations to address people's concerns about Carseview and identify what people value about the current service for both mental health and learning disability services.
- Using the feedback from the consultation to inform further engagement on community mental health services.

Please contact me if you wish me to clarify any of the above points.

Yours sincerely

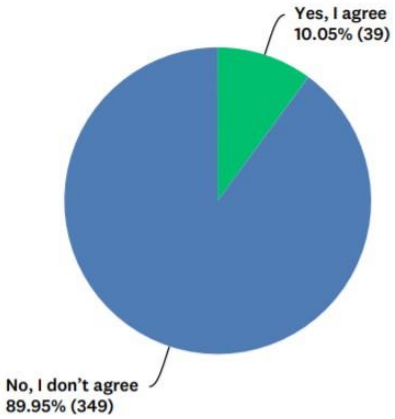
Emma Ashman, Service Change Advisor

Appendix 2. Results for Q3 in 2017 PLUS Perth Survey '*Do you agree with the proposal that all adult (16-65) acute mental health beds should be centralised at Carseview Centre, Dundee?*'

NHS Tayside Adult (16-65) Acute Mental Health Bed Centralisation SurveyMonkey

Q3 Do you agree with the proposal that all adult (16-65) acute mental health beds should be centralised at Carseview Centre, Dundee?

Answered: 388 Skipped: 7



ANSWER CHOICES	RESPONSES	
Yes, I agree	10.05%	39
No, I don't agree	89.95%	349
TOTAL		388

Appendix 3. Multiple choice results for PLUS Perth, Dundee Healthy Minds Network, Angus Voice 2021 Survey "*Experiences of NHS Tayside Mental Health Services, 18th January to 11th April 2021*"

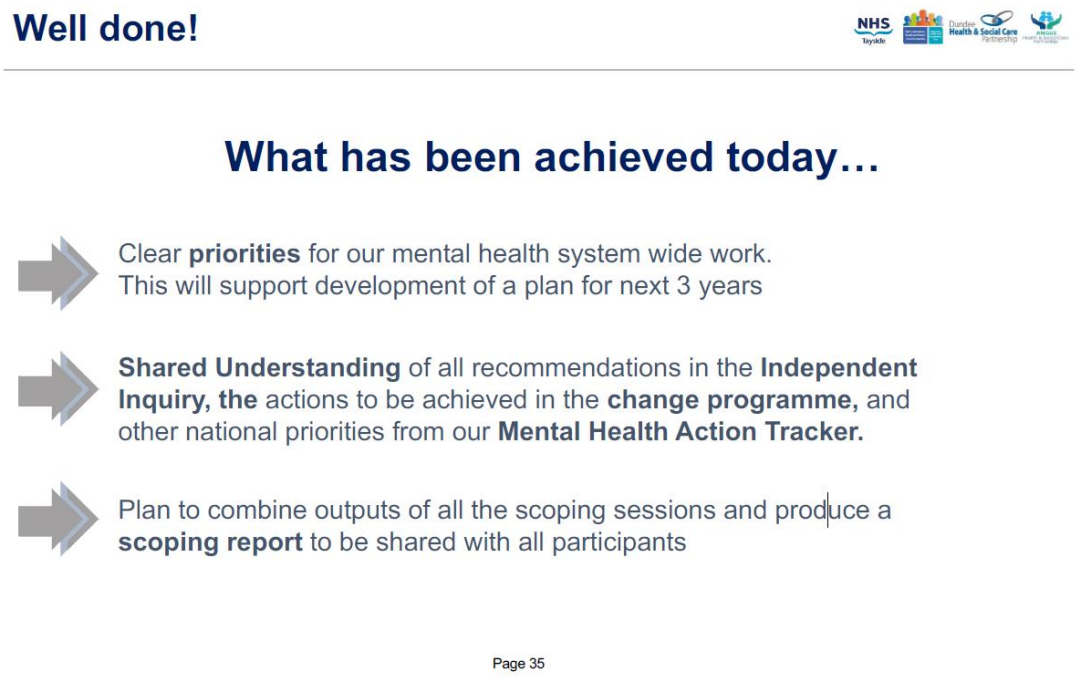
https://drive.google.com/file/d/1FZAsBJs5pH_OYCtbGQ4ahbDslAxrxdpw/view?usp=sharing

Appendix 4. Making a difference to Mental Health services in Tayside - Scoping and Engagement Sessions June and July 2020 Author: Lesley Roberts (Programme Director, Mental Health and Wellbeing Strategy)

The full document can be viewed at

https://drive.google.com/file/d/1MZ8LFFbaCd9LZ1QS6fu-yyjjp6fu1KZ2/view?usp=sharing

The page quoted in this report is displayed below.



Well done!

What has been achieved today…

- Clear **priorities** for our mental health system wide work. This will support development of a plan for next 3 years
- **Shared Understanding** of all recommendations in the **Independent Inquiry, the** actions to be achieved in the **change programme,** and other national priorities from our **Mental Health Action Tracker.**
- Plan to combine outputs of all the scoping sessions and produce a **scoping report** to be shared with all participants

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Please address all enquiries about the survey to:
survey@plusperth.co.uk

PLUS Perth SC040271
Angus Voice SC047538
Dundee Healthy Minds Network
part of Dundee Volunteer and Voluntary Action SC000487

Listen

Experiences of NHS Tayside Mental Health Services

from the perspectives of those who use them

Key findings of a public survey conducted between 18th January to 11th April 2021 by

In collaboration with the Independent Inquiry Stakeholder Participation Group (SPG)

What was the survey about?

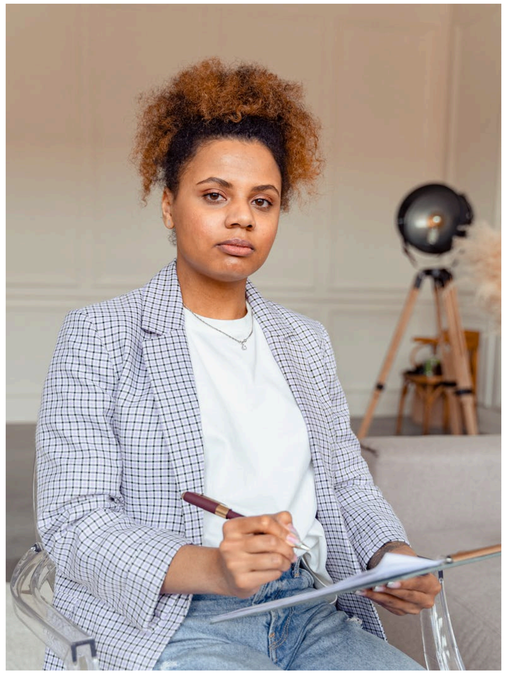
The aim of our 2021 survey was to find out how service users felt about the quality of care they had received from NHS Tayside Mental Health Services. Our findings helped to inform David Strang's July 2021 Independent Inquiry Progress Report.

Who took part?

The survey was advertised on social media, on Radio Tay, in The Courier, the Evening Telegraph and the Daily Record. 403 service users from across Tayside responded, 48% of whom came from Perth & Kinross, 35% from Dundee and 14% from Angus.

What did they have to do?

The survey contained 57 questions, most of which were multiple-choice. The questions covered a wide range of topics, including medications, inpatient stays and appointments with Psychiatrists and Community Psychiatric Nurses.



Fifteen of the questions had comment sections that allowed service users to describe their experiences, in their own words.

Altogether, service users wrote over 30,000 words (about 50 pages) of comments.

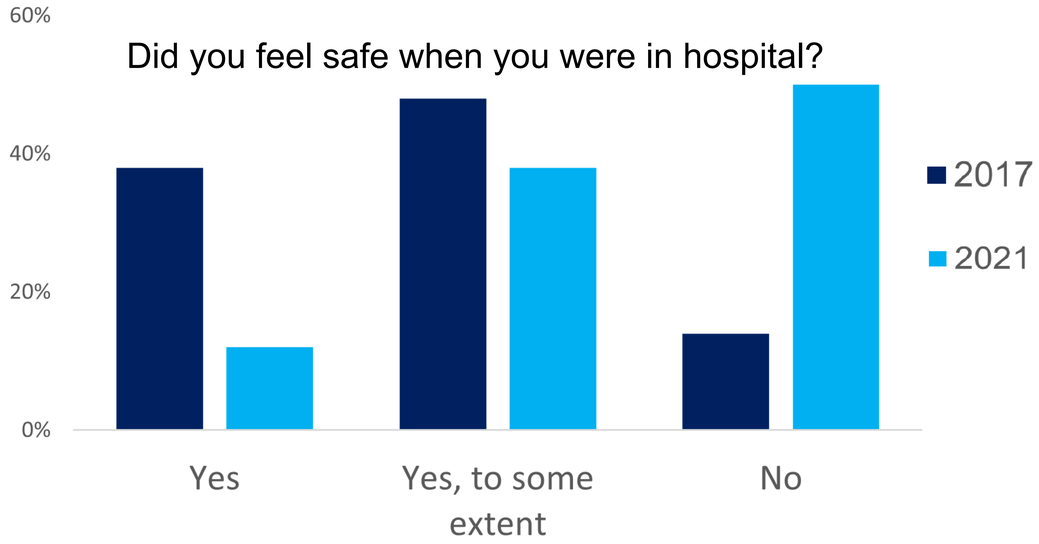
What did we do with their answers?

We compared the multiple-choice answers from this survey with the answers to the same questions from a previous survey. 395 service users had completed a similar survey conducted by PLUS Perth in 2017. The comparison revealed how service users feel the quality of their care has changed over the last four years.

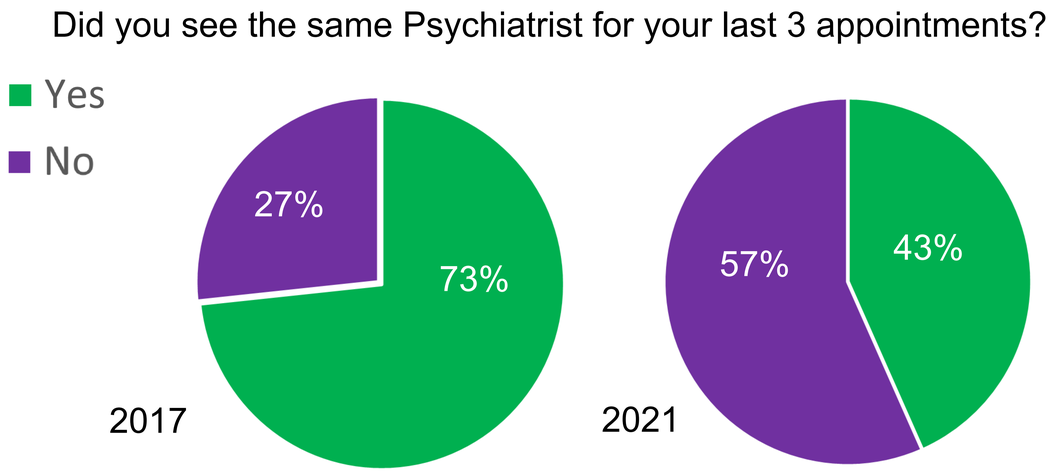
Service users' comments provided helpful background information, allowing us to understand the reasons behind their multiple-choice answers. The comments also made us aware of many common areas of concern that had not been addressed by our questions.

What changed over the four years?

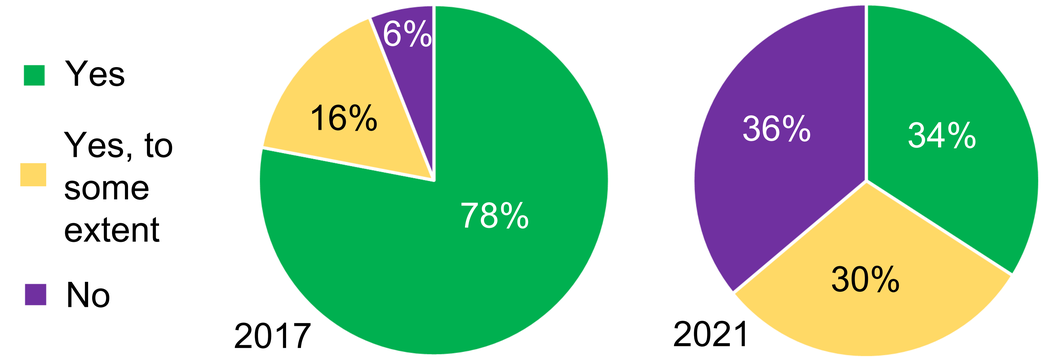
Inpatients feel less safe in 2021 than they did in 2017.



Fewer service users now have the chance to regularly see the same Psychiatrist. They told us this means they have to keep repeating their case histories to a new locum, which can be traumatic. It also means they do not get a chance to build trust and confidence in their treatment, making recovery more difficult.

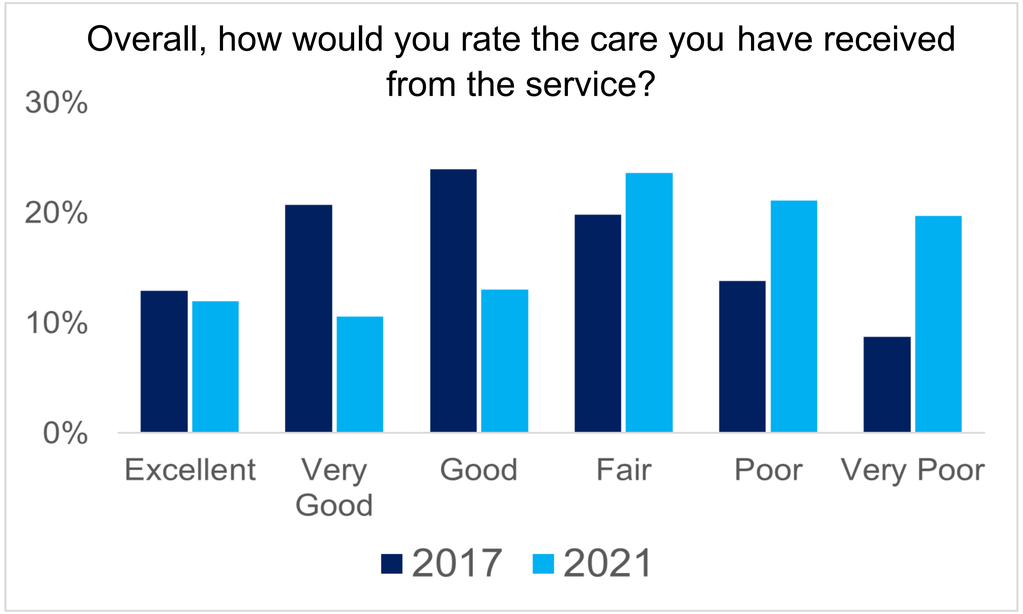


Did you feel understood by your Community Psychiatric Nurse (CPN)?



Levels of trust and understanding between service users and their CPNs fell dramatically. As a result, fewer people said they brought up ideas about what might help with their treatment and recovery when they spoke to their CPN. This fell from 92% to 55%.

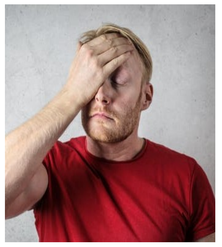
For the service as a whole, positive ratings fell and negative ratings increased. In 2021, 36% of service users thought the service was good, very good or excellent, down from 58% in 2017.



What did the comments tell us?

Many service users praised highly skilled and compassionate individuals and teams working within the service. However, negative comments outweighed positive comments by more than 5 to 1.

The comments revealed that many service users experienced similar problems. Some of these problems had not been covered by our questions. We called these problems emergent themes if more than ten people raised them. Our emergent themes were:



Poor response to suicide risk

When people tried to get help for someone who wanted to end their own life, the service did not take them seriously enough.

Psychological therapy absent in hospital

People who had been inpatients complained that they were left alone in their rooms all day and weren't able to access any psychological therapy whilst in hospital.

Absence of follow up

People were promised by the service that they would get an appointment, a letter, a care plan, or a test, but nothing happened.

Excessive waiting times

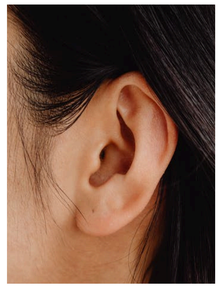
People had to wait many months (some even waited years) to see someone who could help them with their mental health needs.

Unsupported in times of heightened need

When people were in a crisis, or could feel that their condition had become much more serious, they asked for help, but didn't get it.

Service over-reliance on medication

People were only offered medicine, even though they stressed that they really wanted to talk to someone who could help them work through their thoughts and feelings.



Additional communication needs not met

The service did not engage well with people who have additional communication needs, particularly those with autism, hearing loss, and learning disabilities.

Our full survey report demonstrates that these themes are not rare or limited to our survey. Recent reviews of the service conducted by Health Improvement Scotland (HIS), the Mental Welfare Commission for Scotland (MWCS) and the Independent Inquiry Review team have also identified the problems described in our emergent themes.

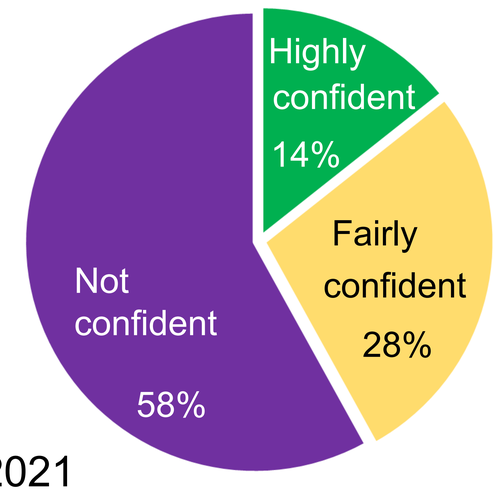
Our Conclusions

The service users who completed our 2021 survey were a lot less happy with their care than the service users who responded four years ago. The changes to the service that have been made in response to the Inquiry recommendations do not appear to be benefiting many service users.

Our results support the findings of the Inquiry Progress Report (July 2021) which states:

1) that NHS Tayside is rushing to make changes to the service without first having a clear understanding of the matters that need to be resolved or how to address them.

2) that NHS Tayside is overestimating its own progress in carrying out the recommendations of the Independent Inquiry.



2021

As a result, most people who completed our 2021 survey had little confidence that NHS Tayside could take care of their mental health needs.

Our Recommendations

The recommendations from our survey are presented in our full report. They all centre on the word listen, the first commitment of NHS Tayside's Action Plan: Listen. Learn. Change. The Action Plan was produced in response to the Final Report of the Inquiry.

Each of our recommendations is presented with examples of missed opportunities for listening to, and learning from, service users, staff and others. The examples come from our survey and from the Inquiry Progress Report. Our recommendations to NHS Tayside include listening to:

Service users, their carers and relatives about the types of treatment that patients would like to access and about how to meet their communication needs.

Primary care and other parts of the service so that follow up can be improved.

Staff so that their concerns are addressed and their suggestions for how problems can be resolved are given due consideration.

Reports on assessments of the service by Health Improvement Scotland, the Mental Welfare Commission for Scotland and the Independent Inquiry.

We agree with David Strang's recent recommendation that the response to all the Inquiry recommendations should be assessed by an independent organisation.

What happens next?

The survey team will meet with NHS Tayside to present the findings of our survey and discuss how they can be used to help improve the service.

We will continue to conduct surveys so that we can give service users a voice and monitor changes in how effectively the service is supporting them. Our next survey will take place in 2023.

We will use the experience gained from this survey to improve how we design, promote and report on future surveys. We will increase survey promotion, especially in Angus, which is under represented in this survey.

We will invite NHS Tayside, Service User groups and other organisations to make suggestions about questions that we may include in our future surveys.

All our future survey work and reporting will remain completely independent of NHS Tayside.

Resources

If you would like to learn more about our survey, you can access the full report on the sponsors' websites.

PLUS Perth Website

www.plusperth.co.uk/resources/blog/survey-2021

Dundee Volunteer and Voluntary Action

www.dvva.scot/news/

Large print and audio versions of the Executive Summary from the full report are available from PLUS Perth.

The Independent Inquiry Final Report (2020) and the Independent Inquiry Progress Report (2021) written by David Strang are available at https://independentinquiry.org/category/reports/

We wish to thank everyone who completed the survey for your time, honesty and courage. We will continue to work hard to ensure that your feedback helps to shape the service. We appreciate you entrusting us with your deeply personal stories. We have kept your answers confidential. They have only been viewed by the Inquiry Review Team (2 members) and the Survey Analysis Team (5 members).

ITEM No …12……..

REPORT TO: **HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 27 OCTOBER 2021**

REPORT ON: **DUNDEE HSCP STRATEGIC RISK REGISTER ANNUAL REPORT**

REPORT BY: **CHIEF FINANCE OFFICER**

REPORT NO: **DIJB54-2021**

1.0 PURPOSE OF REPORT

1.1 To provide the Integration Joint Board with an overview of the Annual Strategic Risk Register Report.

2.0 RECOMMENDATIONS

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

2.1 Notes the work undertaken throughout the year in relation to Strategic Risk Management as set out in section 4.0 to this report.

2.2 Note the description of the most recent highest risks identified and reflected in the updated Strategic Risk Register as being Staff Resource and Dundee Drug and Alcohol Service as set out in sections 5.1 - 5.3 of this report.

2.3 Note the emergent risk for Mental Health services as outlined in section 5.5 of this report.

2.4 Note the most up to date extract from the Strategic Risk Register as set out in Appendix 1 to this report.

3.0 FINANCIAL IMPLICATIONS

3.1 None

4.0 BACKGROUND

STRATEGIC RISK MANAGEMENT

4.1 Summary reports from the Dundee Health and Social Care Partnership's (DHSCP) Strategic Risk Register are regularly presented to the Performance and Audit Committee in addition to NHS Tayside Strategic Risk Forum and Dundee HSCP Clinical Care and Professional Governance Forum.

4.2 The DHSCP Strategic Risk Register is also discussed at Dundee City Council's Risk Management Working Group and is recorded through the Pentana Risk Management system, hosted by Dundee City Council.

4.3 Operational risks that have been identified by Services which could potentially affect the aims of the Dundee Integration Joint Board's Strategic and Commissioning Plan are escalated and entered on the Strategic Risk Register. These are usually escalated through the Clinical Care and Professional Governance Forum but also flow from a range of IJB reports and national reports from scrutiny bodies and other national bodies.

4.4 During the past year the Tayside IJB Risk Management Strategy has been updated and approved by all partners. This provides the framework under which risk management arrangements will be progressed.

4.5 Dundee City IJB members took part in a Risk Development Session in August 2021 as part of the development of the Risk Management Strategy. A further development session for Risk Appetite is planned to be held within the coming months.

5.0 STRATEGIC RISKS

5.1 As detailed in the Strategic Risk Profile there are two risks scoring the maximum risk of 5 (Likelihood) x 5 (Impact). These are Staff Resource and Dundee Drug and Alcohol Recovery Service (DDARS).

5.2 Staff Resource is a risk in the recruitment of consultants and doctors in specific areas such as Mental Health and Substance Misuse with posts remaining vacant due to recruitment challenges. These risks are detailed in Operational Risk Registers and have been escalated as risks to the Strategic Risk Register. The impact of Covid 19 continues to impact on these recruitment challenges.

5.3 Several risks for the Drug and Alcohol Recovery Service (formerly Integrated Substance Misuse Service) have been escalated from the Operational Risk Register.
These include:

- Insufficient numbers of staff in integrated substance misuse service with prescribing competencies.
- Increasing Patient demand in excess of resources
- Current funding insufficient to undertake the service redesign of the integrated substance misuse service
- COVID-19 Maintaining Safe Substance Misuse Service
- Nursing Workforce

5.4 The controls available to DDARS have been applied and the risk exposure remains at 25. Proposed controls include the relevant Dundee Partnership Action Plan for Change actions and the implementation of national Medication Assisted Treatment standards, which have been added as Datix risk actions to enable DHSCP and NHST to monitor the consequences of these planned controls. The risk exposure with the planned/proposed controls remains 25 as the controls do not yet address the prescribing capacity issues for those established on opiate substitution treatment with multiple complex needs, the population with the highest fatality risk.

5.5 Mental Health Services have identified a range of operational risks to be escalated to the Strategic Risk Register. These risks and controls will be entered on the Strategic Risk Register in the next month.

6.0 POLICY IMPLICATIONS

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

7.0 RISK ASSESSMENT

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

8.0 CONSULTATIONS

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

9.0 DIRECTIONS

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

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

10.0 BACKGROUND PAPERS

10.1 None

Dave Berry
Chief Finance Officer

DATE: 15/10/2021

Clare Lewis-Robertson
Senior Officer (Business Planning and Information Governance)

DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP – STRATEGIC RISK PROFILE SEPTEMBER 2021

Description	Lead Director/Owner	Current Assessment			Status	Date Last Reviewed
		L	C	Exp		
Staff Resource Recruitment for Consultants and Doctors in specific areas such as Mental Health, and Substance Misuse has meant that there are significant difficulties in filling posts, with posts remaining vacant. These risks are detailed in Operational Risk Registers and are being escalated as risks for the Strategic Risk Register The impact of Covid 19 continues to impact on recruitment challenges.	Dundee HSCP Chief Officer	**5**	**5**	**25**	→	28/08/21
Dundee Drug and Alcohol Recovery Service Several risks for the Drug and Alcohol Recovery Service (formerly Integrated Substance Misuse Service) escalated from the Operational Risk Register. These include: • Insufficient numbers of staff in integrated substance misuse service with prescribing competencies. • Increasing Patient demand in excess of resources • Current funding insufficient to undertake the service redesign of the integrated substance misuse service • COVID-19 Maintaining Safe Substance Misuse Service • Nursing Workforce The controls available to DDARS have been applied and the risk exposure remains 25. Proposed controls include the relevant Dundee Partnership Action Plan for Change actions and the implementation of national Medication Assisted Treatment standards, which have been added as Datix risk actions to enable DHSCP and NHST to monitor the consequences of these planned controls. The risk exposure with the planned/proposed controls remains 25 as the controls do not yet address the prescribing capacity issues for those established on opiate substitution treatment with multiple complex needs, the population with the highest fatality risk.	Dundee HSCP Chief Officer	**5**	**5**	**25**	→	28/08/21
Staff resource is insufficient to address planned performance management improvements in addition to core reporting requirements and business critical work. The impact of Covid 19 continues to impact on recruitment challenges.	Dundee HSCP Chief Officer	**4**	**5**	**20**	→	28/08/21
Restrictions on Public Sector Funding Additional Scottish Govt funding directed towards Health and social care integration continues to support the IJB's financial position	Dundee HSCP Chief Finance Officer	**4**	**4**	**16**	→	28/08/21
Unable to maintain IJB Spend	Dundee HSCP Chief Finance Officer	**4`**	**4**	**16**	→	28/08/21

Increased reserves due to favourable 2020/21 financial year end position will support IJB activities during 2021/22 and beyond						
Impact of Covid 19 Rates of infection rose again sharply over the June/early July , and this impacted on Service Delivery. This had implicatonis for demand and availability of staff. However services did not become overwhelmed.	Dundee HSCP Chief Officer	**4**	**4**	**16**	→	28/08/21
Increased Bureaucracy The Covid 19 response has meant an increase in reporting requirements to the Scottish Government, NHS Tayside and Dundee City Council.	Dundee HSCP Chief Officer	**4**	**3**	**12**	→	28/08/21
Viability of External Providers This area of risk will be subject to a substantive Internal Audit Review 21/22 which will be reported back to the PAC.	Dundee HSCP Chief Officer	**3**	**4**	**12**	→	28/08/21
Governance Arrangements being Established fail to Discharge Duties Pressures of Covid 19 response mean that work to improve governance arrangements has not been progressed . The Governance Action Plan is implemented and overdue actions are being prioritised	Dundee HSCP Chief Officer	**3**	**4**	**12**	→	28/08/21
Staff Perception of Integration Staff perception over coming period may be influenced by developments around the potential implementation of a National Care Service and implications for local health and social care services	Dundee HSCP Chief Officer	**3**	**3**	**9**	→	28/08/21
Employment Terms The risks associated with difference in employment terms still remain, but management and HR work to manage these.	Dundee HSCP Chief Officer	**3**	**3**	**9**	→	28/08/21
Uncertainty around future service delivery models This will be managed through the review of the Strategic and Commissioning plan to reflect impact of Covid as indicated within the IJB's Remobilisation plan	Dundee HSCP Chief Officer	**3**	**3**	**9**	→	28/08/2021
Capacity of Leadership Team Restructure of management team with further restructuring of operational management structure	Dundee HSCP Chief Officer	**2**	**4**	**8**	↓	28/08/21
Impact of EU Withdrawal The EU UK agreement signed on the 30 December 2020 means that there will not be disruption caused by a no deal transition. However the long term effects of the EU UK transition will still happen. This may include impact on wider staffing levels within HSCP and partner providers. The development of the workforce plan for Health and Social Care will look at this issue in more detail.	Dundee HSCP Chief Officer	**2**	**3**	**6**	→	28/08/21

Stakeholders not included/consulted Covid 19 response has meant that consultation with stakeholders may not have occurred so frequently. However consultation exercises are continuing.	Dundee HSCP Chief Officer	**1**	**3**	**3**	→	28/08/21

Risk Status	
↑	Increased level of risk exposure
→	Same level of risk exposure
↓	Reduction in level of risk exposure
x	Treated/Archived or Closed

ITEM No …13……..

REPORT TO: **HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 27 OCTOBER 2021**

REPORT ON: **CARERS STRATEGY - A CARING DUNDEE 2 2021-24**

REPORT BY: **CHIEF OFFICER**

REPORT NO: **DIJB49-2021**

1.0 PURPOSE OF REPORT

1.1 The purpose of this report is to submit the revised carers strategy, A Caring Dundee 2 2021-24, for approval.

2.0 RECOMMENDATIONS

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

2.1 Notes the content of this report, including the summary of the engagement activity that has supported the co-creation of A Caring Dundee 2 with carers (section 4.2).

2.2 Approve the revised carers strategy, A Caring Dundee 2 (Appendix 1).

2.3 Approve the summary document, A Caring Dundee 2 (Appendix 2)

2.4 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 31 March 2022.

2.5 Approve the planned approach to formatting, publication and distribution (section 4.4.1).

2.6 Notes the snapshot of the Strategic Needs Assessment as outlined in Appendix 3 to this report.

2.7 Instruct the Chief Officer to issue directions to NHS Tayside and Dundee City Council as set out in section 8.

3.0 FINANCIAL IMPLICATIONS

3.1 The Scottish Government has provided additional funding to IJBs since 2018/19 to support the implementation of the Carers Act. The total budget for Dundee for 2021/22 is £1,242k which has been planned for as part of the IJB's 2021/22 budget.

4.0 MAIN TEXT

4.1 Background Information

4.1.1 The Carers (Scotland) Act 2016 (the Act) introduced a duty, under section 31 (1), for each local authority and health board to jointly prepare a local carer strategy. This duty and other associated duties under Part 5 of the Act were subsequently delegated to integration joint boards under the Public Bodies (Joint Working) (Prescribed Local Authority Functions Etc.) (Scotland) Amendment (No.2) Regulations 2017 and the Public Bodies (Joint working) (Prescribed Health Board Functions) (Scotland) Amendment Regulations 2017. The Partnership's current Carers Strategy 'A Caring Dundee: A Strategic Plan for Supporting Carers in Dundee' was approved by the Integration Joint Board in October 2017 (Article X of

the minute of the meeting of the Dundee Integration Joint Board held on 31 October 2017 refers).

4.1.2 The Act, and subsequent regulations, also placed a duty on Integration Joint Boards to review their statutory carers strategy at least once every three-years (sections 33 (3) and (4)) and to subsequently either prepare a revised strategy or to publish a statement that the strategy is not to be revised (sections 33 (6) and (7)). Therefore, 'A Caring Dundee' required to be reviewed prior to 31 October 2020.

4.1.3 Following a review of 'A Caring Dundee' led by the Carers Partnership during late 2019 and early 2020 the IJB noted in August 2020 that the statutory review had concluded that a fully revised strategy should be prepared (Article VII of the minute of the meeting of the Dundee Integration Joint Board held on 25 August 2020 refers). At that time the IJB also approved a recommendation that due to the ongoing pandemic response and associated pressures and public health restrictions that a fully revised carers strategy should be prepared no later than 31 October 2021.

4.2 **A Caring Dundee 2**

4.2.1 In Dundee, unpaid carers make a significant and vital contribution by supporting the people they care for. The support carers give is immeasurable and unsurpassable. Throughout the COVID pandemic carers have continued in their caring role. After the onset of the pandemic there were many new carers undertaking this role for the first time, and others taking on new roles and additional responsibilities. The enormity of impact that the pandemic has had on carers in the city is becoming more evident and we will learn more about this impact as the city moves on.

4.2.2 A Caring Dundee 2 is a revision of the previous Dundee Carers Strategy 'A Caring Dundee' which was developed through listening to the views and experiences of local carers. A Caring Dundee 2 sets out the approach and actions by which the Dundee Carers Partnership will deliver on their vision and outcomes for carers of all ages who are living in Dundee and who are caring for people in Dundee. It describes how implementation of the Carers (Scotland) Act 2016 will progress further using the learning from carers experiences and seeking to mitigate the impact of the COVID pandemic on carers in the city as well as continuing to support existing plans for carers.

4.2.3 A Caring Dundee 2 reflects ongoing and extensive involvement of carers, the workforce and other stakeholders over the last few years in Dundee, led and supported by the Dundee Carers Partnership. Significant structures that have supported this are Dundee Carers Voice and Young Carers Voice as well as Carers Blethers and the Carers (workforce) Network. In addition, specific engagement opportunities are arranged around particular topics, an example of this being the COVID-19 Engagement exercise with carers.

4.2.4 In November 2019, Dundee Carers Partnership facilitated a development session to identify key priorities for implementing the next local carers strategy and involvement of members in planning and supporting the overall co-design of this work. The further development of the strategy was then delayed as the pandemic and lockdown began, however engagement and participation have continued both formally and informally. The Carers Partnership has continued to optimise opportunities to hear from, listen to and find ways to support carers.

4.2.5 Information from the performance reports of the Dundee Carers Partnership (2017-2019 and draft 2020-2021), as well as a recent desktop review of carers and COVID research and the findings from the Carers COVID Engagement in Dundee have been fully considered in the development of A Caring Dundee 2. The Carers Partnership recognises that like many members of the public just now carers may be experiencing 'engagement fatigue' and therefore formal engagement regarding the draft strategy document was limited to some key activities. Virtual (and face-to-face where safe to do so) focus groups were organised to establish and confirm the direction of travel for this strategy. The focus groups were supported by several local organisations and included carers as well as some people who had support from carers. The draft strategy was circulated broadly to stakeholders and a range of individuals and agencies prepared responses and their comments have shaped the strategy and future plans.

4.2.6 Furthermore, information gathered from the Carers Strategic Needs Assessment which is nearing completion has been used to inform the strategy. A snapshot of the information contained in this assessment is includes as Appendix 3 to this report.

4.3 Vision and Priorities

4.3.1 The vision set out in A caring Dundee (2017) has been further developed in order to confirm the overall strategic direction for the 2021-24 strategy:

"A Caring Dundee in which all carers are heard, valued, understood and supported so that they are well and are able to have a life of their own."

4.3.2 A Caring Dundee 2 identifies four strategic outcomes have been identified to support the delivery of the vision over the next three years:

- I am heard, recognised, respected and I am able to be involved.
- I am supported to have the best possible caring experience.
- I can live a full and healthy life.
- I can have a life of my own and I can balance the caring role in my life.

4.3.3 The strategy notes that the Carers Partnership will develop a delivery plan that will include further detail of planned actions to deliver the strategic outcomes and vision and of how success will be measured. The Carers Partnership expect to evaluate progress on an annual basis using the measures of success identified in Delivery Plan. It is anticipated that the Carers Partnership Performance Report will continue to be produced every two years and that performance information about working with Carers will be included in the Dundee Health and Social Care Partnership Annual Performance Report.

4.4 **Publication and Dissemination**

4.4.1 It is proposed that, following approval, A Caring Dundee 2 is fully formatted for publication. The formatted document will then be published on the Partnership website and be electronically distributed to key stakeholders of the Partnership under the direction of the Strategic Planning Advisory Group and Dundee Carers Partnership. A summary version of the strategy has been produced and the Carers Partnership will plan publication and distribution of this version with specific attention to targeting carers who live within or provide care within Dundee.

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	That the plan is not fully implemented and/or does not achieve the desired outcomes.
Risk Category	Operational, Governance, Political
Inherent Risk Level	Likelihood 3 x Impact 4 = Risk Scoring 12 (which is High risk level)
Mitigating Actions (including timescales and resources)	The Plan is has been co-produced with carers and a range of stakeholders to improve the likelihood that actions planned will deliver desired outcomes. The production of a detailed delivery plan and performance measures will further support successful implementation. An annual performance review will enable any areas of concern to be identified and adjustments made in partnership with carers and other stakeholders. Additional investment available via Scottish Government Carers Act implementation monies has been invested by the Carers Partnership, with approval of the IJB, to target areas identified as a priority within the plan.

Residual Risk Level	Likelihood 2 x Impact 3 = Risk Scoring 6 (which is Moderate risk level)
Planned Risk Level	Likelihood 1 x Impact 3 = Risk Scoring 3 (which is Low risk level)
Approval recommendation	Given the low level of planned risk it is recommended that the risk should be accepted.

7.0 CONSULTATIONS

7.1 The Chief Finance Officer, Heads of Service - Health and Community Care, members of the Strategic Planning Advisory Group, members of the Dundee Carers Partnership, Dundee City Council Children and Families Service 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	X

9.0 BACKGROUND PAPERS

9.1 None.

Vicky Irons
Chief Officer

DATE: 16 September 2021

Jenny Hill
Head of Service, Health and Community Care

Joyce Barclay
Senior Officer, Strategy and Performance

DIRECTION FROM DUNDEE CITY INTEGRATION JOINT BOARD

1	Reference	DIJB49-2021
2	Date Direction issued by Integration Joint Board	27 October 2021
3	Date from which direction takes effect	27 October 2021
4	Direction to:	NHS Tayside and Dundee City Council
5	Does this direction supersede, amend or cancel a previous direction – if yes, include the reference number(s)	No
6	Functions covered by direction	Services and supports to unpaid carers
7	Full text of direction	Dundee Integration Joint Board directs Dundee City Council and NHS Tayside to develop and align their services to support the vision, strategic outcomes and actions identified within the plan.
8	Budget allocated by Integration Joint Board to carry out direction	In line with the Carers Investment Plan – funding to be allocated to partner bodies as individual services are implemented.
9	Performance monitoring arrangements	The performance of A Caring Dundee 2 will be monitored through the detailed delivery plan and performance framework that is to be developed to support full implementation of the strategy. Progress of implementation will be monitored through the Carers Partnership, reporting to the Strategic Planning Advisory Group and onwards to the IJB. This will include an annual Carers Partnership performance report.
10	Date direction will be reviewed	31 October 2024

Carers of Dundee

Appendix 1

A Caring Dundee 2

A Strategic Plan for Working Alongside, Supporting, and Improving the Lives of Carers in Dundee

2021-2024

Welcome to Dundee Carers Strategy 2021-2024

This Plan follows on from the foundations laid by the previous local Carers Strategy; building on the achievements of this and continuing to maintain A Caring Dundee.

Contents

Foreword

We are delighted to present our local Carers Strategy. This plan has been developed in partnership with Carers across the City. Carers in Dundee, collectively and individually, have co-created 'A Caring Dundee 2' which embodies the commitment of Dundee Integration Joint Board (DIJB) and partners in the Third Sector, Independent Sector, and Dundee City Council to ensuring that Carers in Dundee get the right support at the right time. This commitment continues to be a very real and striking priority as we know the recent Covid Pandemic has had a significant and substantial impact on the role, responsibilities and wellbeing of Carers in the City. We acknowledge that a growing number of Carers have continued to give vital care and support throughout the crisis to partners, family members and friends.

Carers are a significant part of day to day life in our City and in our local communities. The Dundee Carers Partnership provides local Carers with a mechanism to ensure agencies across the City work together to develop plans and to make them a reality. Carers are involved, consulted, listened to and heard by key agencies across Dundee with the support of the Dundee Carers Partnership. The IJB, through the Health and Social Care Partnership, have a pivotal role in endorsing and supporting the plans and developments that Dundee Carers Partnership makes and ensuring delivery of relevant legislation including The Carers (Scotland) Act (2016).

The aim is that this strategy will benefit Carers of all ages in Dundee. The demography of our caring population is diverse, and caring is part of day to day life for many local people at different points in their life This plan was developed with Carers taking into account their experiences, home circumstances and family life. The intention in this strategy is to make plans to act on matters that are important across many Dundee Carers, as well as planning specific action, as needed for Carers whose issues are less common but have a major impact for them and the person they care for.

This Strategy provides a framework for a Delivery Plan that will be developed with local Carers and agencies to ensure that the Strategic Vision becomes a reality. We look forward to hearing from local Carers about how best to make sure that 'A Caring Dundee 2' has the greatest possible impact on outcomes for local Carers and those they support and care for.

Vicky Irons Ken Lynn Martyn Sloan

Introduction

In Dundee, unpaid Carers make a significant and vital contribution by supporting the people they care for. The support Carers give is immeasurable and unsurpassable. Throughout the COVID pandemic, Carers have continued in their caring role. After the onset of the pandemic there were many new Carers undertaking this role for the first time, and others taking on new roles and additional responsibilities. The enormity of impact that the pandemic has had on Carers in the City is becoming more evident and we will learn more about this impact as the City moves on. This strategy is for Carers living in and caring in Dundee.

Under the Carers (Scotland) Act 2016 there is a responsibility (or duty) for Local authorities to prepare a Local Carer Strategy. The direction taken for the Dundee 'local' Carers Strategy will reflect Carers priorities and continue to provide all Carers with an opportunity to shape and influence how they and the people they care for are supported in Dundee. The purpose of this Strategy is to describe how work will continue with Carers to develop future supports and services.

This Plan is a revision of the previous Dundee Carers Strategy 'A Caring Dundee' which was developed through listening to the views and experiences of local Carers. This Plan sets out the approach and actions by which the Dundee Carers Partnership will deliver on their vision and outcomes for Carers living in Dundee and Carers caring for people in Dundee. It describes how implementation of the Carers (Scotland) Act 2016 will progress further using the learning from Carers experiences seek to mitigate the impact of the COVID pandemic on Carers in the City as well as continuing to support existing plans for Carers.

The Strategic Planning Advisory Group of Dundee Integration Joint Board have responsibility for implementing the Strategic and Commissioning Plan (SCP[1]) 2019-22. The Dundee Carers Strategy is part of the work endorsed and supported by the SCP.

It is anticipated that, during the lead up to the National Care Service introduction in 2026, there will be information gathered and future plans made that will impact on Carers and approaches overall to social care across Scotland. In addition to this there will be Carers whose Personal Outcomes are likely to be positively impacted by the introduction of Scotland's Social Security System which aims to improve benefits for Carers, disabled people and people with ill health.

[1] The current SCP is due to end on 31 March 2022, however the SPAG have recently noted the impact to date of the COVID-19 pandemic on the ability to deliver the SCP in the way planned.

Work with Young Carers continues to be underpinned by the 'Getting it right for every child' (GIRFEC)[2] which promotes a preventative and early intervention approach. This approach ensures that planned actions and support to children and young people resulting from this Local Carers Strategy focusses on ensuring that children and young people are supported to achieve the best possible outcomes in life. Contributors to this Plan recognise that Young Carers are children first and foremost, and are seeking and to reduce and eliminate any negative impact of caring on their life.

The definition of Carer

The Carers (Scotland) Act 2016 identifies a Carer as someone "who provides or intends to provide care for another individual". Carers who are the intended target of this Local Carer Strategy include:

- Anyone who supports (plans to support) a friend, partner or family member of any age who is affected by long term illness, disability, frailty, mental health or alcohol or drug use.
- Individuals who give this support who also receive Carers Allowance or Kinship Care payments [3] as well as those who do not these allowances.
- Adults, children and young people who share the care and support of someone with others including other unpaid Carers and paid care workers

Carers are part of every community and culture and can be any age. Although other people in the City may benefit from some of the actions and plans made as a result of this Strategy (e.g. Foster Carers[4] looking after a child with Additional Support Needs/ disability, and people who give care and support on a paid basis or as part of employment or voluntary work) these people are not the main focus of this plan.

A Young Carer is defined as a child or young person under the age of 18 (or 18 and still at school) who has a significant role in looking after someone in their household/family network. There are some children and young people who may not have any direct caring responsibilities, who experience many of the effects of a caring situation. The Dundee Carers Partnership recognises these young people as 'affected by care responsibilities' and acknowledge that support planned through the Carers Partnership may be needed to address the impact on the outcomes for these young people.

[2] GIRFEC is the national approach in Scotland to improving outcomes for children and young people and supporting their wellbeing by offering the right help at the right time from the right people.
[3] A Kinship Carer is defined as an extended family member or close friend who looks after a child, if they cannot remain with their birth parents.)
[4] Foster Carers are not covered by Carers Act and plans for this area are made through Children and Families Service

A Carers Story -K

K is an adult who lives on their own in sheltered housing has a caring role for an older neighbour, who also lives on their own.

K has always helped their neighbour with practical tasks like taking them to the shops. During the COVID-19 pandemic K felt their caring role had intensified and felt increasingly isolated and responsible for their neighbour. K noticed that their neighbour was not looking after themselves very well and their condition was deteriorating.

K made a self-referral to Dundee Carers Centre and the Carer Support Worker assisted K to contact the Health & Social Care Partnership for advice and information. However, the neighbour was reluctant to seek support from social work, was relying more and more on K and seemed to be concealing their deterioration from outsiders. An incident occurred which led to a home visit to K's neighbour by the GP which resulted in a Care Manager becoming involved and social care put in place twice a day.

K now has relevant contacts within Health & Social Care if they are worried about their neighbour when the warden or social care workers are not around, and don't feel solely responsible for their neighbour's wellbeing.

K was also supported by Dundee Carers Centre to access their own Short Break, which they use to pursue arts and crafts activities. They also can go out for coffee and meals with friends again, feeling reassured and not feeling guilty about leaving their neighbour as other people apart from K are now aware of the situation and popping in to make sure they're okay.

Engagement

The information in this strategy and the plans made reflect the ongoing and extensive involvement of Carers, the workforce and other stakeholders over the last few years in Dundee. Dundee Carers Partnership support a process of ongoing participation and involvement with Carers and stakeholders. Significant structures that have supported this are Dundee Carers Voice and Young Carers Voice as well as Carers Blethers and the Carers (workforce) Network. (Since the Pandemic Carers Voice and Carers Blethers dissolved and Carers are developing new engagement structures and methods along with Dundee Carers Centre). Specific engagement opportunities are arranged around particular topics, an example of this being the Covid-19 Engagement exercise with Carers.

In November 2019, Dundee Carers Partnership facilitated a development session to identify key priorities for implementing the next Local Carers Strategy and involvement of members in planning and supporting the overall co-design of this work. The further development of the strategy was then delayed as the Pandemic and lock down affected us world-wide.

Engagement and participation have continued both formally and informally. The Carers Partnership has continued to optimise opportunities to hear from, listen to and find ways to support Carers.

Information from the Performance Reports of the Dundee Carers Partnership (2017-2019 and draft 2020-2021); as well as the recent Desktop Review of Carers and Covid research along with the findings from the Carers Covid Engagement in Dundee have significantly influenced future plans for and with carers in the City and have been fully considered in the development of 'A Caring Dundee 2'

It has been recognised that like many members of the Public just now Carers feel "surveyed" out. The Engagement at this stage of the Strategy has been kept to a minimum. Virtual (and Face to face) focus groups were organised to establish and confirm the direction of travel for this strategy. The Focus Groups were supported by several local organisations and included Carers as well as some people who had support from Carers. The Draft Strategy was circulated broadly to stakeholders and a range of individuals and agencies prepared responses and their comments have shaped the Strategy and future plans.

Here are some views from Young Carers

- Young people don't always feel comfortable telling people they are a Young Carer, identification needs to be in a safe and comfortable environment, with people they know and trust.
- When identified Young Carers feel respected and involved especially within school support and through young carers projects and groups.
- It is good to have someone within the school to talk about aspects of the caring role e.g. balancing school work with caring role; the anxiety or worry about the person they support being okay while they are at school.
- Young Carers want teachers to be more aware of young carers and how demanding a caring role can be especially on trying to balance school and homework.

The Vision

The vision set out in A Caring Dundee 2017 has been further developed in order to confirm the direction of the 2021-2024 Strategy.

A Caring Dundee in which all Carers
are heard, valued, understood and supported
so that they are well and are able to have a life of their own.

Carers in Dundee

The current population of Dundee is thought to be just under 150,000 people. It is estimated that there are over 27,000 Carers of all ages in Dundee, this is an increase since the onset of the Pandemic of over 6,000. Carers UK figures[5] identify that across the country 78% of Carers were reporting a greater responsibility than prior to March 2020. It is estimated that there may be 29,000 young carers in Scotland and that Young Carers make up 4% of the under 16 population. This could indicate that there are more than 1000 Young Carers in Dundee. The number of named Young Carers (Under 18) are currently identified as actively caring in Dundee in 2021 is over 650.

A specific Carers Needs Assessment Report is currently being developed the draft of which has informed the work of this plan. The Plan is also informed by the Strategic Needs Assessment Information that is collected as part of Integrated Strategic Planning for Health and Social Care in Dundee.

A Caring Dundee 2 has been informed by relevant local and national information including about Carers and Young Carers and information about how the pandemic has impacted local people.

Relevant Local Plans

Dundee Health and Social Care Strategic and Commissioning Plan 2019-2022 makes a commitment 'to recognising the immeasurable positive contribution Carers provide and to ensuring that the role of Carers remains integral to all that we do.'

The Pandemic has delayed work to update The Tayside Plan for Children, Young People and Families 2017 – 2020. Children and Families Services in Dundee, and across Tayside, have been working together as part of Tayside Children's Collaborative to update the Tayside Plan. A 'Priorities Working Group' of this Plan aims to "Ensure Young Carers are identified, provided with support, and assisted to manage appropriate caring responsibilities".

'The Promise Scotland' is responsible for driving local work for Children and Young People following the National Independent Care Review. This is expected to influence local work and plans over the next 10 years and has already done this through the Dundee Partnership Promise 2021-2023.

[5] https://www.carersuk.org/scotland/news/facts-and-figures

Core Principles

Across Dundee we listen to and work with Carers in accordance with the Health and Social Care Standards[6] prioritising and respecting people and their choices when they seek support.

The Equal Partners in Care (EPIC) principles developed by NHS Education for Scotland (NES) and the Scottish Social Services Council (SSSC) are embodied in local plans, actions and direct work with Carers. This strategy embeds the Equal Partners in Care (EPiC) core principles: Carers are identified; Carers are supported and empowered to manage their caring role; Carers are enabled to have a life outside of caring; Carers are free from disadvantage and discrimination related to their caring role; Carers are fully engaged in the planning of services; Carers are recognised and valued as equal partners in care. See Figure 1

Figure 1

Carers Resources

Support for Young Carers

Support to Young Carers is part of the 'Getting it Right for Every Child' (GIRFEC) approach in Dundee, which improves outcomes and supports the wellbeing of children and young people by providing the right support at the right time. For more information on GIRFEC in Dundee go to **www.dundeeprotectschildren.co.uk**

Some children and young people who are Young Carers are assessed as having Additional Support Needs and where there is a need for coordination of support this is done through the

[6] 'my support, my life' **www.gov.scot/ Resource/0052/00520693.pdf**

TATC (Team Around The Child) process and a Child's Plan may be created to coordinate and monitor outcomes.

Schools in Dundee have a designated Young Carer Coordinator, an Education employee, who works closely with identified link workers (from Dundee Carers Centre) to support the needs of Young Carers. The Co-ordinators ensure other school staff are aware of any concerns that may impact on the engagement and participation of the Young Carer in School commitments and activities. In some schools the Co-ordinators facilitate a Young Carers group allowing a safe space for Young Carers to share views, advice and mutual support and come together with others experiencing similar caring duties. Every secondary school has a group of young Carers who volunteer as Young Carer Ambassadors. There are currently 32 Young Carer Ambassadors who lead activities for their peers, raising awareness of what it means to be a Young Carer. Dundee City Council Children and Family Service have two Carers Champions who are working with Dundee Carers Centre link workers to develop the Champions role within children's social work teams to better identify and support Young Carers in those settings. Young Carer Ambassadors have recently been recruited at Dundee & Angus College to develop this programme beyond Secondary School.

A Carers Story-G

G is an Adult Carer who has benefited from the partnership work developed in the City by the Carers Centre with Secondary Schools and D&A College to support Young Carers transition to College and maintain their place there.
G was identified as a Young Carer by the School Guidance Team and attended the Carers Group run jointly by the school and Dundee Carers Centre. G benefited from transition workshops, activities and support run in partnership by the Student Support Team at the College and the Carers Centre – which continued to be provided online during the COVID-19 Pandemic. G has maintained their College Place and continues to receive support via the College Carers Group run in partnership by the Student Support Team and Dundee Carers Centre.

G has been able to access a range of supports including the Attainment Challenge, Young Scot Young Carers Package and is now training to become a Carer Ambassador at College. The Student Support Team have also been able to organise additional placement opportunities relevant for G's studies. G is also involved as a volunteer with a National Carers Organisation and is involved in a range of national opportunities. G's busy life includes an increasing caring role, a College Course, a part-time job and multiple volunteering roles. G was not identified as a Carer until 6th Year at school but has had a caring role since primary school and is passionate about becoming involved to make sure that other Carers are identified and receive support as early as possible.

Support for Adult Carers

Carers can currently access both formal and informal supports for themselves from a range of resources across Dundee. Personal Outcomes for Adult Carers are described in the following diagram. Local Carers identified outcomes that were relevant to them these are grouped under outcome domains of Health; Having a Good Lifestyle; Financial Security and Managing the Caring Role. See diagram. (Figure2).

Figure 2

In Dundee it is recommended that Assessment Practitioners complete Adult Carer Support Plans within 90 days of the initial request for these. All known Carers of people who are terminally ill should be **offered an Adult Carer Support Plan or Young Carer Statement within 2 working days** of a person being identified as a relevant Carer. A **"substantive conversation"** should take place with the within **five working days** with **ACSP/YCS within ten working days.**

What is a "substantive" conversation with a Carer?

A "substantive" conversation is about finding out from the Carer what matters to them. This means that the Carer should have time and space to have a meaningful discussion about their current circumstances as well as their own goals and personal outcomes.

The next diagram (Figure3) shows the Triangle of Support which illustrates the level of risk that Carers might not achieve their personal outcomes. The lower part of the triangle describes the support that Carers can access directly. When the risk to a Carer achieving their personal outcomes is higher they should access supports at other levels as well. During the Adult Carer Support Plan Process Carers explore their outcomes on a one-to-one basis with an assessment worker who can identify their eligibility for a funded support plan as well as considering other resources and supports.

Individually Funded Adult Carer Support Plans are available for Carers who meet the Eligibility Criteria for Carers in Dundee; that is, they are identified to be at a very high level of risk to achieving one or more of any of the 4 Carers personal outcomes. Individually Funded Adult Carers Support Plans will be offered as Self-Directed Support where Carers can choose from 4 options in order meet their outcomes. These options include getting the funding to spend on their own support; agreeing their support and asking for this to be paid; having the support arranged or a mixture of these 3 options. Table1 gives information about the type of support that might be available to Carers who live in Dundee as well as Carers who support someone in Dundee. In order to support Carers and help them maintain or reach their personal outcomes there is a wide and varied choice of supports for Carers who do not reach the Eligibility Threshold. Carers who live in Dundee can also access all the supports that are available below the threshold. Responsibility for Adult Carer Support Plans for Carers who live in Dundee but support someone out with Dundee rests with the area the person they support lives in and that areas Carers Eligibility Criteria will be applied.

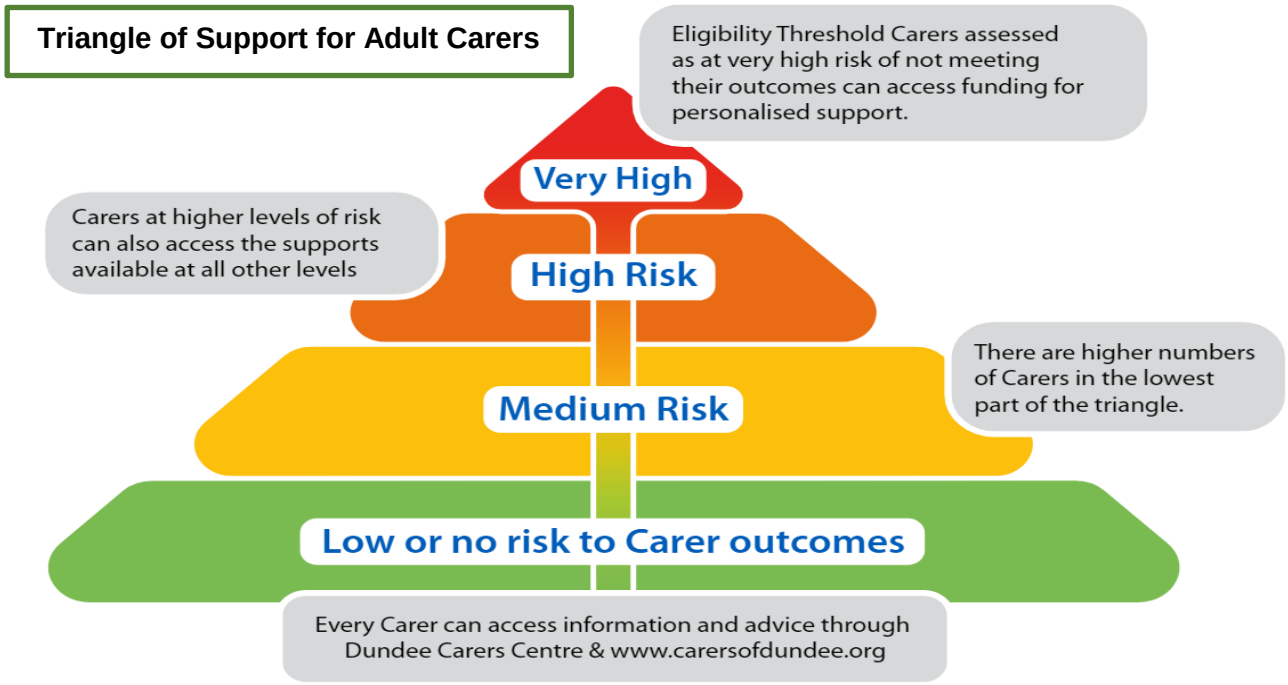


Figure 3

The level of risk to Carer outcomes			Examples of types of support (not exhaustive) Specific Examples given may not all always be available
	Very high risk	Eligible for funded support	Personalised support e.g. Counselling, training for care role/tasks or whatever else that can meet outcomes and is not available in Green, yellow amber stages. Can still access all other supports in other stages to make full package. Advice can be given to Eligible Carers through Self-directed support service at Dundee Carers Centre
	High Risk	Direct support & intervention from one or more agency	Support from Community Nurse, Social Care Organiser etc. along with One-to-One support from Carers Agency. Sources of Support, Community Health Service. Can still access all other supports in yellow and green stages to make full package.
	Medium risk	Mainstream Carers support that can be accessed directly	Alzheimer's Society, Penumbra Carers Support, Carers cinema Club (Adler Community Centre) Short Break Brokerage. Peer support groups. Can still access all other supports in green stages to make full package. Parent-to-Parent
	No/Low Risk	Self-Care, friends and family, Carers agencies like plus other Universally available supports available for all in local community	Local Zumba Class, Mindfulness, Community Centre Social Groups, Welfare Rights/Money Advice. Learning Portal on CarersofDundee. Carers Decide Groupwork National Support on line e.g. Mobilise. Workplace Carers groups. Virtual Hubs. Local Walking Groups, Mindfulness. Volunteering. Dash. Dundee Deaf Hub. Activities in local Community Centre's.
	Information and advice are available for all Carers. For contact information for organsiations visit carersofdundee.org/organisations/ & www.aliss.org/		

Short Breaks

Planning for Carers to have a break is often interdependent with planning alternative care for the person or people they support. Arranging Short Breaks is a particular example of where this planning must be done jointly. In order to have a break the Carer must be confident about how the supported person is looked after. The Dundee Short Breaks Services Statement[7] gives more information about short breaks in the city. It may be useful when planning a break to consider the type of rest the Carer is most looking for. Each Carer will have different needs for a break. The following graphic (Figure 4) highlights the types of rest a Carer might be seeking. When planning a short break some Carers may want to address their need for some or all of type of rests at the same time.

[7] The Dundee Short Break Service Statement published 2018 -initial review in December 2019 agreed that the Statement will be produced in a more accessible format. This work has been delayed as result of the pandemic.

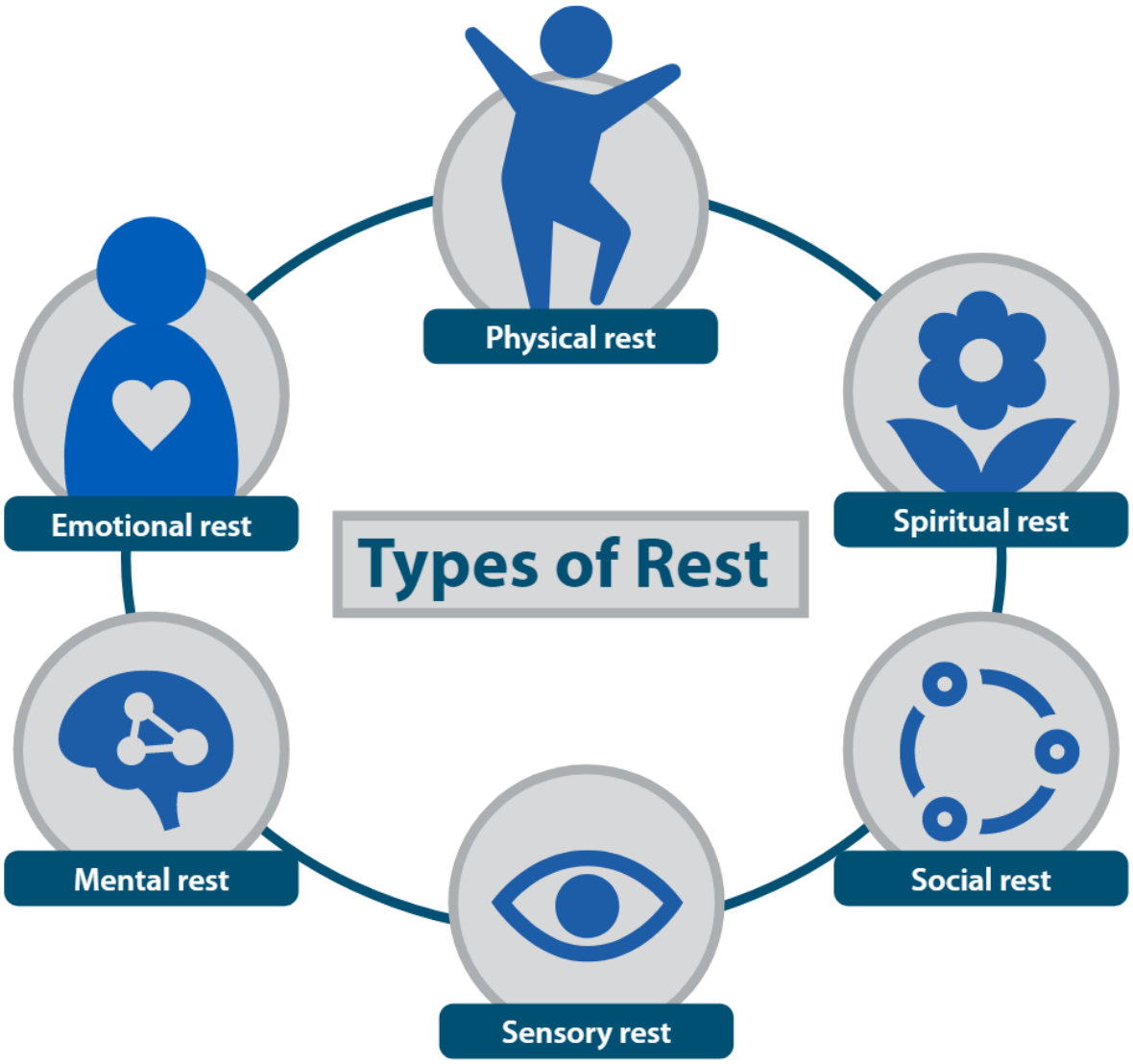


Figure 1

Support for the Child or Adult a Carer looks after

The child or adult that the Carer supports can also be supported by services that may relieve or support their Carer. These would be based on either a Childs Plan for the child with additional support or wellbeing needs or an outcome focussed assessment of the supported adult. Many Carers worry what will happen if the child or adult they care for needs care in an emergency. When a Carer wants to plan with the person they support in case the Carer becomes suddenly unavailable the professionals who are responsible for assessment of the child or adult who the Carer looks after should discuss alternative care and support and help make a plan for this.

Any Carer who is experiencing a crisis and needs additional or emergency support for caring responsibilities they should contact the professionals already working with the person they care for- this could be a named person, school contact, a health care contact or someone in Social Work or Social Care.

Children and young people who have additional support needs the Children and Families Supporting Learners Strategy (www.dundeecity.gov.uk/additional-support-needs/support-for-learning) supports their needs, as well as the Team Around The Child Framework. For more information visit www.dundeecity.gov.uk/service-area/children-and-families-service

When a Carer is looking for more support for an adult, if the Carer is unsure of who to contact they should seek advice from the Dundee Health and Social Care Partnership First Contact Team on 01382 434019.

Information about how to get support from Social Work Out-of-Hours services will be given via First Contact Team answer machine service. Further information about resources for the person that the Carer supports are available through Health, Social Care, Social Work and the Third and Independent agencies can be sourced through https://www.aliss.org/ Information about supports for Carers and the person they support is available at https://www.carersofdundee.org.

‘Being a carer is challenging, very challenging at times.’
(A local professional who is a Carer)

‘I had honestly never thought about how much I do and the things I know…. it’s nice to think about all the learning you’ve done and how strong you can be…
(Adult Carer who recently completed an Adult Achievement Award)

When I started getting support I just felt so alone… I honestly felt like I was the only one. Support has helped me see that I’m not.”
(Parent carer of a child with Additional Support Needs)

‘Feeling someone is taking care of me, in a way, allows me to be a carer’
(Carer in 2021 Focus Group on Carers Strategy)

Strategic Outcomes for Carers in Dundee

A Caring Dundee 2017 described four strategic outcomes which are set out in Figure 5.

Figure 2

The Carers Performance Reports 2017-2019 and 2019-2021 set out information about the progress made towards these strategic outcomes. Dundee Carers Partnership carried out an engagement exercise to gain a better insight into how Carers circumstances have been impacted by COVID, publishing a report in March 2021. The recommendations from the engagement have been now been aligned with the Strategic Outcomes and will form a key part of the actions in the Delivery plan for the Carer's Partnership, the wider Health and Social

Care Partnership and other stakeholders. The Carers Partnership have started work to implement actions based on the findings and have established workstreams to develop proposals with Carers and stakeholders to address the report recommendations. The agreed activities and plans resulting from these will be incorporated into the Delivery Plan of this strategy.

Despite many achievements and previous progress, Dundee Carers Partnership know that further work is needed towards reaching the revised vision set out for 'A Caring Dundee 2'. There is a need to continue to maintain the existing progress; recover the previous gains that may have been impacted by the pandemic; and implement new actions to support the strategic outcomes. These established outcomes remain a critical element of the work of 'A Caring Dundee 2'. Carers and Stakeholders recommended some adjustment to the wording for A caring Dundee 2 and this has been reflected in the refreshed outcomes.

Further details about each of the strategic outcomes are set out in the next pages selection of the achievements is included at the top of each section to illustrate what has been done to contribute to the realisation of the outcomes. See Figures 6,7,8,9.

Working from home….is good…but ...my work was also a bit of respite so there are times I feel the pressure.
(Adult Carer During pandemic)

Taking part in the YC Statement … made me feel listened to and valued as a carer. I know have methods in place to support me."
(Young Carer)

It reminds me of a line from a film "You have listened extremely well, but you haven't heard what I said".

I realised that in Asian communities we care a lot about what others think of us and we care less about what we need for self -care. The group discussions… helped change my thoughts and feelings and I feel much better about myself now'
(Carer -Adult Carer -Bereavement Group)

"We don't … do anything with the kids because of time restrictions … and because there's so many of us it's always financially difficult to be able to do nice things
(Parent carers of child with Additional Support Needs)

Carer Strategic Outcome 1

I am heard, recognised, respected and I am able to be involved.

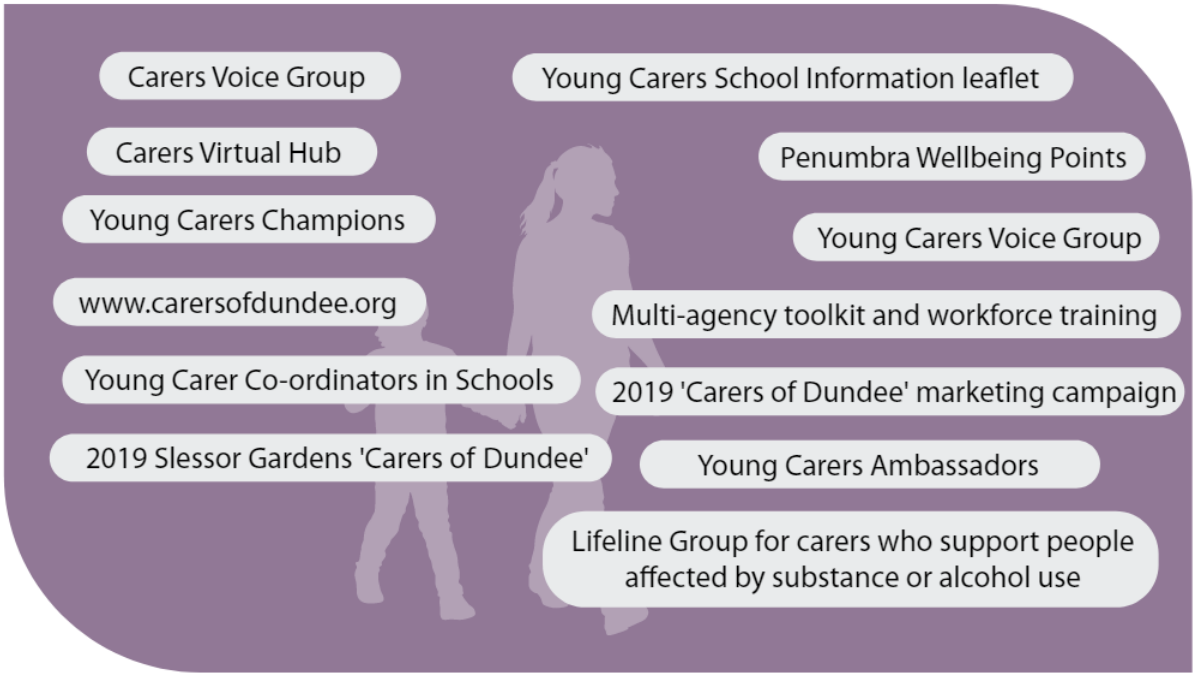


Figure 3

When the Vision has been realised

Carers will say that they have been identified and recognised; given a voice and feel listened to, heard, understood and respected and an equal partner in the planning and shaping services and supports. Carers will also say that they know and understand their rights as a Carer.

Ways the Vision be achieved.

The Vison will be achieved by:

- working with Carers and relevant agencies to find ways to identify Carers, thinking creatively and utilising best practice locally and nationally
- taking a proactive approach to Carer identification including the promotion and uptake of Adult Carer Support Plans and Young Carer Statements
- promoting partnership working with Carers, specifically in planning conversations with the person they care for including during hospital stays and discharge
- finding the best ways to ensure that people who aren't online can continue to access information and support in other ways
- finding ways of proactively identifying Carers and supported people and who can't access information on line to identifying resources and support to enable access

- continuing to have an information and advice service for Carers that is shaped by what Carers want and need to know and provided in ways that they identify as optimal
- continuing to provide and seek additional ways to ensure that relevant information and advice is available in a range of accessible formats
- undertaking targeted engagement work with Carers with similar types of caring roles to further understand, plan and design solutions to reduce the impact of caring
- working with Carers in co-productive ways to explore the best ways of Carers recognising their role and seeking support for this
- enhancing workforce learning opportunities regarding Carers matters and Carers priorities and opportunities to support Carers
- further developing Young Carer Ambassadors programme at Dundee & Angus College to beyond Secondary School
- working with Community Learning and Development colleagues to develop resources for youth groups in informal settings so Young Carers are more easily identified and supported in the community.

A Carers Story-'T'

Young Carer Ambassadors are Young Carers who volunteer to support Carer Co-ordinators (Education Services Staff) in schools and Dundee Carers Centre link workers. Their aim is to raise awareness of Young Carers, the support that is available and how to access support in Secondary Schools across Dundee. There are currently **31** Young Carer Ambassadors in schools across Dundee participating in decision making and delivering workshops and support groups in their schools to other Young Carers. Most of these ambassadors have benefited from support as Carers and so want to give back and help their peers.

T is a Young Carer whose circumstances mirror those of many who are Ambassadors. T was identified as a Young Carer by their Guidance Teacher and referred to the Dundee Carers Centre Link worker for 1:1 support. T and their worker developed and worked on a personal outcome plan and when they had achieved their goals, and improved their confidence by participating in range of peer support groups and a residential, T identified they would like to help other Young Carers by becoming a Young Carer Ambassador.

T takes a leadership role in particular by making newly identified Young Carers feel at ease in the peer support group run in partnership by the school and Carers Centre. Being an ambassador and taking on this role makes T feel proud.

Another Young Carer Ambassador captures the motivation of so many of our impressive Young Carers: "*Becoming a Young Carer Ambassador is important to me because I want to be able to help people and make people aware that there are people who are Young Carers in school but it's nothing to be ashamed of." (Young Carer Ambassador)*

Carer Strategic Outcome 2
I am supported to have the best possible caring experience.

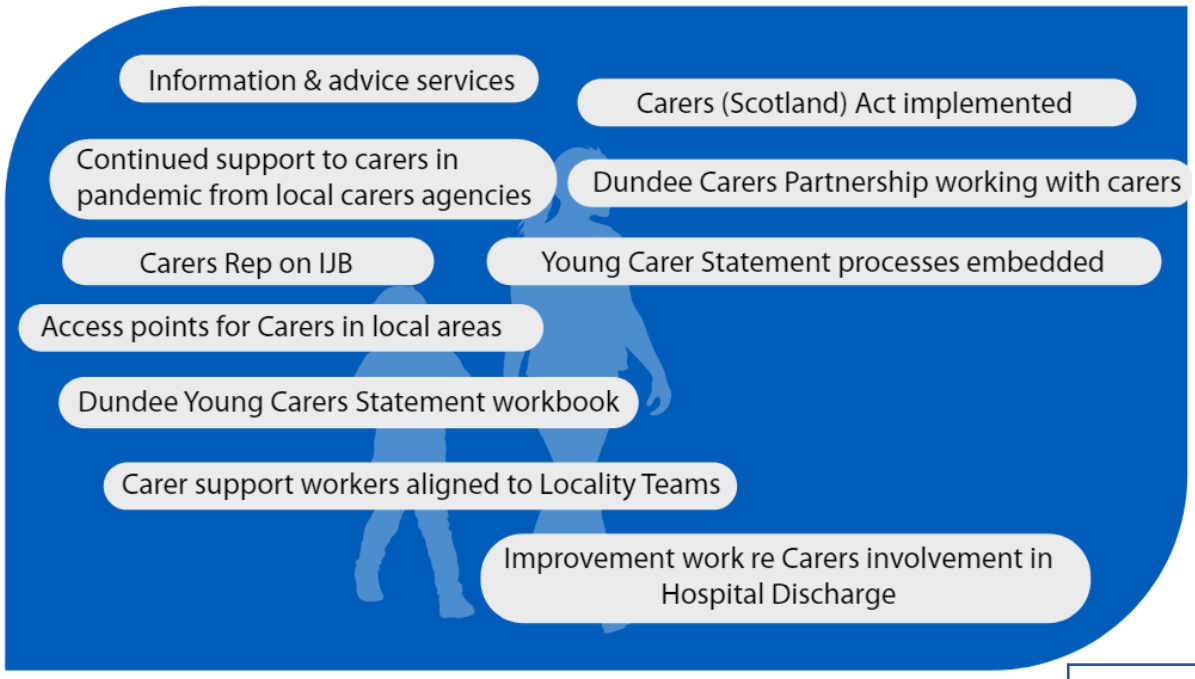


Figure 7

When the vision has been realised:

Carers will say that they have positive experiences of supports and services designed to support them and the person they care for. Carers will say that they feel services are well coordinated for them and the person they care for and they have access to the information and advice they need.

Ways the Vision be achieved.

The Vision will be achieved by:

- the Carers Partnership gathering information about other local developments and plans that have actions that intend to support Carers to feed into local Carers Strategy work
- recognising that face to face contact is a vital way of supporting Carers and should be maintained (within Covid-19 guidelines and in the longer term)
- Ensuring that activity is maintained to ensure that all Health and Social Care and associated workforce to remain alert for any possible critical concerns in caring situations and have pro-active conversations with Carers to ensure access to the supports and services they need now and in the longer term
- Support ways to ensure suitable and sufficient contingency arrangements are made if Health and Social care provision for Supported Persons ever has to be reduced again
- Ensuring that appropriate services and structures hear Carers feedback and concerns

- Promoting and supporting ways that formal services in local authorities and health give Carers and their families clear, timeous information about any service changes overall and individually
- Looking into the potential for a City-wide information campaign to enhance overall public awareness and knowledge of the City's current response to Covid-19 including any proposed changes, key information and access to local supports.

A Carers Story 'S'

S, an Adult Carer, was referred to the Carers Centre for support.as they were experiencing pressures as a result of their caring role. Through developing a Personal Outcome plan S and the Development Worker identified that S was taking on lot of responsibility for caring tasks that might be able to be reduced. It seemed possible that the person the Carer supported may be capable and able to access alternative supports that might help reduce the responsibilities of the Carer.

The Development Worker assisted S to discuss the impact the caring role was having on their health with their GP and to seek support for their own health & wellbeing. The worker also supported S and the supported person to meet with the Care Manager responsible for assessing and arranging the persons support. The three of them discussed the available support together, as well as the supported person's own capabilities. This reassured S that the social care supports in place were meeting the person's needs and S was able to take a step back and that the person they were looking after was more able than they had realised.

S recognised that communication with the Care Manager about the situation and managing their own anxiety about the needs and safety of the person they were looking after were key to being able to take a step back without 'feeling selfish'. S now feels that their relationship with the person they look after has improved and gone back to what it was before they had to take on additional caring responsibilities.

Carer Strategic Outcome 3

I can live a full and healthy life

Figure 8

When the Vision has been realised:

Carers will say that they have opportunities to lead a full and healthy life. This may include accessing supports to improve their health and wellbeing, financial security and identifying what is important to them and how they will achieve this.

Ways the Vision will be achieved.

The Vison will be achieved by:

- prioritising Carers Partnership resources to increase support and explore additional ways to enable Carers to improve and maintain their health and wellbeing
- working with the money advice sector to ensure that Carers know what their rights are, what information and advice is available and enhance access
- exploring action that might be taken to further understand and reduce the financial impacts on Carers and their families
- planning to work in partnership with the Fairness Commission to alert their members to financial impacts on Carers and supported people and consider additional ways to supporting Carers affected by Health Inequalities and poverty

- explore additional ways to support Carers to talk about their emotional and mental wellbeing, and when needed receive counselling during caring and after the caring role ends
- provide ways to enhance health and wellbeing of Carers and Young Carers
- explore additional ways to support Carers who want to gain, maintain or return to employment
- continuing to implement the Carers Act in ways Dundee Carers identify as optimum.

A Carers Story 'J'

A Carers Centre Short Breaks Broker referred a young man (J) to the Keep Well Community Team for a Keep Well Health and Wellbeing Check. This Young Adult Carer and a 'Keep Well Nurse' had 3 telephone consultations before meeting up face-to-face, on one occasion. The nurse identified that his alcohol intake was above the levels recommended by Health experts. He had limited physical activity, as well as an irregular eating pattern. He consumed mainly convenience foods or take away meals, enjoyed large portions, and frequently eat foods high in fat and sugar. His intake of fruit and vegetable was also less than the recommended. His BMI and waist measurements indicated Obesity. He was assessed using a Diabetic Risk Scoring Tool as being at Moderate Risk of developing Type 2 Diabetes. The Carer had experienced symptoms of anxiety since the age of 12 years old, however he indicated improving anxiety levels in the past year. The Nurse offered: Emotional wellbeing support; Alcohol Brief Intervention; Activity advice; Nutritional advice and written information. The Nurse arranged or signposted the Carer to a variety of sources for support including Street Soccer, Amateur Football Team; the NHS Weight loss Plan; the COVID 19 Vaccination Programme and Community Work.

Text message to Nurse from the Carer

"Just want to say being referred to street soccer has made me mentally and physically a better person …I also want to thank you for how beneficial the diet advice was along with the health check they both helped me understand where I was physically and how to better myself from knowing what I need to eat and what to work on.

Being a Young Carer can be tough as you sometimes have to care for someone else other than yourself so it was great to know how to take care of myself".

Carer Strategic Outcome 4

I can have a life of my own and I can balance the caring role in my life

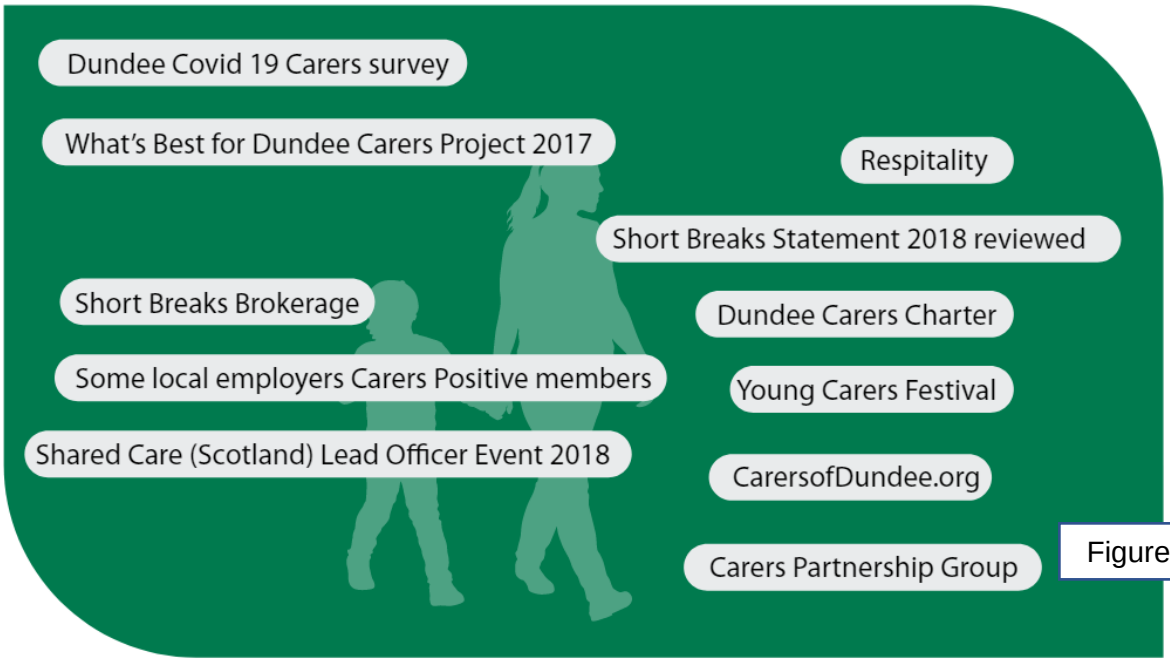


Figure 9

When the Vision has been realised:

Carers will say that they have a good balance between caring and other things in their life and have choices about caring. Carers will say that they are able to spend enough time with people and activities they want to do and are able to continue in the caring role if they wish to do so

Ways the Vision will be achieved.

The Vison will be achieved by:

- continuing to involve Carers and their families in COVID recovery planning
- Health and Social Care Partnership and Children and Families Service resuming supports and services for day support and respite care and considering alternative ways of providing support that may have arisen during Pandemic
- exploring ways to work with more employers Including using Local Carers Charter to facilitate support to employees in a caring role, offering flexible working arrangements
- continuing to explore how best to utilise Adult Carer Support Plans to provide planned support to Carers, based on the Carer's identified needs which meet the local eligibility criteria

- Initiating additional work to increase the appropriate uptake of Adult Carer Support Plans by planned improvement to the process and systems
- develop the use of self-directed support options which enable Adult Carers who meet eligibility criteria and need this support to achieve their outcomes
- co-working with Carers on Adult Carer Support Plan process including consideration of Pre-assessment information booklet/checklist for Carers
- enhancing ways that support can be provided in the form of a break from caring including breaks provided on a planned basis
- Carers Partnership contributing to finding the best ways to provide information about Short Breaks and services that support a Carer to have a break by caring for the supported persons
- consideration by the Carers Partnership how make recommendations on to best to utilise the review of the Local Authority Short Breaks Services Statement to identify specific requirements for specific groups, identify barriers and solutions to enhance access and provision
- consideration to be given by Carers Partnership of possible need for additional/enhanced Advocacy support for Carers and what form this additional support needs to be in form of e.g. Independent Advocacy; Collective advocacy; Peer support; etc.

A Carers Story ‘A’

A is an Adult Carer with a long-term caring role for multiple family members and their own health has deteriorated. A received support from the Carers Centre developing a Personal Outcome Plan which focussed on their own needs and goals. A felt they needed a safe space to talk and find more things to do and get involved in as they felt they had become socially isolated.

The Development Worker supported A with practical strategies to keep track of the groups and activities they wanted to participate in – some organised by the Carers Centre and some general community groups in A’s local area so they would be able to attend more regularly.

Focussing on what A could do, rather than what they couldn’t do due to their health issues, the Development Worker and A identified that they had real empathy for other Carers and lots of experience to share. A became a volunteer with the Carers Centre and supported other Carers attending groups which has given A new found confidence. Attending the groups makes A feeling refreshed and energised rather than downbeat and is able to manage their own health and wellbeing much better.

Messages from Carers during 'A Caring Dundee 2' Engagement

- ✓ The draft strategy covers all points that carers feel are significant with regards to their views being heard and requirements understood.
- ✓ Carers and the people they support are keen to shape the delivery plan of the strategy and to experience changes brought about by it
- ✓ It was good to have a chance to have conversations around their experience during the pandemic and the strain this placed on carers.
- ✓ It is important to have a range of supports provided by agencies such as Carers support organisations to help Carers to be respected and involved and they have an essential role in helping people identify as a 'Carer' and recognize caring role.
- ✓ Carers matters are interlinked with wider priority areas across the City. It is important to maintain connections with other strategic plans and planning groups. In addition, Carers matters should be highlighted with wider community groups and local networks
- ✓ Carers want and need the supports and services to be right for the person they are caring for- without this it is harder to achieve their own personal outcomes

Monitoring Progress

The Dundee Carers Partnership is a multi-agency group with the key aim of improving outcomes for Carers and Young Carers in Dundee. This Partnership provides a mechanism to ensure agencies across the city work together along with local Carers to collectively achieve the vision and strategic outcomes for Carers. Future progress will be monitored through this group who will meet several times per year to develop, implement, and review the Strategy in the spirit of co-production. The Carers Partnership has wide representation from across Dundee Heath and Social Care Partnership (DHSCP), Dundee City Council Children & Families, the voluntary sector, community organisations and Carer representatives. Working in partnership with Carers is central to the practice of the Partnership and to delivering consistent focus on outcomes. The Carers Partnership reports to DHSCP Integrated Strategic Planning Advisory Group. The DHSCP Strategic Planning Advisory Group reports to the Dundee Integration Joint Board.

A Delivery Plan will be developed for A Caring Dundee 2 which includes the planned actions to deliver the Strategic Outcomes, and how success will be measured. lives alongside caring". The Carers Partnership expect to evaluate progress on an annual basis using the measures of success identified in Delivery Plan. It is anticipated that the Carers Partnership Performance Report will continue to be produced every 2 years and that Performance Information about

working with Carers will be included in the Dundee Health and Social Care Partnership Annual Performance report.

This Strategy will be formally reviewed after three years. The Carers of Dundee web pages will continue to feature and update information for Carers, those they care for and professionals and will continue to have training and learning opportunities for Carers and professionals to learn together. We will continue to develop our performance reporting and governance and accountability mechanisms.

Next Steps

- Develop A Caring Dundee 2 Delivery Plan with Carers including measures of success
- Provide accessible information about A Caring Dundee 2 and the Delivery Plan (including consideration of a Short Video)
- Monitor outcomes of implementation of A Caring Dundee 2 and plan responses to any new information that arises as a result of this
- Ensure that we respond promptly and effectively to significant local and National events that affect carers situation and circumstances
- Continue to implement the Carers (Scotland) Act 2016
- Develop and enhance ways to support Carers' health and wellbeing and help make caring more sustainable
- Fund, implement and monitor actions developed as part of response to Covid 19 Engagement Recommendations
- Produce Accessible Short Breaks Services Statement and review as required by legislation.

Background and Reference Information

The Carers (Scotland)Act 2016
http://www.legislation.gov.uk/asp/2016/9/contents/enacted)

A Caring Dundee 2017-2020
https://www.dundeehscp.com/our-publications/news-matters/caring-dundee#:~:text=A%20Caring%20Dundee%20was%20launched,supporting%20people%20they%20care%20for.

Getting It Right For Every Child (GIRFEC)
https://www.dundeeprotectschildren.co.uk/getting-it-right-every-child

Equal Partners in Care Core Principles- The Knowledge Network
http://www.ssks.org.uk/topics/equal-partners-in-care/core-principles.aspx

What's Best for Dundee Carers Report 2017
https://www.dundeehscp.com/publications/whats-best-dundee-carers-report-carers-scotland-act-2016-implementation-pilot-project

Dundee Short Breaks Services Information
https://www.dundeehscp.com/our-publications/news-matters/short-breaks-services-statement#:~:text=In%20Dundee%20we%20are%20committed,they%20wish%20to%20do%20so.

Tayside Plan for Children, Young People and Families
http://www.dundeecity.gov.uk/sites/default/files/publications/Tayside_Plan_Final.pdf

Tayside Children's Collaborative
www.taycollab.org.uk/

The Promise Scotland
https://thepromise.scot/

Dundee Children and Families Committee – regular update reports regarding Young Carers
https://www.dundeecity.gov.uk/minutes/meetings?in_cc=178&in_dat=2

Dundee Integration Joint Board- regular update reports about Carers including Investment Plan updates https://www.dundeehscp.com/publications/ijb

Dundee Health and Social Care Partnership Strategic Commissioning Plan 2019-2022.
https://www.dundeehscp.com/our-publications/news-matters/dundee-health-and-social-care-partnership-strategic-and-commissioning

Dundee Carers Covid Engagement Report
https://carersofdundee.org/workforce/carers-partnership/#report

Social Care (Self-Directed Support) Scotland Act 2013
https://www.legislation.gov.uk/asp/2013/1/contents/enacted

A Plan for Supporting Carers in Dundee 2021-2024

The Carers (Scotland) Act (2016) says every local area must have a Local Carers Strategy which is reviewed every 3 years.

A Local Carers Strategy is a plan made with Carers for Carers. In Dundee our new plan is 'A Caring Dundee 2'. This plan was written by the Dundee Carers Partnership and agreed by the Dundee Integration Joint Board (IJB) and Dundee City Council. The plan builds on the last plan 'A Caring Dundee 2017'.

The plan is for unpaid Carers who help someone of any age who needs help because of long term illness, disability, frailty or older age, mental health or alcohol or drug use. The person they help might be a partner or someone in their family or a friend. The Carers Strategy is not about people who care for others as part of their job or as a volunteer. A Carer may look after one person or more and a Carer can be an adult or a child. When a Carer is under 18 they are known as a Young Carer.

A Caring Dundee in which all Carers
are heard, valued, understood and supported
so that they are well and are able to have a life of their own.

'The Vision of 'A Caring Dundee 2'

A 'Caring Dundee 2' has 4 Strategic Outcomes that will be used to organise the work. They are:

1) **I am heard, recognised, respected and I am able to be involved.**
2) **I am supported to have the best possible caring experience.**
3) **I can live a full and healthy life**
4) **I can have a life of my own and I can balance the caring role in my life**

Find out more about support for Carers at **carersofdundee.org.uk**
or phone Dundee Carers Centre on **01382 200244**

Dundee Health & Social Care Partnership

Carers of Dundee
www.carersofdundee.org

Some Key Information about Carers - A Caring Dundee 2 - 2021

Identified, Respected and Involved

In **2018/2019** there were **23,180 carers** supported by local carer services in Scotland.

Most carers we know about provide support with **shopping, cleaning, domestic tasks and emotional support**

62% of adult carers supported by local carer services provide an average of **50+ hours of care per week**

65% of young carers supported by local carer services provide up to **19 hours of care per week**

94% of young carers experienced an impact on their emotional well-being due to their caring role

61% of adult carers told us their health was impacted by their caring role

A Positive Caring Experience

There was an increase of **6%** in carers claiming Carers Allowance from **August 2019** to **August 2020** in Scotland

In **2019-2020** Dundee had **15, 265 carers** claiming Carers Allowance of whom most were between the ages of **35** and **64 years old**

Carers Allowance Supplement has increased in Scotland from 78,080 payments made in 2018-19 to 85, 685 payments made in 2020-21 – **10% increase**

Carers Allowance Supplement has increased in Dundee from 2,535 payments made in 2018-19 to 2,805 payments made in 2020-21 – **11% increase**

A Fulfilled and Healthy Life

Around **130 Carers Health Checks** have been carried out each year in Dundee (2018-19 and 2019-20)

72% of carers reported poor mental health, and the same percentage (72%) said their physical health had deteriorated

The more hours of care and support a carer provides per week the more likely they are to experience impacts on their **health, finances and employment**

Balancing the Caring Role with My Life

During 20/21 Dundee Carers Centre asked carers if they feel "Supported to Continue Caring". **100%** of the carers who responded **301 responses** said they are supported.

34% of carers said that they felt supported to continue caring

84% of carers reported an increase in the amount of care they provided since the start of the Pandemic

64% of carers were positive about the balance between caring and other things in their life

During the pandemic, **71%** of unpaid carers have not had a break from their caring role

From 2018-2021 Dundee Carers Centre provided **1151** short breaks. This included breaks for **93** young carers in 20/21.

The information included here is a sample of information in the Dundee Carers Strategic Needs Assessment which will be published on **www.carersofdundee.org and www.dundeehscp.com**

Dundee Health & Social Care Partnership

Carers of Dundee

www.carersofdundee.org

ITEM No …15……..

REPORT TO: **HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 27 OCTOBER 2021**

REPORT ON: **FINANCIAL MONITORING POSITION AS AT 27 OCTOBER 2021**

REPORT BY: **CHIEF FINANCE OFFICER**

REPORT NO: **DIJB52-2021**

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 August 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 August 2021 (excluding any implications of additional COVID-19 spend) shows a net projected underspend position at the year-end of £524k.

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 July 2021 (Quarter 1 return) is £7.3m and they have advised that this return will be used as the basis for any future additional funding 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 explore areas to control expenditure and achieve the savings targets identified.

4.1.4 The enclosed financial reporting has been enhanced to include more detail of operational services financial performance as requested by IJB members.

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 potential 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 £1,356k by the end of the financial year. Assuming all additional Covid 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 (£993k) and overall prescribing is projected to be underspend by (£715k).

4.3.2 Service underspends are also reported within Community Based Psychiatry of Old Age (£595k), hosted services such as Psychology (£202k), Tayside Dietetics (£43k), Learning Disability (Tayside Allied Health Professionals) (£159k), Drugs and Alcohol Recovery service of (£116k) and Sexual & Reproductive Health (£257k) mainly as a result of staff vacancies. Further underspends totalling (£359k) are anticipated within Public Health, Primary Care and Keep Well services.

4.3.3 Service overspends are anticipated in Enhanced Community Support £564k, Medicine for the Elderly £161k and Psychiatry of Old Age In-Patients £150k. Occupational Therapy budgets are projected to be overspent by £601k (however a budget realignment with Physiotherapy is being looked at), with further overspends arising in Community Nursing of £359k, and General Adult Psychiatry of £274k. Additional staffing pressures have contributed to the adverse position.

4.3.4 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 overspend of £206k which mainly relates to higher spend within Out of Hours and Forensic Medical Services hosted by Angus IJB.

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 overspend of £832k.

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 £1,614k at this stage of the financial year. This is partly offset by an underspend in respite care for older people of £75k, partly as a result of the Covid Pandemic. Care home spend for mental health service users is projected to be £404k 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 (£336k).

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 quarterly return was submitted to the Scottish Government at the end of July 2021, the detail of which is set out in table 1 of this report. A further quarterly return to end September is being collated and the details of this will be shared with the IJB in the next Financial Monitoring 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. The quarter 1 finance return will be used by the Scottish Government to determine any further Covid19 funding requirements of IJBs. Until this is confirmed, there is therefore a risk that the additional funding and value of the reserves brought forward is insufficient to meet the additional costs.

4.5.3 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.

4.5.4 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.

4.5.5 The latest financial summary of the mobilisation plan as submitted to the Scottish Government in July 2021 (Quarter 1 return) is as follows:

Table 1

Mobilisation Expenditure Area	Estimated Additional Expenditure to Year End (2021/22) £000
Additional Care Home Placements	150
PPE	58
Additional Staff Cover / Temporary Staff	2,560
Provider Sustainability Payments	1,474
IT / Telephony	50
Additional Family Health Services Contractor Costs	113
Additional Family Health Services Prescribing Costs	276
Loss of Charging Income	488
Additional Equipment and Maintenance	207
Primary Care	205
Additional Services within Remobilisation Plan	1,118
Other Costs	158
Anticipated Underachievement of Savings	481
Total Projected Mobilisation Costs	**7,338**

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 drawn down 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.

4.7 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.

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 4 x Impact 5 = Risk Scoring 20 (which is Extreme Risk Level)
Mitigating Actions (including timescales and resources)	The IJB has agreed a range of efficiency savings and other interventions to balance expenditure. A range of service redesign options through the Transformation Programme will offer opportunities to further control expenditure. Regular financial monitoring reports to the IJB will highlight issues raised.
Residual Risk Level	Likelihood 3 x Impact 4 = Risk Scoring 12 (which is a High Risk Level)
Planned Risk Level	Likelihood 3 x Impact 4 = Risk Scoring 12 (which is a High Risk Level)
Approval recommendation	While the inherent risk levels are extreme, the impact of the planned actions reduce the risk and therefore the risk should be accepted.

7.0 CONSULTATIONS

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: 23rd September 2021

Appendix 1

DUNDEE INTEGRATED JOINT BOARD - HEALTH & SOCIAL CARE PARTNERSHIP - FINANCE REPORT 2021/22 Aug-21

	Dundee City Council Delegated Services		NHST Dundee Delegated		Partnership Total	
	Net Budget £,000	Projected Overspend / (Underspend) £,000	Net Budget £,000	Projected Overspend / (Underspend) £,000	Net Budget £,000	Projected Overspend / (Underspend) £,000
Older Peoples Services	41,213	1,101	16,848	168	58,060	1,269
					0	0
Mental Health	4,982	164	3,891	274	8,872	438
Learning Disability	28,027	417	1,509	(72)	29,536	345
Physical Disabilities	5,012	(270)	0	0	5,012	(270)
Drug and Alcohol Recovery Service	1,213	(296)	2,863	(116)	4,076	(412)
Community Nurse Services/AHP/Other Adult	484	(99)	14,421	169	14,905	70
Hosted Services			21,268	(690)	21,268	(690)
Other Dundee Services / Support / Mgmt	2,568	(184)	29,581	(241)	32,149	(425)
Centrally Managed Budgets			2,177	(486)	2,177	(486)
Total Health and Community Care Services	**83,498**	**832**	**92,557**	**(993)**	**176,055**	**(161)**
Prescribing (FHS)			32,909	(684)	32,909	(684)
Other FHS Prescribing			194	(31)	194	(31)
General Medical Services			27,281	136	27,281	136
FHS - Cash Limited & Non Cash Limited			22,314	10	22,314	10
Large Hospital Set Aside			0	0	0	0
Total	**83,498**	**832**	**175,255**	**(1,562)**	**258,753**	**(730)**
Net Effect of Hosted Services*			(3,299)	206	(3,299)	206
Grand Total	**83,498**	**832**	**171,956**	**(1,356)**	**255,454**	**(524)**

*Hosted Services - Net Impact of Risk Sharing Adjustment

- AHP – Allied Health Professionals
- FHS – Family Health Services

Appendix 2

	DUNDEE INTEGRATED JOINT BOARD - HEALTH & SOCIAL CARE PARTNERSHIP - FINANCE REPORT 2021/22						Aug-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)			4,712	150	4,712	150
	Older People Serv. - Ecs			1,138	564	1,138	564
	Older Peoples Serv. -Community			594	-241	594	-241
	Ijb Medicine for Elderly			5,673	161	5,673	161
	Medical (P.O.A)			713	237	713	237
	Psy Of Old Age - Community			2,345	-595	2,345	-595
	Intermediate Care			13	-13	13	-13
	Medical (MFE)			1,659	-96	1,659	-96
	Care at Home	19,200	1,614			19,200	1,614
	Care Homes	25,238	80			25,238	80
	Day Services	1,009	-72			1,009	-72
	Respite	590	-75			590	-75
	Accommodation with Support	276	40			276	40
	Other	-5,100	-486			-5,100	-486
	Older Peoples Services	41,213	1,101	16,848	168	58,060	1,269
2							
	General Adult Psychiatry			3,891	274	3,891	274
	Care at Home	39	-32			39	-32
	Care Homes	372	404			372	404
	Day Services	63	-34			63	-34
	Respite	0	23			0	23
	Accommodation with Support	4,109	-109			4,109	-109
	Other	398	-89			398	-89
	Mental Health	4,982	164	3,891	274	8,872	438
3							
	Learning Disability (Dundee)			1,509	-72	1,509	-72
	Care at Home	42	-16			42	-16
	Care Homes	2,801	-131			2,801	-131
	Day Services	7,883	336			7,883	336
	Respite	549	-117			549	-117
	Accommodation with Support	20,281	-122			20,281	-122
	Other	-3,529	467			-3,529	467
	Learning Disability	28,027	417	1,509	-72	29,536	345

		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	-56			807	-56
	Care Homes	1,856	-109			1,856	-109
	Day Services	1,226	-200			1,226	-200
	Respite	16	-59			16	-59
	Accommodation with Support	572	-279			572	-279
	Other	535	434			535	434
	Physical Disabilities	5,012	-270	0	0	5,012	-270
5							
	Dundee Drug Alcohol Recovery			2,863	-116	2,863	-116
	Care at Home	0	0			0	0
	Care Homes	324	-138			324	-138
	Day Services	60	1			60	1
	Respite	0	0			0	0
	Accommodation with Support	287	-24			287	-24
	Other	543	-135			543	-135
	Drug and Alcohol Recovery Service	1,213	-296	2,863	-116	4,076	-412
6							
	A.H.P.S Admin			452	0	452	0
	Physiotherapy			4,423	-772	4,423	-772
	Occupational Therapy			1,562	601	1,562	601
	Nursing Services (Adult)			7,232	359	7,232	359
	Community Supplies - Adult			310	35	310	35
	Anticoagulation			440	-54	440	-54
	Other Adult Services	484	-99			484	-99
	Adult Services	484	-99	14,421	169	14,905	70
7							
	Palliative Care - Dundee			2,954	-32	2,954	-32
	Palliative Care - Medical			1,286	57	1,286	57
	Palliative Care - Angus			372	14	372	14
	Palliative Care - Perth			1,870	2	1,870	2
	Brain Injury			1,848	-77	1,848	-77
	Dietetics (Tayside)			3,213	-43	3,213	-43
	Sexual & Reproductive Health			2,307	-257	2,307	-257
	Medical Advisory Service			106	-50	106	-50
	Homeopathy			29	6	29	6
	Tayside Health Arts Trust			65	0	65	0
	Psychology			5,428	-202	5,428	-202
	Psychotherapy (Tayside)			915	52	915	52
	Learning Disability (Tay Ahp)			875	-159	875	-159
	Hosted Services	0	0	21,268	-690	21,268	-690

		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	-15	445	-15
	Grants Voluntary Bodies Dundee			0	0	0	0
	Ijb Management			543	116	543	116
	Partnership Funding			26,626	0	26,626	0
	Urgent Care			143	-2	143	-2
	Public Health			587	-100	587	-100
	Keep Well			600	-103	600	-103
	Primary Care			636	-156	636	-156
	Support Services / Management Costs	2,568	-184			2,568	-184
	Mgmt	2,568	-184	29,581	-241	32,149	-425
	Centrally Managed Budget			2,177	-486	2,177	-486
	Services	**83,498**	**832**	**92,557**	**-993**	**176,055**	**-161**
	Other Contractors						
	FHS Drugs Prescribing			32,909	-684	32,909	-684
	Other FHS Prescribing			194	-31	194	-31
	General Medical Services			27,281	136	27,281	136
	FHS - Cash Limited & Non Cash Limited			22,314	10	22,314	10
	Large Hospital Set Aside			0	0	0	0
	Grand H&SCP	**83,498**	**832**	**175,255**	**-1,562**	**258,753**	**-730**
	Hosted Recharges Out			-12,625	-64	-12,625	-64
	Hosted Recharges In			9,326	270	9,326	270
	Sharing Adjustment			**-3,299**	**206**	**-3,299**	**206**
	Grand Total	**0**	**832**	**171,956**	**-1,356**	**255,454**	**-524**

NHS Tayside - Services Hosted by Integrated Joint Boards - Charge to Dundee Integration Joint Board

Appendix 3

Risk Sharing Agreement – June 2021

Services Hosted in Angus	Annual Budget	Forecast Over (Underspend)	Dundee Allocation
Forensic Service	1,061,715	(250,000)	(98,500)
Out of Hours	7,679,846	(750,000)	(295,500)
Locality Pharmacy	2,085,159	0	0
Tayside Continence Service	1,517,184	(33,000)	(13,000)
Speech Therapy (Tayside)	1,237,773	10,000	3,900
Hosted Services	**13,581,677**	**(1,023,000)**	**(403,100)**
Apprenticeship Levy	46,000	(3,000)	(1,200)
Baseline Uplift surplus / (gap)	98,028	0	0
Balance of Savings Target	(24,734)	(24,734)	(9,700)
Grand Total Hosted Services	**13,700,971**	**(1,050,734)**	**(414,000)**
Services Hosted in Perth & Kinross			
Prison Health Services	4,043,310	(97,000)	(38,200)
Public Dental Service	2,182,873	48,500	19,100
Podiatry (Tayside)	3,303,887	167,000	65,800
Hosted Services	**9,530,070**	**118,500**	**46,700**
Apprenticeship Levy - Others	41,700	600	200
Baseline Uplift surplus / (gap) - Others	81,876	0	0
Balance of Savings Target	(306,208)	(306,208)	(120,600)
Grand Total Hosted Services	**9,347,438**	**(187,108)**	**(73,700)**
Total Hosted Services	**23,048,409**	**(1,237,842)**	**(487,700)**

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 …16……..

REPORT TO: **HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 27th October 2021**

REPORT ON: **ANNUAL COMPLAINTS PERFORMANCE**

REPORT BY: **CHIEF FINANCE OFFICER**

REPORT NO: **DIJB53-2021**

1.0 PURPOSE OF REPORT

1.1 The purpose of this report is to provide an analysis of complaints received by the Dundee Health and Social Care Partnership over the past financial year 2020/2021. This includes 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.

2.0 RECOMMENDATIONS

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

2.1 Note the analysis of 2020/21 DHSCP complaint performance (section 5 onwards)

2.2 This report is submitted in a different format to previous years to comply with the SPSO request for specific data within the report.

2.3 Note the associated risk assessment (section 6)

3.0 FINANCIAL IMPLICATIONS

3.1 None

4.0 BACKGROUND INFORMATION

4.1 From the 1st April 2017 both NHS and social work complaints follow the Scottish Public Service Ombudsman Model Complaint Handling Procedure. Both NHS Tayside Complaint Procedure and the Dundee Health and Social Care Partnerships Social Work Complaint Handling Procedures have been assessed as complying with the model complaint handling procedure by the SPSO.

4.2 Complaints are categorised by 2 stages: Stage 1: Frontline Resolution and Stage 2: Investigation. If a complainant remains dissatisfied with the outcome of a Stage 1: Frontline Resolution complaint, it can be escalated to a Stage 2. Complex complaints are handled as a Stage 2: Investigation complaint. If a complainant remains dissatisfied with the outcome of Stage 2: Investigation complaint they can contact the Scottish Public Services Ombudsman who will investigate the complaint, including professional decisions made.

4.3 Complaint reports are provided to the Clinical Care and Professional Governance forum.

5.0 Total number of complaints

5.1 In 2020/21 a total of 157 complaints (229 in 2019/20) were received about health and social care services in the Dundee Health and Social Care Partnership.

5.2 This is a decrease from the previous year. The decrease in complaints received could be due to the Covid 19 pandemic and less people accessing services or understanding that the services may be different during this time.

Table 1 – Total number of complaints received by year

	2017/18	2018/19	2019/20	2020/21
Number of complaints received	160	154	229	157

6.0 Total Number of Complaints received per 1,000 population

6.1 The total number of complaints received per 1,000 population was 1.16.

6.2 The total number of complaints closed per 1,000 population was 1.41.

6.3 This is a new category of complaint reporting specified by the SPSO. This new reporting measure will allow us to compare our complaint handling with other Health and Social Care Partnerships in the future.

7.0 Complaint Themes

7.1 The top three themes for NHS complaints were, for the sixth quarter running, Attitude and Behaviour; and then Clinical Treatment and Competence.

7.2 For Social Work Complaints the most common complaint theme was Failure to meet our service standards. The second most common complaint theme was Attitude, behaviour or treatment by a member of staff.

8.0 Number of Complaints closed at Stages

8.1 The number of complaints closed at stage 1 as % all complaints closed was 25%.

8.2 The number of complaints closed at stage 2 as % all complaints closed was 74%.

8.3 The number of complaints closed after escalation as % all complaints closed was 1%.

9.0 Complaints Upheld

9.1 The number of complaints upheld at stages as % of all complaints closed in full at that stage.

Table 2 – Number of complaints upheld at stages as % of all complaints closed in full by stage

	Complaints Upheld %	Complaints not upheld %	Complaints partially upheld %
Stage 1	34%	27%	20%
Stage 2	13%	28%	51%
Stage 2 (Escalated)	Information not available at this time	Information not available at this time	Information not available at this time.

9.2 The percentages do not necessarily total 100% as some complaints were closed as duplicates or enquiries.

10.0 Average time for full response

10.1 The average time in working days for a full response to complaints at stage 1 was 12 days.

10.2 The average time in working days for a full response to complaints at stage 2 was 42 days.

10.3 The average time in working days for a full respond to complaints after escalation was 73 days.

10.4 Resolving complaints within timescales is a priority area for improvement. Weekly reports on open complaints are provided to the Managers for action.

11.0 Complaints closed within timescales

11.1 The number of complaints closed at stage 1 within 5 working days as % of total number of stage 1 complaints was 65%.

11.2 The number of complaints closed at stage 2 within 20 working days as % of total number of stage 2 complaints was 35%.

11.3 The number of complaints closed after escalation within 20 working days as % of total number of escalated complaints was not available.

Table 3 – Number of complaints closed within timescales as a % of total complaints by stage

	Stage 1 within 5 working days	Stage 2 within 20 working days	Escalation
Number of complaints closed as a % of total number of complaints by stage	65%	35%	Information not available

12.0 Extension of complaint timescales

12.1 The number of complaints closed at stage 1 where extension was authorised as % of all complaints at stage 1 was 0%.

12.2 The number of complaints closed at stage 2 where extension was authorised as % of all complaints at stage 2 was 0%

12.3 The number of complaints closed after escalated where extension was authorised as % of all complaints escalated was 100%

13.0 Complaints referred to SPSO

13.1 Several complaints have been referred to the SPSO during the year 2020/21. Some of these complaints have not been upheld, and some partially upheld.

14.0 Planned Service Improvements

14.1 Where a complaint is upheld or partially upheld, the officer responsible for investigating the complaint explores with the managers involved, the reasons that led to the complaint and identifies any necessary planned service improvements. Some of the planned service improvements that have been implemented include:

- Planned remobilisation plans
- Discussion with family for respite placements
- Protocols for supporting people with money matters

15.0 IJB Complaints

15.1 No complaints were received about the IJB.

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	The risk of not improving our Complaint resolution timescales will result in increased customer dissatisfaction and non-compliance with our complaint procedure which may result in improvement recommendations from the SPSO.
Risk Category	Governance
Inherent Risk Level	12 – High risk
Mitigating Actions (including timescales and resources)	- Weekly reporting on open complaints to Managers - Increased staff awareness of the complaint procedures.
Residual Risk Level	9 – High Risk
Planned Risk Level	6 – Moderate Risk
Approval recommendation	The PAC is recommended to accept the risk levels with the expectation that the mitigating actions make the impacts which are necessary to improve the complaint resolution timescales.

7.0 CONSULTATIONS

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

8.0 DIRECTIONS

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

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

9.0 BACKGROUND PAPERS

9.1 None

Vicky Irons
Chief Officer

DATE: 15/10/2021

Cheryl Russell, Customer Care Governance Officer
Clare Lewis-Robertson, Senior Officer

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	✓	✓	✓	✓	✓		
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				✓	✓		
NHS Tayside (Non Executive Member)	Donald McPherson	✓	✓	✓	✓	✓		
Dundee City Council (Chief Social Work Officer)	Diane McCulloch	✓	✓	✓	✓	✓		
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)	Vacant							
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	✓	✓	✓	✓	✓		
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