Dundee
Health & Social Care
Partnership

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

City Chambers
DUNDEE
DD1 3BY

13th April, 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, 21st April, 2021 at 10.00 am.

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 5pm on Monday, 19th April, 2021.

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

Yours faithfully

VICKY IRONS

Chief Officer

A G E N D A

1 APOLOGIES/SUBSTITUTIONS

2 DECLARATION OF INTEREST

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

3 MINUTE OF PREVIOUS MEETING - Page 1

The minute of previous meeting of the Integration Joint Board held on 26th March, 2021 is submitted for approval, copy attached.

4 IMPACT OF COVID 19 PANDEMIC ON DELIVERY OF THE STRATEGIC AND COMMISSIONING PLAN (DIJB12-2021)

In December 2020 the Integration Joint Board considered and approved a report detailing the impact to date of the COVID-19 pandemic on the Partnership's ability to deliver the Strategic and Commissioning Plan 2019-2022 and on early planning for revision of the plan (Article VI of the minute of the Dundee Integration Joint Board held on 15 December 2020 refers). At that time the Chief Finance Officer was instructed to work with the Strategic Planning Advisory Group to draft a public statement summarising the impact of the pandemic on the delivery of the plan and to undertake further detailed planning for the revision of the current strategic and commissioning plan.

The recommendations approved by the IJB in December 2020 were based on the Chief Officer's understanding of the impact of the pandemic on the delivery of the strategic plan at the time at which the report was produced, end of October 2020. The second wave of the COVID-19 pandemic and associated escalation of operational responses began in November 2020 necessitating a decisive shift from a focus on recovery to a short-term focus on response. This context has meant that for the last four months capacity to progress the actions detailed within the strategic plan has once again been significantly diminished. In the intervening period the demand that will be placed on Partnership resources to support continued pandemic response (in areas such as care homes and vaccination) alongside recovery during 2021/22 has also become clearer; with a direct impact on capacity available to deliver actions from the strategic plan and to catch-up on delays reported to the IJB in December 2020 by the current end date of the plan (31 March 2022).

It is therefore now apparent that the Strategic Planning Advisory Group requires time to revise and update their assessment of the impact of the pandemic on our ability to deliver the strategic plan and to update their recommendations to the IJB on this matter. The Strategic Planning Advisory Group will convene on 22 April 2021 to consider in detail the impact of the pandemic on the delivery of the current plan and arrangements for the statutory review and subsequent revision of the plan. This meeting will also consider the implications of the Independent Review of Adult Social Care in Scotland for the timeline and process of revising the Partnership's strategic and commissioning plan, as well as the approach being taken by the other Partnerships in Tayside. A full report and recommendations will thereafter be submitted to the IJB on 23 June 2021 for consideration.

5 DUNDEE CHILD PROTECTION COMMITTEE ANNUAL REPORT 2020 - Page 7

(Report No DIJB13-2021 by Chief Officer enclosed).

6 CIVIL CONTINGENCIES ACT 2004 - INTEGRATION JOINT BOARD STATUS AS CATEGORY ONE RESPONDERS - Page 73

(Report No DIJB14-2021 by Chief Officer enclosed).

7 DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP EQUALITY MAINSTREAMING PROGRESS REPORT 2019-2021 - Page 79

(Report No DIJB15-2021 by Chief Officer enclosed).

8 PROGRESS UPDATE ON REVIEW OF 'A CARING DUNDEE: A STRATEGIC PLAN FOR SUPPORTING CARERS IN DUNDEE' AND SHORT BREAKS SERVICES STATEMENT - Page 127

(Report No DIJB16-2021 by Chief Officer enclosed).

9 OVERVIEW OF DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP RESPONSE TO COVID-19 PANDEMIC WAVE 2 - Page 173

(Report No DIJB17-2021 by Chief Officer enclosed).

10 REVISED COVID-19 RECOVERY PLAN - Page 199

(Report No DIJB18-2021 by Chief Officer enclosed).

11 INDEPENDENT REVIEW OF ADULT SOCIAL CARE IN SCOTLAND - Page 293

(Report No DIJB19-2021 by Chief Officer enclosed).

12 TAYSIDE INTEGRATION JOINT BOARD RISK MANAGEMENT FRAMEWORK - Page 319

(Report No DIJB20-2021 by Chief Finance Officer enclosed).

13 FINANCIAL MONITORING POSITION AS AT 28TH FEBRUARY, 2021 - Page 339

(Report No DIJB21-2021 by Chief Finance Officer enclosed).

14 MENTAL HEALTH CRISIS SUPPORT IN DUNDEE - Page 357

(Report No DIJB22-2021 by Chief Officer enclosed).

15 DRUG AND ALCOHOL PARTNERSHIP: ACTION PLAN FOR CHANGE - PROGRESS REPORT - Page 361

(Report No DIJB24-2021 by Chief Officer enclosed).

16 IMPLEMENTATION OF NATIONAL WHISTLEBLOWING STANDARDS - Page 401

(Report No DIJB23-2021 by Chief Finance Officer enclosed).

17 **RECORDING OF MEETINGS (DIJB26-2021)**

At the meeting of Dundee City Health and Social Care Integration Joint Board held on 26th March 2021 (Article Ref VII of the minute refers) the Clerk was remitted to explore the recording of meetings of the Integration Joint Board in consultation with the Chair and Vice Chair and submit a note on any proposals to the next meeting of the Integration Joint Board.

It is reported that in light of the current pandemic meetings of the Integration Joint Board and the Performance and Audit Committee like other public bodies are not being held face to face and have been held remotely using a technological package for holding meetings remotely. This package includes an application to allow for the recording of meetings and the recording of meetings using this package has been utilised by other public bodies whilst meetings are being held remotely. These recordings are then published on their respective websites for public viewing. Agendas and Minutes of meetings of the Integration Joint Board and the Performance and Audit Committee are published on the website of Dundee City Council who act as Clerk with dual publication on the Partnership website. Should the Integration Joint Board agree to the recording of meetings whilst they are being held remotely it would be proposed that the recordings also be placed on these websites for public viewing commencing from the meeting of the Performance and Audit Committee to be held on 26th May 2021. It is also reported that there is not currently a facility for recording meetings face to face and that recording of meetings is a facility which is available through the remote meetings package. Standing Order 10 stipulates that that "No sound, film, video tape, digital or photographic recording of the proceedings of any Meeting shall be made without the prior approval of the Integration Joint Board".

The Integration Joint Board’s instructions are requested regarding the above proposal for the recording of meetings whilst meetings are being held remotely.

18 MEETINGS OF THE INTEGRATION JOINT BOARD 2021 – ATTENDANCES - Page 431

(A copy of the Attendance Return DIJB25-2021 for meetings of the Integration Joint Board held to date over 2021 is attached for information and record purposes).

19 DATE OF NEXT MEETING

Wednesday 23rd June 2021 – 10.00am (Being held remotely).

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	Jenny Alexander
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	Wendy Reid
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

(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)	Fiona Barty
Dundee City Council (Members' Support)	Sharron Wright
Dundee Health and Social Care Partnership (Secretary to Chief Officer and Chief Finance Officer)	Pauline Harris
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)	Linda Rodger
NHS Fife (Internal Audit) (Principal Auditor)	Judith Triebs

Audit Scotland (Senior Audit Manager)	Bruce Crosbie
Proxy Member (NHS Appointment for Voting Member)	Dr Norman Pratt
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

ITEM No …3……….

At a MEETING of the **DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** held remotely on 26th March, 2021.

Present:-

Members	**Role**
Ken LYNN *(Chairperson)*	Nominated by Dundee City Council (Elected Member)
Trudy McLEAY *(Vice Chairperson)*	Nominated by Health Board (Non-Executive Member)
Lynne SHORT	Nominated by Dundee City Council (Elected Member)
Helen WRIGHT	Nominated by Dundee City Council (Elected Member)
Donald McPHERSON	Nominated by Health Board (Non-Executive Member)
Vicky IRONS	Chief Officer
Dave BERRY	Chief Finance Officer
Diane McCULLOCH	Chief Social Work Officer
Krista REYNOLDS (for Wendy REID)	Registered Nurse
Jim McFARLANE	Trade Union Representative
Linda GRAY	Service User Representative
Martyn SLOAN	Carer Representative
James COTTON	Registered Medical Practitioner (not providing primary medical services)
Eric KNOX	Third Sector Representative

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

Christine JONES	Dundee Health and Social Care Partnership
Jenny HILL	Dundee Health and Social Care Partnership

Ken LYNN, Chairperson, in the Chair.

I APOLOGIES FOR ABSENCE

Apologies for absence were submitted on behalf of:-

Members	**Role**
Jenny ALEXANDER	Nominated by Health Board (Non-Executive Member)
Emma FLETCHER	Director of Public Health
Wendy REID	Registered Nurse
Raymond MARSHALL	Staff Partnership 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 24th February, 2021 was submitted and approved subject to the following amendments:-

(i) that the sederunt be amended to reflect that Lynne Short was present;

(ii) that sentence at Article VIII(v) be replaced with "to note that evaluation by users of the service would be included in the next report";

(iii) that wording at Article X be added as follows (vii) to note that the Chief Finance Officer would look to provide more breakdown information in reports in relation to the Older Peoples Service in the longer term; and

(iv) that wording at Article (XII)(iv) be added to the end of that sentence as follows "following question from Councillor Short in relation to the process of Cora Funding".

IV DUNDEE INTEGRATION JOINT BOARD PROPOSED BUDGET 2021/2022

There was submitted Report No DIJB9-2021 by the Chief Finance Officer advising the Integration Joint Board of the implications of the proposed delegated budget for 2021/2022 from Dundee City Council and indicative budget from Tayside NHS Board and to seek approval for the range of savings required to set a balanced budget for Dundee Health and Social Care Partnership for 2021/2022.

The Chief Finance Officer further reported on the recent Scottish Government Announcement in relation to the application of national uplift to third party contracts and explained that this had had an impact on the content of the report and in this respect requested that the Integration Joint Board agreed to note adjustment to the report to reflect recent national direction in relation to payment of the living wage as follows:-

Current recommendation at 2.5 be replaced with the following:-

2.5 Approves an uplift of 2.2% for 2021/2022 to rolling contractual arrangements with the third and independent sector for the provision of health and social care services where living wage is a feature in line with the Scottish Government's policy to ensure all adult social care workers receive an uplift for the Scottish Living Wage and approves an uplift of 1.7% for all other contracts where living wage is not a feature.

Further Recommendation be added as follows:-

2.8 Instructs the 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.

Paragraph 4.7.2 of the report be replaced with the following:-

4.7.2 Care providers continue to face a number of financial challenges and in recognition of this and the important contribution the services they provide make to the overall health and social care service landscape. For most providers, the Scottish Government's commitment to pay the Scottish Living Wage will be a factor in their increased cost base and it is proposed to recognise this increase and fully implement the Scottish Government's direction to apply a 2.2% increase to current contractual arrangements where living wage is applicable (not including the National Care Home Contract). It is further proposed to increase all other non-living wage contractual arrangements by 1.70% despite the scale of financial savings required to be made by the Integration Joint Board. This would result in an additional cost of approximately £611k.

Thereafter, following questions and answers and having heard the Chief Finance Officer, the Chair seconded by Councillor Short moved that the Integration Joint Board agreed:-

(i) to note the implications of the proposed delegated budget to Dundee Health and Social Care Partnership from Dundee City Council and indicative delegated budget from Tayside NHS Board for 2021/2022 as set out in sections 4.2 and 4.5 of this report;

(ii) to approve the delegated budget proposed by Dundee City Council as set out in section 4.5 and Table 2 within this report;

(iii) to instruct the Chief Finance Officer to report back to the Integration Joint Board following receipt of formal notification from Tayside NHS Board of the budget offer with associated recommendations including any implications of the finalisation of hosted services budgets and the Large Hospital Set Aside on the Integration Joint Board's net budget position and associated savings;

(iv) to note the range of estimated cost pressures and funding uplifts anticipated to impact on the Integration Joint Board's 2021/22 delegated budget (Appendix 1);

(v) to approve an uplift of 2.2% for 2021/2022 to rolling contractual arrangements with the third and independent sector for the provision of health and social care services where living wage is a feature in line with the Scottish Government's policy to ensure all adult social care workers receive an uplift for the Scottish Living Wage and approves an uplift of 1.7% for all other contracts where living wage is not a feature;

(vi) to approve the range of savings set out in the attached Savings Proposal Report (Appendix 2) in order to bring the projected budget position closer to balance;

(vii) to remit the Chief Finance Officer to issue directions as set out in Section 8 of the report;

(viii) to Instruct the 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; and

(ix) to note that paragraph 4.7.2 of the report had been replaced with the following:-

4.7.2 Care providers continue to face a number of financial challenges and in recognition of this and the important contribution the services they provide make to the overall health and social care service landscape. For most providers, the Scottish Government's commitment to pay the Scottish Living Wage will be a factor in their increased cost base and it is proposed to recognise this increase and fully implement the Scottish Government's direction to apply a 2.2% increase to current contractual arrangements where living wage is applicable (not including the National Care Home Contract). It is further proposed to increase all other non-living wage contractual arrangements by 1.70% despite the scale of financial savings required to be made by the IJB. This would result in an additional cost of approximately £611k.

As an amendment Bailie Helen Wright seconded by Jim McFarlane moved:-

(i) to note the implications of the proposed delegated budget to Dundee Health and Social Care Partnership from Dundee City Council and indicative delegated budget from Tayside NHS Board for 2021/2022 as set out in sections 4.2 and 4.5 of this report;

(ii) to approve the delegated budget proposed by Dundee City Council as set out in section 4.5 and Table 2 within this report;

(iii) to instruct the Chief Finance Officer to report back to the Integration Joint Board following receipt of formal notification from Tayside NHS Board of the budget offer with associated recommendations including any implications of the finalisation of hosted services budgets and the Large Hospital Set Aside on the Integration Joint Board's net budget position and associated savings;

(iv) to note the range of estimated cost pressures and funding uplifts anticipated to impact on the Integration Joint Board's 2021/22 delegated budget (Appendix 1);

(v) to approve an uplift of 2.2% for 2021/2022 to rolling contractual arrangements with the third and independent sector for the provision of health and social care services where living wage is a feature in line with the Scottish Government's policy to ensure all adult social care workers receive an uplift for the Scottish Living Wage and approves an uplift of 1.7% for all other contracts where living wage is not a feature;

(vi) to approve the range of savings set out in the attached Savings Proposal Report (Appendix 2) in order to bring the projected budget position closer to balance;

(vii) to remit the Chief Finance Officer to issue directions as set out in Section 8 of the report;

(viii) to Instruct the 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;

(ix) to note that paragraph 4.7.2 of the report had been replaced with the following:-

4.7.2 Care providers continue to face a number of financial challenges and in recognition of this and the important contribution the services they provide make to the overall health and social care service landscape. For most providers, the Scottish Government’s commitment to pay the Scottish Living Wage will be a factor in their increased cost base and it is proposed to recognise this increase and fully implement the Scottish Government's direction to apply a 2.2% increase to current contractual arrangements where living wage is applicable (not including the National Care Home Contract). It is further proposed to increase all other non-living wage contractual arrangements by 1.70% despite the scale of financial savings required to be made by the IJB. This would result in an additional cost of approximately £611k; and

(x) Given the £2.658m shortfall shown in the currently predicted budget, the Joint Board instructs the Chair to write to the Leader of Dundee City Council to request that (a) the £778,000 that the Council top sliced from funding allocated to Health be released to the Joint Board forthwith, and (b) the Council should also provide the Joint Board with detailed reasons why they have seen fit to top slice £778,000 from the 2021/2022 and £1.6m from the 2020/2021 allocations.

On a division there voted for the motion:- The Chair, Trudy McLeay, Councillor Lynne Short and Donald McPherson (4); and for the amendment:- Bailie Helen Wright (1), whereupon the motion was declared carried.

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

(xi) to note that work would be ongoing with the Carers Partnership over the next financial year;

(xii) to note the explanation from the Chief Finance Officer in relation to the position outlined in the report regarding Staff Turnover, Carers Funding and Adult Social Care Funding;

(xiii) to note that a review of home working arrangements would be undertaken in the coming months; and

(xiv) to note the position in relation to social prescribing as outlined by Trudy McLeay and that link workers were now in place in all 29 GP Practices in Dundee and the achievements made in this regard.

V 5 YEAR FINANCIAL FRAMEWORK

There was submitted Report No DIJB10-2021 by the Chief Finance Officer providing the Integration Joint Board with a forecast of the medium to longer term financial challenges which were likely to impact on the Integration Joint Board's future delegated budget and set out the framework within which these challenges would be mitigated to enable the Integration Joint Board's strategic priorities to be delivered within a balanced budget.

The Integration Joint Board agreed:-

(i) to note the potential financial challenges which may impact on the Integration Joint Board's delegated budget over the medium to longer term as set out in sections 4.1.1 to 4.1.8 and Appendix 1 of the report; and

(ii) to approve the framework and range of principles under which the Integration Joint Board would approach these challenges to ensure the Integration Joint Board was able to deliver its strategic and commissioning priorities whilst delivering a balanced budget as set out in section 4.1.9 of the report.

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

(iii) that a further statement be added to section 4.1.9 of the report as follows:- "Promoting innovation that could improve care and support to our stakeholders and may encourage funding from Scottish government to deliver";

(iv) to note as indicated by the Chief Finance Officer that if there were any service redesign proposals arising from the strategic priorities these would be submitted to the Integration Joint Board;

(v) to note as indicated by the Chief Officer that every effort would be made to engage with service users at the earliest opportunity in the interests of early intervention; and

(vi) to note as indicated by Donald McPherson that Appendix 1 of the report served as a useful road map for the future partnership working arrangement.

VI MEETINGS OF THE INTEGRATION JOINT BOARD 2021 – ATTENDANCES

There was submitted a copy of the Attendance Return DIJB11-2021 for meetings of the Integration Joint Board held to date over 2021.

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

VII 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, 21st April, 2021 at 10.00 am.

Following discussion the Integration Joint Board further agreed that the Clerk be remitted to submit a note to the next meeting of the Integration Joint Board on the recording of meetings of the Integration Joint Board in consultation with the Chair and Vice Chair.

KEN LYNN, Chairperson.

ITEM No …5………..

REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 21 APRIL 2021

REPORT ON: DUNDEE CHILD PROTECTION COMMITTEE ANNUAL REPORT 2020

REPORT BY: CHIEF OFFICER

REPORT NO: DIJB13-2021

1.0 PURPOSE OF REPORT

1.1 The purpose of this report is to present to the Integration Joint Board the Dundee Child Protection Committee Annual Report 2020.

2.0 RECOMMENDATIONS

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

2.1 Note the content of this report and the annual report, including key achievements and challenges over the April 2019 to July 2020 (attached as Appendix 1).

2.2 Note the progress that has been made in developing an effective partnership response to Child Protection issues in the city (section 4.5) and priority areas for future improvement (section 4.6).

2.3 Note the development of the Child Protection Delivery Plan for the current year (2020/21) (contained within Appendix 1).

3.0 FINANCIAL IMPLICATIONS

3.1 None.

4.0 MAIN TEXT

4.1 All agencies, professional bodies and services that deliver child and/or adult services and work with children and their families have a responsibility to recognise and actively consider potential risk to a child, irrespective of whether the child is the focus of their involvement. Given the significant impact of issues such as domestic abuse, parental mental health and parental substance use on the welfare and wellbeing of children in Dundee the Dundee Health and Social Care Partnership has an important role within local child protection arrangements, both at an operational and strategic level.

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

4.3 Although not a statutory requirement, most Child Protection Committees publish some form of annual report. A copy of the annual report for 2020 report is attached as Appendix 1. Previous annual reports have been aligned to financial years (April to March) and to bring reporting in-line with national requirements the report for 2020 has been aligned with the academic year (August to July). Consequently, the annual report for 2020 covers the 16-month period from April 2019 to July 2020.

4.4 The annual report outlines Child Protection in the wider Protecting People context before examining the role and membership of the Child Protection Committee. It details the key achievements over the year, as well as challenges associated with delivering improvements over the next year. The Delivery Plan sets out the priorities of the Child Protection Committee for 2020/21, including how these align to the long-term outcomes for the Committee, and details the actions required to achieve these goals.

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

4.5.1 Key Achievements detailed in the report include.

- Significant improvement in the collation and use of data by Dundee Child Protection Committee, including provision of quarterly reports on key national and local indicators, the establishment of a multi-agency sub-group to scrutinise performance data and during the COVID-19 pandemic enhanced arrangements for the provision of data to operational and strategic managers and to the Scottish Government to monitor the impact of the pandemic on children and families. These developments have supported the Child Protection Committee to evidence that analysis of data is applied to improve practice and keep children safe.

- Continued work to engage with children and young people who are subject of child protection and related processes, including work to pilot the use of the 'My View' App and enhanced recording of children and young people's views within the record of meetings. Further developments will focus on the collation and analysis of the views captured through these approaches to inform strategic and operational developments.

- Single and multi-agency operational instructions and guidance have been reviewed and implementation has been supported by a range of learning and workforce development activities.

- Improvement activities arising from case file auditing completed in previous years has been progressed, with a specific focus on chronologies, assessments and plans. Significant progress has been made in the Children and Families Service in embedding a new format for chronologies across all teams from May 2020 and further quality assurance of chronologies is planned for the coming year. A short-life working group has also been established to consider in further detail cases where neglect has been a key feature and make recommendations for further improvement activity.

- Through the Transforming Public Protection Programme work has been progressed to develop and test an abbreviated version of a casefile audit tool to support routine case file auditing.

- A wide range of activities have been undertaken during the COVID-19 pandemic to monitor the impact on vulnerable children, young people and families and to provide ongoing support and intervention where this has been required. All children and young people on the Child Protection Register have received a minimum of fortnightly face-to-face support from the Children and Families Service.

4.5.2 The Annual Report provides detailed performance information regarding child protection processes, including trend over time where this is available. Data for the reporting period evidences an overall increase in multi-agency child protection activity from child concern reports generated by Police Scotland through to Initial Referral Discussions and through to the conversion rate from child protection investigation to case conference and onward to child protection registrations. The underlying factors contributing to this increased activity are described in further detail in the report. Domestic abuse (55%), neglect (39%) and parental mental health (37%) are identified as the most commonly recorded concerns at the point of child protection registration.

4.5.3 Key trends during the pandemic period include an increased number of Police Child Concern Reports and Initial Referral Discussions to facilitate multi-agency screening of risk. During the same period the number of new child protection registrations, looked after children and Child Protection Orders remained stable. School closures during the lockdown period contributed to a reduction in the number of referrals being received into child concerns processes from schools. A range mitigation actions were taken to reduce the risks associated with children and young people not being seen in school including the establishment of 8 Community Support Centres, implementation of Minimum Practice Requirements by the Children and Families Service and partnership actions to identify and respond to hidden harm.

4.6 Areas for Further Improvement and Recommendations

4.6.1 Dundee Child Protection Committee is committed to effective multi-agency working and continues to review and improve its activity in relation to keeping children and young people safe. To this end, a delivery plan has been developed for the current year (2020/21) including arrangements to manage the ongoing challenges of COVID-19. An analysis has been undertaken identifying key issues, strengths and areas for improvement. The plan has also been informed by the Independent Care Review "The Promise" the national care review; the new national child protection minimum dataset; and Care Inspectorate quality framework. The plan complements improvement work being undertaken elsewhere across the partnership.

4.6.2 Three priority areas have been identified, namely:

- Strategic Leadership – including actions related to enhancing public awareness and community engagement, enhancing the Child Protection Committee's scrutiny of key processes and arrangements for the identification and management of strategic risks.

- Strategic Planning and Improvement -including a focus on performance management and quality assurance to drive forward strategic and operational improvements, and increased meaningful involvement of children and families in key processes.

- Delivery of Key Processes – including development of resources (guidance, policy and learning and development opportunities) to support practice improvement with a particular focus in embedding trauma-informed practice across key child protection processes, services and supports.

These priorities are closely linked to the quality framework for children and young people in need of care and protection 2019 (revised).

5.0 POLICY IMPLICATIONS

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

6.0 RISK ASSESSMENT

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

7.0 CONSULTATIONS

7.1 The Chief Finance Officer, Head of Service – Health and Community Care / Chief Social Work Officer, members of the Dundee Child Protection Committee 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: 31 March 2021

Andrew Beckett
Lead Officer, Protecting People

Sophie Gwyther
Lead Officer, Protecting People

Kathryn Sharp
Service Manager, Strategy and Performance

If not you ...who?

Dundee Child Protection Committee

Annual Report

2020

www.dundeeprotectschildren.co.uk

Dundee Child Protection Committee

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Introduction

Independent Chair of Dundee Child Protection Committee

Welcome to our Dundee Child Protection Committee Annual Report covering the period April 2019–July 2020. Previous annual reports covered the twelve months between April and March and to bring reporting in line with national requirements we have aligned reporting with the academic year (August–July). Consequently, this report covers a sixteen months period.

As can be seen by the report this has been a busy and productive period for the Child Protection Committee and we have made considerable progress with the agreed actions identified in the last annual report including the production and use of data, scrutiny and quality assurance processes and ensuring any learning from both national and local reviews is implemented to improve policy and practice. There continues to be a full learning and development programme to ensure that all staff across agencies have the appropriate knowledge and skills in this area.

The Dundee Child Protection Committee has been working closely with the Tayside Regional Collaborative and has shared information about good practice and potential improvement areas resulting in a number of new policy / protocols guidelines for implementation across Tayside as well as a review of shared learning from recent Initial and Significant Case Reviews which will inform future work in this area which is detailed in the report.

The report clearly sets out the work for the next year and there continues to be much to do. There will continue to be a focus on scrutiny and self-evaluation and we need to ensure that keeping young people safe and families supported remains a priority for all. Hearing the voice of young people themselves, families and local communities needs to continue to inform this work.

The latter part of this period was made more challenging by the sudden onset of the Covid-19 pandemic in February. Whilst all agencies individually responded with their own operational plans the Child Protection Committee met more regularly to ensure there was an effective multi -agency response to strategic and key identified risks. In my role as Independent Chair I was really impressed by the way all key partners responded quickly and flexibly, shared information effectively and kept an ongoing focus on identifying any hidden harm that may be possibly occurring especially during the period when the schools were closed. This close partnership working continues to respond to the ongoing challenges of the pandemic which continue to impact on staff, families and children and young people themselves.

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

Elaine Torrance
Independent Chair
Dundee Child Protection Committee

If not you ...who?

Protecting People 1

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

Key Principles of Protecting People

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

In doing so, we will work in partnership across the statutory (Dundee City Council, NHS Tayside, Police Scotland and Scottish Fire and Rescue Service, Children's Reporter, Scottish Court Service), voluntary sector and local communities.

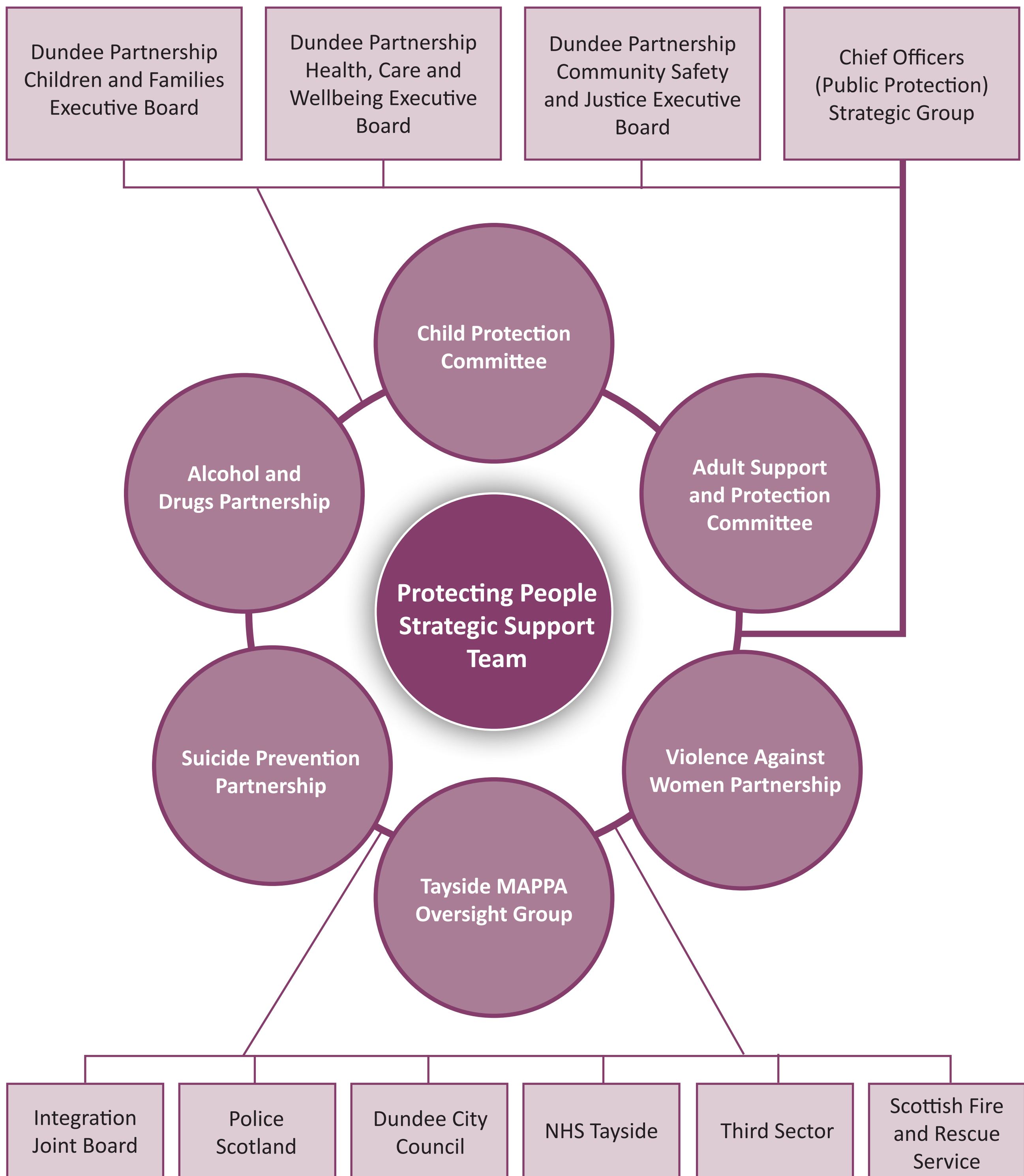
We will also work with the Scottish Government and our partners in other local authority areas, both in Tayside and throughout Scotland, to improve services to protect people and work towards a consistent approach.

Governance Arrangements

The wider Protecting People strategic agenda in Dundee City is led by a number of key public protection partnerships. These include the Adult Support and Protection Committee, the Child Protection Committee, the Violence Against Women Partnership and the Multi Agency Public

Protection (MAPPA) Strategic Oversight Group, all reporting to the Chief Officers Group (COG). Over the last year, the Protecting People Strategic Support Team has broadened its responsibility to include suicide prevention and displaced persons.

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



Child Protection in Dundee 2

Our city is home to 24,044 children and young people under the age of 16 (General Records of Scotland 2019), most of whom live in safe and nurturing home environments where they are supported to develop and reach their full potential. However, any child or young person, from any background, living in any community can be at risk of abuse or neglect and we all share a responsibility to protect them from physical, sexual, emotional abuse and neglect.

Some key factors which can impede their care, support and protection include:

- Mental health
- Substance misuse
- Domestic abuse
- Poverty
- Limited parenting capacity

All local authority areas have a responsibility to provide supports and services to minimise these risks and protect children and young people. This includes raising awareness amongst the public; supporting the development of our community; and developing structures, systems, services and practice where risks can be identified and proportionately and appropriately responded to. This requires us to understand the nature and extent of risks and support the workforce with the necessary knowledge and skills.

Getting it Right for Every Child

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

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

The formal Child Protection process is therefore one end of a spectrum of staged interventions applied across the partnership to identify, understand and proportionately address concerns about the health and wellbeing of children and young people. This emphasises the importance of identifying and responding to concerns as soon as possible and of the importance of engaging with families to promote their receptiveness to support and their capacity to thrive. Further details on this aspect of work are outlined in **Section 8**.

Dundee Child Protection Committee

On 11th February 2019 the Scottish Government published Protecting children and young people: Child Protection Committee and Chief Officer responsibilities. This sets out the relationship between Child Protection Committees and Chief Officers Groups, including in relation to a key role of collective leadership and direction. Specific roles include promoting continuous improvement, engagement and participation, strategic planning and the provision of annual reports.

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

The Committee is Chaired by an Independent Chairperson contracted to fulfil this role by Dundee City Council on behalf of the Committee. The Committee is attended by all representatives of key partner services, including the Chief Social Work Officer for Dundee City Council. It also has a number of members who receive minutes but who are not required to attend every meeting. A Lead officer provides the necessary coordination and support for the committee. Membership is illustrated in the graph below and full details can be found in **Appendix 1**.

NHS Tayside
Local Authority
Police Scotland
Children's Panel
Third Sector Representation
Independent Chairperson/ Vice Chair
Care Inspectorate
Dundee Alcohol and Drug Partnership
Lead Officer Child Protection
Scottish Children's Reporters Administration
Dundee Health and Social Care Partnership
Dundee Violence Against Women Partnership

If not you who?

Progress with Recommendations from 2019 Annual Report

3

What key outcomes has Dundee Child Protection Committee achieved?

Last year the Child Protection Committee made a commitment to improving the collation, analysis and use of data to promote continuous improvement and demonstrate tangible evidence of keeping children and young people safe. Scrutiny and analysis of data is explored in greater detail in Section 4 of this report and future actions are outlined in 1C and 2A of the Delivery Plan 2020-2021 located in Section 10 of this report. Over the last 12 months, some key developments include:

- From October 2019 the CPC has been provided with a quarterly data report on key indicators from both national and local datasets.
- Since April 2020 this has included comparative data from the Scottish Government SOLACE report designed to monitor the impact of Covid-19 on keeping people safe
- In October 2019 a multi-agency sub group was formed to scrutinise key performance data from across the partnership and present trends and anomalies to Committee.
- More recently, key data has been provided on a weekly basis to assist the operational and strategic management of the impact of Covid-19.
- The CPC is now able to evidence that analysis of data is applied to improve practice and keep children safe.

How well does Dundee Child Protection Committee meet the needs of our stakeholders?

Last year, the Committee made a commitment to evidence how personalised and co-produced services are making a difference to the lives and life chances of children, young people and their families. Current and future developments relating to this are outlined in **Section 8** of this report, Dundee Family Support Options Review Activity and action 2B of the Delivery Plan 2020-2021 located in **Section 10** of this report. Whilst Covid-19 restrictions have had an impact in this area, key recent developments have included:

- Preliminary work relating to piloting of My View App in Dundee. The Looked After Children Review Officer Team are leading on use of the App.
- Children and young people's views are currently recorded as part of review minutes, with the focus of future work to be collation and analysis
- Protecting People Dundee conducted a survey of practitioners and strategic partners into the impact of Covid-19 restrictions upon keeping people safe.

How good is Dundee Child Protection Committee's delivery of services for children, young people and families?

Last year, the Committee made a commitment to evidence effectiveness of the recognition of and initial response to children and young people when there are concerns about their safety. This reflected an effort to determine the extent to which assessments of risk and need are kept up to date and relevant to changing circumstances and inform decision-making on children and young people's development. Future actions are outlined in actions 1C, 2A,B,C & 3A of the Delivery Plan in **Section 10**.

- Single and multi-agency instructions/guidance has been reviewed and is supported by appropriate training/awareness raising.
- Actions identified from last year's case file audit in relation to chronologies, assessments and plans have been progressed.
- A working group was established to facilitate a deeper dive of cases and those where neglect is a particular issue, involving consideration of thresholds.

How good is Dundee Child Protection Committee's operational management?

Last year, the Committee made a commitment to evidence the extent to which child protection policies, procedures and the use of legal measures link to our vision, values and aims. In this context, between August and December 2019, Children's Social Work Services, which form a key part of all statutory Child Protection activity across the partnership, co-produced an ambitious Improvement Plan. Further details are included in **Section 8** of this report and **Section 10** of the Delivery Plan. Some key updates include:

- In January 2020 an abbreviated version of a casefile audit tool was developed and is now routinely applied in Children's Social Work teams. Segmentation between localities, teams and workers has helped to identify and inform targeted support
- In April 2020 the impact of Covid-19 led to the introduction of new Minimum Practice Requirements to ensure the frequency of face-to-face contact with families is informed by risk assessments, with routine weekly audits to help calibrate support
- In May 2020 a new template for the completion of chronologies was introduced and is already leading to improved practice across Children's Social Work teams, supported by the more routine case file audits and targeted support
- In August 2020 a new Children's Social Work dataset was finalised and is presently being tested in some teams, with the full involvement of Senior Managers and Team Managers to ensure indicators are both relevant and inform scrutiny and improvement
- In September 2020 a review of the interface between the Multi Agency Screening Hub (MASH), Social Work Intake Teams and Locality Teams was completed to ensure timeous assessments and allocation of families to teams for ongoing support
- In October 2020 changes to the functionality of MOSAIC record management system ensured that assessments, chronologies and plans are clearly and consistently visible on the system, to enable improved information sharing and management oversight
- During the pandemic, the service is ensuring that all children and young people on the Child Protection Register receive a minimum of fortnightly face to face support. In many cases, this is exceeded and is often accompanied by digital support
- During the pandemic, the Children and Families Service worked with partners and families to coordinate 8 Community Support Centres and outreach support across the city, contributing towards the protection of vulnerable children and young people

Last year's casefile audit highlighted inconsistencies in practice regarding where chronologies were stored within social work records and what they contained.

Following the development of chronology guidance and a targeted improvement programme quality assurance activity identified that 94% of 1658 cases now had a chronology in place, with the majority of these rated "good" or better.

How good is Dundee Child Protection Committee's leadership?

Last year, the Committee made a commitment to evidence the effectiveness of leaders in striving for excellence in the quality of services to keep children safe and achieve sustained improvements in the lives of children, young people and families in need of care and protection. Future actions relating to leadership are outlined in the Dundee Child Protection Committee Delivery Plan 2020-2021 located in **Section 10** of this report. Prior to the onset of Covid-19, the Committee had achieved the following:

- Further developed actions identified from Improvement Service activity. Specifically, defining the collective vision, values and aims of the CPC; restructuring how we do business; developing a quarterly reporting template; and thematic agenda setting.
- Progressed the transformative re-design of protection processes. Specifically, reaching a shared understanding of the core functions of Committees/Partnerships and their relationship to both the COG and Community Planning Partnership.
- Further developed the Corporate Risk Register for Protecting People (incorporating cross cutting themes from Child Protection and other elements of Protecting People activity, such as substance misuse).

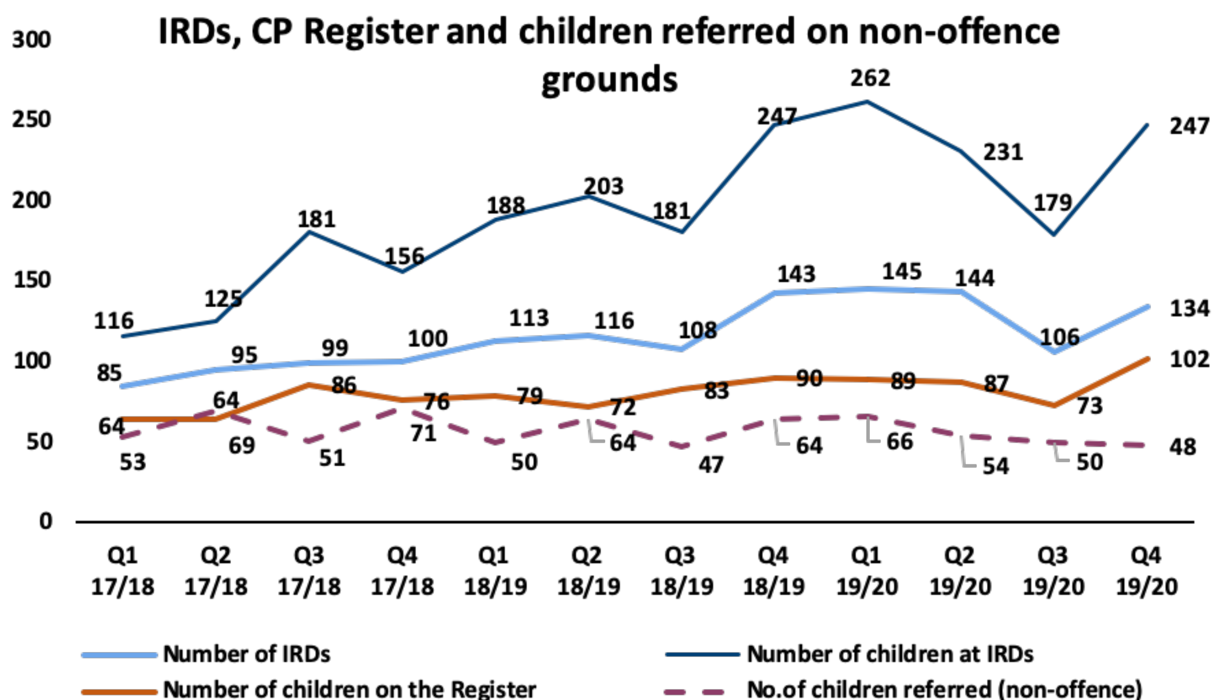
Scrutiny of Multi-Agency Data, Quality Assurance and Evaluation Activity 4

The period covered by this report saw significant developments in the quality, collation and analysis of data relating to Child Protection and associated core actions.

The Committee was one of the first in Scotland to deliver on the national minimum dataset for Child Protection. It has built on the national dataset together with other colleagues across Tayside to develop further local and regional indicators to measure performance, identify trends and help drive improvement activity.

The pandemic has resulted in some radical changes to everyday life and some changes in practice but as the following sections on data show there have not been as many radical shifts as might be expected. This data has been submitted to SOLACE every week and allows comparisons between national, regional and local trends. What follows is a summary of this information, along with data gathered from other sources, to better illustrate key processes and activities.

Headline Summary of Key Activities



The number of children on the child protection register (orange line) is at its highest since 2011 but this is largely due to a decrease in de-registrations rather than an increase in new registrations.

IRDs and children at IRDs decreased briefly in March and April as there were fewer referrals at the beginning of lockdown but figures quickly recovered to average levels. A similar pattern occurred in 2019.

Child Concern Reports

An increased number of Police Scotland Child Concern Reports were seen when compared with the same period in 2019. National data showed a small decrease for the same time period. There was an increase across the region but the increase was significantly higher locally. There was a particularly high increase from mid-June to the end of July 2020. This may be partly explained by a targeted awareness raising campaign and the relaxation of some restrictions. These concerns do not automatically trigger Child Protection responses.

Local Authority	Number of CCRs (wellbeing)		% change
	2020	2019	
Angus	1355	1256	8%
Dundee	2430	2118	15%
Perth and Kinross	1451	1384	5%
Tayside	5236	4758	10%
Scotland	52225	53998	-3%

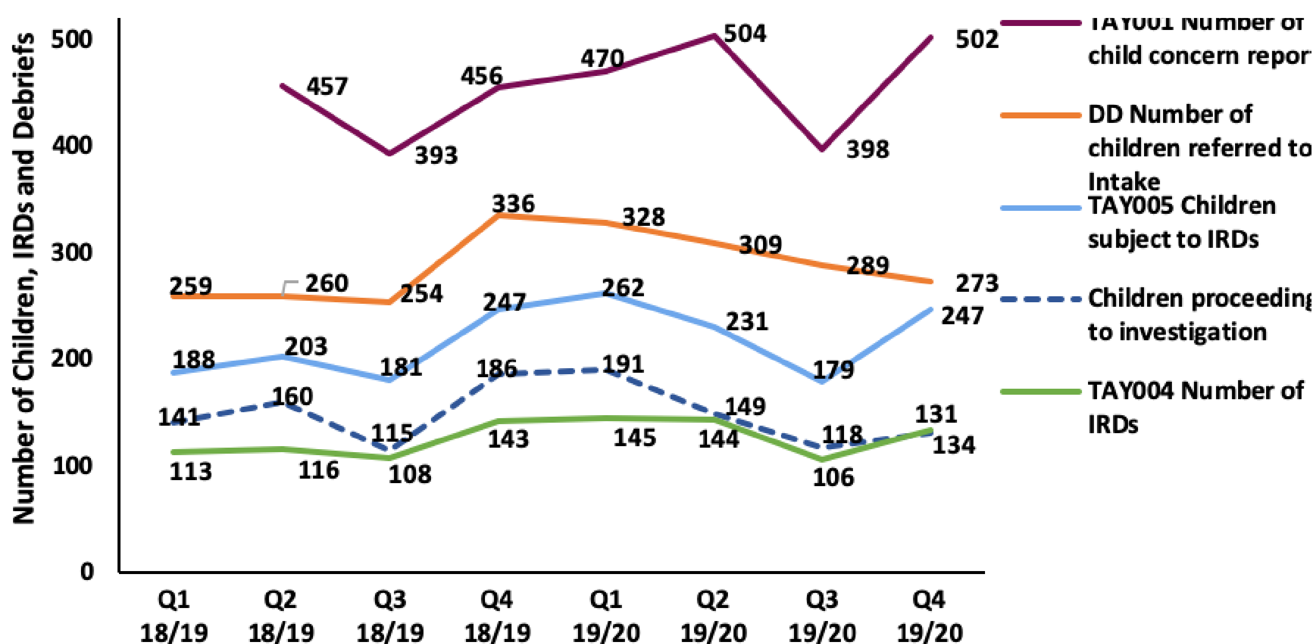
Referrals to Multi-Agency Screening Hub

9395 referrals received during period covered by this report the MASH

Referrals to MASH by source	April-Jul 2019	Aug-Oct 2019	Nov 19-Jan 20	Feb- Apr 20	Apr-Jul 20
Police	636	523	715	642	676
Local Authority/HSCP	397	318	415	288	307
School	416	421	503	400	108
Health	217	256	277	205	167
Public	167	280	248	203	226
3rd Sector	74	50	76	100	84
Total	**1907**	**1848**	**2234**	**1838**	**1568**

Whilst referrals vary from quarter to quarter the impact of Covid-19 restrictions and the closure of schools is clearly noticeable in the last quarter with a reduction in school referrals of 339 (18%) on the same period last year. This is primarily due to 308 fewer referrals from schools, a reduction of 74%. It should be noted that the majority of referrals from schools similarly do not progress to formal Child Protection activity but nevertheless highlight a possible need for additional support from universal services.

The table below illustrates the numbers of children subject to Child Protection Processes.



Numbers of Children Involved in Core Processes 2019/20	
Number of Child Concern Reports	1874
Number of Children referred to Intake	1199
Children Subject to IRD's	919
Children proceeding to Investigation	589

Interagency Referral Discussions

Once a concern is considered to potentially involve a risk of significant harm to a child or young person, the first stage of the Child Protection process is an Interagency Referral Discussion (IRD). This is a multi-agency meeting that considers how best to proceed when investigating a concern; coordinating additional support from universal services and/or the Third Sector; and where necessary, making immediate plans to keep children and young people safe.

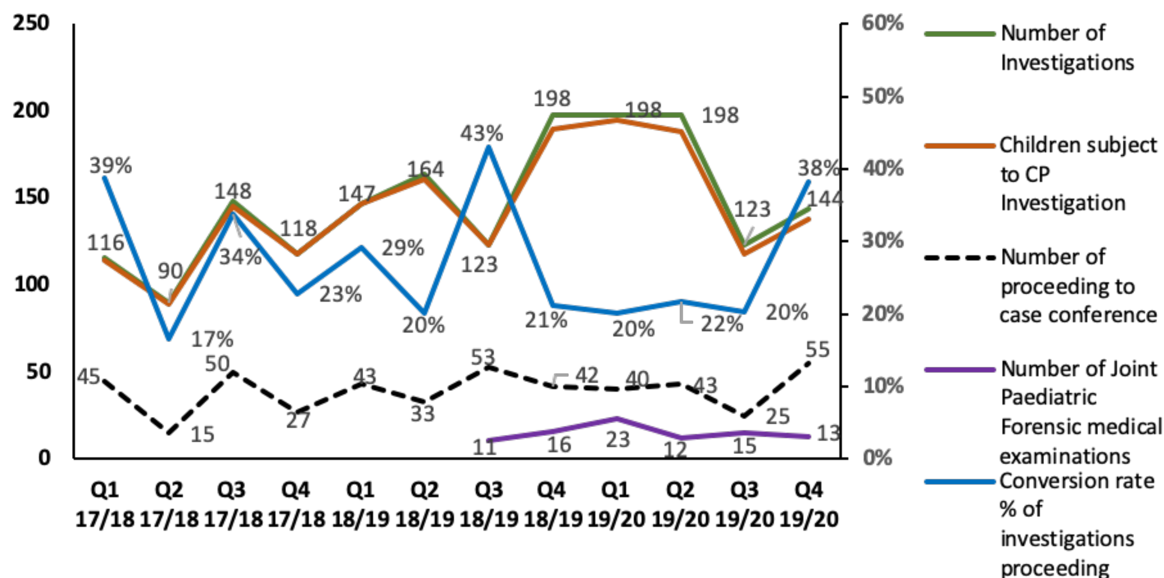
529 **Interagency Referral Discussion which considered relating to 919 children and young people in 2019/20.**

Showing a similar overall pattern to Child Concern reports, the number of Inter-agency referral discussions increased nationally with Tayside following a similar pattern. However, Dundee shows a higher overall percentage change in the number of IRDs compared with the national trend, whilst the percentage change in the number of IRDs for both Angus and Perth & Kinross are lower. When broken down on a weekly basis, this was manageable within existing resources but contingency plans were in place should it become necessary.

Local Authority	Number of Inter-agency referral discussions		% change
	2020	**2019**	
Angus	107	107	**0%**
Dundee	171	148	**16%**
Perth and Kinross	112	106	**6%**
Tayside	390	361	**8%**
Scotland	3679	3443	**7%**

Further development of a Tayside approach to IRD's is identified a priority action for the coming year.

Child Protection Investigations

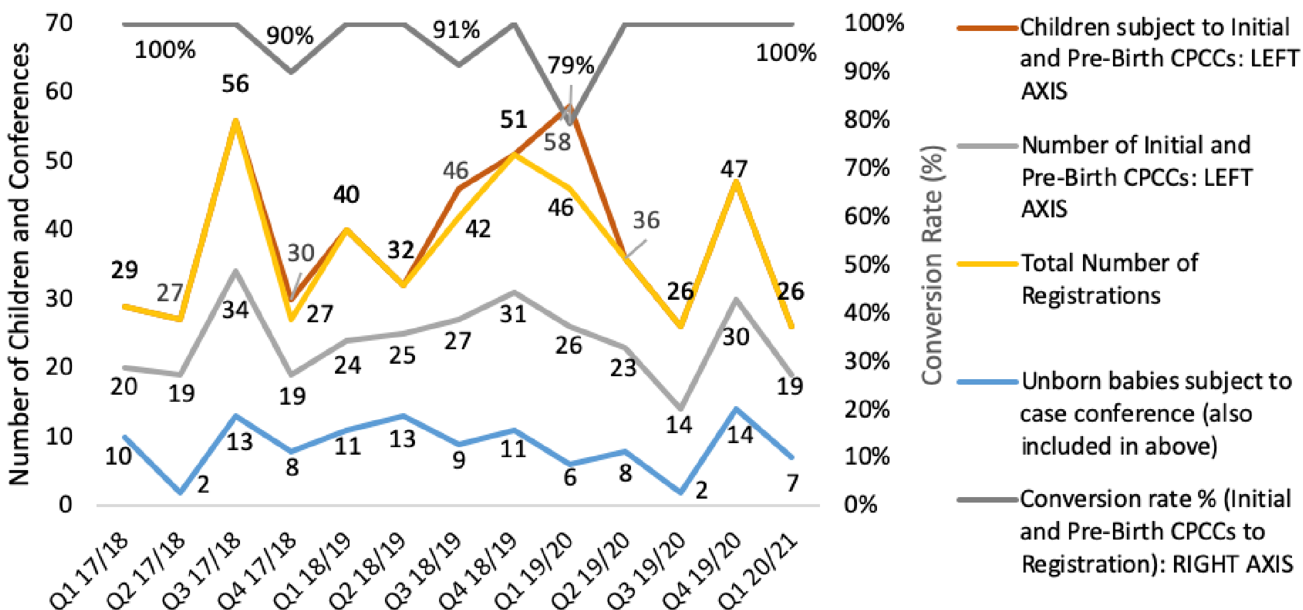


Some of these referrals may not relate to risk that requires a statutory response but where it is suspected that a child or young person has suffered, is suffering or maybe at risk of harm or abuse then a joint assessment of this risk is undertaken. The volume of investigations decreased slightly in the last two quarters back to Feb-Apr 2019 levels. An initial Child Protection Case Conference (CPCC) is then held, so that all of the relevant professionals can share information, identify risks and outline what needs to be done to protect the child.

Any agency may request a CPCC and Children's Social Work Services are responsible for responding to the request. A significant part of the function of the case conference is to determine if a child's name should be entered onto the Child Protection Register (CPR). The conversion rate (the number of investigations proceeding to Case Conference) was at 38% in the last quarter, a major increase from around 20% while numbers of investigations were much higher. The conversion rate for unborn babies was 100%.

13 **young people aged 16-17 have been subject to a Child Protection Investigation since August 2019. This is illustrative of a change in the local Child Protection Instructions which consider young people in transition under child protection procedures rather than Adult Support and Protection.**

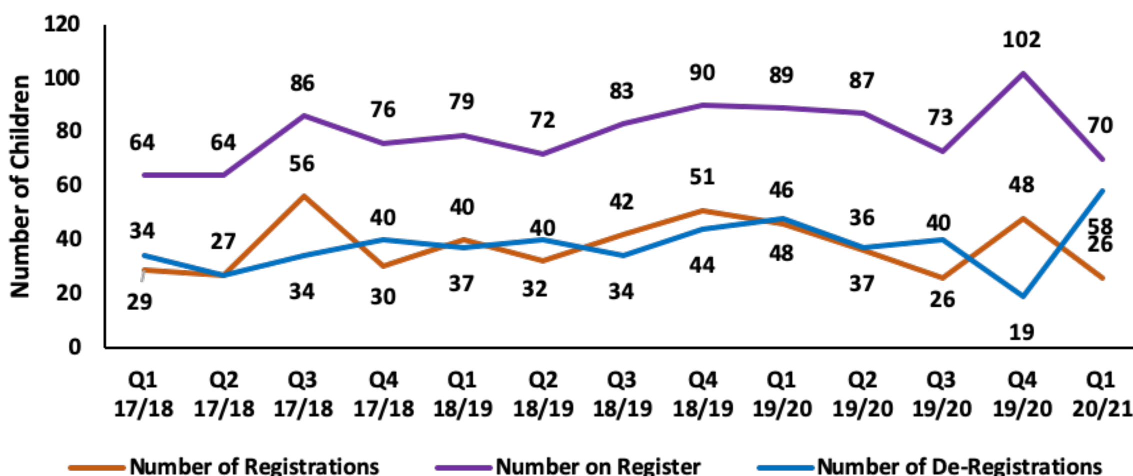
Initial and Pre-Birth Child Protection Case Conferences



Child Protection Register, registrations, de-registrations and re-registrations

Every local authority area in Scotland has a Child Protection Register, which is a list of children who may be at risk of current or future harm. A child or young person's name (including unborn babies) will be entered onto the register when they are believed to be at actual or potential risk of significant harm. The number of children whose names are on the register at any given time will vary.

155 children had their names added to the Child Protection Register in 2019/20.



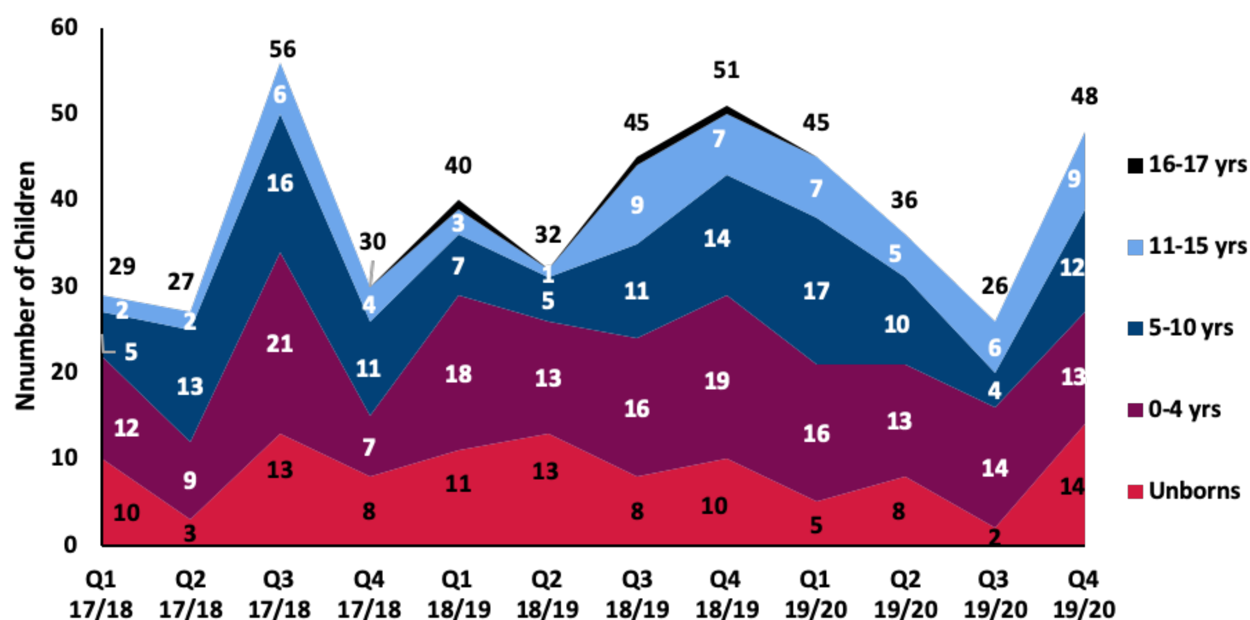
The number on the register continues to be above national average per population and although it has increased during the pandemic this is due to reductions in the number being de-registered. In the most recent quarter (May-Jul'20) 19 de-registrations compared to 48 new registrations led to the sharp increase of children on the register. More recently, numbers have returned to normal levels and continue to be manageable in terms of available support from Social Work teams and partners.

A child's name will remain on the register until it has been agreed by a CPCC Review that they are no longer at risk of significant harm. This may be because the issues identified as placing them at risk have been addressed and no longer warrant registration; the child has been made subject to a Supervision Order by a Children's Hearing; or the child is being cared for by someone else in a living environment other than the one in which they were considered to be at risk, such as relatives, friends, foster care or a Children's House.

48 **new registrations peaked May-July 2020, but there was a similar peak in the same quarter in 2019 (51 new registrations).**

Characteristics of our Vulnerable Children and Young People

Age of Children and Young People at Registration



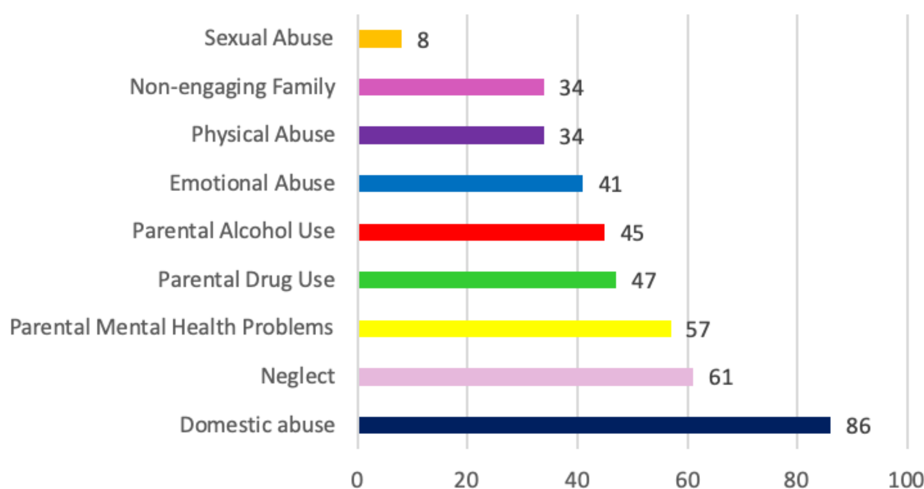
During the Feb-Apr quarter of strictest lockdown, there was a sharp decrease in registrations across all age groups except for 0-4 year olds. Overall over the past year, there has been a slight reduction in the number of unborn babies and an increase in the 11-15 year group. While the latter is now close to Scottish average, Dundee still has significantly more unborn babies on the register than most other local authorities. These families are typically supported by the New Beginnings Team.

Age groups at registration	Scottish Average	Dundee 2017-18	Dundee 2018-19	Dundee 2019-20	Dundee 2019-20
Unborn	4%	24%	25%	19%	29
0-4	46%	35%	39%	36%	56
5-10	33%	32%	22%	23%	42
11-15	16%	10%	12%	18%	27
16+	1%	0%	2%	0%	0

Concerns recorded for Children and Young People at Registration

Children's names can be entered onto the register for a variety of reasons relating to identified risk. The table below shows the various categories alongside associated numbers and percentages. It is clear that domestic abuse, neglect and parental mental health are the most pertinent risks but the impact of any of these risks on all children and young people can be profound and long-lasting. This is why where parents/carers are unable to respond to support, some children and young people need to be Looked After.

Concern at Registration	Aug-Oct	Nov-Jan	Feb-Apr	May-Jul	Total
In numbers and percentages per quarter	**Q1 2019/20**	**Q2 2019/20**	**Q3 2019/20**	**Q4 2019/20**	**2019/20**
Domestic Abuse	23 (51%)	23 (64%)	12 (46%)	28 (60%)	86 (55%)
Neglect	24 (53%)	7 (19%)	5 (19%)	19 (36%)	61 (39%)
Parental Mental Health Problems	19 (42%)	14 (39%)	3 (12%)	16 (34%)	57 (37%)
Parental Drug Use	21 (47%)	10 (28%)	7 (27%)	3 (6%)	47 (30%)
Parental Alcohol Use	16 (36%)	10 (28%)	7 (27%)	12 (26%)	45 (29%)
Emotional Abuse	14 (31%)	8 (22%)	10 (38%)	6 (13%)	41 (26%)
Non-Engaging Family	11 (24%)	13 (36%)	13 (50%)	17 (36%)	34 (22%)
Physical Abuse	11 (24%)	3 (8%)	6 (23%)	14 (30%)	34 (22%)
Sexual Abuse	1 (16%)	2 (6%)	1 (4%)	4 (9%)	8 (5%)
Other Concern	7 (16%)	1 (3%)	3 (12%)	2 (4%)	13 (8%)
Total Number of Registrations	**45**	**36**	**26**	**48**	**155**



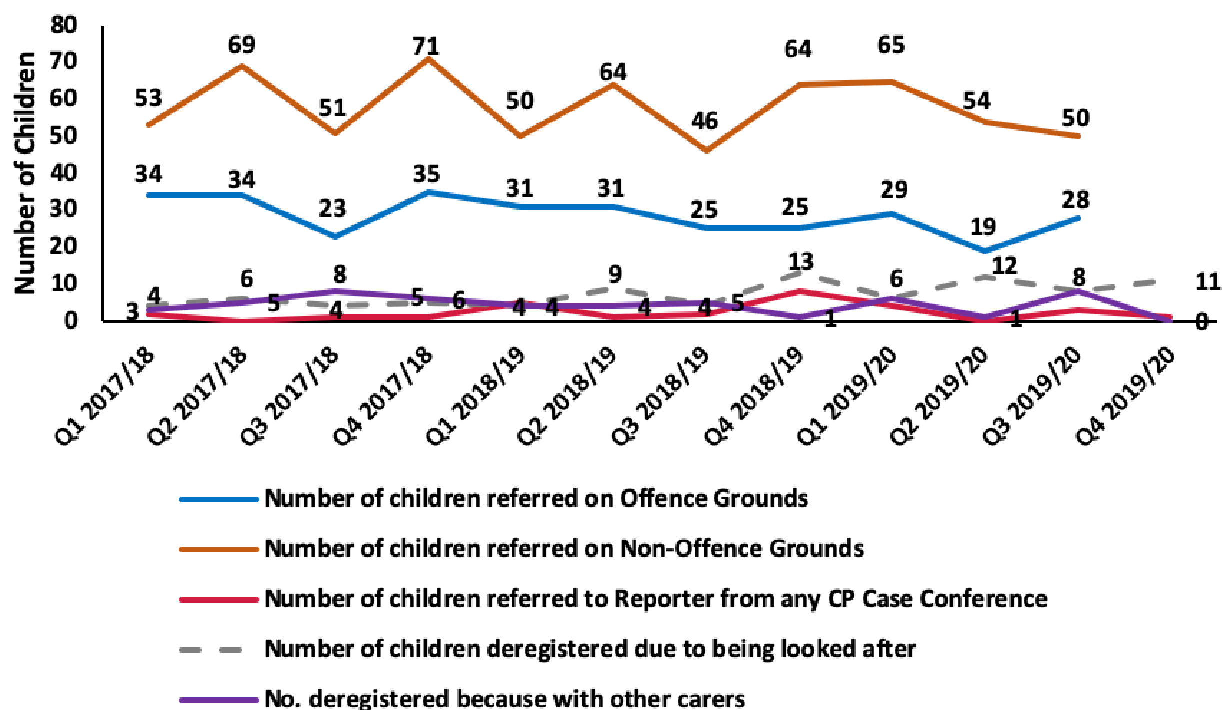
55% **of children registered under the concern of domestic abuse in 2019/20.**

Neglect has become the second most common reason for registration; this appears to be due to a combination of higher levels of poverty, and professionals being increasingly aware of the level of poverty and the impact of poverty on children, as well as of neglect as a risk factor.

1 in 3 **children were registered for issues relating to Parental Drug Misuse.**

Scottish Children's Reporter Administration Data

Children and Young People in the Children's Hearing System – Referrals and (see table) Child Protection Orders Granted



The fluctuating pattern of children referred on non-offence grounds has stabilised into a more consistent figure in 2019/20 though slowly declining in a similar way as registrations. The number of children referred on offence grounds has been stable in the high 20s except for a dip in the winter quarter. Comparison with Looked After Children statistics suggests there has been a gradual increase in children deregistered having been removed from their parents; adding those (dotted line) formally looked after to those (purple line) "with other carers".

If, at any point during the child protection process, a child is considered to be in immediate danger, an order can be made through the Sheriff Court. A Child Protection Order (CPO) can be issued to immediately remove a child from circumstances that put them at risk, or to keep a child in a place of safety (e.g. a hospital). Anyone can apply to the Sheriff for a CPO although in practice this is normally undertaken by Children's Social Work Services. These emergency measures allow time to decide the best way to protect a child.

Support and services to address domestic abuse, substance misuse and a gendered approach to protecting people are identified as priority actions for the coming year.

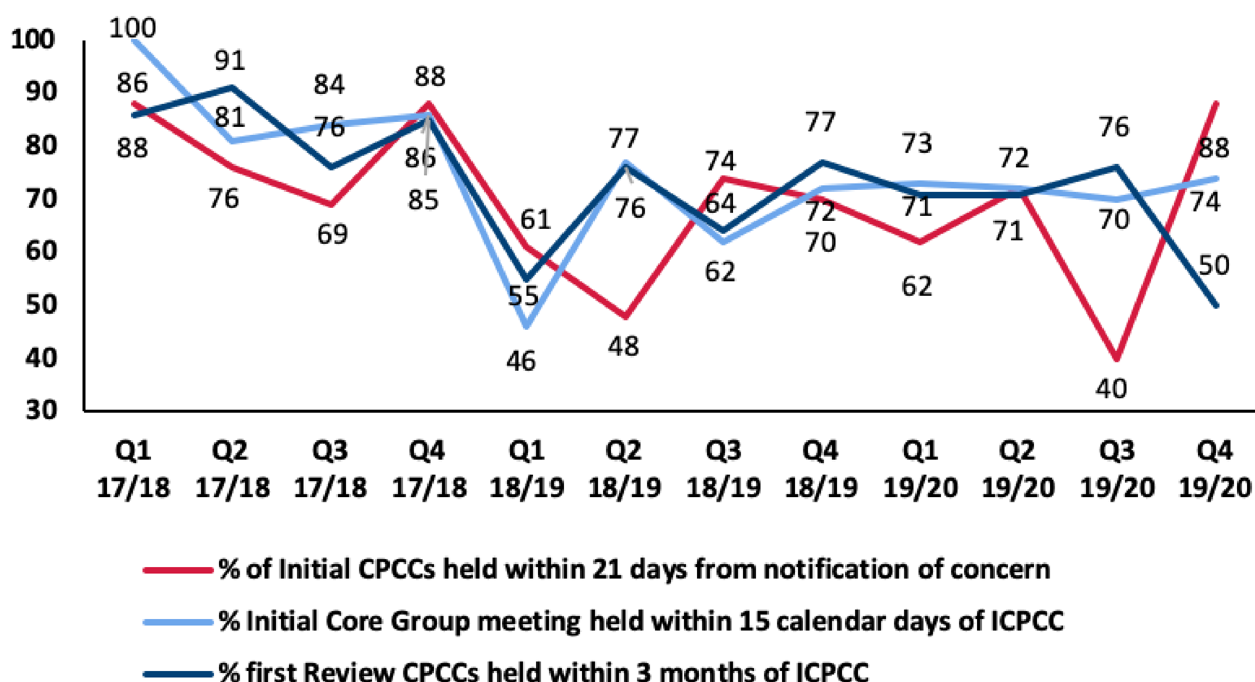
Child Protection Orders (CPO's)

	2017-2018				2018-2019				2019-2020			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
CPOs	10	6	11	7	10	10	11	8	11	12	4	10

CPOs have been gradually increasing since 2018/19 to about 10 per quarter; there was a brief drop during lockdown in Q3 but figures have resumed to average in Q4. It should be noted that what happens following removal of children through CPOs has improved with more children being rehabilitated sooner where appropriate.

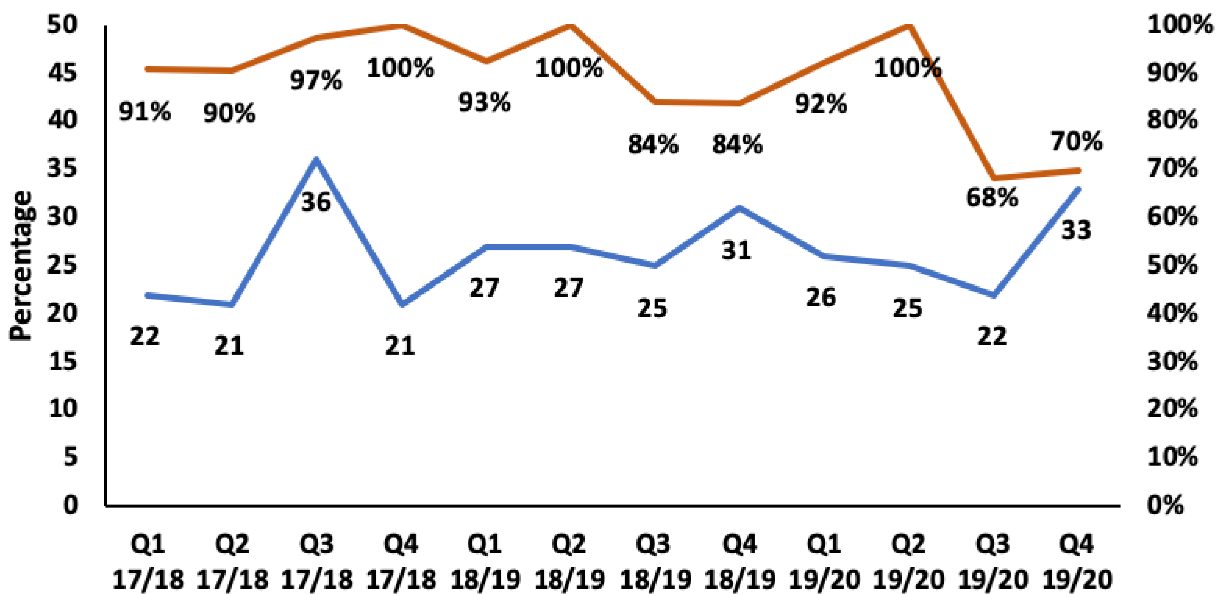
Analysis of CPO's continues to be the focus of joint work between the SCRA and Children's Social Work Services. This has assured the CPC that all CPOs are proportionate and appropriate at the time of application.

Child Protection Processes Timescales in the National Guidance for Child Protection in Scotland



Timescales for initial case conferences (red line) deteriorated from around 90% in 2017/18 to around 75%; this is because there was a radical dip during March and April as partnership services adjusted to lockdown. Since then, compliance with timescales has shot up again, to the 2017/18 level in the last quarter. Timescales for review conferences within 3 months (dark blue line) were at around 75% until the most recent quarter when they deteriorated to 50%. Around 70-74% of core groups (light blue line) continued to be held within 15 days.

Parental or carer attendance at initial child protection case conferences and initial core group meetings



Parental attendance at initial case conferences decreased from 84-100% pre Covid-19 to around 70% during restrictions. Overall attendance over the past academic year at all case conferences was at 84%. This varied for 95% during the first quarter (Aug-Oct) to 68% in Q3 (Feb-Apr).

Meaningful engagement with parents and young people with lived experience of protection activity is identified as a priority actions for the coming year.

In terms of face-to-face contact with children and young people on the CPR, Dundee had the highest average percentage of children with a child protection plan seen over the reporting period. This was higher than the national average, whereas both Angus and Perth & Kinross have percentages in line with the national average.

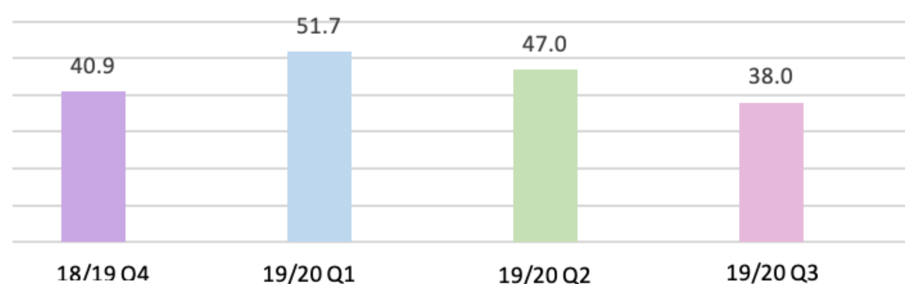
Local Authority	Average % of children with CPP seen over reporting period
Angus	94%
Dundee	98%
Perth and Kinross	94%
Tayside	96%
Scotland	94%

Reporter decisions within 50 working days of referral receipt

The last two quarter show an improvement over the previous three quarters in the % of Reporter Decisions within 50 days (see table below).

% of Reporter Decisions within 50 working days	Aug-Oct	Nov-Jan	Feb-Apr	May-Jul	Aug-Oct	Nov-Jan	Feb-Apr	May-Jul
	Q1 2018/19	Q2 2018/19	Q3 2018/19	Q4 2018/19	Q1 2019/20	Q2 2019/20	Q3 2019/20	Q4 2019/20
	72%	75%	63%	41%	49%	55%	70%	72% (est)

Average working days (non-offence) Receipt to decision



At the same time average working days to decision decreased with an average for the year (based on 11 months to June) at 42.6days

Across the whole of Scotland, lockdown and continuing restrictions have had an impact on the Hearing System due to a combination of offices being unavailable for hearings and IT systems not enabling easy alternatives. This has resulted in a backlog of 250-300 cases in Dundee resulting in reviews being held late as the most urgent cases are prioritised. For Dundee's looked after children this in turn means that some CSO have been extended by 6 months without full review, which is having an impact on the number of Looked After Children in Dundee.

Activities within the Children's hearing System will not return to normal until the backlog has been worked through, with a current aim of March 2021.

NHS Tayside Child Protection Nursing Service 5

NHS Tayside CP Updates

NHS Tayside services have undertaken a wide range of work throughout 2019/20 to strengthen and develop services to keep Tayside's children and young people safe. Contingency planning within NHS Tayside's Child Protection (CP) Nursing Service has been ongoing in response to the evolving Covid-19 situation. Prior to lockdown, core CP functions within the service were assessed and priority given to providing CP Supervision, manning the CP Advice Line, supporting the Dundee Multi-Agency Screening Hub (MASH) and coordinating and supporting the health contribution to multi-agency Inter-Agency Referral Discussions (IRDs).

Child Protection Learning and Development

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

Face to face training from March 2020 onwards was suspended due to the Covid-19 situation. Level 1 training remained available to staff via an online module, while Levels 2 and 3 training continue to be delivered via Microsoft Teams until Covid-19 restrictions are eased.

Throughout 2019/20, the following training was developed:

- In 2019, NHS Tayside's CP Nursing Service in conjunction with the North of Scotland CAMHS Network Team launched Emotional Abuse and Emotional Neglect Level 3 training.
- In March 2020, a refreshed online module for mandatory Level 1 CP training was launched.
- In response to the Covid-19 situation, a Level 3 CP training resource was developed for staff to undertake training during 2020/21.
- In response to ICR/SCR findings, a new Level 3 module has been developed on Chronologies: Supporting Assessment, Decision Making and Planning in Child Protection, which commenced in November 2020.

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

Child Protection Supervision

CP case supervision remained a priority for NHS Tayside throughout 2019/20; all eligible Health Visitors and Family Nurses were offered a minimum of four CP supervision sessions per annum. In response to Covid-19, 1:1 supervision was delivered via telephone rather than face to face. Services in receipt of group supervision were advised to contact the CP Advice Line for support. COVID-19 related factors affected staff uptake in March and April 2020, with a return to expected levels of uptake thereafter.

Child Protection Advice Line

NHS Tayside's CP Advice Line is available to all NHS Tayside staff and was manned by Nurse Advisors Child Protection (NACPs), Monday to Friday from 09:00 to 16:30 hours (except public holidays) throughout 2019/20. A wide range of services contacted the Advice Line for CP advice and support; the most frequent contacts were with Health Visiting, Mental Health Services and Child and Adolescent Mental Health Services (CAMHS). Key themes of calls during 2019/20 related to mental health, information sharing and domestic abuse.

Dundee Multi-Agency Screening Hub (MASH)

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

Inter-Agency Referral Discussions (IRDs)

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

Tayside Plan for Children and Young People 6

The **Tayside Plan for Children, Young People and Families 2017 - 2020** [11Mb] (also available in **poster** [2Mb] format) is the first joint plan to be produced by the three Community Planning areas of Angus, Dundee and Perth and Kinross. It reflects shared leadership towards multi-agency cross-border collaboration in the planning, management, commissioning, delivery, evaluation and improvement of services to children, young people and families.

Priority Five of the plan states

"Our children and young people will be safe and protected from abuse at home, school and in the community".

Priority Group 5 has continued to build on the longstanding commitment of the Child Protection Committees in Angus, Dundee and Perth and Kinross to working in collaboration, sharing practice and to pooling resources whenever it is appropriate and to add value to our continuous improvement in services to protect children and young people.

The initial focus of PG5 was to ensure incremental improvements to result in consistent high quality child protection practices across the collaborative and to provide a more solid foundation for larger scale change and integrated models of delivery over the life time of the plan. A delivery plan is supported by Action Groups with representation sufficient to implement improvement across agencies forming the collaborative and a clear remit to achieve step change in key areas

which are notoriously complex and problematic both locally and nationally. Taking time to connect through regular meetings and developing shared understandings of similarities or variations is building stronger partnership working. Very good progress has been made in relation to the original identified actions particularly in relation to the development of shared key processes and guidance for staff.

These have included:

- **Development of Tayside Unborn Baby Protocol**
- **Development of Tayside Chronology standards and guidance**
- **Development of Tayside Good Practice Guidance for Key Child Protection Meetings**
- **Development of Professional Curiosity Guidance**

In addition, Angus, Dundee City and Perth and Kinross Child Protection Committees (CPCs), via the Tayside Regional Improvement Collaborative (TRIC) Priority Group 5 (PG5) Safeguarding and Child Protection wanted to ensure it has a system of learning and case reviewing that is fit for purpose and leads to improvements in inter-agency child protection practice to protect children. It commissioned an analysis of recently conducted ICRs/SCRs to provide data on themes arising across the reviews and to identify lessons that could be learned to inform local policy and practice. Although yet to report the learning identified from this has informed the proposals for TRIC actions over the coming year.

A number of priorities have been identified for Priority Group Five for the coming year.

These include:

- **Development of a shared vision across the collaborative and community planning partnerships for child and public protection.**
- **To share the research findings from the commissioned review work to inform our agenda for continuous improvement; shared leadership and vision for protecting children over the next 3 years.**
- **A commitment from the three authorities to resourcing the key components for a successful multi-agency workforce development plan.**
- **Ensure Chief Officers, Senior Officers and Managers understand the key child protection improvement messages across Tayside and build this into their work.**

It is proposed to convene a Tayside-wide Chief Officers Group leadership event to receive the research undertaken by Dr Sharon Vincent of Northumbria University into Initial and Significant Case Reviews (ICR/SCR Research) carried out in Tayside since 2015.

Building on this leadership event, we will report on the key messages and actions arising in a format that is accessible to operational managers and staff in an effort to;

- **Establish key leadership messages arising from the report and the two key themes of**
  - **Relationships with children and families**
  - **Working together**
- **Prepare and implement a plan for dissemination of the research and key leadership messages to CPCs, operational managers and staff**

In addition, the group will work to establish a whole of *Tayside Child Protection Workforce Development Programme* for First Line Managers and Frontline Practitioners aimed at enhancing leadership, changing culture, ethos and day to day working practices. This will empower and support a competent confident and skilful workforce to deliver better outcomes for babies, unborn babies, children, young people and families.

Key components of this will include:

- **Building a culture of reflection, professional curiosity and confidence to challenge**
- **Promoting practice that focuses on the child and their lived experience**
- **Supporting practitioners to undertake effective assessment, analysis, review and planning to meet the needs of children and families.**
- **Sharing learning and good practice**
- **Effective training, support and supervision**

By the end of this period we will have reached a position of deeper knowledge and shared understanding of performance across the collaborative and highlight areas of good practice worthy of exploration and sharing/scaling, and areas of more concern worthy of peer support and challenge.

Learning and Workforce Development Activity 7

The way in which training is delivered across the partnership has had to adapt to the social distancing restrictions in response to Covid-19.

Many of the existing programs have been developed as online modules including

Tayside chronologies of significant events for children and young people
https://rise.articulate.com/share/MvGxsrHMojzmTBsCevx45phmDMNGYalZ

Designated Child Protection Officers
https://rise.articulate.com/share/l7vOS7CNdoaVL56lU2Ji3QZTDKwqQJ8T

Child Sexual Exploitation (Produced by Ayrshire Council)
https://rise.articulate.com/share/nTN4JCF2eMgA9eWkx1ScbFKQ4FAO2ym-

The following are due for development over the coming weeks.

- **Child Protection and Disability Practitioners Course**
- **Child Protection and Disability Managers Course**
- **Tayside Professional Curiosity and challenge**

Further development of **Tayside training features** in **Section 6** of this report.

If not you …who?

If not you …who?

Dundee Family Support Options Review Activity

8

In response to 'The Promise' and in the context of an already ambitious programme of improvement in Dundee, the Children and Families Executive Board has outlined a number of key developments.

The 'Dundee Family Support Options Review' now encompasses three of these developments, namely: the further development and roll-out of the FORT system; the 'What Matters to You?' programme of activity; and the options review of Child and Family Support Services in Dundee. In combining these activities, the Executive Board have maximised the knowledge, experience, time and wider capacity, necessary to progress the work, which mirrors the Independent Care Review's The Promise:

> **"It is clear that Scotland must not aim to fix a broken system but set a higher collective ambition that enables loving, supportive and nurturing relationships as a basis on which to thrive"**
>
> *(Independent Care Review, The Promise, Feb 2020)*

The Family Support Options Review is focused on the capacity that sits between school, family and community. This involves a broad range of provisions developed by a combination of statutory and voluntary agencies to promote the welfare of children and families in their own homes, schools and wider communities. The starting point for the work is the 'What Matters to You?' activity which has been taken forwards in partnership with children and families in the Lochee area of the City. The work invests in leadership at a community level with aim of mobilizing the community asset, while also informing and/or co-producing wider child and family supports.

The FORT system maintains a live map of the services that exist in an area while at the same time providing a route to access those services. In doing so, it allows lead professionals, named persons and others, including the families themselves, to identify who can best contribute to the child and family needs, and to engage those services. The FORT System supports and encourages joint working and a collaborative approach across agencies. The Family Support Options Review is exploring the use of FORT in relation to Family Support in other areas of Scotland, including in Fife.

More generally, the work is following a standard options appraisal format comprising three phases of activity: (1) analysis (which includes correlating evidence from all of the activities already undertaken across the City, together with analysis of current trends, spend, key drivers, challenges to be addressed and evidence of what has worked/not worked); (2) the subsequent formulation of options and recommendations; and (3) the implementation of options and/or recommendations approved by the Project Board.

The combined project work is supported by the Hunter Foundation/BBC Children in Need and Columba 1400 who are investing in an ambitious leadership programme alongside support for direct activity within communities. Barnardo's Scotland and Action for Children have funded the capacity necessary support the development of the FORT system and the associated roll-out. Alongside the independent guidance and support provided by the Hunter Foundation and Columba 1400, the team charged with progressing the work, also benefit from support provided by the Association of Chief Officers of Scottish Voluntary Organisations (ACOSVO) and the RS Macdonald Charitable Trust. Levels of independent guidance and involvement, coupled with the establishment of a separate decision-making Family Support Board and other agreed mechanisms[1], are designed to mitigate any potential conflicts of interest for those charged with taking the work forwards.

[1] The full arrangements are described in a Project Terms of Reference agreed with the Project Board

Child Protection in Dundee. The Way Forward 9

The contents of this report provide the framework by which Dundee Child Protection Committee can deliver its core functions, specifically….

Strategic Leadership

Including:

- Assurance
  - To the COG
  - From single agencies
- Oversight of strategic risk
- Public Engagement and Communications
  - Participation of People with Lived Experience

Strategic Planning and Continuous improvement

Including through mutual accountability and scrutiny

- Policies, procedures and guidance
- Data and evidence
- Learning and development
- ICRs / SCRs
- Practice improvement / development
- Planning
- Local, regional and national interfaces

The committee has developed a number of key outcomes and actions informed by this framework and developed a delivery plan for the next twelve months.

Child Protection Committee Delivery Plan 2020-2021 10

<table>
<tr><th colspan="2">Child Protection Committee Delivery Plan 2020-2021

Vision: Dundee's future lies with its people, they deserve the best this city can give them. We will provide the protection they need, when they need it, to keep them safe from harm.</th></tr>
<tr><th colspan="2">Core functions of PP Committees / Partnership</th></tr>
<tr><td>Strategic Leadership

Including:
• Assurance
  • To the COG
  • From single agencies
• Oversight of strategic risk
• Public Engagement and Communications
  • Participation of PWLE</td><td>Strategic Planning and Continuous improvement – including through mutual accountability and scrutiny

• Policies, procedures and guidance
• Data and evidence
• Learning and development
• ICRs / SCRs
• Practice improvement / development
• Planning
• Local, regional and national interfaces</td></tr>
<tr><th>Key Outcomes</th><th>Key Actions</th></tr>
<tr><td>• Children, young people and families are kept safe from harm and have improved wellbeing across a range of indicators
• Dundee has a confident and supported workforce delivering best practice to children, young people and families
• The Dundee CPC is assured and can provide assurance that key processes are delivered effectively and services are operating in line with up to date policies, procedures and guidance</td><td>• Maintain focus on local, regional and national interfaces and how these inform all areas of our work
• Ensure provision of clear and up to date guidance, policies, procedures and learning opportunities
• Increase public awareness and stakeholder engagement through clear communication and participation processes
• Develop and improve scrutiny and assurance processes
• Develop and improve the use of the protecting people corporate risk register</td></tr>
</table>

Strategic Leadership:

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

Ref/ Cross ref	Aim	Actions	Evidence	Lead	Timescale
	Broad Overview	How do we deliver this	How do we know it has been delivered and is effective		
1A	There is a clear vision, commitment and direction provided by leaders which is communicated regularly and effectively to a range of stakeholders	Communication/consultation with key services/teams on our shared vision, direction and actions Induction pack for CPC members is reviewed and re-distributed Communication strategy developed to ensure visibility of the CPC leadership and encourage a culture of collaborative working CPC agenda includes set items – Risk Register, Data and Improvement Activity and National/Regional Updates CPC members to provide internal service colleagues with regular updates on the activities of the Committee	Distribution list demonstrates who has received the pack Minute of meeting demonstrates discussion at CPC Clear communication strategy is published and events are advertised – feedback from events is gathered and used to inform future planning CPC agendas	Chair/Lead Officers PP Team/ Comms in partnership with NHS and Police Scotland Comms links – as identified via TRIC Comms Grp Chair/Lead Officers	January 2021 Ongoing comms work focused on Covid at present (can revisit this after first quarter of 2021)
1B Cross ref 1A	Increase Public Awareness of child protection and Community Engagement	Build on the 'If not you, who?' and 'What I need from you' branding and communications by developing a clear public communication strategy and engagement plan	Evidence of public communications eg social media, website and engagement events	PP Team/ Comms	As above

1C Cross ref 2A & 3D	Provide scrutiny of key processes and both multi and single agency operations	**Develop and communicate** a clear process for reporting recommendations and learning from workstreams listed in action 2a. CPC set agenda item and clear direction provided on actions agreed in response	See 2a CPC agendas and minutes	Chair/Lead Officers	Quarterly at CPC meetings
1D Cross ref 2C	Provide oversight of strategic risk for child protection and assurance to COG that key processes are being delivered and strategic risk is being managed	At each CPC review the Corporate Risk Register for Protecting People (incorporating cross cutting themes from Child Protection) Independent chair reports to COG reflect identified strategic risks	Minutes of CPC evidence discussion Change log within the risk register reflects discussions and actions	All members of CPC Chair/Lead Officers	Quarterly at CPC Meetings Quarterly at COG meetings
1E Cross ref 2C	Participate in the transformative re-design of protection processes	• CPC members represented on TPP Oversight Group • CPC members participate in consultation on PP Structure • Practice development under TPP are clearly communicated to CPC and CPC supports scaling up these areas of work	Minutes of meetings	Lead Officers/ Senior Manager C&F	Ongoing 2021 (to be confirmed)

Strategic Planning and Improvement

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

Ref/ Cross ref	Aim Broad Overview	Actions How do we deliver this	Evidence How do we know it has been delivered and is effective	Lead	Timescale
2A Cross ref 1C,3A&B	Drive Continuous Improvement of key processes and practice through: • scrutiny of dataset • quality assurance processes • audit cycle and case review (both local and national) • Recommendations from The Promise	CPC to discuss findings / recommendations from scrutiny group within the quarterly reports and identify action required e.g training, policy review	Evidence of scrutiny group discussions and recommendations Set agenda item at CPC – actions agreed from dataset report	Scrutiny sub group/ All CPC members	Quarterly at CPC meetings
		Agree multi agency reporting cycle aligned with scrutiny group/ dataset to ensure consistent reporting	Multi agency reporting in place		March 2021
		Establish representative focus groups to carry out in depth, self-assessments against different areas of the quality improvement framework including organisation of development sessions across the committee to gather evidence against the outcomes	Self- assessment is completed Evidence is available	CPC	July 2021
		Scale up quality assurance work under TPP (linking to case file audit action plan for C&F SW)	Regular reporting to CPC on quality assurance undertaken and case audits as part of this	Lead Officers/ Senior and Service Manager C&F	Ongoing
		Development of ICR/ SCR group to provide regular reports and recommendations to the CPC including recommendations from the Sharon Vincent research		Reps from all key agencies – NHS lead As above and TRIC	February 2021

2B Cross ref 1B,3A&B	Increase the involvement of children, young people and parents/ carers in work of CPC	Short life working group of CPC to be set up to take forward this area of work: • Establish methods of gathering existing information on children's views as well as identifying gaps. • Tayside Reviewing officers network finalise evaluation framework and development of 'Myview' app • 'Voice of the child' to be included in case file audits – link to quality assurance work in 2A.	Short life group established, processes developed and clear evidence of CYP and parent/carer views influencing strategic direction and delivery of key processes:	Reps from NHS/DCC C&F/ L&OD/ Education/ third sector TRIC Lead Officers/ Senior and Service Manager C&F	July 2021
2C Cross ref 1D,E & 3A	Continual revision of strategic risk register to inform our priorities and actions	• Risk Register is set as a standing agenda item for CPC. • Protecting People team to organise a short session for CPC to ensure all CPC members understand their responsibilities in relation to the risk register	Tracking system within risk register evidences regular review Minutes of meetings evidence discussions Minute of meeting evidences that this was delivered	Chair/Lead Officers – all members of CPC Lead Officer	Quarterly at CPC meetings December 2020

Delivery of Key Processes

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

Ref/ Cross ref	Aim Broad Overview	Actions How do we deliver this	Evidence How do we know it has been delivered and is effective	Lead	Timescale
3A Cross ref 1C, 2A&B	Development of guidance, policies, tools, resources and learning and development opportunities is focused on: • Identified key risks in the risk register incorporating the long term impact of Covid-19 with a **particular focus on trauma** • Learning from scrutiny/ review activity • Identified priorities at national and regional level including The Promise	• Processes developed under actions 1B, 2A and C, clearly communicate priorities to inform any development in this section. • Ensure these are sense checked with those with lived experience	Workforce feedback Feedback from CYP and families Evidence within dataset	All CPC (leads for national/ regional meetings, scrutiny group)	Ongoing
		Short life working group to be set up to: • Develop processes for gathering workforce views including consultations, stakeholder surveys, third sector feedback and independent sector feedback.	Working groups established and reporting to CPC with recommendations	L&OD/NHS/ DCC C&F/ Education/ Third sector	Working group set up by January 2021 and reporting to CPC in April 2021

3B Cross ref 2A & B	Delivery and improvement of key processes are focused on: • Identified key risks in the risk register incorporating the long term impact of Covid-19 with a **particular focus on trauma** • Learning from scrutiny/ review activity • Identified priorities at national and regional level including The Promise	• Processes developed under actions 1B, 2A and C clearly communicate priorities to inform the delivery and improvement of key processes **Specific areas identified prior to and during Covid-19:** • Assessment and engagement • Risk assessment • Superficial compliance • Escalation **CAPSM** • Develop joint infrastructure between ISMS and C&Fs service **Domestic Abuse** • S&T training and resources to be fully utilised across partners • S&T strategic steering group to be re-established and focus on developing a universal approach to working with domestic abuse and child welfare **Online risks** • Training options to be considered by TRIC 5 • Police monitoring data around online crimes involving children and reporting any changes to CPC. **Transitions and vulnerable young people** • Focus group to be established to take forward recommendations around transitions. • Vulnerable young people – CSE/County Lines etc **Trauma informed practice** • Support the development of trauma informed workforce development	Clear link between risk register, scrutiny group recommendations and national/ regional priorities is reflected in discussions and action plans Infrastructure in place and reporting to CPC S&T action plan S&T self -assessment Steering group established and reporting to CPC	(leads for national/ regional meetings, scrutiny group) ADP C&F Working Group S&T Steering Group (CPC and VAWP) Lead Officer TRIC Police Reps H&SC/C&F Action Group Vulnerable adolescent partnership Trauma training steering group Trauma Champions	Ongoing

If not you ...who?

Appendix 1

Appendix 1: Dundee Child protection Committee Membership as of August 2020	
Position	**Organisation**
The following are core members. Dundee CPC also has a number of minuted members who are not required to attend every meeting. In addition, the Lead officer is neither a core nor minuted member but provides the necessary support for the committee.	
Independent Chairperson	Dundee Child Protection Committee
Panel member(s)	Dundee Children's Panel
Lead Officer (Alcohol and Drug Partnership Representative)	Alcohol and Drug Partnership
Chair of the Vulnerable Adolescent Partnership	Dundee City Council
Chief Social Work Officer	Dundee City Council
Learning and Organisational Adviser	Dundee City Council, Learning and Organisational Development Service
Strategy and Performance Manager (IJB)	Dundee Health and Social Care Partnership
Principal Officer	Dundee City Council, Children and Families Service, Strategy and Performance
Head of Service	Children's Service and Community Justice
Locality Manager	Scottish Children's Reporters Administration
Assistant Director (Third Sector Rep)	Barnardo's Scotland
Independent Chair	Violence Against Women Partnership
Protecting People Team Leader	Dundee City Council, Neighbourhood Services
Lead Paediatrician Child Protection	NHS Tayside
Lead Nurse Child Protection	NHS Tayside
Lead Nurse Children and Young People	NHS Tayside
Link Inspector	Care Inspectorate
Detective Chief Inspector PPU & CID Partnerships and Support	Police Scotland

Appendix 2 Glossary

This is an explanation of some Child Protection terms.

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

A

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

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

B

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

C

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

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

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

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

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

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

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

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

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

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

E

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

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

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

I

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

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

J

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

N

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

P

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

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

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

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

R

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

S

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

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

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

T

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

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

What I need from you!

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

www.**dundeeprotectschildren**.co.uk

Integrated Impact Assessment Report.

Committee Report No: DIJB13-2021

Document Title: Dundee Child Protection Committee Annual Report 2020

Document Type: Other

New/Existing: New

Period Covered: 01/04/2019 - 31/07/2020

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

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

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

Author Responsible:

Name: Kathryn Sharp

Title: Service Manager, Strategy and Performance

Department: Health and Social Care Partnership

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

Telephone: 01382 433410

Address: Friarfield House, Barrack Street, Dundee

Director Responsible:

Name: Paul Clancy

Title: Executive Director

Department: Children and Families Service

E-Mail: paul.clancy@dundeecity.gov.uk

Telephone: 01382 433088

Address: Dundee House, North Lindsay Street, Dundee

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Integrated Impact Assessment Report.

A. Equality and Diversity Impacts:

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

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

Proposed Mitigating Actions:
None required

Is the proposal subject to a full EQIA? : No

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

B. Fairness and Poverty Impacts:

Geography

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

The Ferry: Positive

West End: Positive

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CHANGING FOR THE FUTURE

Integrated Impact Assessment Report.

Household Group

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

Significant Impact

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

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

Proposed Mitigating Actions:
None required

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Integrated Impact Assessment Report.

C. Environmental Impacts

Climate Change

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

Resource Use

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

Transport

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

Natural Environment

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

Built Environment

Built Heritage:	Not Known
Housing:	Not Known

Is the proposal subject to Strategic Environmental Assessment

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

Proposed Mitigating Actions:

None required

Environmental Implications:

Not known.

D. Corporate Risk Impacts

Corporate Risk Implications:

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

Corporate Risk Mitigating Actions:

ITEM No …6………..

REPORT TO:	**HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 21 APRIL 2021**
REPORT ON:	**CIVIL CONTINGENCIES ACT 2004 - INTEGRATION JOINT BOARD STATUS AS CATEGORY ONE RESPONDERS**
REPORT BY:	**CHIEF OFFICER**
REPORT NO:	**DIJB14-2021**

1.0 PURPOSE OF REPORT

1.1 The purpose of this report is to provide assurance to the Integration Joint Board regarding the arrangements in place to fulfill duties as Category 1 Responders under the Civil Contingencies Act 2004.

2.0 RECOMMENDATIONS

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

2.1 Note the content of this report.

2.2 Note the amendment of the Civil Contingencies Act 2004 to include Integration Joint Boards as Category 1 responders (section 4.1) and the statutory duties of Category 1 responders (section 4.2).

2.3 Note the arrangements that are currently in place across the Dundee Health and Social Care Partnership to fulfill the duties of Category 1 responders (section 4.3) and identified areas for further development (section 4.4).

2.4 Instruct the Chief Officer to provide a further report on local arrangements for the effective implementation of duties by the IJB following the completion of forthcoming national workshops and publication of national guidance for IJBs (section 4.2.3).

3.0 FINANCIAL IMPLICATIONS

3.1 None.

4.0 MAIN TEXT

4.1 The Civil Contingencies Act 2004 (the Act) provides the legal basis for emergency preparedness and response across the UK, supplemented by the Civil Contingencies Act 2004 (Contingency Planning) (Scotland) Regulations 2005 that provide further detail to support the application of the Act in Scotland. The regulations contain details regarding the roles and duties of responders.

The Act pre-dates the creation of Integration Joint Boards. Following a consultation exercise in late 2020 (Article XII of the minute of the Dundee Integration Joint Board held on 27 October 2020 refers) the Scottish Government has now amended the Civil Contingencies Act 2004 to add Integration Joint Boards to the list of Category 1 responders (Part 2, Schedule 1). This amendment came into effect of 17 March 2021.

4.2 **Category 1 Responders**

4.2.1 The Act identifies two categories of responder. Category 1 responders are the emergency services, local authorities, NHS Health Boards and Integration Joint Boards. Category 2 responders include a range of utility and transport providers and NHS National Services Scotland. Prior to the recent amendment to the Act Integration Joint Boards had not previously been included in either category.

4.2.2 The Act (section 2) sets out the following list of duties for Category 1 responders:

- Assess the risk of emergencies occurring and use this to inform contingency planning.
- Put in place emergency plans.
- Put in place business continuity management arrangements.
- Put in place arrangements to make information available to the public about civil protection matters and maintain arrangements to warn, inform and advise the public in the event of an emergency.
- Share information with other local responders to enhance co-ordination.
- Co-operate with other local responders to enhance co-ordination and efficiency.

4.2.3 The duties listed in section 4.2.2 apply to the functions that have been delegated to the IJB under the Public Bodies (Joint Working) (Scotland) Act 2014, as well as to any other powers and duties placed on the IJB by other legislative instruments. The Scottish Government has advised that there is no obligation to include the duties of the Civil Contingencies Act in local health and social care integration schemes. National guidance to support Category 1 responders is being reviewed to reflect the recent inclusion of IJBs. In addition, the Scottish Government Resilience Division has advised that workshops for Chief Officers and their staff covering responsibilities of Category 1 responders and how these can effectively be carried are to be provided in late May 2021. Additional workshops are also being planned for IJB members.

4.3 Arrangements for Emergency Planning

4.3.1 Prior to the designation of IJBs as Category 1 responders, the Partnership, including the Chief Officer in their role as director of health and social care services within the Health Board and local authority, already made significant contributions to local arrangements for developing emergency and resilience plans alongside Dundee City Council, NHS Tayside and local emergency services representatives. The inclusion of IJBs within the list of Category 1 responders formalises the Chief Officer's contribution through their role as accountable officer within the IJB and the Partnership's wider contribution to the co-ordination of emergency planning and resilience arrangements across Dundee and Tayside. The Scottish Government states that this will *"…ensure that where there is a risk of an emergency which will impact functions delegated to the Integration Joint Board, there will be formal co-ordinated and appropriate arrangements in place for emergency planning; information sharing and co-operation with other responders; and joined up information sharing and Advice for the public."* (Scottish Government, Consultation Response, 2021).

Co-ordination and Co-operation

4.3.2 Local arrangements for emergency preparedness and response are led by the Tayside Local Resilience Partnership (LRP). The LRP consists of all Category 1 and Category 2 responders across the region and is the primary forum through which responders work together to discharge their duties under the Act. The Chief Officer is a member of the Tayside LRP. The LRP is supported by a number of sub-groups, including a Tayside Care for People Sub-Group that is chaired by the Partnership's Head of Service for Health and Community Care. This sub-group focuses on ensuring that Tayside LRP partner agencies have common approaches and, where possible, common plans to support the implementation of the Tayside LRP Support and Care for People Framework and Supporting Communities in Recovery Plan. The work of the group covers the provision of emergency support rest centers, responses to vulnerable people, emergency accommodation, care home evacuation and psychosocial support.

4.3.3 Dundee City Council and NHS Tayside have within their structure dedicated Resilience Officer posts who take a lead role at an organisational level in co-ordinating resilience strategy and planning and establishing and maintaining resilience infrastructure and supports. The Partnership has worked in collaboration with these Resilience Officers to progress joint resilience tasks and benefits from their knowledge and expertise on an ongoing basis. There is no equivalent post within the Partnership.

4.3.4 The Partnership works closely with Dundee City Council to develop and implement plans for the establishment and operation of emergency rest centers where these are required in response to local incidents. This includes identification of appropriate sites for rest centers, training and development of staff and volunteers to support the operation of rest centers, provision of the required IT and administrative systems and supports and provision of social work and social care supports for vulnerable people impacted by emergency incidents. During the pandemic period work has been undertaken to refresh rest center plans to take account of infection prevention and control requirements.

Assessment of Risk and Emergency / Contingency / Business Continuity Planning

4.3.5 As part of the wider business support and continuity arrangements for the Partnership all services should have in place business continuity plans, including emergency contingency plans and emergency evacuation plans where appropriate (particularly relevant for residential/ building based services and supports). Support is available from the Partnership's Finance, Business and Transformation Service and from corporate Health and Safety services within the Council and NHS to support individual services to develop and test plans. The COVID-19 pandemic has provided an opportunity to test plans in the most challenging of resilience response situations and to update them to incorporate lessons learned. Business continuity planning is linked to wider business support functions regarding risk assessment and management.

4.3.6 The COVID-19 pandemic has provided the opportunity for the partnership to develop, test and consolidate arrangements for business continuity management. A Partnership Silver Command Group has been established supported by a range of function specific Bronze Command Groups. This structure has been aligned with the corporate structures in NHS Tayside and Dundee City Council and onwards to the Tayside LRP. These arrangements will now be reflected in post-pandemic updates to resilience plans and form the basis of business continuity management response (at a proportionate scale to the emergency incident being experienced) in the future.

4.3.7 The Social Care Contracts Team has an important role in encouraging contracted providers to ensure that they have appropriate contingency and business continuity plans in place for the services that they provide. Contractual arrangements include a requirement on all providers to develop and maintain processes and procedures for business continuity, including undertaking regular risk assessments to identify any threats or risks to service provision. Providers are asked to submit copies of their business continuity plans for assurance purposes. Historically work has also been undertaken through provider forums that operate in some service sectors to raise provider awareness of emergency planning, resilience and business continuity through learning and development inputs. As with the Partnership itself, the COVID-19 pandemic has allowed providers to test and further strengthen contingency and business continuity plans.

Public Communication

4.3.8 As part of the Tayside LRP arrangements the DHSCP contributes to the development of public communication messages and materials regarding resilience and emergency planning matters. For example, the Partnership has worked closely with Dundee City Council throughout the pandemic period to provide public information regarding business continuity arrangements for delegated health and social care services and to promote public testing and vaccination programmes.

4.4 **Areas for Further Development**

4.4.1 The Partnership's experience of the COVID-19 pandemic and reflection on requirements of Category 1 responders has highlighted the following areas as requiring further development over the next 12 months:

- Further work to review and confirm the formal representation of the IJB across the Tayside LRP structure (reflecting new status as Category 1 responders).
- Work across all Partnership services to fully update contingency and business continuity plans to reflect experience and learning from the pandemic period, including updating all supporting documentation. This work will also be extended across contracted providers to encourage a similar review at individual service level.
- Concluding work with Dundee City Council to refresh arrangements for establishing and staffing emergency rest centers.
- Agreeing appropriate management and governance arrangements for the effective oversight of resilience and emergency planning functions within the Partnership, alongside linked functions such as risk management and business continuity.

5.0 POLICY IMPLICATIONS

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

6.0 RISK ASSESSMENT

Risk 1 Description	Additional responsibilities associated with Category 1 responder status are not supported by additional resources from Scottish Government and existing resources are not sufficient to meet statutory duties.
Risk Category	Governance, Operational
Inherent Risk Level	Likelihood 3 x Impact 4 = Risk Scoring 12 (High Risk)
Mitigating Actions (including timescales and resources)	• The Chief Officer and other supporting staff have historically had close involvement in LRP activities and local resilience arrangements; this has minimized the additional resource burden of recent legislative changes. • Close co-operation is already in place across the LRP and with the corporate bodies. • Dedicated Resilience Officers are in place within NHS Tayside and Dundee City Council who are available to provide expert advice and guidance to the Chief Officer and the wider Partnership when required. • Further work is to be carried out to revise internal management and governance arrangements for the effective oversight of resilience and emergency planning functions.
Residual Risk Level	Likelihood 2 x Impact 4 = Risk Scoring 8 (Moderate Risk)
Planned Risk Level	Likelihood 2 x Impact 3 = Risk Scoring 6 (Moderate Risk)
Approval recommendation	While the inherent risk level is high, the impact of planned actions reduces the risk and therefore the risk should be accepted.

7.0 CONSULTATIONS

7.1 The Chief Finance Officer, Head of Service, Health and Community Care and the Clerk have been consulted in the preparation of this report.

8.0 DIRECTIONS

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

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

9.0 BACKGROUND PAPERS

9.1 None.

Vicky Irons
Chief Officer

DATE: 31 March 2021

Diane McCulloch, Head of Health and Community Care

Kathryn Sharp
Senior Manager, Strategy and Performance

ITEM No …7………..

REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 21 APRIL 2021

REPORT ON: DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP EQUALITY MAINSTREAMING PROGRESS REPORT 2019-2021

REPORT BY: CHIEF OFFICER

REPORT NO: DIJB15-2021

1.0 PURPOSE OF REPORT

1.1 To seek approval of the Dundee Health and Social Care Partnership Equality Mainstreaming Progress Report 2019-2021. To inform the Integration Joint Board of planned work in relation to equalities mainstreaming and outcomes during 2021/22.

2.0 RECOMMENDATIONS

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

2.1 Note the content of the report.

2.2 Approve the Dundee Health and Social Care Partnership Equality Mainstreaming Progress Report 2019-2021 (section 4.2 and appendix 1).

2.3 Approves the intended approach to publication and dissemination (section 4.2.3).

2.4 Notes the planned programme of work for 2021/22 in relation to equalities mainstreaming and outcomes (section 4.3).

3.0 FINANCIAL IMPLICATIONS

3.1 None.

4.0 MAIN TEXT

4.1 The Public Sector Equality Duty

4.1.1 The Public Sector Equality Duty, laid out in the Equality Act 2010 (the Act) came into force in Scotland in April 2011. This equality duty is often referred to as the “general duty” and it requires public authorities (including Health and Social Care Partnerships) to have “due regard” to the need to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct that is prohibited by the Act;
- Advance equality of opportunity between people who share a relevant protected characteristic and those who do not; and,
- Foster good relations between people who share a protected characteristic and those who do not.

The general duty covers the following protected characteristics: age; disability; sex; gender reassignment; pregnancy and maternity; sexual orientation; marriage and civil partnership; religion, belief or lack of religion/belief; and, race. In addition, due to their association with people

who have protected characteristics, unpaid carers must also considered when implementing the provisions of the Equality Act.

4.1.2 Integration Joint Boards were added to the list of public authorities subject to the requirements of the Act in 2015 and were required to publish Equality and Mainstreaming Outcomes plans by the end of April 2016. The Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012 (the Regulations) impose "specific duties" on Scottish public authorities to publish a set of Equality Outcomes at least every four years and a report showing progress being made in mainstreaming equality at intervals of not more than two years.

4.1.3 From April 2018 the Fairer Scotland Duty, under Part 1 of the Equality Act 2010, came into force across Scotland. The duty places a legal responsibility on public bodies, including Integration Joint Boards to 'pay due regard' to how they can reduce inequalities of outcome caused by socio-economic disadvantage when making strategic decisions. Public bodies are also required to publish a short, written assessment showing how they have fulfilled the duty in relation to individual strategic decisions; in Dundee this is done through the completion of Integrated Impact Assessments that accompany IJB reports.

4.1.4 In 2019 the Integration Joint Board approved and published a revised Equality Outcomes and Mainstreaming Framework 2019-2022 Article VIII of the minute of the meeting of the Dundee Integration Joint Board held on 29 March 2019 refers). Both the equality outcomes and framework were co-produced with people who have protected characteristics and who are affected by socio-economic disadvantage. They were also informed by the expertise and experience of organisational stakeholders who have an interest in equality and fairness issues and drew on the existing equality outcomes for Dundee City Council and NHS Tayside. The outcomes and framework are particularly closely linked to the Health Inequalities priority within the Partnership's Strategic and Commissioning Plan 2019-2022.

4.1.5 As two years have now passed since the publication of the Equality Outcomes and Mainstreaming Framework 2019-2022 there is now a statutory requirement for the Integration Joint Board to produce and publish an equality mainstreaming progress report prior to the end of April 2021. The draft update report is attached as appendix 1.

4.2 Equality Mainstreaming Progress Report 2019-2021

4.2.1 The Dundee Health and Social Care Partnership Equality Mainstreaming Progress Report 2019 - 2021 (appendix 1) provides an overview of progress made in achieving the Partnership's equality outcomes and equality mainstreaming duty over the last two years. It also identifies areas for improvement and priorities for the next year in relation to equalities mainstreaming and implementation of the Partnership's equality outcomes. The report is compliant with the Act, supplementary regulations and guidance issued by the Equality and Human Rights Commission. In addition, the report provides information about how the Partnership has worked to promote and mainstream fairness across all of its activities.

4.2.2 Some particularly noteworthy developments achieved over the last two years include:

- The development of new learning packages in response to the increasing need for employees to have the core skills and values needed to embed equalities and human rights in daily practice;

- The provision of services targeted to reduce inequalities, such as the Community Health Inequalities Team, The Corner, Penumbra Carers Wellbeing Point and Dundee Carers Centre;

- The development of a strategic response to trauma informed practice, both in relation to the delivery of services to the Dundee population and in relation to workforce wellbeing and organisational culture;

- The establishment of the Gendered Services Project, in partnership with Dundee Volunteer and Voluntary Action and funded by the Corra foundation, to support mainstreaming of gendered approaches particularly in relation to better meeting the needs of vulnerable women;

- Continued efforts to listen to the voices of people with protected characteristics and who are impacted by socio-economic disadvantage through targeted consultation

and engagement activities and through different approaches to directly involving people in our strategic planning and service design arrangements;

- Worked through our Social Care Contracts Team to promote Fair Work practices and to support contracted providers to address equalities, fairness and human rights where they are providing services on our behalf.

4.2.3 The Regulations specify that Equality Mainstreaming Progress Reports must be clearly identifiable and accessible to any member of the public who may have an interest in them. The Equality and Human Rights Commission recommends that reports are published on websites in a location that is easy to find and in a format that is compatible with accessibility features, such as screen reading facilities for people with sight impairments. It is therefore intended that following approval the Dundee report, will be designed by Dundee City Council Communications Division in compliance with accessibility standards, and uploaded onto the Partnership website in a manner which is compliant with this guidance. In addition, copies will be electronically disseminated in appropriate formats to organisations and identifiable community groups who are known to have a specific interest in the rights of people with protected characteristics or who are affected by socio-economic disadvantage. An appropriate summary of the report will also be included within the Annual Performance Report 2020/21 to support wider dissemination of key information.

4.3 Equalities Mainstreaming and Outcomes Priorities for 2021/22

4.3.1 The Equality Mainstreaming Progress Report identified a number of priorities for progression during 2021/22. These include continued efforts to mainstream equalities across all of the Partnership's services and support, through learning and organizational development approaches and through our strategic commissioning and procurement arrangements. There will also be continued work in relation to how data is recorded and reported in a way that allows disaggregation and analysis in relation to protected characteristics. Some new areas of work planned over the next year include:

- Considering the introduction of an Equality and Diversity Network within the Partnership, including the interface with existing networks and the Equality and Diversity Champions structure within NHS Tayside;

- Auditing of the presence and quality of Integrated Impact Assessments accompanying IJB reports and identifying and actioning areas for improvement;

- Testing new approaches to virtual, remote engagement and involvement of people with protected characteristics in strategic and service planning;

- Enhancing the way we use feedback from our complaints and compliments processes to inform our actions on equality and fairness;

- Communicating key priorities and information regarding COVID recovery in an accessible way; and,

- Consider actions required to address digital poverty and inequality as we continue to deliver and develop blended models of service delivery.

Progress in these areas will be reported as part of the Partnership's Annual Performance Report as well as through future Equality Mainstreaming Progress Reports.

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	Services delegated to the Integration Joint Board do not meet the needs of people who share protected characteristics, leading to poorer outcomes and a widening inequality gap.
Risk Category	Governance, Operational
Inherent Risk Level	Likelihood 5 x Impact 4 = Risk Scoring 20 (Extreme Risk)
Mitigating Actions (including timescales and resources)	• Equality Outcomes agreed and published, mainstreaming update report complete. • A number of Strategic Planning Groups with a specific focus on the needs and rights of people who share protected characteristics are in place. • Good links are in place with Dundee City Council and NHS Tayside Equalities structures. • Complaints mechanism available to people using services who may wish to report service responses falling below the desired standard.
Residual Risk Level	Likelihood 3 x Impact 4 = Risk Scoring 12 (High Risk)
Planned Risk Level	Likelihood 2 x Impact 3 = Risk Scoring 6 (Moderate Risk)
Approval recommendation	While the inherent risk level is extreme, the impact of planned actions reduces the risk and therefore the risk should be accepted.

Risk 2 Description	Failure to meet statutory duties under the Equality Act 2010, including statutory reporting requirements.
Risk Category	Legal, Governance, Political
Inherent Risk Level	Likelihood 3 x Impact 4 = Risk Scoring 12 (High Risk)
Mitigating Actions (including timescales and resources)	• Update report has been produced and will be published by statutory deadline. • Reporting requirements are incorporated into Strategy and Performance Service workplan. • Continued representation from the Partnership at NHS Tayside and Dundee City Council corporate equality groups.
Residual Risk Level	Likelihood 1 x Impact 4 = Risk Scoring 4 (Moderate Risk)
Planned Risk Level	Likelihood 1 x Impact 4 = Risk Scoring 4 (Moderate Risk)
Approval recommendation	Given the moderate level of planned risk, this risk is deemed to be manageable.

7.0 CONSULTATIONS

7.1 The Chief Finance Officer, Head of Service – Health and Community Care, Strategic Planning Advisory Group, NHS Tayside Equalities Group, Dundee City Council Corporate Equalities Steering 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: 31 March 2021

Joyce Barclay
Senior Officer, Strategy and Performance

Kathryn Sharp
Service Manager, Strategy and Performance

MAINSTREAMING EQUALITY PROGRESS REPORT 2019-2021

Dundee Integration Joint Board

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Introduction

The Equality Act places a duty on Public Bodies to publish a set of equality outcomes every four years and a report describing how well they are achieving these outcomes at least every two years. Public Bodies must also report on the progress they have made to make the equality duty integral to the exercise of their functions. This report is the two-year Equality Progress Report which gives information about how Dundee Integration Joint Board (IJB) are 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.

The implementation of the Public Bodies (Joint Working) (Scotland) Act 2014[i] means that the IJB has developed and integrated health and social care functions in order to improve health and wellbeing outcomes for people in Dundee. The Strategic and Commissioning Plan 2019-2022 reiterates the vision of the IJB that '*Each citizen of Dundee will have access to the information and support that they need to live a fulfilled life.*' This vision sits alongside Scotland's long term aim for people to live longer, healthier lives at home or in a homely setting and that Scotland's National Health and Wellbeing Outcomes guide the work of the IJB. The plan details how Scotland's Nine Health and Wellbeing Outcomes support the IJB to deliver their vision.

Dundee Integration Joint Board published its Equality Outcomes and Mainstreaming Framework in April 2019.[ii] This Framework was developed with an aspiration of further progressing mainstreaming equality matters throughout all our activities and accompanied the Dundee Health and Social Care Partnership Strategic and Commissioning Plan 2019- 2022[iii]. In particular, the Fairness agenda is closely linked with the key priority of reducing and eliminating health inequalities through a preventative approach, focussed on improving outcomes for our citizens, their carers and the workforce. Equality matters are embedded across the Health and Social Care Partnership (the Partnership) and the IJB takes fairness and the equality protected characteristics into account with all our planning and activity.

The development of services and supports for health and social care is well informed by the knowledge skills and experiences of service users, carers, communities and the workforce. The IJB agreed the refreshed Participation and Engagement Strategy[iv] in 2019. The information in this report has been informed by previous engagement; however, since March 2019 the COVID Pandemic has curtailed much of our engagement activity.

Current Circumstances

Fulfilment of the outcomes outlined in the Strategic and Commissioning Plan and the Equality Mainstreaming Report 2019-2022[v] has been impacted by the COVID Pandemic. In December 2020 the Scottish Government and the Convention of Scottish Local Authorities Report 'Scotland's Wellbeing: The Impact of COVID-19 in December 2020'[vi] confirmed that '*The COVID-19 pandemic has had a profound impact on our health, economy and society, with damaging impacts on the way of life and wellbeing of people in Scotland*' and that '*There is considerable uncertainty about long term impacts at present, as the pandemic and response continues to evolve'*. The report acknowledges '*that the impacts of the pandemic have been, and are likely to continue to be, borne unequally*.'

In October 2020 the Equality and Human Rights Commission published their report 'How coronavirus has affected equality and human rights.' [vii] This report advises that people who face discrimination are at the sharp end of inequality and poverty. People who are most negatively affected by inequality are also being identified as those have also been most negatively affected by the pandemic. The Report says '*Poverty is expected to rise…... the groups most likely to be affected by the expected rise in*

poverty include young people, ethnic minorities, and disabled people, who are already closest to the poverty line.'

We acknowledge that one key impact of the pandemic has been to reinforce existing inequalities.

In particular the Scottish Government[viii] confirm that '*The impacts on health are profound and include the direct impacts of the virus itself as well as indirect impacts through reduced access to care, and the health impacts of the response measures.*' Growing evidence suggests that, with regard to health issues, some of the protected characteristic groups have been more adversely affected including older people, those with underlying health conditions, men, those in the most deprived areas, some minority ethnic groups and disabled people.

In February 2021 a report shared the findings from an 'ENGAGE DUNDEE' survey designed by Dundee Partnership to explore the impact of the COVID-19 pandemic on Dundee's citizens. Nearly 900 people responded and analysis found that the issues that the most people reported as being impacted included mental health, maintaining a healthy lifestyle, income/money, family/household relationships and physical health. The report identified social isolation, access to services, job insecurity and fear for the future were also highlighted as significant issues for respondents.

The report recommends 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. Of note for the Health and Social Care Partnership are the impacts of health and social inequalities and how people already disadvantaged may have been further impacted, including difficulties in accessing health and social care services. The report also highlights the burden felt by unpaid carers and care workers was negatively impacting on their mental health, in particular on those unpaid carers living with people who have dementia and unpaid carers with elderly parents, who were working or not living near them. The Dundee Carers Partnership engagement undertaken in late 2020 has indicated particular impact for carers of children with additional support needs who were adversely affected by school closures and restrictions on respite care. Action and activity are already in progress across Dundee to address these matters and more work is planned.

Good Practice Example- Addressing the impacts of Health Inequality

Addressing the Impacts of Health Inequality

The Health Inequalities Service approach to improving health is shaped by a number of principles which include: partnership working; a social model of health, empowerment and outreach. The service has various branches including the 'Keep Well' Team and Health and Homelessness Outreach Team.

During the initial lockdown period two nurses, one based in each of these teams, provided support at a local hotel accommodating up to 22 homeless people as part of pandemic arrangements. Many of these new residents had complex physical and mental health needs as well as very complex social circumstances.

Some of the individuals moving in had poor or very poor health; some had a history of sleeping rough; some ued heroin and had associated problems due to injecting. People who are homeless are more likely to have experienced multiple traumas in their lives and as a result may be very untrusting of other people, including health care professionals. The specialist nurses have skills, knowledge and experience in building rapport with individuals who experience a number of these circumstances. By extending their service and support to people who moved into the hotel the nurses were able to give intensive nursing support to those who needed it including people who would otherwise have been admitted to hospital for care and treatment.

Significant components of the support provided by the nurses was intense and critical and required extra-ordinary input, such as urgent clinical wound care on a daily basis, including weekends, for up to three weeks. The role of the nurses in liaising with a range of health and other services was invaluable at this time in particular because conventional health services are not always tailored to meet the needs of people who have such complex needs. It is recognised that some of the individuals the nurses support are particularly vulnerable but don't readily accept support in the form or manner it is usually offered and available. During the pandemic there were also many changes to regular supports and services due to risks and restrictions and this may have adversely impacted on the individuals in the hotel.

The nurses regularly updated a range of health colleagues including Integrated Substance Misuse Services where the individuals were known to this service. During each visit to the hotel the nurses also offered and provided support to hotel and security staff.

As well as practical support, care and treatment, the nurses were a source of emotional support and advice for many of the residents. They gave health promotion and nutritional advice and arranged food parcels and Welfare Rights support for those who needed it.

The nurses also worked in partnership with relevant agencies to secure suitable housing for people and some hotel residents have been successfully supported to move into their own accommodation.

We are aware that, in general, health inequalities are likely to have worsened during the pandemic. A report from social research for Scottish Government 'Coronavirus (COVID-19) - disabled people: health, social and economic harms' analyses information from a number of sources [ix] .The report summaries information from statistics from the Scottish Learning Disabilities Observatory during the COVID-19 pandemic. The SLDO concludes that people within the learning/intellectual disabilities population in Scotland were more than three times more likely to die from COVID-19 than those in the general population, twice as likely as those in the general population to become infected with COVID-19 and twice as likely to experience a severe outcome of COVID-19 infection.

In addition to this the report highlights information from a range of disabled people's organisations that indicates that, alongside experiencing direct COVID-19 health impacts, disabled people are also experiencing a range of other harms which exacerbate existing barriers, circumstances or conditions and/or have had a bigger impact on disabled people than the impact on the general population. This includes findings that there was increased mental ill-health; increased debt and economic difficulties; problems accessing food and priority deliveries during early phase of shielding support; increased isolation; additional barriers due to the disruption of routine health and social care; accessibility issues/ There is evidence that disabled people, who are more likely to experience poverty, and more likely to work in sectors which have been hit hard by COVID-19, or not be employment.

The following information table about risks of dying from COVID -19 in Scotland was taken from the Scottish Government National Performance webpages.

Deaths from COVID-19

There are substantial differences in the risk of dying for different groups of people within Scotland

Age

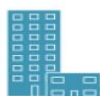
The **oldest age groups have been most affected,** with more **than three quarters** (77%) of deaths from among those **aged 75 and over.**

Sex

After adjustment for age, **males were 1.4 times more likely to die than females.**

Ethnicity

There is evidence that **minority ethnic groups** are at **higher risk of dying from COVID-19 than the rest of the population**, and the risk may not be the same for all ethnic groups.



Location

People in **large urban areas** were **4 times more** likely to die than those in **remote rural areas.**

Poverty and Deprivation

People in the **most deprived areas** were over **twice as likely** to die as those in the **least deprived areas.**

Existing Health Conditions

Most people (92%) who **died** between March and August **had an existing underlying health condition.**

In future we anticipate we will learn more about our citizens and how the pandemic has impacted them. Our aim is to make plans to take further steps to mitigate the impact and improve outcomes. The DHSCP recovery plan (submitted to Scottish Government in partnership with NHS Tayside) aims to address three critical elements: scalable and sustainable plans for living with COVID, including further potential surges in COVID-19 cases and peaks of demand; medium-term recovery planning over the next 12-24-month period; and, re-setting our strategic vision and priorities post-COVID in partnership with people who use our services, carers and communities.

We are aware that the positive progress we had achieved prior to and during the pandemic may not have been sufficient to achieve the fairness and equality outcomes we had hoped for at this stage. Changes that were introduced in 2020 and early 2021 in response to the pandemic were made with a genuine focus on vulnerable people.

Despite the negative impacts of the Pandemic some of our activity and progress towards our equality outcomes has continued to positively impact Dundee citizens and our health and social care workforce in relation to fairness and equality. The priority at present for the workforce, our managers and planners within health and social care is about delivering the most essential supports and services in a safe way along with recovery planning, this is supported by the mainstreaming of equality

responsibilities. A key principle of recovery planning is that 'Plans will act to mitigate and reduce health and social inequalities.[x] The IJB has had regular updates about progress of recovery plans and take up opportunities to reflect on fairness and equality issues within all planning activity.

1 **Health Inequalities**

2 **Early Intervention Prevention**

3 **Localities and Engaging with Communities**

4 **Models of Support/ Pathways of Care**

*Reducing Health Inequalities is one of four main priorities for the IJB

When developing this progress report, we would have, in more usual circumstances, been able to provide more examples of mainstreaming and more evidence of positive outcomes. It does not seem to be an appropriate approach to seek further evidence at this stage when the workforce overall is stretched and making concerted efforts to continue to deliver supports as well as making well considered recovery plans. It is hoped that we will be able to demonstrate greater engagement with the workforce, carers, and citizens when the next mainstreaming report is due and equality outcomes are reviewed in two-years' time.

Good Practice Example-Violence Against Women

Violence Against Women Website

The Dundee Violence Against Women Partnership launched a new website in 2021 to help professionals and victims of gender- based violence and abuse.

This new resource has information for people experiencing gender- based violence and abuse, including adults, children and young people, and anyone who has a concern about someone experiencing these issues. In addition, the website details relevant legislation, advice and support and protocols for professionals.

The website provides information about the complex nature of all the different forms of male violence as well as giving information about learning opportunities and training.

The website is expected to become a valuable tool for police, social workers, health staff, housing providers, teachers, college and university staff and those in the voluntary sector. It is also relevant for anyone who is concerned about a friend, family member, colleague or neighbour who want to find ways of supporting women and families.

The website will evolve over time and gives a message that violence against women and girls is unacceptable in any form and will not be tolerated in Dundee. The Violence Against Women Partnership will work with others across the city to make sure keeping women and children safe is a key priority for everyone.

The website can be viewed at - dvawp.co.uk/

Our Equality Outcomes and Mainstreaming Framework 2019-22

The IJB directs the work of the Dundee Health and Social Care Partnership and wants everyone in Dundee to have the highest achievable level of health and wellbeing. The Mainstreaming Framework states that the IJB aims to treat everyone fairly. This does not mean that everyone will be treated the same. We know that some people may need extra help to have the same outcomes as everyone else.

The Equality Act (2010) aims to make sure all people are treated fairly by a service or an organisation. Protected Characteristics are personal characteristics that are aspects of a person's identity through which those individuals may be disadvantaged. The Equality Act protects people from unfair treatment that arises because of who they are, this protection is given to all people who experiences disadvantage because of the characteristic whether they are in the majority or minority of that characteristic population.

More information about the Equality Act can be found here.

What does the Equality Act say we must do?

The Equality Act 2010 says that public authorities in Scotland, including the Dundee Integration Joint Board, must:

- **Take actions to help people with Protected Characteristics to be able to access the same rights, services and supports as other people (advance equality of opportunity);**
- **Treat people with Protected Characteristics fairly and positively; and,**
- **Foster or encourage good relations across all protected characteristics – between people who share a protected characteristic and people who do not share it.**

What are Protected Characteristics?

In the UK 'Protected Characteristics' are people's Age; Disability; Sex; Gender reassignment; Pregnancy and maternity; Sexual orientation; Marriage and civil partnership; Religion, belief or lack of religion/belief; and Race.

Sometimes people are treated unfairly by others or discriminated against because of their particular characteristics. In order for people with Protected Characteristics to have chances to achieve the same outcomes as others they sometimes need support given in a different way. They may also be more likely to have particular health and social care needs.

Many people in Dundee are affected by poverty and poor social circumstances. Poverty and poor social circumstances can affect any of us but sometimes can affect people with Protected Characteristics even more making it even harder for them to have the same life chances as other people.

Family and friends who are carers of people with health and social care needs also have some protection under the Equality Act because of their 'association' with a person affected by the Protected Characteristics of disability and/or age.

You can find more information about people in Dundee and in our workforce with protected characteristics in Appendix 1.

Good Practice Example- Hate Incident Multi-Agency Partnership

Dundee Hate Incident Group

The HSCP contribute to this multi-agency group whose vision is 'To Make Hate Incidents History in Dundee'. This is a sub-group with relevant partners within the Community Safety Partnership. They work together to ensure there are systems and processes in place to report and monitor hate incidents in all its forms. The main aims are to ensure the response is focused on the needs of victims and their communities, and to examine emerging trends and issues and to find ways to drive down such incidents and make hate incidents history. The planned actions of the group include to:

- Identify levels of hate crime and incidents, and through analysis, examine the contributing factors and issues.
- Identify best practice across Dundee and other cities to establish what works.
- Develop a Hate Reduction Plan for the partnership to meet the above objectives and coordinate the response to hate incidents across Dundee.
- Develop a shared set of indicators and an evaluation and monitoring framework to measure progress.
- Develop a communication strategy to ensure all communities are involved and aware of the hate Reduction plan and can contribute to its development and implementation.
- Coordinate joint responses to appropriate consultation exercises
- Ensure partners apply the Lord Advocate's guide lines for recording and investigating hate within their services
- Foster and promote a culture of learning to prevent prejudice and discrimination, and challenge hate.
- Seek opportunities to grow and develop service responses to hate incidents in Dundee
- Ensure local approaches to hate incidents are aligned to national policy and legislative requirements.

What is the Fairer Scotland Duty?

The Fairer Scotland Duty came into force on 1 April 2018, enacting part 1 of the Equality Act 2010, in Scotland. The Fairer Scotland Duty places a legal responsibility on public bodies in Scotland to actively consider how they can reduce inequalities of outcome caused by socio-economic disadvantage. IJB's must 'pay due regard' to how they can reduce inequalities of outcome caused by socio-economic disadvantage, when making strategic decisions. The Integrated Impact Assessments undertaken when developing reports for IJB meetings support the report authors to make sure the IJB are informed of both positive and negative and potential equality and fairness impacts.

Good Practice Example- Dundee Fairness Commission

Dundee Fairness Commission

The Health and Social Care Partnership are part of the Fairness Commission. The Commission includes 12 people with personal experience of poverty, alongside 12 people with professional experience, including partners in the public, voluntary, community, private and academic sectors.

Dundee's second Fairness Commission brings together Community and Civic Commissioners to work together as equals in shaping action to make a difference. In recognition of the differential impact of the Coronavirus pandemic, and lockdown in particular, understanding the causes and effects of poverty at a national and local level in the wake of COVID-19 has been be a key priority for the Commission.

Trudy McLeay, Vice Chair of the Dundee Health and Social Care Partnership Integration Joint Board is a Civic Commissioner. She said: "*This pandemic has altered many things in life. ………. we have been given an opportunity to refocus on areas which have impacted on our most vulnerable groups and we have renewed insight into what matters to people*."

The Commissioners developed a survey to explore the experiences of Dundee's citizens with a focus on their priority topics of disability, mental health and fuel poverty. In November 2020 the Commission shared the survey findings. There were a number of key factors identified from the survey that were affecting respondents including: -

- reduced access to services and support;
- the day to day challenges of being locked down;
- uncertainty and concerns about the ongoing nature of the pandemic
- Mental health more broadly;
- Social isolation, loneliness and separation from family and friends; and,
- Financial and job insecurity and the likely effects on life circumstances

It is anticipated that the evidence from this survey will help the IJB and others work in partnership to develop strategies and action that can help protect and support Dundee's citizens and give appropriate financial, mental health, social support and information to alleviate the adverse impacts of this unprecedented crisis.

What do we know about people in Dundee?

We do not yet know enough about the ways the local population or our workforce have changed in the last year or the full impact of the pandemic on our population. From early research we are aware that, across the country, the numbers of people in poverty and poor circumstances has risen, employment has fallen along with a with a reduction in employment opportunities, under employment and in-work poverty. Cities like Dundee with existing high levels of poverty, unemployment and poor social circumstances are likely to have had disproportionate negative effects in comparison to wealthier areas and the impact of the negative effects. National research suggests that people who were already disadvantaged these are most likely to have adversely affected. Better understanding the impact of the pandemic on people in Dundee who have protected characteristics or are affected by socio-economic disadvantage will be a priority during 2021/22.

Information about the recent experience of people in Dundee was reported to the IJB in December 2020[xi]. The report analysed and shared the findings from some recent surveys to assess citizens' experience of using services and the impact of the COVID-19 pandemic/ lockdown more broadly, and to explore implications for Dundee Health and Social Care Partnership. Dundee has high levels of poverty and disadvantage with associated effects on health and wellbeing. The likelihood is that the pandemic will make a bad situation worse for many and will impact others who were managing before and now find themselves in adverse situations with little resilience or experience to cope.

What people said about what they were experiencing can be grouped into key themes including:

- financial and job insecurity;
- reduced access to services and support;
- day to day challenges of being locked down including home schooling and home working;
- uncertainty and concerns about the ongoing nature of the pandemic including infection and future restrictions;
- social isolation, loneliness and separation from family and friends; and,
- mental health more broadly was causing concern.

In particular over two-thirds of those who stated they had a disability felt that lockdown had affected their ability to access vital services and of these 72% had concerns about daily living over the next six months due to the nature of their disability

In relation to mental health 63.9% reported experiencing fear/anxiety/stress, 56.4% low mood/depression, and 36.3% social isolation/ loneliness. Of the 553 respondents who stated they were experiencing fear/anxiety/stress, 411 were also experiencing low mood/depression and 269 social isolation/ loneliness.

The report says that '*The findings suggest that accelerated efforts should be considered by a wide range of partners including Dundee HSCP to mitigate effects for those in most need whilst building resilience for individuals and communities to provide responses themselves.*' Along with partners across the city Dundee HSCP has committed to prioritising activity to develop actions in response to the survey findings in 2021/22.

During 2020 the Scottish Government initiated an Independent Review of Adult Social Care in Scotland. The review report[xii] recommends a significant shift in the way that social care across Scotland is overseen. There are a large number of recommendations to enhance the quality of Social Care provision based on a Human Rights approach. National implementation is anticipated to enhance fairness and reduce inequality of outcomes for people who need care and support, their families and carers and the social care workforce.

What are the IJB Equality Outcomes?

In 2019 when setting our equality outcomes, we had discussions with people across Dundee. In particular we listened to the views of people who have Protected Characteristics and those affected by poverty and poor social circumstances. We agreed five Equality Outcomes and made plans to act on these over the next three years.

Each outcome is set out below with examples of ways we have progressed towards these aims over the last two years.

The Equality Act requires us to set new outcomes at least every four years. The IJB must set new Equality Outcomes by April 2023. Our refreshed Equality Outcomes will take into consideration the Outcomes set by our two main partner agencies, NHS Tayside and Dundee City Council.[xiii] [xiv]

The Equality Act and the Workforce

Within the Health and Social Care Partnership there are currently around 2,500 people who are directly employed by Dundee City Council and NHS Tayside to deliver our services and supports. A considerable number of our workforce are employed through contracted Third Sector and Independent Sector. We do not produce or publish equality information about the people who work within the Partnership; this information must be publicly reported by NHS Tayside and Dundee City Council as employers. We work together with NHS Tayside and the Council to support them to gather and publish this information for employees who work in Health and Social Care. Although our contracted agencies in the Third and Independent Sector are expected to demonstrate good practice we do not collect information about the characteristics of this part of the workforce.

The Gender Representation on Public Boards (Scotland) Act 2018 sets a gender representation objective of 50% women for certain public boards. The IJB is not listed as a public body who must comply with the provisions of the legislation however it is best practice to pay cognisance to the gender representation objective and the Scottish Government encourages organisations in the public, private and third sector to voluntarily commit to the 50/50 target. Historically, women have been under-represented in public and corporate leadership. However, there is clear consensus that increasing diversity in the boardroom and in senior leadership encourages new and innovative thinking, maximises use of talent and leads to better decisions and governance. As at the 31st March 2021 67 % of the voting IJB members were women and 53 % of all (voting and non-voting IJB members) were women.

Although there is no requirement for Public Boards to report information or consider the wider diversity of the board members it may be something that the IJB may wish to consider doing in future years.

Good Practice Example- Living Wage for Social Care Workforce

Implementation of the living wage for social care workforce

Adult social care workers in Scotland are to receive the Real Living Wage of at least £9.50 an hour from May, backdated to April 2021.

A policy initiative introduced in 2016, agreed that all social care staff in Scotland should be paid the 'real living wage'-including staff in public, private and third sector social care bodies. In addition to this, following the recent Independent Review of Adult Social Care in Scotland, there are number of actions proposed to develop minimum standards for employment terms and conditions in order to support Scotland's social care services to be high quality and consistent for those who use them and also for those who deliver them.

These plans will influence care and support for people with disabilities and older people supporting their social care support to be underpinned by a human rights-based approach, providing consistent and fair support for independent living enabling their rights and capabilities

The plans, as well as being an investment in critical service provision, address a key issue of equality and gender fairness for the largely female, workforce. It recognises the economic and social value of the work that staff in social care carry out.

The Dundee Health and Social Care Partnership Social Care Contracts Team introduced additional requirements to enable agencies tendering for contracts to commit to Fair Work practices. One example of this relates to service providers, who wish to tender for the award of a contract to deliver care at home services on behalf of the Partnership. These providers are required to provide a method statement as part of their tender submission detailing how they will commit to Fair Work practices for social care staff engaged in the delivery of the contract. In addition to the payment of at least the Real Living Wage to staff, providers are also asked to consider the wider Fair Work practices that are particularly relevant to the social care sector in their response to the method statement.

This includes:

- Tackling Inequality and Supporting Increased Staff Retention - including, through offering paid travel time, paid inductions, Protecting Vulnerable Group Scheme checks and uniforms, taking a positive approach to rewarding staff at a level that helps tackle inequality;
- Diversity - improving the wider diversity of their staff, such as improving the gender balance in supervisory and management roles;
- Providing Skills and Training - including effective staff induction, PVG checks, commitment to Modern Apprenticeships and opportunities to use skills which help staff fulfil their potential and encourage their career progression;
- Stability of Employment - for example, by committing to no inappropriate use of zero-hour contracts or other exploitative employment practices, such as umbrella companies;

- Staff Engagement - taking the engagement and empowerment of staff engaged on this contract seriously, including having arrangements in place to ensure Trade Union representation or alternative arrangements to give staff an effective voice; and
- Work Life Balance and Benefits - having measures in place to support staff in both their working and personal lives, for example, support during sickness, pensions or opportunities to consider flexible working patterns and commitments to staff well-being.

The provider's method statement is evaluated with the score awarded contributing to the overall score, their ranking and the subsequent award of a contract to deliver care at home services.

Providers are advised that the Fair Work practices described in the method statement need to be tangible and measurable as they will be monitored and reported during contract management procedures.

Actions taken to achieve Equality Mainstreaming and our Equality Outcomes

The following table lists the Equality Outcomes and their aims along with some of the progress we have made towards these aims. We have highlighted some of the actions which make significant contributions towards fulfilling our Mainstreaming responsibilities (see actions highlighted in yellow.) We have also included some proposed future activity to further progress towards full achievement of these outcomes in 2021-2023

Equality Outcome 1 – We will make sure people get the care they need and not treat people unfairly because of their characteristics or circumstances.

Aim

Make sure access to services is based on need and not characteristics or circumstances. For example, we might provide services that are targeted at people living in less affluent areas of the city.

Members of our workforce at all levels, and in all parts of the Partnership listen and take appropriate action when they and/or local people identify issues regarding Health Inequality impacting on people who have Protected Characteristics and people affected by poverty or poor circumstances.

In DHSCP there is no one person responsible for fairness, equality and diversity. Our colleagues are responsible for treating people fairly and providing services consistent with our equality duty. The Strategy and Performance Service take a lead in some matters and are supported to do this through Dundee City Council and NHS Tayside shared expertise as well as obtaining advice from Dundee City Council Legal Section where relevant.

Examples of ways we supported this aim

- The Health and Social Care Workforce have access to the learning opportunities available through both NHS Tayside and Dundee City Council. The Council Learning and Organisational Development developed new learning packages in response to the increasing need for employees to have the core skills and values needed to embed equalities and human rights into our daily practice.

  Employees of NHS Tayside and Dundee City Council have Mandatory E Learning through the Brightwave eLearning Council Equality and Diversity Module or NHS Tayside Training that which is predominantly done through the completion of on-line, e-learning (LearnPro) modules Equality and Diversity.

  NHS Tayside has trained Equality and Diversity Champions for a number of years with a significant number of the HSCP workforce currently taking this role. The champions are continuously developed and supported through 10 network meetings per year as well as regular emails throughout the year to maintain and enhance their learning.
- We have encouraged and supported our workforce to attend Contact SCOTLAND-BSL awareness raising sessions on line and face-to-face.
- We have worked in partnership with NHS Tayside to develop the Tayside Wide Mental Health and Wellbeing Strategy and Change Programme. People with lived experience of mental health issues have continued to be involved in shaping this strategy throughout its development. This encompasses a system wide approach to Living Life Well and takes cognisance of unequal risks of mental health problems that are not distributed randomly in the population but are more common in socially

disadvantaged populations, in areas of deprivation, and are associated with unemployment, less education, low income or material standard of living. In addition to this it is noted that there is a clear inequality gradient associated with suicides, with Suicide being three times more common in the most deprived areas in Tayside compared to the least deprived.

- Within the Partnership we have developed services which provide targeted support to reduce inequalities associated with protected characteristics and/or socio- economic disadvantage. These include:
  - The Community Health Inequalities Team is a partnership between Dundee Health and Social Care Partnership and Dundee City Council. The team aim to reduce health inequalities by providing support for local people and services within designated deprived communities and with identified at risk groups and individuals to build community capacity. More information can be found at www.dundeehealth.com
  - The Corner offers a wide range of health and peer-led services to young people aged 11 - 25 through the drop-in centre and outreach work including providing a local base for LGBT Development Worker and a "We Are With You" Substance Misuse Worker.
  - Penumbra Carers Wellbeing Point is an innovative pilot, aiming to engage people caring for those facing mental health challenges. Through the use of a digital Wellbeing Point resource, prior to the pandemic walk-in access was be available to Carer's to facilitate independent research into connecting with community resources. Interactive group workshops on a range of topics commonly affecting Carer's were delivered, including the sharing of practical tools and tips with the addition of Peer support. During the Pandemic the wellbeing point moved to on-line working.
  - In 2019-2020 there was further development of Dundee Carers Centre Localities approach to supporting carers following their highly successful 'Caring Places' project in Strathmartine and Coldside. During development of this approach Carer support staff and volunteers engaged with people in local communities in order to get to know carers, their families and other communities' members. The work involved finding out the best ways to work with people to ensure that all the carers in Dundee are identified and receive the support they need. Each local community will be enabled further develop carer support suited to the local circumstances.
  - Supported by Scottish Government DHSCP has introduced Free Personal Care for people under 65. This brings parity with those over 65 who have received this care free of charge for many years.
  - The Crescent is a recent development in the North East of Dundee which continues to be a Centre where DHSCP have a strong presence. The locality where it is based is one of multiple deprivation which suffered from a lack of accessible, appropriate buildings to deliver services to local people. Along with other agencies in Dundee Partnership the DHSCP have developed the resource to include a Medical Practice, Outpatients Clinics, and Community Activities. The Crescent is a model which demonstrates the benefits of integrating services to tackle social and health inequalities in a way which also supports the physical regeneration of the local area and engages with local people.
  - We have supported the redevelopment of Lochee Health Centre to create a space where the Medical Practice is integrated with a wide range of community support services and teams. This centre facilitates the provision of clinics and group working facilities in an area where social deprivation and health inequalities are particularly prevalent.

What do we need to do now?

1) Continue with a mainstreaming equality approach. Informing our workforce with a variety of learning opportunities including (when responsibilities regarding the pandemic allow) developing a “Learning Portal” on DHSCP website.
2) Consider introducing a HSCP Equality and Diversity Network including NHS Champions and others in HSCP workforce.
3) Support the continuation and further development of the Tayside Wide Mental Health and Wellbeing Strategy and Change Programme.
4) Consider how best to accelerate efforts to mitigate effects of the pandemic for those in most need in Dundee by a wide range of partners.

Aim

Find ways to collect information about whether people with Protected Characteristics or who experience poverty or poor circumstances take part in our activities and access the same level of services and support that others do.

Examples of ways we supported this aim

- We provide information to the IJB, managers in the HSCP and Scottish Government as part of the Source Social Care (SourceSC) dataset. This provides an extract of data on social care clients and the services they receive. The data includes age, gender, ethnic group and postcode information which can be used to identify areas of deprivation.
- We share information about the demographics of our service users based on Local Community Planning Partnership areas. This information and the accompanying analysis supports consideration socio-economic differences and to some extent protected characteristics like age and gender. This information informs plans to address Health Inequalities.
- We have produced in-depth analysis of specific areas of performance, including falls and readmissions, including detailed breakdowns of performance relating to socio-economic differences, gender, disability and age. This information has informed improvement plans for health and social care services.
- We provided a response to the Chief Statistician’s consultation on gathering data on sex and gender to reflect how changes in national guidance and information return requirements could support improved information gathering, analyse and reporting at a local level.
- We are currently revising our Partnership wide Strategic Needs Assessment and have specified that this will include an enhanced focus on data that is currently available relating to protected characteristics, fairness and inequality.

What do we need to do now?

1) We need better data on use of services and support and to integrate this more fully into our internal and public facing performance reporting. We are awaiting further advice on gathering data on gender, sex and transgender status from the Chief Statistician, Scottish Government and Working group about a person’s sex and gender Data collection and publication; as well as information about Scottish Parliament plans to reform the Gender Recognition Act 2004

Aim

Continue working in partnership with Dundee City Council and NHS Tayside to respond to what people with Protected Characteristics said when they spoke with us about the Equality Outcomes and proposed actions

Examples of ways we supported this aim

- DHSCP colleagues participate in and lead some Local Community Planning Partnership Meetings.
- Strategy and Performance colleagues attend DCC Equality Steering Group and NHS Tayside Equality and Diversity Governance Group.
- We have been working alongside partners in Dundee City Council and NHS Tayside to carry out their British Sign Language plans.

What do we need to do now?

1) Continue current interfaces and develop relevant new actions with NHS and Council partners following publication of their Equality Outcomes in their 2021 Mainstreaming Reports.

Aim

Demonstrate greater understanding about the need for sex/gender -based approaches to meeting needs and delivering supports and services.

Examples of ways we supported this aim

- The Dundee Violence Against Women's Partnership is led by the Protecting People Team hosted within DHSCP. This Partnership brings agencies together to tackle violence against women.
- The VAW Partnership has developed an interim strategic plan covering the period of 2021-2022.[xv] The aim of the VAW prevention and elimination of all forms of violence against women and girls. Work has included reforming a Commercial Sexual Exploitation Working Group; supporting a variety of awareness raising events including the reclaim the Night March; and promoting and delivering training at a range of levels.
- A sub group of VAW Partnership will be initiated in 2021 to consider and plan to support women with disability who are affected or potentially affected by VAW issues.
- Community Recovery service colleagues meet women in Safe Spaces within local hostels and the Cairn Centre in order to offer women support in a space they are comfortable in. Individual and group work sessions are designed to help progress individuals towards appropriate other services and community support.
- In 2020 funding was secured from the Corra Foundation for a Gendered Services Project Manager to make a difference for vulnerable women getting access to services. This post is currently hosted in Dundee Volunteer and Voluntary Action.

What do we need to do now?

1) Continue current progress and develop new initiatives as required.

Good Practice Example- Social Prescribing

Sources of Support (SOS)

The Sources of Support Social Prescribing team is part of the Health Inequalities Service. Based in local GP/Medical Practices the Social Prescribing Link Workers help individuals by supporting them to access services and activities that will improve their quality of life and health and wellbeing.

The service is available to adult patients with poor mental health and wellbeing affected by their social circumstances with the purpose of reducing the impacts of health inequalities. Due to the

accessible, inclusive nature of the service people with Protected Characteristics are often among those who access Sources of Support. Following the onset of the COVID pandemic the Link Workers continued to provide support remotely through telephone calls or video links.

As each individual is unique the advice and support given is personalised to them. It ranges from advice about wellbeing, to supporting people to connect with services and other people, to making sure that they have access to the basics of life including food and shelter. During the pandemic evidence is emerging that many people's mental and emotional wellbeing has declined. Supporting people who are isolated has been challenging during the pandemic but the Link Workers continued to seek and find creative and personalised ways to help people manage their situation and address their feelings of isolation.

One recent example included working with an adult male who applied for Asylum status and has permission to stay in the UK; he lives alone and has no family in the UK. He recently had COVID and has been quite unwell and his mental health has been poor. Of immediate concern was that he could not afford food and a diet which met his religious needs. The Link Worker arranged a food parcel and the client was advised how to access food support if needed in future. The Link Worker encouraged the client to share what was troubling him, and as a result, they explored various services including online resources for information on bereavement and mental health support, free help lines, online communities, and free online and telephone counselling.

The client shared that he was keen to do voluntary work and was particularly interested in tasks related to his skills and qualifications. Project Scotland work with people to support them to volunteer and their specialist refugee worker responded quickly to offer a volunteer placement within two days. The client is now using his existing skills and gaining valuable experience. The Link Worker also made contacts with specialist professionals who have been able to support him to learn and understand entitlements and restrictions of his status as an asylum seeker.

The advice and support from SOS has provided vital assistance for this client to achieve the outcomes he is seeking in life and to improve his health and wellbeing.

Equality Outcome 2 – We will make our plans with the people that the plans will affect. We will make sure that we listen to everyone who wants to give their view. We will encourage and support people to tell us their views.

Aim

Carry out Equality and Fairness Impact Assessments on all new or revised plans, policies, services and strategies presented to the Integration Joint Board.

Examples of ways we supported this aim

- Impact assessments completed as required in format designed by Dundee City Council, taking into account relevant local views and research information.

What do we need to do now?

1) Currently DHSCP Impact Assessments are not commonly published with the plans they relate to. Consider the best ways to achieve this including possibly incorporating these in minutes of IJB when published on internet.

Aim

Find ways to improve the quality of IJB Impact Assessments.

Examples of ways we supported this aim

- We currently utilise the Dundee City Council Integrated Assessment template. We have contributed to recent reviews and updates to this document. Guidance has been written for report writers and managers in HSCP and is shared when IJB report writers request report templates.

What do we need to do now?

1) Consider undertaking an audit of IJB reports Integrated Impact Assessment Equality and Fairness Section to identify areas for improvement.
2) Offer a Development session on equality and diversity offered to all IJB members and members of ISPG.

Aim

Along with partners (in particular Community Planning) we will further develop the ways in which we involve people who have an interest in fairness and who know about how Protected Characteristics, poverty and poor circumstances affect outcomes in making plans and designing supports and services.

Examples of ways we supported this aim-

- Key people within DHSCP, including the vice-chair of the IJB directly contributed to the Dundee Fairness Commission, other supported the delivery of parts of the work of the Commission. The role of the Fairness Commission is to develop policy recommendations which are designed to tackle the impact of poverty and inequality. An update was provided to the IJB in December 2020 with findings from surveys undertaken by the Fairness Commission, Engage Dundee and the Food Insecurity Network to explore the experience of Dundee citizens during the pandemic. The IJB report concluded that "*accelerated efforts should be considered by a wide range of partners including Dundee HSCP to mitigate effects for those most in need whilst building resilience for individuals and communities to provide responses themselves.*"
- In order to plan appropriate responses to support carers impacted by the pandemic Dundee Carers Partnership undertook a COVID engagement exercise. Preliminary findings were shared with the Carers Partnership in December 2020 and further analysis took place in early 2021. We know that there are more Carers with increasingly complex caring roles since the pandemic and the Engagement will support future planning.
- DHSCP has continued to be represented on the Hate Incident Multi-Agency Group whose aim is to 'Make Hate Incidents History in Dundee'. This is a sub-group with relevant partners within the Community Safety Partnership. The group work together to ensure there are systems and processes in place to report and monitor hate incidents and ensure the response is focused on the needs of victims and their communities.
- DHSCP is used to supporting a high level of involvement by the public, service users, carers and stakeholders in the strategic planning processes. Particular arrangements have been made to support involvement in the city and strategic planning including involvement of older people, people with learning disability, people with mental illness and older people.
- We support a variety of mechanisms to increase involvement of service users in design of services and supports. These mechanisms contribute to planning and co-production in our services as well as in national and other local developments. They include the Carers Voice Group, Mental Health SUN (Service User Network), Advocating Together and The Charter for Involvement local and National Networks.

- After listening to service users, carers and stakeholders about the stigmatising impact of some language the Dundee Integrated Substance Misuse Service changed the name of their service to the Dundee Drug and Alcohol Recovery Service.

What do we need to do now?

1) Continue with or reinstate successful developments whenever possible.
2) Test and find additional ways to gain views in social distance climate, including to inform the next review of the Strategic and Commissioning Plan and Equality Outcomes.
3) Further develop opportunities especially related to re invigorating public confidence after impact of national restrictions imposed during the pandemic.

Good Practice Example- Making Recovery Real

Making Recovery Real

Dundee Health and Social Care Partnership in conjunction with the Scottish Recovery Network launched “Making Recovery Real” (MRR) in 2015. This is partnership between a range of organisations from health and social care, and the Third Sector who work with people recovering from mental health issues. This partnership came together to promote and advance mental health recovery in Dundee.

By listening to, and involving people who have a lived experience of mental health issues, this project has developed recovery approaches to mental health which are entirely person-centred.

MRR gives people with lived experience of mental health difficulties the opportunity to be at the centre of decision-making, service design and practice development in their local community. MRR focuses on the creation of conditions in which people, including services and people with lived experience, can work and learn together to identify and prioritise what should happen in their community to support mental health and recovery. Videos showing personal stories and information about the Dundee group are available at

https://www.youtube.com/playlist?list=PLlOPOO_PpGpUfQgWhopu4PkvskCJ6u8dm

Equality Outcome 3a – To help us plan for the future we will collect information to check that people have fair access to our services and support. This will include information about how people with Protected Characteristics and people who live in poverty and may be affected by poor social circumstances use our service. We will share this information with the people who gave us it and others anonymously and in a way that they can understand

Aim

We will improve the collection and reporting of equality data to help to inform how we deliver supports and services in the future.

Examples of ways we supported this aim

- Please also refer to information in Equality Outcome 1 related to ensuring those who need care and support accessing supports and services.

- We have published Locality Profile information about the people who live in each of the eight Community Planning Partnership areas.[xvi] This information helps planning for supports for these areas and, when refreshed, will support us to analyse if progress has been made towards the HSCP outcomes for people living in these areas.
- 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 IJB Performance and Audit Committee receive regular reports, 'Quarterly Returns', 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.

What do we need to do now?

1) Continue to collect and analyse information.
2) Explore opportunities to use data from Mosaic Record System to enhance our knowledge and guide our plans.
3) Consider how themes from our complaints and compliments process can inform our actions on fairness and equality.

Equality Outcome 3b - We will give people information about our supports, services and plans in a way that they can understand.

Aim

We will consider how to make our plans and information about supports and services accessible to all who have an interest in them.

Examples of ways we supported this aim-

- Throughout the COVID Pandemic DHSCP has shared relevant information, particularly with advice relating to COVID with a wide range of agencies and through HSCP website and Dundee City Council Website. This has included BSL and other language information as well as easy read information created locally
- We have actively disseminated, shared and signposted people to accessible information through the DHSCP and Council and NHS Tayside channels. This has included foreign languages as well as BSL and easy read information. Some examples are below. In particular we have cascaded BSL and other information through our Sensory Strategic Planning Group mailing list and with our contracted Sensory Social Work Service North East Sensory Services.

Some examples of information that has been provided follow:

1. Summary Information about Health and Social Care Partnership Plan
   https://www.dundeehscp.com/sites/default/files/publications/dhscp_strategic_plan_2019_summary.pdf

2. Plain English description and suggested ways to getting help via libraries to access information re Mental Wellbeing
   https://www.dundeehscp.com/sites/default/files/publications/mental_health_and_wellbeing_briefing_for_communities_final.pdf

3. Care at Home Information (during Pandemic)
https://www.dundeehscp.com/sites/default/files/publications/dhscp_covid19_home_care_leaflet_v5.pdf

4. Summary Version 2019-2020 Annual Performance Report
https://www.dundeehscp.com/sites/default/files/publications/dhscp_summary_201920_final.pd

5. We shared accessible key information about the Pandemic on our Webpages
https://www.dundeehscp.com/our-publications/news-matters/coronavirus-bsl-videos-and-accessible-information

6. Blue Badge Information in was created in BSL https://www.dundeecity.gov.uk/service-area/chief-executive/chief-executives-services/bsl-information-council-services

What do we need to do now?

1) Ensure we continue to target and provide accessible information provision in a way that is required.
2) Consider how we communicate key priorities and information from our COVID recovery plans to the public in an accessible way.

Aim

We will provide interpretation and translation and other communication supports when people need these to access our services and supports

Examples of ways we supported this aim-

- As part of supporting NHS Tayside and Dundee City Council in the delivery of the BSL (Scotland) Act 2015 we have shared sources and links to BSL information widely and funded additional BSL information provision via the Sensory Services Strategic Planning Group.
- We have a contracted Social Work and Specialist Equipment Service for people with Sensory needs. The current provider North East Sensory Services who have the skills, knowledge and experience to work directly with Blind, Partially Sighted, Deaf, Deaf Blind people and those who are Hard of Hearing. Their workforce can communicate directly with people in British Sign Language.
- The workforce in the Health and Social Care Partnership has full access to interpreting services from NHS Tayside to provide services and supports to those whose main language is not English.

What do we need to do now?

1) Continue to contribute to actions and review of NHS Tayside and DCC BSL Plans.
2) Monitor contract with North East Sensory services.
3) Continue to seek feedback from NHS Tayside Interpretation Service and ensure our workforce access this as required.

Equality Outcome 4 –The Health and Social Care Partnership will be part of activities in local communities. Everyone will have chances to be part of these activities and the activities will be accessible to everyone who wants to take part.

Aim

We will find ways to make sure that when we work with people to design services and supports that take into account the diverse characteristics of the local population.

Examples of ways we supported this aim-

- HSCP colleagues are working alongside the workforce from other agencies to provide basic pandemic supports, foods and essentials in local areas.
- After the start of the pandemic the Safe Zone bus diverted from its late-night city centre remit to go out to new locations in local communities providing advice and assistance to all people in need. The bus now provides help with a range of issues, including health, mental health, drug and alcohol brief interventions, debts, benefits, housing and homelessness. The bus acts as a base for nurses, social workers and welfare staff perform crisis interventions within a community-based setting.
- In order to improve quality, patient outcomes, person centred care and access to services for people with disabilities or rehabilitation needs there was a significant redesign and development of Physiotherapy and Occupational Therapy Teams. As part of this the service has become a front runner in the use of technology to improve access to services.
- The HSCP workforce have encouraged and supported ways for individuals to contribute to the development and activity of the Green Health Partnership whose aim is to support people in engaging with nature and spending time outdoors as a method to help cope with a wide variety of health issues.

What do we need to do now?

1) We will seek opportunities to meet this aim even in restricted circumstances
2) When restrictions are lifted we will need to ensure that original arrangements are reintroduced if relevant and new opportunities are developed.

Aim.

We will make sure that there are affordable opportunities for people with Protected Characteristics to be safely involved in health and social care activities in their local communities

Examples of ways we supported this aim

- The Health Inequalities Service have supported a wide range of people in local communities to access health and social care activities in their local communities in an inclusive affordable way
- A number Health and Social Care Partnership services deliver support to people with disabilities and older people to gain and regain fitness and skills to take part in activities in local communities.
- The expansion of digital remote services during the pandemic has supported some people to more easily access health and social care supports and services and reduce associated costs such as travel and childcare.
- During the pandemic we have tested the provision of digital devices and connectivity to services, communities and vulnerable individuals to reduce the digital divide and help them to access remotely delivered health and social care services.

What do we need to do now?

1) With partners explore and consider how best to reduce inequality in access associated with inequality in accessing on-line technology

Good Practice Example Dundee Community Health Team-Short Health Walks

Dundee Community Health Team

The Community Health Team is part of the Health Inequalities Service and supports and delivers a range of community-based activities in areas where there are a high proportion of people affected by social and economic disadvantage. The aim is to support people to protect and improve their health and wellbeing which will in turn help to address health inequalities. The programme includes short health walks suitable for a range of walking abilities as well as short courses on topics such as budgeting and cooking skills, healthy lifestyles and mental wellbeing.

All courses are free of charge, adapted to meet the needs of participants. These are open to anyone who wants to join them including people who have physical disabilities and people with mental health problems.

Short Health Walks: Dudhope Park, Baxter Park and Hilltown Park

The Community Health Team programme of Short Health Walks has been running for over 12 years starting with around 6-8 adults. Prior to the pandemic, it reached over 60 people at any point in time.

The walking groups are designed to take an inclusive approach and attract people from different ethnic backgrounds and age groups as well as those with physical disabilities, learning disabilities and mental health challenges. Participants who benefit from participating in the walks have a range of conditions such as Asperger's Syndrome, Autism, Down's Syndrome, Dementia, Fibromyalgia, Depression, Anxiety, Sensory Impairment, and/or may be recovering from surgery recovery or trying to lose weight. The programme has been instrumental in bringing people together in a safe, supportive environment and helping them improve their physical, mental and social wellbeing.

These supported walks take place in green spaces in Dundee with accessible paths and a range of routes to suit a range of abilities. The walking routes often include visits to community cafes and lunch clubs which provide nutritious low-cost food for the walkers and others within the community. Having access to the lunch clubs has proved to be very important for the walkers as some are unable to make their own meals and others struggle financially. Some cafes require customers to pay by donation only, supporting those on low incomes and those who find it difficult to budget. The walks have also been a way for participants to build friendships and to find out about and access other activities in their communities. This has proven to be an important factor in improving some participants mental and social well-being.

Below are Quotes from some participants

"I have had two knee operations and I was advised to get back to gentle exercise, the walk at Baxter Park is suitable for me"

"I have had breast cancer and breathing problems, I can no longer do long walks, the shorter walks are fine for me"

"I like to go to the walking groups, it doesn't cost me any money and that is important to me as I struggle to live on benefits"

"I get to meet a lot of people, I am lonely a lot of the time. I look forward to the walks it gets me out of the house"

Equality Outcome 5 – Staff in Dundee Health and Social Care Partnership will be treated fairly at work.

Aim

We will work with NHS Tayside and Dundee City Council to implement their action plans which affect staff working in the Health and Social Care Partnership.

Examples of ways we supported this aim-

- HSCP colleagues have worked in Partnership with NHS Tayside and Dundee City council and attended NHS Tayside Equality and diversity Governance Group and the Council Equality Steering Group on a regular basis.
- In 2020 NHS Tayside developed a Black, Asian and Minority Ethnic Workforce Network. The network is open to all Health and Social Care Partnership employees from NHS Tayside and Dundee City Council and was widely advertised.
- When it became known that people from minority communities were at higher risk related to COVID
    - Dundee City Council instructed managers to ensure that individual conversations are undertaken for any Black, Asian and Minority Ethnic Employees (BAME) and Expectant Mothers within their teams, which result in a more formal assessment of risk and a referral to medical services for further assessment as needed.
    - NHS Tayside has undertaken appropriate risk assessment and relevant mitigating actions for BAME employees.
- Harassment Support is provided in Dundee City Council with an aim of the elimination of personal harassment by seeking to resolve perceived issues at an early stage. There are 16 Harassment Support Officers who offer their skills and time to support other employees on an informal basis with any perceived harassment problems. They work across the council and can provide advice for any employee. HSO who are based in DHSCP offer support to employees in other council and HSO colleagues from other parts of the council are available for HSCP colleagues.
- Dundee City Council Health and Safety Officers analyse Violence and Aggressions forms submitted by the workforce to identify any possible "hate" incidents and recommend appropriate action
- DHSCP Contracts Team ensure equality good practice in contracted services through detailing expectations in the formal contract as well as monitoring the service provided. Included in the contract are clauses such as: -

    The Provider

- *shall …comply with the requirements of the Human Rights Act 1998*
- *confirms that…… they have complied with the Equality Act 2010 to eliminate discrimination, advance equality and foster good relations across the range of protected characteristics and… agrees to continue to comply with this Act.*
- *provide the Service in a non-discriminatory manner and shall promote equality.*
- *shall not discriminate, directly or indirectly*

What do we need to do now?

1) Continue to work in partnership to maintain current progress and develop new initiatives as required.

Aim

We will work with providers in our commissioned services to support them to be a fair employer. This includes the implementation of key policies such as ensuring the payment of the Scottish Living Wage for all adult social care workers.

Examples of ways we supported this aim-

- Contracts Officers regularly monitor fulfilment of contract including agencies and advise about expectations including that of being a Fair employer.
- Arrangements are in place to support implementation of Living Wage for the Social Care workforce who are employed by Providers contracted to provide services by the HSCP.

What do we need to do now?

1) Consider the seven Fair Work Recommendations from the Independent Review of Social Care in Scotland Report[xvii] and contribute to their development and introduction. Find more ways to ensure we offer work through direct employment and contracted provider as well as Self-Directed Support options that is fairly paid, where individuals are supported in training and personal development.

Now and in Future

Dundee Health and Social Care Partnership has had to act quickly to change the way supports and services were delivered during the COVID-19 pandemic, whilst ensuring the wellbeing of the workforce and providing support to unpaid carers. New and innovative ways of working have been adopted by the Partnership in order to support the most vulnerable people in the city throughout the Coronavirus (COVID-19) pandemic. Information about some of the developments was published in an IJB report with a Recovery Plan in August 2020.[xviii] The recovery plan is a working document and will continue to evolve and develop over time It is envisioned by the partnership that the medium to long-term impacts of the pandemic will persist for many years.

We maintained essential services, 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 made a significant contribution to wider Dundee Community Planning Partnership efforts to respond to community support needs, such as responses to shielded people, food distribution and a range of public protection responses.

We have evaluated and continue to evaluate, understand and learn from the ways these changes have impacted people including how people with Protected Characteristics have been affected. There has been a continued emphasis on supporting people most affected by Health Inequalities, poverty and poor circumstances.[xix]

The determinants of health need to be addressed as part of wider partnership activities that focus on prevention and inequality in a place-based way through whole systems approaches co-ordinated through the Dundee Community Planning Partnership.

The Dundee Health and Social Care Partnership Is committed to monitoring the implementation of recovery plans for adverse impacts on people with protected characteristics, people affected by health inequalities and socio-economic deprivation and their carers and taking mitigating actions as appropriate. We will also continue wider work to tackle health inequalities as one of our four strategic priorities within our current strategic and commissioning plan.

The Partnership's Health Inequalities Team has a specific focus on delivering services that identify and directly contribute to reducing health inequalities through approaches such as health and homeless outreach, Keep Well and the Sources of Support social prescribing initiative. Along with other agencies this service has provided significant support to wider Community Planning responses, such as the establishment and operation of Community Support Centres that have provided food and other basic needs for Dundee's most vulnerable communities.

The Partnership will continue to maintain a commitment to maintain services and to protecting the health and wellbeing of the people in Dundee and of the workforce providing services and support. We know there is much to learn and build on from our responses to date and it is anticipated that further learning will emerge.

It is anticipated that the Partnership will continue concentrate on essential service areas, keeping safe those who are most at risk and vulnerable while developing and resuming supports and services wherever possible and appropriate maintaining a focus on Equality, Inequality and Fairness.

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[vii] https://www.equalityhumanrights.com/sites/default/files/equality_and_human_rights_commission_how_coronavirus_has_affected_equality_and_human_rights_2020.pdf

[viii] https://nationalperformance.gov.scot/scotlands-wellbeing-impact-covid-19

[ix] https://www.gov.scot/publications/covid-19-disabled-people-scotland-health-social-economic-harms/

[x] https://www.dundeehscp.com/our-publications/news-matters/dundee-health-and-social-care-partnership-road-recovery

[xi] IJB Minutes can be found here: https://www.dundeehscp.com/publications/ijb

[xii] https://www.gov.scot/publications/independent-review-adult-social-care-scotland/

[xiii] https://www.dundeecity.gov.uk/service-area/chief-executive/chief-executives-services/equality-and-diversity/equality-outcomes-and-mainstreaming-reports

[xiv] https://protect-eu.mimecast.com/s/4P3vC9DzrikqJEKSEK6pJ?domain=eds.tayside.scot.nhs.uk

[xv] https://www.dvawp.co.uk/professional/vaw-partnership

[xvi] https://www.dundeehscp.com/publications/all?page=4

[xvii] https://www.gov.scot/groups/independent-review-of-adult-social-care/

[xviii] https://www.dundeehscp.com/our-publications/news-matters/dundee-health-and-social-care-partnership-road-recovery

Appendix 1
Information (Pre-Pandemic) about Protected Characteristics of People in Dundee and in our workforce

The following table below gives some significant information about our local population prior to the pandemic:

Characteristic	Dundee's Population
General	The population of Dundee was 149,320 in 2019 [xviii] the number of households was 70,685.
Gender	There were more females (51.7%) than males (48.3%) in Dundee.
Age	Census Data from 2011 [xviii] said we had the same rate over 65's as the rest of Scotland at just under 17%. Our younger population aged between 16 and 9 at 5.7% is a higher number compared to Scotland as a whole, 4.9%.
Age	Between 1998 and 2019, the 0 to 15 age group saw the largest percentage decrease (-13.6%). The 75 and over age group saw the largest percentage increase (+9.1%).
Age	Over the next 10 years, the population is projected to decrease by 1.5% due to natural change (more deaths than births). The average age of the population is projected to increase as more people are expected to live longer
Age	Life expectancy is lower than most of Scotland level and life expectancy was higher for females (79.2 years) than for males (74.0 years) in 2016-18.
Ethnicity & Disability	In 201 1.7 % of Dundee's population did not speak English well or at all with only 96% speaking English well or very well.
Disability	The 2011 there were 408 people in Dundee who could use British Sign Language as a main language in their household.
Disability	Dundee had a higher proportion of people living with one or more health conditions in comparison to Scotland overall.
Sexual Orientation	Across Scotland in 2016 the percentage of people identifying as lesbian, gay or bisexual (LGB), was 2.2%. This comprised of 1.2% identifying as gay or lesbian, and 1.0% as bisexual.[xviii]
Poverty	Deprivation in Dundee is high, 36% of Dundee's population live in the most deprived areas. Income deprivation continues to decrease. and has fallen since 2009 in all of the locality areas with the East End ward being the most affected from income deprivation.[xviii]

General (workforce)	The Council's workforce is under-represented across many of the equality characteristics. In 2019 overall, non-disclosure rates totalled 12.17% and fully accurate comparison can only be made once non-disclosure rates are minimised.
Race Religion and Belief (workforce)	24.67% of Council employees failed to provide their religion or belief and race information. The biggest single group within religion or belief (census) was no religion or belief which accounts for 40.85% of Dundee's population. This group accounts for 31.79% of Council employees who shared this information.
Gender (Workforce)	In terms of gender, the Council's workforce is made up of 67.88% female and 32.12% male, this is different from the census information which states that 51.99% are female and 48.01% are male.
Gender (workforce)	In 2019 the Dundee City Council average hourly rate for a male employee was £15.35 and the average hourly rate for female employee is £15.24, a gender pay gap for the whole Council of 0.72% in favour of male employees.
Disability (workforce)	In 2019 in the Council there was disability pay gap of 13.44% in favour of the non-disabled employees.
Race (Workforce)	In 2019 in the Council there was a minority racial group pay gap of 5.50% in favour of the employees who are members of a minority racial group.
Gender (workforce)	In 2019 in NHS Tayside the gap of Male to Female 18.85% in favour of male employees
Ethnicity (workforce)	In 2019 98.75 % of the workforce in NHS Tayside recorded that they were white in comparison with 96.76 of the local population.2.10 % of the local population identified as Asian, Asian Scottish or Asian British whereas only 0.54% of employees identified as being in this group.

Integrated Impact Assessment Report.

Committee Report No: DIJB15-2021

Document Title: Dundee Integration Joint Board Mainstreaming Equality Progress Report 2019-2021

Document Type: Other

New/Existing: New

Period Covered: 01/04/2019 - 31/03/2021

Document Description:
The Equality Act places a duty on Public Bodies to publish a set of equality outcomes every four years and a report describing how well they are achieving these outcomes at least every two years. Public Bodies must also report on the progress they have made to make the equality duty integral to the exercise of their functions. This report is the two-year Equality Progress Report which gives information about how Dundee Integration Joint Board (IJB) are 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.

Intended Outcome:
To support scrutiny of progress in implementation of statutory equality and fairness duties by the IJB, including scrutiny by members of the public who have Protected Characteristics.

How will the proposal be monitored?:
Statutory requirement to provide update reports every 2 years.

Author Responsible:

Name: kathryn sharp

Title: Service Manager, Strategy and Performance

Department: Health and Social Care Partnership

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

Telephone: 01382 433410

Address: Friarfield House, Barrack Street, Dundee

Director Responsible:

Name: Vicky Irons

Title: Chief Officer

Department: Health and Social Care Partnership

E-Mail: vicky.irons@dundeecity.gov.uk

Telephone: 01382 436310

Address: Claverhouse, Jack Martin Way, Dundee

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A. Equality and Diversity Impacts:

Age:	Positive
Disability:	Positive
Gender Reassignment:	Positive
Marriage and Civil Partnership:	Positive
Pregnancy and Maternity:	Positive
Race/Ethnicity:	Positive
Religion or Belief:	Positive
Sex:	Positive
Sexual Orientation:	Positive

Equality and diversity Implications:
The report outlines the range of activity progressed the the Partnership, in collaboration with wider Community Planning partners, over the last two years to mainstream equality and fairness and to achieve the IJB's equality outcomes. The report details activities that have had a positive impact on people with Protected Characteristics, including members of the delegated workforce. The report also identifies for further improvement activity over the next 12-24 month period.

Proposed Mitigating Actions:
None required. The report details priorities for further activity.

Is the proposal subject to a full EQIA? : No

The report outlines the range of activity progressed the the Partnership, in collaboration with wider Community Planning partners, over the last two years to mainstream equality and fairness and to achieve the IJB's equality outcomes. The report details activities that have had a positive impact on people with Protected Characteristics, including members of the delegated workforce. The report also identifies for further improvement activity over the next 12-24 month period.

B. Fairness and Poverty Impacts:

Geography

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

Household Group

Lone Parent Families:	No Impact
Greater Number of children and/or Young Children:	No Impact
Pensioners - Single/Couple:	Positive

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Single female households with children:	No Impact
Unskilled workers or unemployed:	Positive
Serious and enduring mental health problems:	Positive
Homeless:	Positive
Drug and/or alcohol problems:	Positive
Offenders and Ex-offenders:	Positive
Looked after children and care leavers:	Positive
Carers:	Positive

Significant Impact

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

Fairness and Poverty Implications:

The report details activity undertaken over the last two years to implement the Fairer Scotland Duty within the IJB and Health and Social Care Partnership. The range of actions described has had a positive impact on people across the local community planning areas, with the most significant focus being on areas who experience socioeconomic deprivation. Information is also provided regarding developments and improvements made that positively impact on different care groups, including people who have mental health challenges, who use substances or have other vulnerabilities / complex needs.

Proposed Mitigating Actions:

None required - the report outlines identified improvement actions for the next 12-24 months.

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C. Environmental Impacts

Climate Change

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

Resource Use

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

Transport

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

Natural Environment

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

Built Environment

Built Heritage:	No Impact
Housing:	No Impact

Is the proposal subject to Strategic Environmental Assessment

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

Proposed Mitigating Actions:

None.

Environmental Implications:

None known.

D. Corporate Risk Impacts

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

Corporate Risk Mitigating Actions:

ITEM No …8………..

REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 21 APRIL 2021

REPORT ON: PROGESS UPDATE ON REVIEW OF 'A CARING DUNDEE: A STRATEGIC PLAN FOR SUPPORTING CARERS IN DUNDEE' AND SHORT BREAKS SERVICES STATEMENT

REPORT BY: CHIEF OFFICER

REPORT NO: DIJB16-2021

1.0 PURPOSE OF REPORT

1.1 To present the finding of engagement work carried out by the Partnership in relation to the impact of COVID-19 on unpaid carers in the City and to seek approval for identified funding allocations to be mainstreamed from 2021-2022.

2.0 RECOMMENDATIONS

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

2.1 Note the content of this report and appendix 1.

2.2 Note the work undertaken by Partners (detailed at 4.1) to engage with unpaid carers in Dundee and the appended report which gives insight into the impact of COVID-19 on them.

2.3 Note the establishment of 7 short life workstreams, based on priorities identified by the Carers Partnership and the engagement work which will help to develop future commissioning intentions.

2.4 Approve mainstreaming funding of services to support carers as set out in 4.3.1 of this report.

2.5 Instruct the Chief Officer to provide a further report to present the draft reviewed Carers Strategic Plan for approval along with the Carers Investment Plan 2021/2023 to the meeting on 25th August 2021.

3.0 FINANCIAL IMPLICATIONS

3.1 The Scottish Government has provided additional funding to Integration Joint Boards since 2018/19 for the implementation of the Carers Act. The total value available to the IJB to allocate via the Carers Partnership for continued implementation of the Carer's Act during 2021/2022 is £1.343m. Rather than requesting bids from stakeholders for use of this funding, the Carers Partnership have decided to engage proactively with all stakeholders, to develop commissioning intentions in relation to the identified priority areas as described below. This work will inform the development of the Carers Investment Plan moving forward.

3.2 This additional funding offers an opportunity for the City to invest in new services and supports for Carers which will make step changes in their health and wellbeing.

3.3 The cost of mainstreaming services to support carers as set out in section 4.3 of this report will be funded from the Carers Act funding allocation within the IJB's delegated budget.

4.0 BACKGROUND

4.1 Engaging with Dundee's Carers

4.1.1 DIJB40-2020 (article VII of the meeting held on 27 October 2020 refers) outlined the intention of the Carers Partnership to engage meaningfully with unpaid carers in the City to ascertain in particular how they have been impacted upon by COVID 19. As described in DIJB40-2020 the engagement work was designed around the four strategic outcomes for carers (as identified in a Caring Dundee), as a Carer;

- I am Identified, Respected and Involved
- I have had a Positive Caring Experience
- I can live a Fulfilled and Healthy Life
- I can balance my life with the caring role.

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

4.1.3 Key findings from the carer's survey 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%)
- 33% were able make a positive contribution to others, via voluntary work, helping neighbours, gardening, shopping etc.
- 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.

4.1.4 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, 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
- Many services used technology effectively to communicate with people 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.

4.1.5 The consultation also identified suggested areas for improvement and priorities looking forward to the next 6 months to support future service planning. Below is a summary of some areas that require further targeted work going forward

- Targeted carers Mental Health & Wellbeing resources
- Information & Communications about access to services and any changes made to delivery of care and support during Covid-19. Making this information clear for carers and individuals receiving health and social care support enhance overall public awareness and knowledge of local supports available
- Information about respite care and its availability and more transparent information, guidance, choice and options with regards to respite care service planning and provision
- Awareness raising and promotion of carer identification within the Health and Social Care workforce, wider workforce, and volunteers, along with targeted efforts to ensure workforce are utilising Adult Carer Support Plan process and signposting carers to the support that may be available to them
- Responding to digital exclusion and targeted efforts to support carers and supported people to develop their skills and connectivity to online supports available
- Exploring financial challenges experienced by carers during the pandemic to understand the issues more fully and identify what financial support is needed and how best to respond to this in the future
- Targeted engagement work with carers with similar types of caring roles to further understand, plan and design solutions to ensure a reduction in the impact of caring.

4.2 IMPLMENTATIONS OF FINDINGS

4.2.1 The Carers Partnership has established the workstreams described below with identified leads. It is anticipated that the workstreams will not operate in the traditional sense but that leads will engage with the relevant stakeholders, including carers, to develop proposals to address the recommendations within the overall context of the strategic direction for carers in the city. There will undoubtedly be connection and overlap between the workstreams and it is therefore important that leads connect with each other to ensure that proposals are complementary and dovetail.

4.2.2 The Carers Partnership has asked Leads to present their proposals by end of May 2021 to be considered by the Carers Partnership and subsequently the IJB.

4.2.3 Workstreams

1. Mental Health and Wellbeing
2. Outcomes and Workforce
3. Adult Carer Support Plans
4. Information and Communication
5. Carers Personalisation
6. Finance/employability
7. Engagement and Involvement

4.2.4 In addition a number of recommendations are advisory and will be shared by the Carer's Partnership with the relevant agencies/organisations.

4.3 MAINSTREAMING PROGRAMMES OF WORK

4.3.1 The Carer's Partnership have evaluated programmes of work funded through the Carers Investment Plan 2019-2021 (as per DIJB28-2019 - article XIV of the meeting held on 25 June 2019 refers). As a consequence of positive evaluation, it is proposed that the following allocations are mainstreamed from 2021/22 and included within ongoing contractual arrangements with providers:

Table 1

Purpose of Funding	Provider	Amount
"Caring Places"	Dundee Carers Centre	£125,341
Volunteer Co-ordinator	Dundee Carers Centre	£11,343
Strategic Support	Dundee Health and Social Care Partnership	£50,625
Learning and Development	Dundee Carers Centre	£40,410
Total Recurring Commitment		£227,719

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	Incomplete data creates a risk that Dundee City Council and its partners will be unable to evidence that legislative duties within the Carers Act are being met, specifically in relation to Adult Carer Support Plans and Young Carers Statements.
Risk Category	Financial, Governance, Political
Inherent Risk Level	Likelihood 3 x Impact 5 = Risk Scoring (Extreme Risk)
Mitigating Actions (including timescales and resources)	• Improved data collection processes • Increased workforce awareness of legislative duties • Development of operational procedures • Review of electronic recording tool for assessment and support planning.
Residual Risk Level	Likelihood 2 x Impact 5 = Risk Scoring 10 (High Risk)
Planned Risk Level	Likelihood 2 x Impact 5 = Risk Scoring 10 (High Risk)
Approval recommendation	The risk level should be accepted with the expectation that the mitigating actions are taken forward.

Risk 2 Description	A number of achievements to date have been supported by Scottish Government Carers (Scotland) Act implementation funding. This funding is not guaranteed in future years which potentially jeopardises existing activity and development.
Risk Category	Financial, Political
Inherent Risk Level	Likelihood 3 x Impact 3 = Risk Scoring 9 (High Risk)
Mitigating Actions (including timescales and resources)	• Refreshed Carers Strategy will identify priorities and resource requirements for the period of the strategy.
Residual Risk Level	Likelihood 3 x Impact 2 = Risk Scoring 6 (Moderate)
Planned Risk Level	Likelihood 3 x Impact 2 = Risk Scoring 6 (Moderate)
Approval recommendation	The risk level should be accepted with the expectation that the mitigating actions are taken forward.

7.0 CONSULTATIONS

7.1 The Chief Finance Officer and the Clerk were consulted in the preparation of this report. Consultation has taken place with the Carers Partnership and professional leads.

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: 12th April 2021

Jenny Hill
Locality Manager

DUNDEE CARERS PARTNERSHIP

Covid-19 Engagement

Findings Report

March 2021

Executive Summary

This report presents the findings from engagement work carried out by the Dundee Carers Partnership to understand the experiences of unpaid carers, young carers and the views of the workforce supporting unpaid carers during the coronavirus pandemic (Covid-19).

The findings from this work are presented in the report to help inform and make recommendations towards future planning and recovery for carers and others following the onset of the Covid-19 pandemic.

The consultation involved engagement with carers, young carers and the wider workforce. Data collection included two online surveys, a carers 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 online survey
- Online survey for local workforce – 37 individuals completed workforce survey
- Carer Focus Groups - 41 carers participated in focus group discussions

Key findings from the carers survey revealed the following:

- The majority (84%) reported an increase in the amount of care provided since the start of the pandemic
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- 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%)
- 33% were able make a positive contribution to others, via voluntary work, helping neighbors, gardening, shopping etc.
- 51% had been able to get support through accessing resources to improve their own wellbeing.

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, 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
- Many services used technology effectively to communicate with people 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.

The consultation also identified suggested areas for improvement and priorities looking forward to the next 6 months to support future service planning. Below is a summary of some areas that require further targeted work going forward (more detailed information is included throughout the report and a full list of recommendations are included at the end):

- Targeted carers Mental Health & Wellbeing resources
- Information & Communications about access to services and any changes made to delivery of care and support during Covid-19. Making this information clear for carers and individuals receiving health and social care support enhance overall public awareness and knowledge of local supports available
- Information about respite care and its availability and more transparent information, guidance, choice and options with regards to respite care service planning and provision
- Awareness raising and promotion of carer identification within the Health and Social Care workforce, wider workforce, and volunteers, along with targeted efforts to ensure workforce are utilising Adult Carer Support Plan process and signposting carers to the support that may be available to them
- Responding to digital exclusion and targeted efforts to support carers and supported people to develop their skills and connectivity to online supports available
- Exploring financial challenges experienced by carers during the pandemic to understand the issues more fully and identify what financial support is needed and how best to respond to this in the future
- Targeted engagement work with carers with similar types of caring roles to further understand, plan and design solutions to ensure a reduction in the impact of caring.

1. Introduction

The pandemic has presented a significant and unprecedented change in circumstances impacting all aspects of life of unpaid carers and the people that they care for. The pandemic outbreak has brought into stark focus the need to support carers as a valued and valuable part of our community. This means current support and plans for the future need to be reconsidered to take these changes into account

Since the start of the Covid-19 pandemic, a number of temporary changes have been made to services and supports across Dundee, in order to delay the spread of the virus. Many organisations have had to rapidly adapt and introduce new ways of working to deliver services safely during the pandemic.

In response to this, the Dundee Carers Partnership identified that they wanted to capture information to better understand the impact of the changes on local carers and their families, their needs and priorities, particularly within the context of the COVID-19 pandemic, and to respond to these needs.

In August 2020 Dundee Health and Social Care Integration Joint Board (IJB) approved a report (DIJB20-2020) to delay the revision of 'A Caring Dundee: A Strategic Plan for Supporting Carers in Dundee and Dundee's Short Breaks Services Statement. The IJB agreed that there was a need delay development of these to ensure appropriate involvement of carers and stakeholders through the Dundee Carers Partnership and others to gather further information about the effect of the pandemic on carers.

Local Context

The most recent Census (2011), figures indicate that there were 13,072 residents of Dundee who identified themselves as being a carer; this was 8.9% of Dundee's population at that time. The Census identified that there had been an increase in the number of people who provided 20 hours or more of unpaid care in Dundee.

In Scotland, prior to the pandemic, the Scottish Government estimated that there were around 759,000 carers aged 16+ in Scotland. Overall, it is thought that 17% of the adult population are carers[1] and it is estimated that there is around 29,000 young carers.

Applying these estimates to the known population of 149,320 citizens of all ages in Dundee we can estimate that around 20,500 were carers prior to March 2020 and there are now estimated to be 27,331 carers in Dundee.

National Context

There is evidence that many carers saw a growth in their caring commitments since the onset of the Covid 19 pandemic and in addition Carers Scotland currently estimate that 400,000 more people became carers during the pandemic. There are now an estimated 1 million carers in Scotland (18%) and the care they have provided over course of the pandemic so far is valued at £10.9 billion.

Throughout the Covid-19 pandemic, Carers UK conducted a national survey to monitor the effect of societal change during this period on unpaid carers across the UK, this included specific data results for Scotland. Before the crisis, findings from Carers UK indicated that 78% [2]of carers in Scotland reported that they were already providing more care than they were before. The findings from the Carers UK 'Caring Behind Closed Doors' six months on report, reveal that this has increased further with 87% of carers now reporting that they are providing more care than before[3]. More than a third (40%) of carers said they are providing more care because the needs of the person they care for have increased, whilst 45% were providing more care because of local services reducing or closing[4].

The Carers UK findings also reveal the emotional, mental and physical health impacts of caring as key concerns faced by unpaid carers during the pandemic, 80% of carers in Scotland reported that the needs of the person they care for have increased since the COVID-19 pandemic. This has led to 63% of carers feeling more stressed, and 55% saying it had an impact on their health and wellbeing[5]

[1] Scottish Government, Scotland's Carers, 2015
[2] Carers Week, Carers Week 2020 Research Report
[3] Carers Week, Carers Week 2020 Research Report
[4] Caring Behind closed doors, 6 months on, Carers UK Report
[5] Caring Behind closed doors, 6 months on, Carers UK Report

In addition to this, research published from ONS (Office of National Statistics) provides evidence of increased caring responsibilities during the pandemic. In April 2020, the research found that almost half (48%) of people in the UK said that they provided help or support to someone outside of their household in the first month of lockdown in April 2020. [6] Of adults who reported providing help in April 2020, 32% were helping someone who they did not help before the pandemic and 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[7]

Inclusion Scotland published the results of their survey in April which had 822 respondents. Initial findings in their report revealed that around 40% of people are experiencing challenges with new or increased caring responsibilities caring for children/family members since the start of the pandemic. Findings in the report highlight mental distress in adults and children with disabilities, and a reduction in services. Parents of very young or adult children with ASN (Additional Support Needs) report stressful experiences, particularly lone parents. Respondents also reported increased anxiety and poor mental health due to the increased strain of caring for children or family members at home.[8]

Findings published by CIRCLE (Centre for International Research on Care, Labour and Equalities) in their *Carers Matters Series* provide evidence to illustrate the financial hardship experienced by unpaid carers during the Covid-19 pandemic. In May 2020, their findings revealed that carers had lower financial wellbeing than other people in the population, 21.5% experienced some degree of financial strain, saying they were ‘just about getting by’ or finding it ‘quite’ or ‘very’ difficult to do so . Carers aged 31-45 reported the lowest levels of subjective financial wellbeing. Among women, more carers (22.3%) than non-carers (17.9%) had low financial wellbeing and 1 in 4 carers in paid work had financial concerns, compared with 1 in 7 carers without paid jobs[9].

<u>Young Carers</u>

The results of a Carers Trust Scotland survey into the impact of Coronavirus on young carers aged 12 to 17 and young adult carers aged 18 to 25 were published in July 2020. They point

[6] ONS, the impact of Covid-19 on caring, April 2020
[7] ONS, the impact of Covid-19 on caring, April 2020
[8] Inclusions Scotland, Covid-19 Evidence Survey, April 2020
[9] CIRCLE, *Carers Matters Series,* Caring and Covid-19- Financial Wellbeing, June 2020

to a steep decline in the mental health and wellbeing of thousands of young people across Scotland who provide unpaid care at home for family members or friends. The key findings included[10]:

- 45% of young carers and 68% of young adult carers in Scotland say their mental health is worse since Coronavirus.
- 71% of young carers and 85% of young adult carers in Scotland are more worried about the future since Coronavirus.
- 69% of young carers and 76% of young adult carers in Scotland are feeling more stressed since Coronavirus.
- 74% of young carers and 73% of young adult carers in Scotland are feeling less connected to others since Coronavirus.
- 58% of young carers in Scotland are feeling that their education has suffered since Coronavirus.

2. Methodology

From late September to mid November 2020, the Dundee Carers Partnership conducted local consultation work with carers' and the workforce supporting carers across the city to capture experiences of the Covid-19 pandemic. The aim of the consultation activity was to better understand how unpaid carers had been affected by the pandemic, as well as capturing workforce views about how carers had been affected by the pandemic in order to support future planning and recovery from Covid-19.

The consultation consisted of a mixed method approach to engagement with carers and the workforce, which included two online surveys; carers survey and a workforce survey, as well as focus group discussions with carers, facilitated by support organisations in the City.

The Carers Partnership developed specific survey questions to understand the impact the current situation had on carers achieving their outcomes in Dundee, including understanding what worked well and what could be improved in the future. As well as questions specifically for the workforce to understand their experiences of providing support to carers during the pandemic, the main challenges, what had been working well and areas for improvement to support future planning activity.

[10] Carers Trust Scotland, 2020 Vision, Hear Me, Support Me and Don't Forget Me, July 2020

Both surveys launched on 29th September and remained open for a four-week period, from 29th September – 30th October, and were hosted online using the Survey Monkey platform. The findings draw on 116 responses from carers, and 37 workforce responses. Organisations supported the completion of the survey by assisting people over the phone or providing paper copies for them to complete.

The focus group engagement activity was open from 26th October – 13th November and continued after the survey closed. The focus groups provided further insight into experiences of carers during the Covid-19 pandemic and additional comments on the challenges, what was working well and what was needed to better support them in the future.

The local engagement was advertised through various social media and online platforms across the City, including input in newsletters and bulletin features. Information about the engagement and survey monkey link was distributed using a number of networks and emailing lists for cascading wider, including circulating to Dundee Health & Social Care Partnership (DHSCP), Dundee City Council, NHS Tayside, Third Sector Organisations, Carers Interest Network and other local health and wellbeing networks, as well as services commissioned by DHSCP. The Covid-19 engagement work was also featured as a topic input as part of the 'virtual hub' online livestreaming delivered by Dundee Carers Centre on their Facebook channel.

On the launch of the consultation the Carers Interest Network delivered a session to the Network which is a multi- agency workforce group. This provided information about the engagement work offering these members of the workforce an opportunity contribute and raise awareness of this work as well as collecting the views. The session attracted a total of 22 attendees from across the Third Sector, Dundee HSCP, Dundee City Council and NHS Tayside workforce, and local representatives from national agencies including Social Security Scotland and Healthcare Improvement Scotland.

3. Carers Survey

Who we heard from

The survey was completed by 116 carers, the majority of carers completing the survey lived in Dundee (112). 87% of carers identified themselves as female, and 13% identified as male, no carer completed any other options. 107 carers were providing care and support to someone living Dundee.

Most carers completing the survey were aged between 45-54 (30%), 55-64 (28%) 35-44 (19%) and 65+ (13%). A smaller proportion of carers were aged between 25-34 (9%). The survey had a limited response from carers aged 24 and under (1%).

The overwhelming majority of respondents identified themselves as White, this included White British/ White Scottish//White Irish. A small number of the survey sample were from an ethnic minority background.

72% of carers who responded stated that were providing care and support to an adult, 23% were caring for a child under the age of 18 and 5% did not respond to this question.

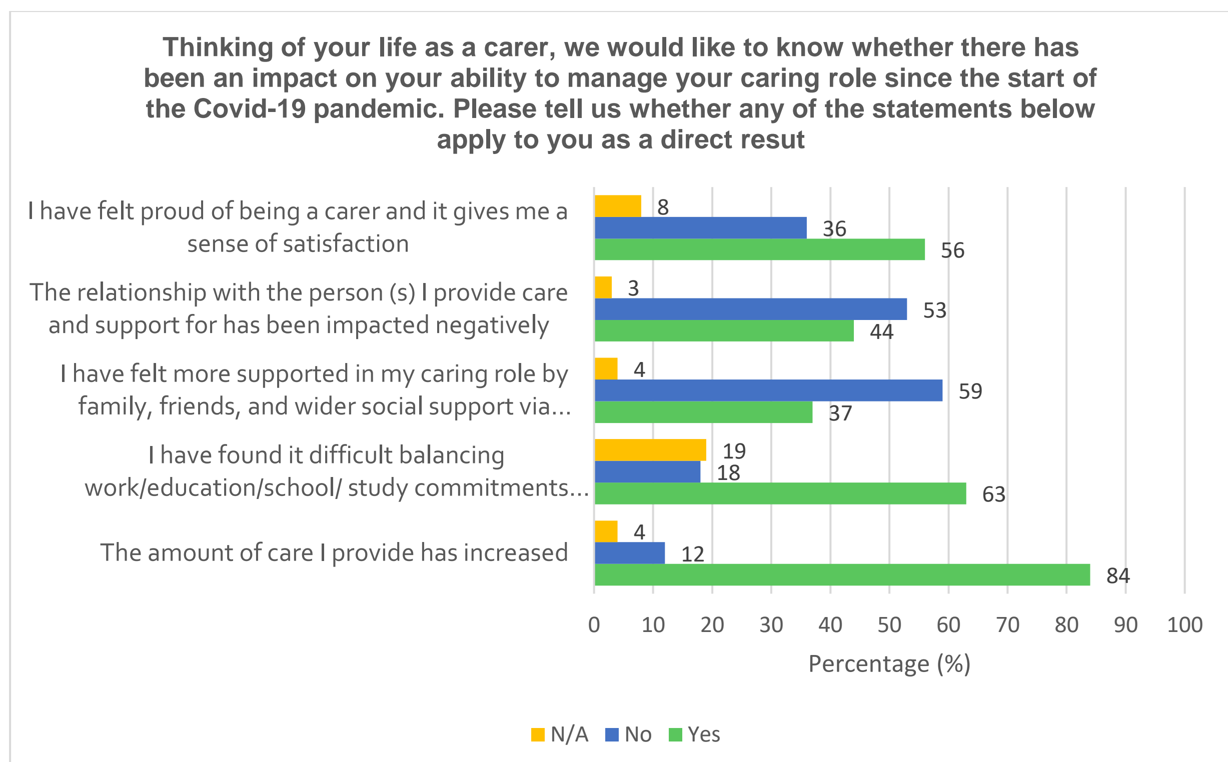
Over two fifths of carers were providing care and support to a son/daughter (43%), around a quarter were caring for mother/father (25%), 15% were caring for a spouse/partner and a smaller number of respondents were caring for a sibling (11%). In the open comments, 6% of carers who were providing care and support to a grandparent and aunt/uncle.

Carers were caring for people with a range of conditions. The survey had multiple options for respondents and reported conditions in order of frequency were: mental health (16%), autism (14%), learning disability (15%), long term condition (13%), frailty/older age (13%), physical (11%), dementia (6%), sensory (5%) and substance use (1%) and ‘other’ (6%).

Carers survey findings

1. Managing the caring role

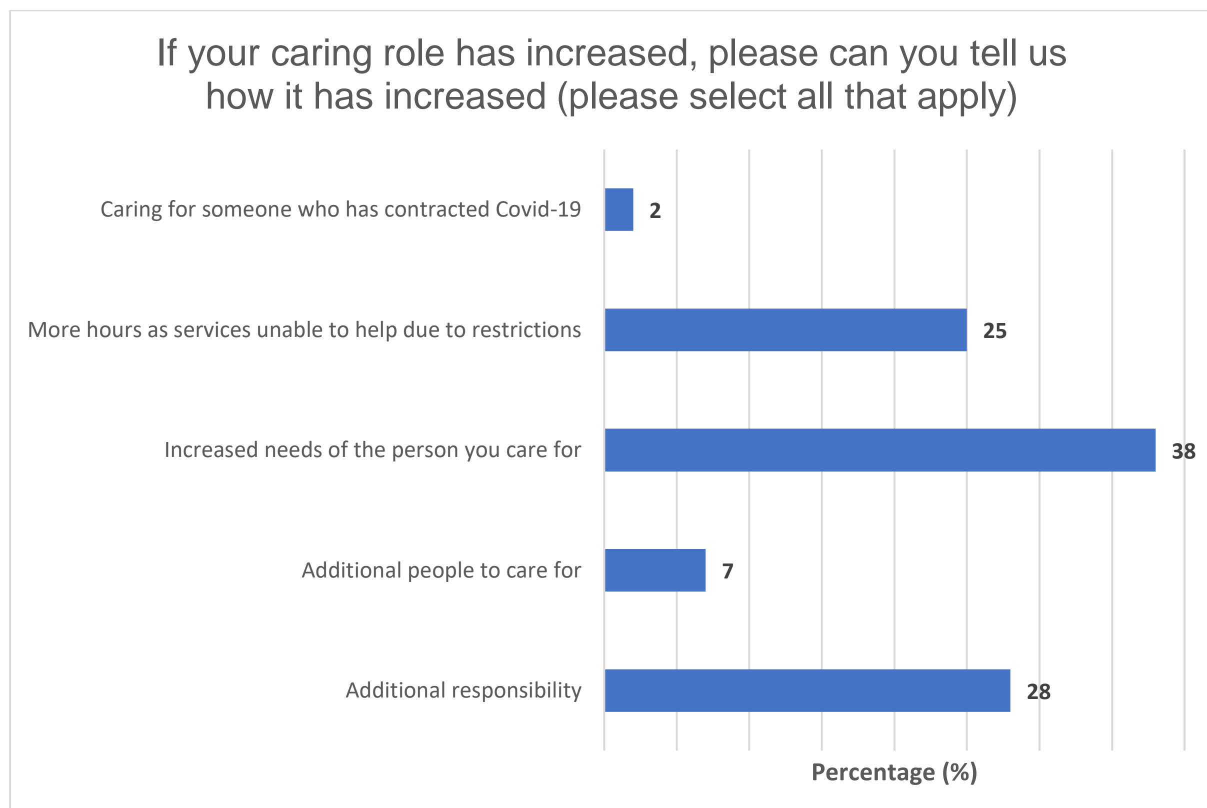
- The majority of carers (84%) who responded to the survey had seen an increase in the amount of care they provide since the beginning of the Covid-19 pandemic.
- 63% of carers reported that they have found it difficult to balance commitments they have alongside their caring role, this included: work/study/education and school commitments.
- Just over one third of respondents (37%) agreed that they had felt supported in their caring role, whilst the majority (59%) stated that they had not felt supported in their caring role by family, friends and wider social support via organisations.
- Over half of carers (53%) reported that there had been no negative impact on the relationship with the person they provide care and support for since the beginning of the pandemic, whilst 44% of carers had seen a negative impact on the relationship.
- 56% of respondents agreed with the statement that they felt proud of being a carer and that it gives them a sense of satisfaction.



In the open comments, many carers cited a reduction of services for the person they care for as a main reason for their increasing caring responsibilities. There were several comments from carers who were experiencing a reduction in respite and key day services/specialist support provision, particularly for those caring for someone with autism, mental health and learning disability conditions. Respondents below shared how they had felt left 'abandoned' and 'frustrated' without vital support in place:

> *"Since March, the impact has hit both myself and my sister hard, as respite has completely stopped and the Enabler service stopped also. I feel people such as my sister with autism/learning disabilities have been completely abandoned and left to "get on with it."*
>
> *"I feel I could do with more support for my daughter as she needs to be able to function independently but requires support which I am unable to find for her for now and her future. This makes me feel disempowered and frustrated that support is not there for her and it affects my mental health too."*

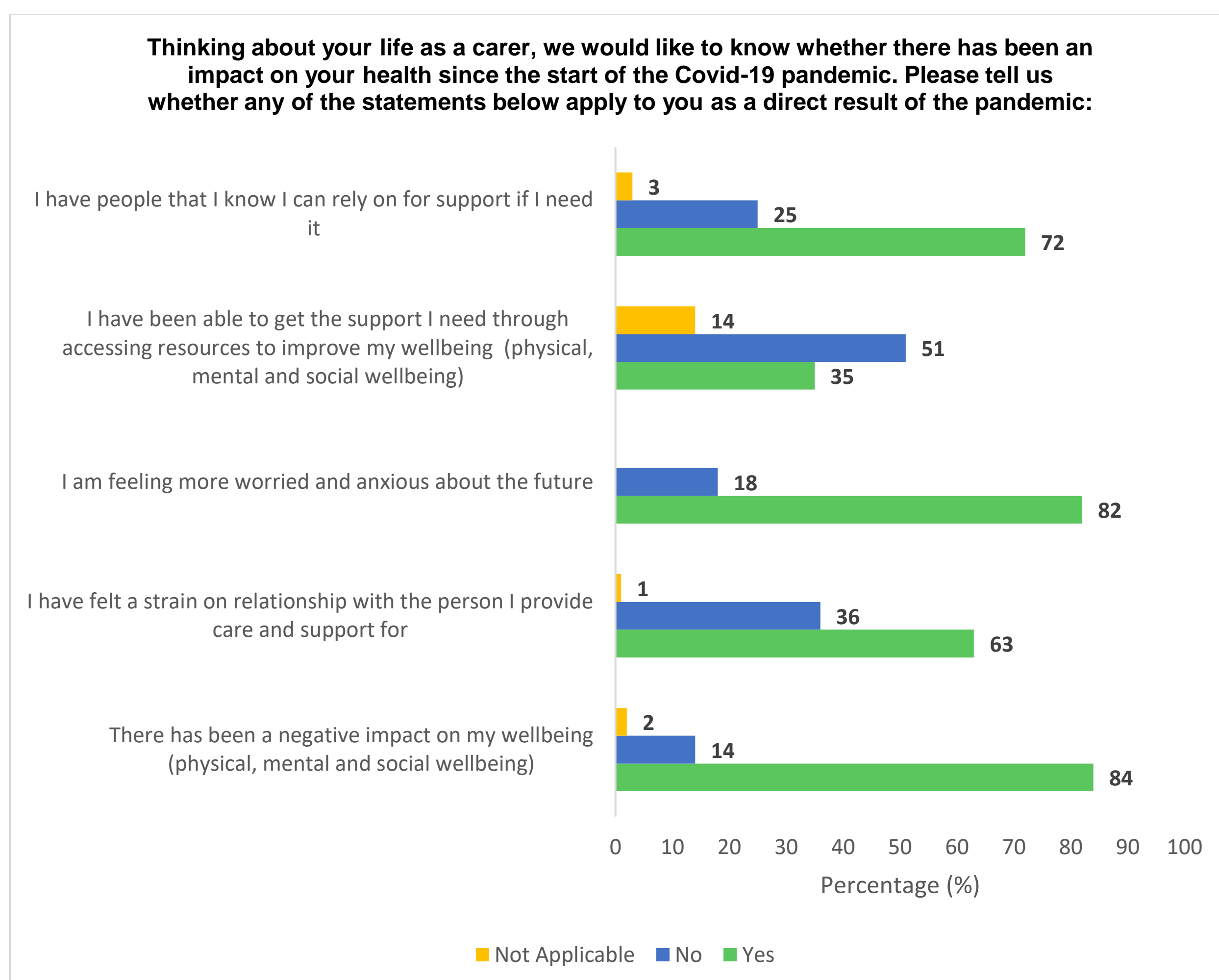
For those who had experienced an increase in their caring role, respondents were able to give information through a multiple-choice question.



The ways in which respondents caring role increased were in order of frequency: Increased needs of the person you care for (38%), Additional responsibility (28%), More hours as services unable to help due to restrictions (25%), Additional people to care for (7%), and Caring for someone who has contracted Covid-19 (2%). The option "Another carer moved on" was not selected by the group. 99 people responded across 5 options 185 times, which gives an average of 1.9 across the group. This indicates that on average respondents were choosing two options in their response suggesting that carers were identifying more than one way in which their caring role increased.

2. Impact on Health

- The majority of carers (84%) reported that there had been a negative impact on their physical, mental and social wellbeing since the beginning of the pandemic, similarly a high number of carers (82%) reported that they were feeling more worried and anxious about the future.
- 63% of carers had felt a strain on the relationship with the person they provide care and support for.
- Half of carers (51%) reported that they had been able to get support through accessing resources to improve their own wellbeing, whilst just over one third (35%) had not been able to access this.
- A high proportion of carers (72%) reported that they had support networks in place and people they can rely on if they needed it.



Many carers attributed a decline in their wellbeing as a result of a withdrawal of supports they previously had in place during lockdown restrictions, such as supports provided by family/friends and the limited capacity/closures of support services:

““All my son's clubs etc. were closed (and still are) throughout lockdown. I was unable to gain the essential support my mum gives me in helping care for my son…this had a massively negative affect on our whole family.”

“I find it hard as I do not have family close by to help with things and I don't like to bother people who I know could/would maybe help. This virus has made a lot of difference to everyone's lives and the restrictions just make things harder as we cannot go out to places anymore for social interaction which did help both of us a lot.”

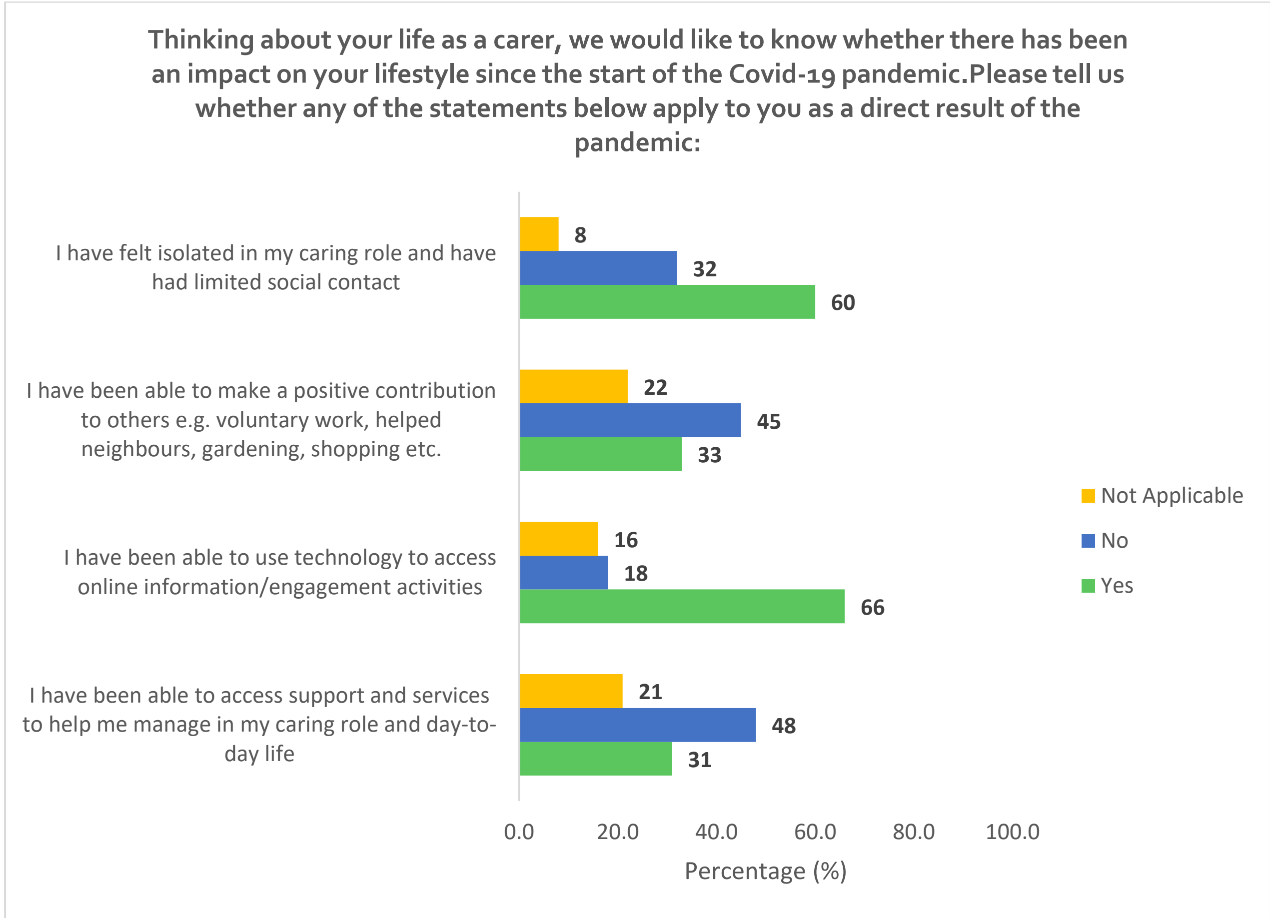
Others spoke of the negative impacts they had experienced during lockdown with their mental health and wellbeing, reporting feelings of stress, anxiety and low mood making it more challenging to cope in the caring role:

“During lockdown I could not get the support of my partner who usually gives me support because we don't live together or support from my Mum. It was a very stressful and lonely time.”

“The only help and support I have as a carer has been from my sister, without her help both myself and my sister whom I care for would find things even more difficult. During the Covid crisis my sister whom I care for has had challenging mood swings which impacts my wellbeing also as I have found it difficult to cope at times.”

3. Impact on Lifestyle

- A high proportion of carers (60%) reported that they had felt isolated in their caring role and had limited social contact since the beginning of the Covid-19 pandemic.
- Just under half of respondents (48%) had not been able to access support and services to help them in their caring role and day-to-day life.
- Whilst 66% of carers reported that were able to use technology to access online information/engagement activities, and one third (33%) of carers were able make a positive contribution to others, via voluntary work, helping neighbours, gardening, shopping etc.



In the open-ended comments, carers highlighted how they were feeling increasingly isolated in their caring role due to the impact of Covid-19 restrictions and shielding:

“The isolation was overwhelming and had a major negative affect on my mental health and ability to cope day to day, my anxiety went through the roof and I wasn't sleeping well.

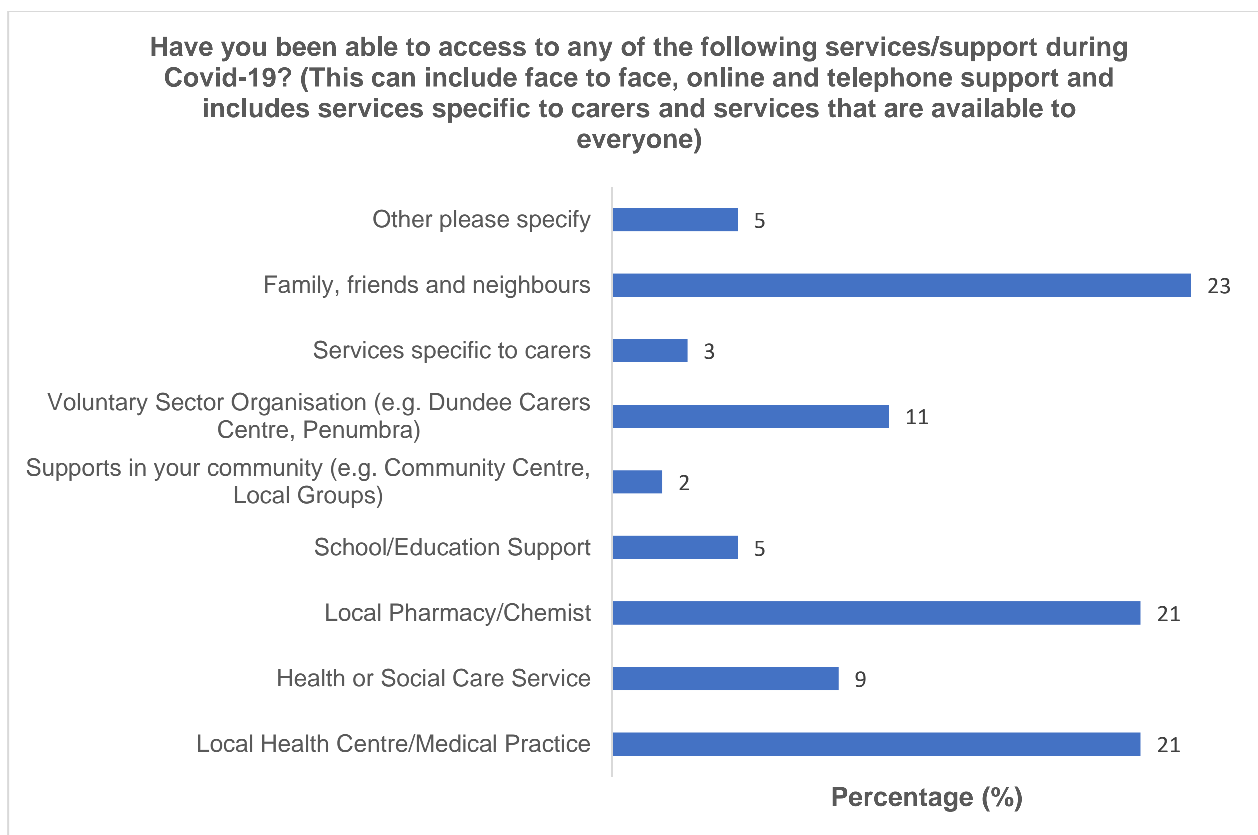
Carers also expressed heightened concerns/anxieties they had of mixing with others and apprehension of leaving their household due to fears of contracting the virus, and the impact this would have on the person they care for. One carer noted that they were feeling more reclusive and disconnected from their friendship social supports:

“I've had to shield and avoid social contact due to the risks of Covid. Even meeting someone outside seems too risky.”

“As a single parent/carer it is vital that I don’t get sick so have limited going out for essential trips.”

“I have a small group of very close friends who provide me with support, however due to the covid situation I have only managed to meet up with them twice… my mum has several health conditions, I am careful not to pass Covid onto her so I don't even feel like socialising. But I am now feeling like I am becoming reclusive which is not healthy for me.

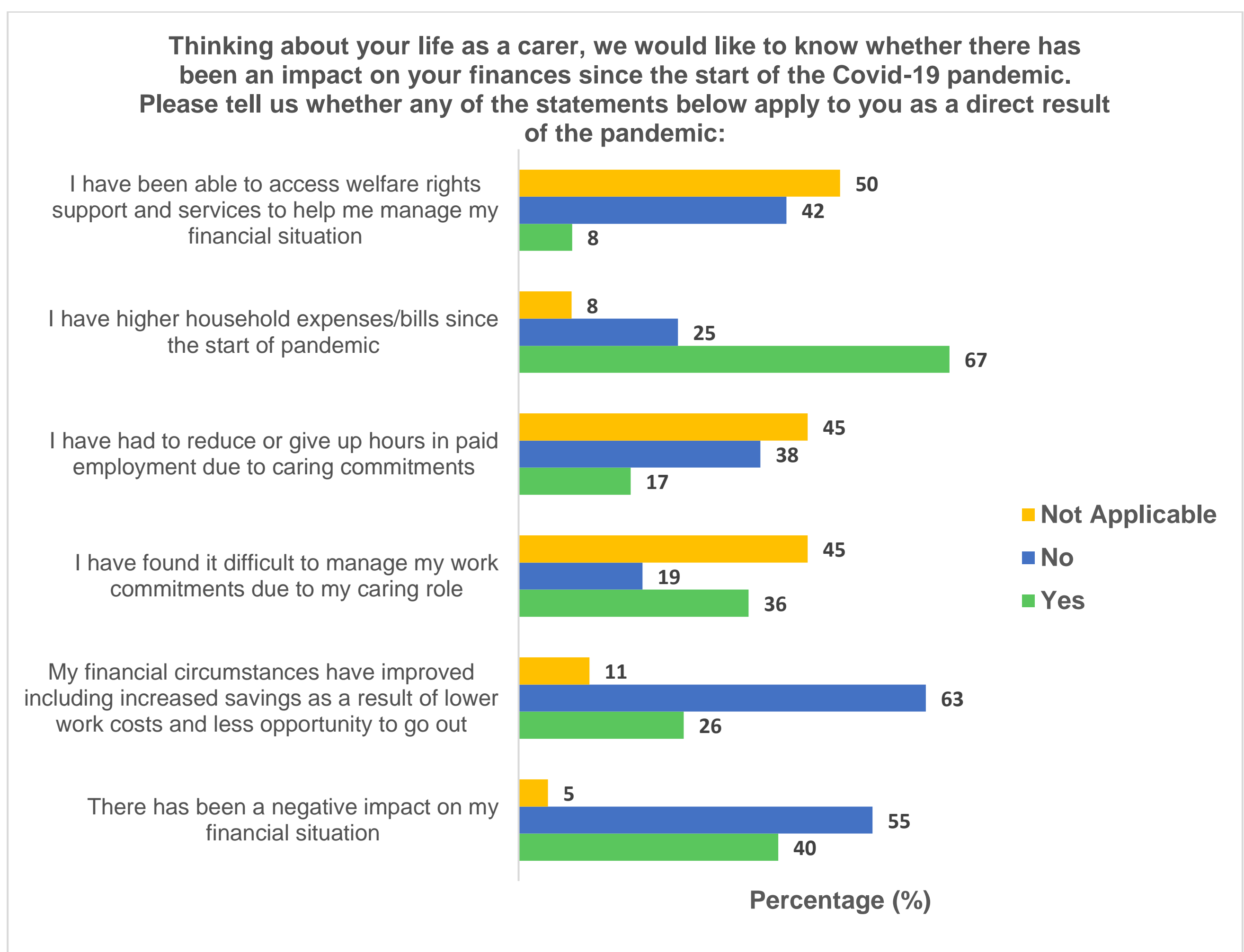
For services and support during the pandemic, respondents were able to give information through a multiple-choice question. 104 people responded across 9 options 278 times. On average, respondents were indicating that they were able to access between two and three services/support during the pandemic. This suggests that carers were not relying on one source of support during the pandemic and were accessing on average more than one.



The sources of support that respondents reported to access were in order of frequency: Family, friends and neighbors (Rank 1, 23%), Local Health Centre/Medical Practice, and, Local Pharmacy/Chemist (Joint Rank 2, both options scored equally at 21%), Voluntary Sector Organisation (e.g. Dundee Carers Centre, Penumbra) (Rank 4, 11%), Health or Social Care Service (Rank 5, 9%), School/Education Support (Rank 6, 5%), Other (Rank 7, 5%), Services specific to carers (Rank 8, 3%), and Supports in your community (Rank 9, 2%). Those selecting ‘other’ provided further information about specific services which had been of help to them.

4. Impact on Finances

- The majority of carers (67%) reported that they had experienced higher household expenses/bills since the start of the pandemic, with a smaller proportion (26%) of carers seeing an improvement with their financial circumstances with increased savings etc.
- 38% reported that they had to reduce or give up hours in employment due to their caring commitments.
- Only 8% of carers had been able to access welfare rights support and services to help them manage their financial situation, however half of respondents had responded this was not applicable to them in their caring role.



Carers reported additional pressures with their financial situation as a result of increased living/household expenses, with the majority of carers reporting spending more money on their household bills such as electricity, heating and food shopping.

"Higher fuel bills with being at home... food costs have been higher also due to both of us being at home"

"Household bills changed as I had 2 children at home during pandemic April till end August which struggled financially. Food restrictions in supermarkets due to people bulk buying which this has been sorted out now. I am using more fuel electric & gas mostly electric".

Looking forward to the next 6 months:

In the survey, we also asked carers to share with us suggestions and ideas they had about what support and services might be useful to them in their caring role and preferred ways to receive this support in the future, looking forward to the next 6 months. The following includes a summary of some of the main comments that were provided in response to this question:

- The most frequent comment provided was the request for continuation of support provided by carers specific organisations and the re-introduction of direct face-to-face support and groups for carers. Many acknowledged that they had valued support provided via online/telephone contact, however preferred access to direct social contact with a worker and the benefits this provided to them in their caring role

- Another recurring comment was the request for respite care, additional support hours and specialist care for the supported person to be re-introduced, particularly for those who were previously reliant on specialist support and day care services and psychology support services. This was most often requested from parent carers caring for child/young person with a learning disability, autism or mental health condition.

- Having access to short breaks and opportunities to get time away from the caring role and quality time to look after their own wellbeing was also commonly cited in the comments from carers.

- Other comments included reference to employers providing more consideration and support to employees in a caring role, offering flexible working arrangements to accommodate caring responsibilities.

Positive changes that happened during the Covid-19 pandemic:

We also asked for carers to share any positive changes that Covid-19 may have had on them in their caring role, the following are some examples of the responses provided:

A number of comments included people highlighting the benefits they had experienced of spending more time together as a family, developing closer bonds and establish stronger relationships with each other:

"It has brought my family together which has been great."

"The situation has brought family members closer together."

Some commented on how the situation had enabled them to reflect on their lifestyle/priorities and introduce positive changes and reach out to access support in their caring role:

"It has made me look at what my priorities are and how much I actually spend time being a carer and what's important in life."

"I have much firmer boundaries around protecting my time. I am more confident in advocating."

"I don't think I would have thought about accessing Carers Centre if we had not been in lockdown and I have had a good amount of support over the last few weeks"

Others reflected on the flexibility afforded from home working, and having partners/other family members in the household to share caring responsibilities more:

"Home-working as a result of Covid-19 has given me more time and more flexibility to be there for others when needed."

"working from home for myself & husband....have more support at home, so we can share responsibilities more."

Additional comments included reflecting on the advantages experienced from utilising online shopping deliveries creating more convenience, whilst others spoke of the offers of help they had received from neighbours and the continued support they had received from support organisations during difficult times.

4. Feedback from Carers Focus Groups

To supplement information received from the carers survey, focus groups were also conducted to receive further information from carers. This section outlines they key themes from the focus group discussions. The table below provides a breakdown of focus groups conducted and number of carers participating:

Focus Group Table – Engagement numbers

Engagement	FG1	FG2	FG3	FG4	FG5	FG6
Involvement Group Adult Carers/Young Carers	Adult Carers	Adult Carers	Adult Carers	Adult Carers	Adult Carers	Young Carers
Numbers	7 (AC)	10 (AC)	4 (AC)	4 (AC)	9 (AC)	7 (YC)
						Total = 41

Covid-19 and carers experiences since the beginning of the pandemic

Key Concerns	Positives
• Service closures & reduced access to services for the supported person - increased pressures and demands placed on carers in their caring role/intensity of the caring role heightened during the pandemic. • Negative impacts on carers mental health & wellbeing, carers experiencing issues with anxiety, stress and low mood, feeling overwhelmed in their caring role. • Carers worried and apprehensive of a return to increased government restrictions and the potential of future lockdowns.	• Access to online/telephone support during the pandemic, one respondent describing this as a 'lifeline' to them in their caring role • Utilising services to create greater convenience in day-to-day lifestyle, this included reference to delivery of prescriptions/food shopping deliveries. • Having access to a key health professional contact, such as GP/Consultant can make all the difference to carers experience with health & social care services. • Improvement in relationships with person they care for and wider family.

• Limited access to face to face NHS appointments/consultations – online not always suitable/practical for carers & supported person. • Not being able to attend appointments with supported person. • Loss of access to vital support via mental health services, including CPN/ Psychiatry support for the supported person/carers feeling that the support offered is inconsistent in provision. • Increased feelings of isolation and lack of social interaction with others/lack of opportunity to have protected time to themselves/reporting reduced physical activity also.	• Learning new technology and making use of online supports available.

Services & Support - what is working well and what needs improving?

We also asked focus group participants to share with us their views about what is currently working well and what needs improving in relation to services and supports they receive. The below table provides a summary of the main points that were most commonly identified by focus group participants:

Working Well	Needs Improving
• Responsiveness of carer support provision during Covid-19 pandemic. This included specific mention of continued 1-1 support, group support and access to carers short breaks. Carers highly appreciative of continued support provided during the pandemic.	• Support staff identifying, recognising and involving carers, greater acknowledgement of carers in their caring role. • Workforce utilising ACSP process and signposting carers to the support that may be available to them.

• Befriending services & opportunities for peer support, meeting carers with similar experiences provides a good support network to learn from others/share experiences. • Information and advice provided about Covid-19 restrictions and how this guidance directly applies to carers in their caring role. • Adaption to online digital support & telephone support provided to carers during the pandemic. • Small bubble of support workers visiting the supported person considered to be helpful to alleviate carers fears/anxieties of social mixing with different workers. • Flexible working arrangements and workplace carers support provision (where these provisions are in place by employers) • Support provided to young carers via schools. Hubs in schools remaining open. • Having access to a key worker to help with young carers concerns/phone calls from key workers helpful form of support.	• Involving carers in conversations concerning the supported person, this included ref. to hospital settings and hospital discharge arrangements. • Services responding in a more proactive way with carers/supported person, putting relevant supports & help in place at an earlier stage to alleviate crisis situations. • Greater provision of respite facilities and increasing choices available. • Provision of mental health support to carers • Provision of mental health services for those caring for someone with a mental health condition (incl. easier accessibility to CPN/ Psychology/Psychiatry supports via NHS services.) • Continue raising awareness of young carers in schools/ ensuring young carer support workers are in place in schools/ensure consistency of support is available to all young carers.

Looking forward to the next 6 months:

In the focus group discussions, we also asked carers to share with us suggestions and ideas they had about what support and services might be useful to them in their caring role and preferred ways to receive this support in the future, looking forward to the next 6 months. A number of suggestions were shared by focus groups participants, below is a summary of the responses provided:

- Continue with provision of carers support groups, opportunity for carers to share their experiences, access peer support socialise and discuss certain topics/obtain information - also re-introducing access to face to face meetings with workers where safe to do so.

- Improved promotion of existing services available to carers and information on how to access these supports/central place for carers information making it easy to access.

- Continue with Covid-19 information updates and specific guidance to carers about how this applies to them. This included mention to service directory for carers and information about tier levels. Continue to provide information in a range of formats online and paper copies via leaflets/pamphlets for those without digital access.

- Re-introducing provision of respite/daycare services following safe Covid-19 guidelines, seen as a critical service to carers, supported person and the wider family. Providing information/guidance and transparency with regards to respite care service planning and provision, particularly with decisions made to stop services during Covid-19.

- Improved access to medical appointments and opportunities to speak with health professionals incl. GPs/Medical Consultants, suggestion that this contact could be offered in alternative formats such as video consultations.

- Promoting workplace carers support and offering flexible provisions to employees with a caring role.

- Re-introducing supports available to young carers within schools, this included reference to key workers and school group supports.

- Provision of emotional support/advice for those who may have contracted Covid-19.

- Continue to involve carers and promote opportunities for carers to be involved in decision making processes.

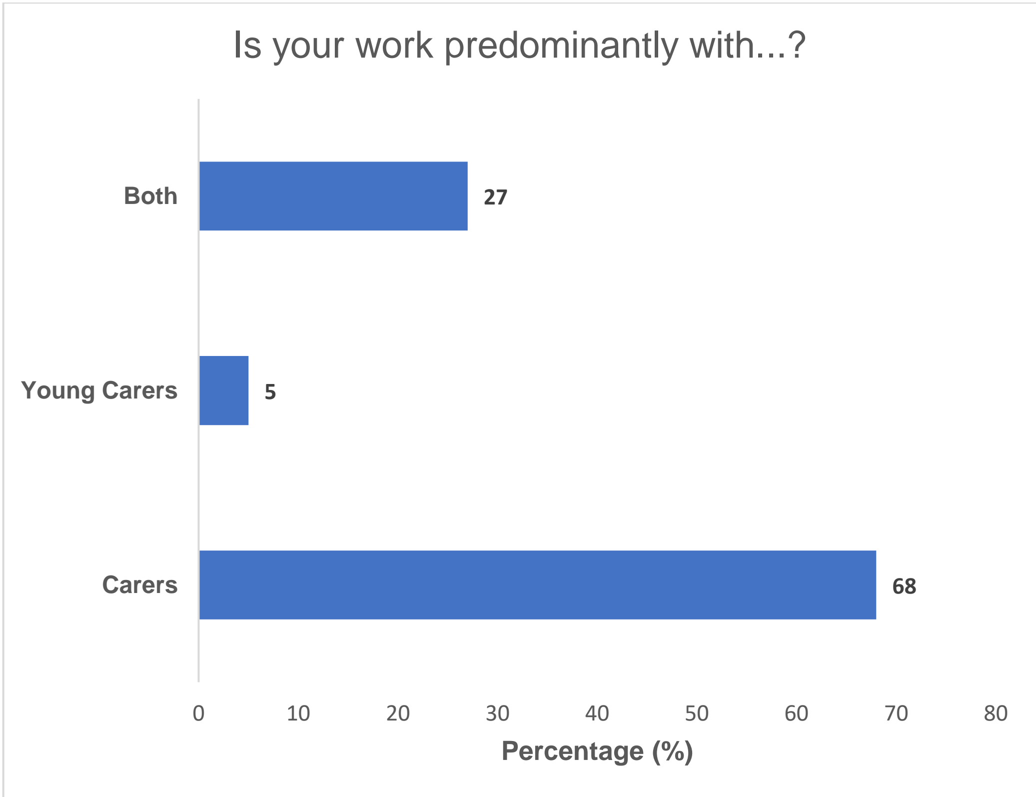
5. Workforce Survey Findings

Who we heard from:

The workforce survey was completed by 37 individuals, who identified as being an employee or volunteer with responsibilities/contact with unpaid carers in Dundee.

The survey was completed by colleagues working in voluntary sector (47%), NHS Tayside (16%), Health & Social Care Partnership (13%), Health & Social Care with adults or children (13%), Dundee City Council (7%) and Education (4%).

Of those completing the survey, 68% identified that the work they provide is predominately with carers, 27% of those responding were in a role providing support to both carers/young carers and a low proportion of the survey sample provided support directly predominantly with young carers.



Workforce survey responses: General Impacts of Covid-19 on unpaid carers

Workforce Survey Q1.

(Please use the space to share information about the general impacts of Covid-19 on the unpaid carers and young carers you support based on the views they have shared with you?)

Main themes

- Negative impacts on carers mental health incl. anxiety/uncertainty/stress– feeling overwhelmed with caring role.
- Impact on coping mechanisms with prolonged period of pandemic – increased strain on mental health over time.
- Lack of respite for carers
- Limited contact with support networks (family/friends/who would usually offer support)
- Carers worried about becoming ill themselves/contracting Covid-19
- Impact on relationships
- Disruption of usual routines – impact for those supporting someone with autism etc.
- Impacts of isolation/shielding
- Some carers unable to access support/online services – no access to online devices, not able to use digital technology.
- Concerns around PPE access and provision
- Carers experiencing greater financial issues/worries
- Lack of services for supported person – withdrawal & reduction, impacts this had on carers 'feeling left/abandoned'

Open ended comments:

"At first carers I had contact with seemed to be managing okay and they were generally okay about managing lockdown. However, as time went on stress levels and coping mechanisms pushed to the limits with many carers expressed that they were exhausted and that they were struggling, both physically and emotionally."

"This has varied depending on the individual circumstances. Some have just got on with things and coped fairly well others have felt abandoned, as services withdrew and they were left to cope."

"Not being able to get out, due to shielding and caring duties, has created the biggest burden.

Workforce survey responses: Supports that have worked well for carers and young carers during the Covid-19 pandemic

Workforce Survey Q2.

(Please use the space below to describe what supports have worked well for carers and young carers during the Covid-19 pandemic)

Main themes

- Flexible working/alternative support – telephone contact, online platforms, video calls, continuation of emotional support to carers – carers highly appreciative of this support.
- Adaptive procedures/proactiveness of organisations/continuation of support- changing referral routes, innovative approaches to meet carers needs e.g. shopping cards, short breaks, virtual support
- Informal networks of support and practical support - assistance with shopping, medication pick up, help from neighbors, community groups, church, foodbanks
- Opportunities for closer working amongst organisations – sharing information/resources valuable
- Sourcing PPE for carers
- Doorstep activity pack drops off

Open ended comments:

"lots of positive feedback from carers being so grateful for phone/video call support, someone to talk to"

"I have been able to offer telephone contact/support to families and put people in touch with advice about food bank/support services for shielding persons. People did appreciate the telephone support even if I couldn't go out and directly visit them.".

"Continued access to short breaks has been very beneficial for some"

"Video calls were used with both carers and the person they support when direct contact not possible, sometimes doing an activity online with the person being supported allowed a break (of sorts) for the carer.

Workforce survey responses: Barriers/Challenges in providing support to carers

Workforce Survey Q4.

(Have you experienced any challenges/barriers in providing support to carers and young carers during the Covid-19 pandemic?)

Main themes

- Challenges providing remote support - limited participation for those with low levels of confidence in use of telephone/online support, unable to use/access online technology, access to technology, challenges with building relationships via telephone (difficulties for workforce providing support)
- Limited specialist support available – mental health/counsellors, psychiatry/psychology
- Disproportionate impact of Covid-19 – older people, marginalized/disadvantaged groups
- Confidentiality/Privacy within home environment – some carers uncomfortable receiving support via telephone due to confidentiality and lack of privacy, parent carers not able to get support when young person at home, not wanting supported person knowing that they are accessing support.
- Limitations with face-to face support, visiting restrictions, transport - reluctance for carers to engage with telephone support at beginning of pandemic.
- Service Restrictions - reduction in respite facilities/care packages and closure of day care services
- Heightened demand and pressures on statutory services and resource availability

Open ended comments:

"It has been difficult to provide support "at arms-length" via telephone or e-mail. There is no substitute for good face to face working and visits to check in with people."

"How carers were coping was not static, as a professional it was unpredictable what issues, concerns and emotions you would experience during telephone contact.

Workforce survey responses: Looking forward to the next 6 months...

Workforce Survey Q5.

(Thinking forward to the next 6 months, please use this space to share any suggestions or ideas you may have about what would help support carers and young carers in their caring role)

Main Themes:

- Provision to re-start face to face engagement opportunities for carers, face to face/small group gatherings where safe to do so
- Skills training for carers to build confidence with use of digital technology to ensure carers can make use of online supports available
- Continue to be creative and flexible in the support offered to carers, e.g. provision of online forms of support
- Continue to promote workforce carer awareness
- Re-design of referral routes for carers and clarification on eligibility of supports, incl ACSP processes and what support can be provided to meet carers needs.
- Telephone buddy/be-friending services available to carers
- Reinstatement of practical support packages of care
- Access to respite provision
- Flexibility in the use of directed budget payment for supported people and carers
- Care home visiting – putting in place measures to allow for visiting of relatives
- Information on what the focus of the Carers Partnership is at the moment, and when carers can expect services to resume.

Open ended comments

"Help build confidence with digital technology as a way of support moving forward."

"A "we are still here" approach/campaign to remind carers that they haven't been forgotten"

"For staff, volunteers in 3rd sector and NHS and Dundee City Council be more aware of unpaid carers and be able to identify them and signpost on to services that are able to offer support, whether this be in the community or elsewhere."

7. Conclusion & Recommendations

The findings from this engagement work reveal the wider impacts of the Covid-19 pandemic upon unpaid carers and their families and have captured the perceptions and views of the wider workforce supporting unpaid carers in Dundee. This section of the report highlights the conclusions and recommendations reached from conducting this work.

Evidence from this engagement work has revealed the following key findings and themes:

It was recognised that many services have used technology effectively to communicate with people during this period. 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.

Carers highlighted that voluntary organisations and community groups continued to provide essential support to carers during the pandemic, which carers found invaluable in helping them cope during this period. It was also evident that carers found local networks in the community and neighbour support as helpful during this period.

Many aspects of the Covid-19 pandemic have had a significant negative impact on carers' mental health and wellbeing, particularly as a result of heightened demands placed on them in the caring role, as well as the impacts of isolation/loss of support networks, and overall increased anxiety and concerns for the future due to the pandemic. It is recommended that supporting carers' health and wellbeing and targeting resource towards this should be given even greater priority going forward.

There should be continued and renewed efforts to ensure that awareness raising and promotion of carer identification within the Health and Social Care workforce, the wider workforce, and volunteers. Targeted efforts are required to ensure that relevant colleagues are aware of how Adult Care Support Plans/Young Carer Statements can assist carers by having outcome focussed conversations in order to make the best use of any available existing support to carers in their caring role and to consider what additional support is needed to help them to achieve what they want in their life.

The impact of the disruption of care and support services has meant that carers have found managing their caring role increasingly challenging and have faced additional responsibilities and heightened pressures on themselves. For some carers their relationship with the person they support has been negatively impacted. Priority should be given to ensuring carers and the individuals with health and social care needs have the right support at the right time and continue to have choices about provision and new ways to access the services and support they need.

Information about access to services and changes made to delivery of care and support should be conveyed clearly to individuals who access health and social care services and their carers. This should include individual personalised information about each person's current supports and services as well as with public information about services and support in a similar way to other announcements made by the Council.

There is further work needed to look at the accessibility of short breaks/respite care support in the longer term. This includes work to investigate and explore whether there are carers with a similar type of caring role who are most at risk of not accessing breaks from the caring role as well as finding out more about the impacts of not having sufficient planned respite. Consideration should be given to what needs to be done to ensure carers can access appropriate and sufficient breaks from the caring role and potential creative options for the delivery of short breaks/respite. In addition to this there needs to be an exploration of the optimum ways of ensuring carers who need it can access breaks from the caring role utilising a range of potential creative options. Consideration needs to be given about other factors which may be increasing needs such as school closures due to lock downs or infections at school. This work is needed now while Covid-19 limitations remain as well as for the future.

Further investigation is needed to explore the financial challenges experienced by carers during the pandemic to understand the issues more fully and identify what financial support is needed and how best to respond to this. This should be linked with Health Inequalities work.

The impact of the disruption to services has meant that some carers with similar types of caring role have been particularly negatively impacted by the intensity of the care they provide. Their day-to-day lives have been made even more challenging during the pandemic and this has exacerbated some existing difficulties experienced pre-pandemic. This includes parent/guardians who are care for children with learning disabilities or other additional support needs; adults or young carers, supporting people with complex disabilities/conditions, dementia, or mental health.

There was limited participation from ethnic minority carers, young adult carers and young carers in this study. This means that we are not confident that the specific needs for these groups have been captured and understood from this engagement work. These groups require further attention and a further exploration of their needs should be considered to inform future progress.

Recommendations

To address the key issues and themes highlighted in the conclusion, the following section of this report outlines a series of recommendations based on the engagement findings:

1) Mental Health & Wellbeing: Many carers and young carers are feeling more stressed, and the Pandemic has had some serious impact on their health and wellbeing. There should be an immediate prioritisation of resources to help carers to improve and maintain their own mental health and wellbeing. There should be consideration given to how best to promote, identify and signpost in ways that carers can access all existing available local and national support/information.

Recommendation 1

The Carers Partnership should consider ways to prioritise resources to increase support and explore additional ways to enable carers to improve and maintain their health and wellbeing.

Recommendation 2

The Carers Partnership should ensure that information is gathered about the ways other local developments and implementation plans support carers and what plans they have for any additional future supports. This should be gathered as part of the preparation work for the next local Carers Strategy and the strategy should reflect this and any future support needed.

Recommendation 3

The importance of face to face contact was highlighted throughout this engagement process, it is therefore recommended that all agencies take consideration of how to do this creatively now within Covid-19 guidelines and in the longer term as a continued vital support option.

2) Support to Carers/Workforce Carer Identification: There are likely to have been additional numbers of carers in Dundee and increased caring commitments. Continued efforts need to be made to identify, provide and offer support to carers through services currently available and any new supports that arise.

Recommendation 4

The Carers Partnership should initiate work with carers to identify additional and optimum ways to identify carers, thinking creatively and utilising best practice locally and nationally. The Carers Partnership should engage with relevant agencies to promote identification across the city.

Recommendation 5

It is recommended that Health and Social Care Partnership initiate specific actions required to ensure a proactive approach to carer identification within their services (internal and externally purchased) including the promotion and uptake of Adult Carer Support Plans and Young Carer Statements.

3) Access to Services & Support: Priority should be given to ensuring carers and individuals with health and social care needs have continued/renewed access to services and support they need. When post Covid-19 arrangements are made regarding the re-introduction of services and supports each individual and their carers will need personalised ways of alerting providers about new needs and changed preferences. All those involved with carers and supported people should be aware of the thresholds for reintroduction of services.

Recommendation 6

The Health and Social Care Partnership and Children and Families Service should consider ways that any plans to reinstate day-care and respite provision could be shared publicly along with sharing of priorities for who can start these services if numbers are restricted. Alternative provision for these types of supports should be considered.

Recommendation 7

The Health and Social Care Partnership and Protecting People Structures should consider ways to make sure all Health and Social Care and associated workforce should remain alert for any possible critical concerns and have pro-active conversations with individuals, their carers and families to ensure access to the supports and services they need now and in the longer term.

Recommendation 8

The Health and Social Care Partnership and Children and Families Service should consider ways to ensure suitable and sufficient contingency arrangements if provision has had to be reduced or withdrawn and that these are regularly reviewed with supported people and their carers.

Recommendation 9

The Carers Partnership should advise the appropriate mental health structures of the feedback and concerns about access to vital mental health supports including Community Mental Health Nurses, liaison Psychiatry support/contact for carers who care for people known to the service.

4) Information & Communication: There should be greater awareness about which Health and Social Care and Children and Families Service supports are currently available and ways to access these along with how to find out information about current and future prioritisation/criteria. In general, and in the long term it would be beneficial to enhance overall public awareness and knowledge of local supports available.

Recommendation 10

The Health and Social Partnership and Children and Families Service should consider how to ensure that carers and their families have ways to have clear, timeous information about the changes made to their own care and support and future plans including timescales.

Recommendation 11

The Carers Partnership, Health and Social Care Partnership and Children and Families Service should continue to involve and engage carers and their families in recovery planning ensuring that the impact of Covid-19 and changes in provision are understood, ensuring the right responses are applied.

Recommendation 12

The Health and Social Care Partnership and Children and Families Service should consider a more proactive approach to communication to ensure that key messages are conveyed to the public to ensure that people know how to reach out, who, where, and when to get in touch and what to expect.

Recommendation 13

The Carers Partnership should explore with partner agencies 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.

Recommendation 14

Professional workers should work with carers in partnership and continue to involve and work with them through planning conversations with the supported person including during hospital stays and discharge.

5) Access to respite/short breaks: It is recommended that further work is needed to look at how carers can access appropriate short breaks/respite care in the longer term. This includes further work to investigate and explore specific barriers to accessing breaks from the caring role.

Recommendation 15

Health and Social Care Partnership should consider ways to make sure that where carers access to short breaks has ceased or reduced due to unavailability of service in pandemic that additional work is initiated to ensure that alternatives and creative solutions are considered with carers and the person they support.

Recommendation 16

Agencies within the Carers Partnership should contribute to conversations, reassessment, and planning in circumstances where carers access to short breaks has ceased or reduced or is not sufficient to support carers to find alternatives and creative solutions.

Recommendation 17

The Carers Partnership should consider how 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.

6) Financial Supports: Further investigation is needed to explore the financial challenges experienced by carers during the pandemic to understand the issues more fully and identify what support financial or otherwise is needed and how best to respond to those who have are now experiencing the heightened impact of financial hardship.

Recommendation 18

The Carers Partnership should work with colleagues in the financial advice sector to ensure that carers know what their rights are, what information and advice is available and enhance access.

Recommendation 19

The Carers Partnership should work with carers, their families and partners to explore what action can be taken to further understand and reduce the financial impact on carers and their families.

Recommendation 20

The Carers Partnership should explore additional ways to work with more employers to have increased consideration and support to employees in a caring role, offering flexible working arrangements to accommodate caring responsibilities. Including utilising the Local Carers Charter.

Recommendation 21

The Health and Social Care Partnership and others in the Dundee Partnership including the Fairness Commission should be alerted to financial impacts on carers and supported people and should have the opportunity to consider ways of supporting carers affected by Health Inequalities and poverty.

7) Responding to Digital Exclusion: Further action is needed to respond to the disproportionate impact on carers and others who may be experiencing digital exclusion who lack confidence, skills, access to internet connection or equipment to get online and addressing the inequalities this can create. It is recognised that the front-line workforce have the potential to support carers and supported people to develop their skills and connectivity but only if the workforce are supported to have these skills and confidence and allowed the time to share these.

Recommendation 22

Dundee Carers Partnership to consider how best to work with others to proactively identify supported people and their carers who can't access information and support online and seek to identifying resources and support to enable access.

Recommendation 23

Dundee Carers Partnership members to consider how best to work with others to ensure that people who aren't online continue to have ways to access information and support in other ways.

Recommendation 24

Health and Social Care Partnership should consider how to continue to and increase ways to ensure that relevant information and advice is available in a range of accessible formats.

8) Increased Vulnerability/hardship for specific carer groups: The impact of the pandemic for parent/guardians who caring for children with learning disabilities or other additional support needs; adults or young carers supporting people with complex disabilities/conditions, dementia, or mental illness needs to be well understood and a specific planned response will be needed in the future:

Recommendation 25

The Carers Partnership should make plans to undertake targeted engagement work with carers with similar types of caring roles to further understand, plan and design solutions to ensure a reduction in the impact of caring.

Next Steps

Dundee Carers Partnership have quickly moved to understand the impact of the pandemic and work with carers, their families and partners to ensure that recovery seeks to improve carer outcomes. The Partnership needs to ensure that they continue to build on and strengthen the position locally ensuring that learning is reflected in the planned refresh of the local carers strategy and any other relevant plans.

Dundee Carers Partnership need to ensure the findings of this work is accessible and shared widely with the public and work proactively with carers, their families and agencies to ensure that the recommendations are implemented. The findings will be shared with strategic groupings including Integration Joint Board of the Health and Social Care Partnership, the City Council Children and Families Committee, Dundee Partnership and Fairness Commission.

Dundee Carers Partnership will use these findings to consider areas that need to be developed and what change and improvements will be needed in planning for the future.

ITEM No …9……….

REPORT TO:	**HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 21 APRIL 2021**
REPORT ON:	**OVERVIEW OF DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP RESPONSE TO COVID-19 PANDEMIC WAVE 2**
REPORT BY:	**CHIEF OFFICER**
REPORT NO:	**DIJB17-2021**

1.0 PURPOSE OF REPORT

1.1 The purpose of this report is to provide the Integration Joint Board with an overview of the Partnership's strategic and operational response to the second wave of the COVID-19 pandemic.

2.0 RECOMMENDATIONS

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

2.1 Note the content of the report including the steps taken by Dundee Health and Social Care Partnership to respond to the challenges at each stage of the second wave of the COVID-19 pandemic (as outlined in sections 4.5 to 4.8, appendix 1 and appendix 2).

3.0 FINANCIAL IMPLICATIONS

3.1 The Scottish Government has made a commitment to provide additional funding for mobilisation plans developed by Health and Social Care Partnership's in response to the COVID-19 crisis. Estimated and actual funding requirements for 2020/21 were submitted to the Scottish Government regularly and included a number of assumptions around the scale of increasing costs, some of which have been agreed nationally. This includes estimated additional costs which care providers are anticipated to incur alongside in-house services in relation to issues such as increased staff absence levels, increased use and cost of PPE, under occupancy of care homes and loss of income. Providers can request reimbursement of these additional costs from Health and Social Care Partnerships.

3.2 The projected total cost of the 2020/21 Mobilisation Plan financial return submitted to the Scottish Government in January 2021 (Quarter 3 return) was £11.942m.

3.3 In late September 2020, the Scottish Government announced a total funding package to the value of £1.083 billion to cover NHS and Integration Authority additional costs anticipated to be incurred during 2020/21.

3.4 During November 2020 and January 2021, the Scottish Government released funding of £232m to cover Integration Authority additional costs of responding to the pandemic and the Dundee allocation of this fully funds the estimated cost of the mobilisation plan thereby removing any financial risk associated with Covid19 in 2020/21.

3.5 Based on the financial implications identified during 2020/21 and anticipated remobilisation and recovery financial plans for 2021/22, a provisional projected cost of £9.865m has been submitted to Scottish Government for 2021/22.

4.0 MAIN TEXT

4.1 On the 11 March 2020 the World Health Organisation (WHO) declared a global coronavirus (later to become known as COVID-19) pandemic. The first case had been identified in Scotland 10 days earlier and the pandemic progressed over the following 4-month period, with the first wave of infection enduring until June 2020. The second wave of infection began in mid-October 2020.

4.2 The COVID-19 pandemic has been the biggest public health challenge facing society, including our health and social care system, in our lifetimes. In August 2020 the Chief Officer submitted a report detailing the Partnership's operational, strategic and governance response to the first wave of the pandemic (Article IX of the minute of the meeting of the Dundee Integration Joint Board held on 25 August 2020 refers). This report provides a further update on the pandemic response undertaken by the Partnership, with a specific focus on the second wave of infection.

4.3 Whilst recent data across Scotland demonstrates a sustained decline in new COVID-19 cases, hospital admissions, Intensive Care Unit admissions and deaths, the impact on the population's health and wellbeing has been significant. As at 2 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. As at 28 February 2021 there had been 297 deaths of Dundee residents recorded by the National Records of Scotland from a total of 712 deaths across Tayside (based on deaths where COVID-19 was mentioned on the death certificate) (https://www.nrscotland.gov.uk/covid19stats).

4.4 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 modeling 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.

4.5 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. This has included the continuation / mobilization of a number of approaches implemented during the response to the first wave but also continued innovation and adaptation during the second wave. A range of essential, non-Covid services have continued to be delivered, including face-to-face contact on a risk assessed basis. 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.

4.6 During the second wave changes to operational arrangements have continued to be overseen and supported by the established incident control structure, which is set-out in appendix 1. The Partnership's Silver Command has led internal response planning and implementation, with arrangements for senior management cover across weekends. The internal Partnership structure is co-ordinated with those in place in NHS Tayside, Dundee City Council and the Tayside Local Resilience Partnership. The Chief Officer, Chief Finance Officer and Head of Service for Health and Community Care have remained active participants in a number of national groups / meetings, both within Health and Social Care Scotland and with the Scottish Government.

4.7 An overview timeline of the Partnership's strategic and operational response to the COVID-19 pandemic, from June 2020, through the second wave in late 2020/early 2021 to the end of February 2021 is provided in appendix 2. The timeline includes national milestones / developments, local governance and infrastructure milestones / developments, and local service developments and changes. It is not intended to be a comprehensive account of all developments and changes during the period but to summarise some of the most significant developments during the second wave of the pandemic period.

4.8 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 that 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.

4.9 Learning gained for the Partnership's response to the pandemic to date has been incorporated within the recovery plan. The statutory review of the Partnership's strategic and commissioning plan will provide a further opportunity during the next year to reflect on how learning can be further consolidated into strategic priorities, plans and activities across operational, governance and leadership arrangements.

5.0 POLICY IMPLICATIONS

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

6.0 RISK ASSESSMENT

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

7.0 CONSULTATIONS

7.1 The Chief Finance Officer, Head of Service, Health and Community Care and the Clerk have been consulted in the preparation of this report.

8.0 DIRECTIONS

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

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

9.0 BACKGROUND PAPERS

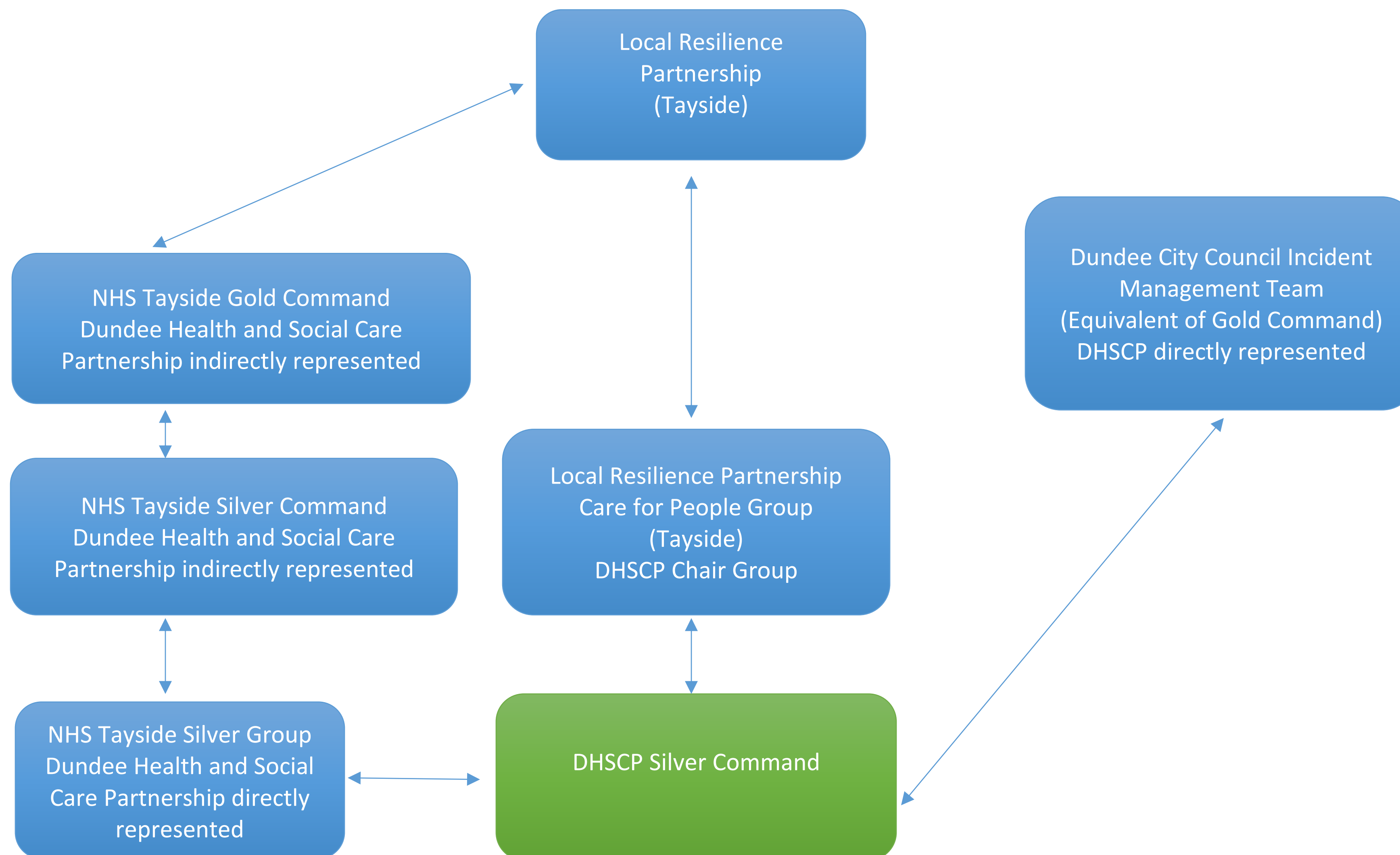
9.1 None.

Vicky Irons
Chief Officer

DATE: 31 March 2020

Kathryn Sharp
Senior Manager, Strategy and Performance

APPENDIX 1
COVID-19 PANDEMIC RESPONSE STRUCTURE



APPENDIX 2

TIMELINE OF PARTNERSHIP PANDEMIC RESPONSE

The table below provides a high-level timeline of the Partnership's strategic and operational response to the COVID-19 pandemic, from June 2020, through the second wave in late 2020/early 2021 to the end of February 2021. It includes:

Colour	Category
(green)	national milestones / developments
(blue)	local governance and infrastructure milestones / developments
(purple)	local service developments and changes

Please note that a range of the adaptations made to the provision of services and supports by the Partnership that were instigated during the first wave of the pandemic were continued throughout the second wave. These changes are detailed in the timeline previously submitted to the IJB covering the period to the end of May 2020 (Article IX of the minute of the meeting of the Dundee Integration Joint Board held on 25 August 2020 refers) and are not included in the timeline below, although continued to form a critical part of the Partnership's pandemic response.

Week	Date	Development
Week 14 (31 May 2020)	31st May	Scottish Government publishes Remobilise, Recover, Red-design, The Framework for NHS Scotland which sets out how Health Boards will follow national and local clinical advice to safely resume paused services.
	End of May	Safe Zone Bus provision has begun providing assertive outreach services in relation to welfare and health interventions, hot food and drinks and support to access accommodation and be safe. The bus gradually expands provision across multiple days of the week and multiple days of the week through the period to February 2021.
		Weekly meetings of multi-agency partners are in place to address the impact of the pandemic on the wellbeing and safety of people who are homeless. Meetings reduce to fortnightly following an initial period.
	2nd June	Scottish Government announce additional one-off Carer's Allowance Supplement payment to be paid from June 26th 2020.
		Integration Joint Board briefing calls continue (all voting members), including written update provided to all Board members.
	3rd June	NHS Tayside Silver Zoom meeting.
	4th June	Scottish Government publishes report on personal protective equipment (PPE) supplies
		Scottish Government publishes templates that can support care homes to identify factors that may impact on the safety and wellbeing of residents.
		Dundee City Council Incident Management Team meeting.
Week 15 (7 June 2020)	7th June	Scottish Government announce allocation of £300k to support young carers across Scotland impacted by the pandemic
	8th June	DHSCP Silver Command meeting.
	9th June	IJB members briefing.

Week	Date	Event
	10th June	DHSCP Silver Command meeting.
		NHS Tayside Silver Zoom meeting.
	11th June	Dundee City Council Incident Management Team meeting.
	12th June	DHSCP Silver Command meeting.
		Dundee City Council confirms that Dudhope Castle will not re-open as an office base, including to Partnership Finance and Business Planning and Information Governance Teams.
Week 16 (14 June 2020)	15th June	DHSCP Silver Command meeting.
	16th June	IJB members briefing; this is the last briefing on a weekly cycle with future briefings being provided fortnightly.
		Scotland moves to Phase 2 of the route map out of lockdown.
	17th June	DHSCP Silver Command meeting.
		NHS Tayside Silver Zoom meeting.
	18th June	Dundee City Council Incident Management Team meeting.
	19th June	DHSCP Silver Command meeting.
		Scottish Government publishes a report on the impact of COVID-19 restrictions on people experiencing domestic abuse and other forms of violence against women. The findings of the report are reviewed at a local level and adjustments made to risk registers, strategic plans and operational arrangements.
Week 17 (21 June 2020)	22nd June	Dental practices resume seeing NHS patients in need of urgent care
		DHSCP Silver Command meeting.
	23rd June	First virtual discussion of the full IJB membership to support scrutiny of papers under essential business procedure. Papers discussed include the impact of the pandemic on strategic planning arrangements, the statutory review of Dundee Carers Strategy and an overview of the Wave 1 pandemic response.
		Scottish Government announces that routine testing of health and social care staff is to extended as more services remobilise.
		Scottish Parliament approves £257.6m of additional funding for councils to help tackle COVID-19.

	24th June	Scottish Government publishes updated route map with indicative dates for Phase 2 and early Phase 3 measures.
		DHSCP Silver Command meeting.
		NHS Tayside Silver Zoom meeting.
		Scottish Government publishes an assessment of the health and social care impacts of COVID-19 on particular groups.
		Scottish Government publishes guidance for social care workers and employers to support the implementation of the Social Care Staff Support Fund. The fund aims to ensure social care workers do not experience financial hardship if they are ill or self-isolating due to COVID.
	25th June	Scottish Government publishes guidance for care homes on phased recommencement of visiting.
		Dundee City Council Incident Management Team meeting.
	26th June	DHSCP Silver Command meeting.
Week 18 (28 June 2020)	29th June	DHSCP Silver Command meeting.
	30th June	IJB members briefing.
		Scottish Government publishes guidance for hospitals of safe recommencement of visitors.
	End of June	Regular meetings with NHS National Services Scotland regarding PPE provision from national stocks and local PPE hub operations are in place by the end of June 2020.
		Virtual day hospice provision is established in late June / early July 2020 and continues throughout the second wave.
	1st July	DHSCP Silver Command meeting.
		NHS Tayside Silver Zoom meeting.
	2nd July	Dundee City Council Incident Management Team meeting.
	3rd July	DHSCP Silver Command meeting.
We ek 19	8th July	DHSCP Silver Command meeting.

		NHS Tayside Silver Zoom meeting.
	9th July	Scottish Government announces changes for people who are shielding, including the intention to pause shielding from 1st August 2020.
		Scottish Government confirms move to Phase 3 of the routemap out of lockdown, including changes to indoor and outdoor household gatherings (from 10th July 2020) and re-opening of dentists (from 13th July 2020).
		Dundee City Council Incident Management Team meeting.
	10th July	DHSCP Silver Command meeting.
Week 20 (12 July 2020)	12th July	Scottish Government announces that people in hospital who do not have COVID will be able to have a designated visitor from 13th July 2020.
		Partnership Silver Command meeting steps down to two meetings per week.
	14th July	IJB members briefing.
	15th July	NHS Tayside Silver Zoom meeting.
	16th July	DHSCP Silver Command meeting.
		Dundee City Council Incident Management Team meeting.
Week 21 (19 July 2020)	20th July	Scottish Government announces additional mental health support for health and social care staff, including a new national 24/7 helpline.
	21st July	DHSCP Silver Command meeting.
	22nd July	COVID-19 public testing programme expanded to cover children under the age of 5.
		NHS Tayside Silver Zoom meeting.
	23rd July	DHSCP Silver Command meeting.
		Dundee City Council Incident Management Team meeting.
Week 22 (26 July 2020)	28th July	IJB members briefing.
		DHSCP Silver Command meeting.

	29th July	NHS Tayside Silver Zoom meeting.
	30th July	DHSCP Silver Command meeting.]
		Dundee City Council Incident Management Team meeting.
	31st July	Submission of the Partnership's recovery plan to Scottish Government as part of overall NHS Tayside submission (as draft pending approval by the IJB).
		The Alcohol and Drugs Partnership, working alongside the DHSCP begin to plan to restart whole systems of care work as part of the implementation of the Action Plan for Change responding to the recommendations of the Dundee Drug Commission
		Processing of symptomatic staff and household member testing requests from external health and social care providers moves from the Partnership direct to Community Testing Team.
Week 23 (2 August 2020)	3rd August	Scottish Government announce the social care sector will receive up to £50 million further additional funding to meet additional costs related to the pandemic response.
	4th August	IJB members briefing.
		Planning begins to support financial reconciliation process with external health and social care providers impacted by the pandemic. This takes account of national guidance and local business as usual process for contract and financial monitoring.
Week 24 (9 August 2020)	11th August	Schools re-open to pupils on a full-time basis.
Week 25 (16 August 2020)	17th August	IJB members briefing.
		NHS dental services provision expands to include urgent aerosol generating procedures.
	18th August	DHSCP Silver Command meeting.
	20th August	Scottish Government publishes updated routemap out of lockdown and announces Scotland will remain in Phase 3.
		DHSCP Silver Command meeting.
		The Tayside Local Resilience Partnership publish their Framework for supporting People through Recovery and Rehabilitation during and after the COVD-19 Pandemic.
Week 26 (23 August	24th August	Additional silver meeting held in response to outbreak management.

Week	Date	Event
	25th August	IJB has first full virtual meeting. This is preceded by a member's development session on pandemic recovery planning. The IJB meeting considers reports in relation to initial learning from the phase 1 pandemic response, recovery plan, financial monitoring report (including the financial impact of the pandemic on DHSCP expenditure), the strategic risk register and risk management.
		DHSCP Silver Command meeting.
	26th August	Provider updates stepped down to once per week and move to have dedicated focus on pandemic specific information.
		NHS Tayside Silver Zoom meeting.
	27th August	DHSCP Silver Command meeting.
		Dundee City Council Incident Management Team meeting.
Week 27 (30 August 2020)	31st August	The IJB's Strategic Planning Advisory Group reconvenes for the first time following the onset of the pandemic.
	1st Sept	DHSCP Silver Command meeting.
	2nd Sept	NHS Tayside Silver Zoom meeting.
	3rd Sept	DHSCP Silver Command meeting.
		Dundee City Council Incident Management Team meeting.
		Scottish Government announces the resumption of health and wellbeing visits to care homes from 7th September 2020. This is to be implemented where care homes have had no active cases for 28 days and are actively participating in the care home worker testing programme.
	4th Sept	Scottish Government announces £3m in funding to support reopening of community optometry services to people with chronic eye conditions.
		Scottish Government publishes guidance on safe re-opening of adult social care building based services.
Week 28 (6 September 2020)	8th Sept	The IJB's Performance and Audit Committee has first full virtual meeting. Reports considered include the first quarterly performance report showing COVID data and a discharge management update report.
		DHSCP Silver Command meeting.
	9th Sept	NHS Tayside Silver Zoom meeting.
	10th Sept	DHSCP Silver Command meeting.

		Dundee City Council Incident Management Team meeting.
		Scottish Government launch the Protect Scotland app as part of the Test and Protect arrangements for Scotland.
		Scottish Government publish an updated route map out of lockdown including further limitations to indoor and outdoor gatherings in Phase 3.
		Scottish Government publishes staged plan and supporting guidance for return of visiting in care homes.
		COSLA publishes updated principles for sustainability and remobilisation payments to third and independent sector health and social care providers. The new principles take immediate effect and are incorporated into local guidance.
		Scottish Government further revises the supplementary national child protection guidance and publish these. Local interim guidance is amended to reflect national revisions.
Week 29 (13 September 2020)	14th Sept	Dundee City Council re-opens some community centres providing limited basis in-line with ongoing public health guidance.
	15th Sept	DHSCP Silver Command meeting.
	16th Sept	NHS Tayside Silver Zoom meeting.
		Engage Dundee citizens survey launches with a focus on capturing citizens perspective on the impact of the pandemic and experiences of seeking and accessing supports during the pandemic period.
	17th Sept	DHSCP Silver Command meeting.
Week 30 (20 September 2020)	20th Sept	Scottish Government announce £4.25m extra funding for third sector services and projects tackling violence against women and girls. In Dundee Women's Aid, the Women's Rape and Sexual Abuse Centre and Barnardo's Tayside Domestic Abuse Initiative benefit from additional funding.
	22nd Sept	DHSCP Silver Command meetings.
	23rd Sept	IJB Members Briefing
		NHS Tayside Silver Zoom meeting.
		Scottish Government implements additional measures to prevent the spread of COVID-19, including no indoor household visiting and reduced outdoor meetings. From 25th all hospitality venues must be closed by 10pm.

Week	Date	Event
	24th Sept	DHSCP Silver Command meeting.
	24th Sept	Dundee City Council Incident Management Team meeting.
	25th Sept	Scottish Government announces the Self Isolation Support Grant with the aim of supporting people on low incomes if they are asked to self-isolate by the Test and Protect Service.
	25th Sept	Scottish Government issues updated guidance on remobilisation of residential respite / short break facilities for children and adults.
Week 31 (27 September 2020)	29th Sept	DHSCP Silver Command meeting.
Week 31 (27 September 2020)	30th Sept	NHS Tayside Silver Zoom meeting.
Week 31 (27 September 2020)	1st Oct	DHSCP Silver Command meeting.
Week 31 (27 September 2020)	1st Oct	Dundee City Council Incident Management Team meeting.
Week 31 (27 September 2020)	1st Oct	Staff Winter Flu vaccination programme begins including for social care staff delivering direct personal care. Vaccination appointments are delivered to health and social care staff through a mixture of staff clinics, peer immunisation and appointments within community pharmacies.
Week 31 (27 September 2020)	1st Oct	Dundee Carers Partnership launch engagement activity to learn more about impact of pandemic on carers. Surveys were available from 29th September. Engagement activity ended with Focus Group activity on 13th November.
Week 31 (27 September 2020)	1st Oct	During September Dundee's emergency food projects launch their lived experience survey seeking feedback from citizens about the impact of the pandemic and their experiences of seeking support.
Week 32 (4 October 2020)	5th Oct	Tayside Local Resilience Partnership facilitates a de-brief workshop covering the Wave 1 response, including aspects in relation to care and support for people.
Week 32 (4 October 2020)	6th Oct	DHSCP Silver Command meeting.
Week 32 (4 October 2020)	7th Oct	IJB members briefing.
Week 32 (4 October 2020)	7th Oct	NHS Tayside Silver Zoom meeting.
Week 32 (4 October 2020)	7th Oct	Scottish Government announces further temporary measures to prevent the spread of COVID-19. This includes significant further restrictions on the hospitality industry, particularly within the central belt of Scotland.
Week 32 (4 October 2020)	8th Oct	DHSCP Silver Command meeting.

		Dundee City Council Incident Management Team meeting.
		Scottish Government publishes the Mental Health – Transition and Recovery Plan outlining their response to the mental health impacts of the pandemic.
		Scottish Government updates Adults with Incapacity guidance. Local guidance is revised to reflect any changes required.
		Dundee Volunteering and Voluntary Action begin recruitment of volunteers to support delivery of public Winter Flu vaccination programme.
Week 33 (11 October 2020)	13th Oct	DHSCP Silver Command meeting.
	14th Oct	NHS Tayside Silver Zoom meeting.
	15th Oct	DHSCP Silver Command meeting.
		Dundee City Council Incident Management Team meeting.
		National arrangements to support supply of PPE to local hubs extended to 31st March 2021. Range of work is undertaken at a local level to support the implementation of this expansion, including securing appropriate staffing for the Dundee PPE hub.
		Scottish Government extends Social Care Staff Support Fund to 31st March 2021. Information provided to the workforce, including third and independent sector providers.
		Wave 2 of the pandemic begins, with increased incidence of infection and deaths through to peak level at the end of December 2020.
Week 34 (18 October 2020)	19th Oct	Wearing of face coverings in communal workplace areas becomes mandatory.
		Respite Service at MacKinnon Centre reopens for up to two people with critical needs with the capacity to accommodate one further person on an emergency basis.
	20th Oct	DHSCP Silver Command meeting.
	21st Oct	IJB members briefing.
		NHS Tayside Silver Zoom meeting.
	22nd Oct	DHSCP Silver Command meeting.
		Dundee City Council Incident Management Team meeting.
	23rd Oct	Scottish Government publishes new national strategic framework, including introduction of five local protection levels and associated restrictions.

Week	Date	Event
		PPE satellite store at Royal Victoria Hospital stepped down as NHS Tayside procurement and logistics team able to meet needs of services across HSCP. Expertise retained to support rapid response to emerging needs should they arise.
Week 35 (25 October 2020)	27th Oct	IJB meets and considers reports in relation to the Winter Flu vaccination programme and Scottish Government consultation on amendments to the Civil Contingencies Act (2014) to designated IJBs as Category 1 responders.
		DHSCP Silver Command meeting.
	28th Oct	Carers of Dundee Virtual Hub focuses on HSCP update to carers on available adult/care services and the Partnership's remobilisation plans.
		Scottish Government publishes report on discharges from NHS hospitals to care homes in Scotland.
		Scottish Government publishes Adult Social Care Winter Preparedness Plan which sets out actions required and support available to ensure the adult social care sector can safely deliver through the winter period. Local work is undertaken to identify local implications and progress associated actions.
		NHS Tayside Silver Zoom meeting.
	29th Oct	DHSCP Silver Command meeting.
		Dundee City Council Incident Management Team meeting.
		Scottish Government launch face covering exemption cards for people who are unable to wear coverings due to health conditions, disabilities or other special circumstances.
Week 36 (1 November 2020)	2nd Nov	Dundee City designated as COVID Protection Level 3 as part of Scottish Government local protection level framework. Restrictions include no travel into or out of Dundee except for essential purposes, no indoor socialising and requirement to deliver support services remotely where possible. Essential face-to-face public services can continue to be delivered and schools and childcare provision remains open.
		NHS Tayside Silver Zoom meeting. NHS Tayside Silver Zoom meeting increases frequency to twice weekly.
	3rd Nov	Scottish Government announces £15m funding package to respond to children and young people's mental health issues.
		Scottish Government publishes the Care Home Review; a rapid review of factors relevant to the management of COVID-19 in the care home environment in Scotland

		DHSCP Silver Command meeting.
	4th Nov	IJB members briefing.
	5th Nov	DHSCP Silver Command meeting.
		Chief Officers Group for public protection agrees investment in additional IT equipment to support critical operational public protection functions.
		Dundee City Council Incident Management Team meeting.
		Mass testing beings at universities to support safe movement of students returning home over the Christmas and new year period.
Week 37 (8 November 2020)	9th Nov	NHS Tayside Silver Zoom meeting.
	10th Nov	DHSCP Silver Command meetings.
	11th Nov	NHS Tayside Silver Zoom meeting.
	12th Nov	DHSCP Silver Command meetings.
		Dundee City Council Incident Management Team meeting.
	13th Nov	Angus, Fife and Perth and Kinross council areas move from COVID Protection Level 2 to 3
		Planning begins to move arrangements for MARAC (Multi-agency Risk Assessment Case Conferences for high risk victims of domestic abuse) from teleconference to video conferencing to enhance ability to share information, assess risk and agree actions to enhance safety for victims and others at risk.
Week 38 (15 November 2020)	16th Nov	Scottish Government announce £1m funding for digital devices to keep care home residents connected.
		NHS Tayside Silver Zoom meeting.
	17th Nov	DHSCP Silver Command meetings.
	18th Nov	IJB members briefing.
		NHS Tayside Silver Zoom meeting.
	19th Nov	Dundee City Council Incident Management Team meeting.
		Dundee City Council Incident Management Team additional meeting to consider increasing infection rate in Dundee and possible implications for COVID Protection Level.
		Scottish Government announces plans for the delivery of COVID-19 vaccines.

Week	Date	Event
		Short Life Working Group established under Tayside Local Resilience Partnership structures to address the impact of Test and Protect on staff where there has been occupational contact concludes its work and reports recommendations to overarching Test and Protect Group within the LRP.
Week 39 (22 November 2020)	23rd Nov	IJB's Strategic Planning Advisory Group meeting.
		NHS Tayside Silver Zoom meeting.
	25th Nov	DHSCP Silver Command meetings.
	24th Nov	Performance and Audit Committee meeting.
		DHSCP Silver Command meetings.
		NHS Tayside COVID Vaccination Board meeting.
	26th Nov	DHSCP Silver Command meetings.
		Dundee City Council Incident Management Team meeting.
	28th Nov	Dundee City Council Incident Management Team additional meeting to consider increasing infection rate in Dundee and possible implications for COVID Protection Level.
		DHSCP Silver Command agrees test of change at MacKinnon Centre to support development of Urgent Care provision.
Week 40 (29 November 2020)	30th Nov	In addition to testing all patients on admission to hospital, all patients who test negative on admission are now to be re-tested on day 5 of their in-patient stay.
		Testing of healthcare workers within scope of national guidance on workforce testing commences, working towards full implementation by the end of January 2021. Initial priorities are all staff within patient facing roles in hospitals, vaccination staff, Community and District Nursing workforce and primary independent care contractors.
		NHS Tayside Silver Zoom meeting.
		£500 Self-Isolation Support Grant extend to include parents on low incomes whose children are asked to self-isolate and people who may be eligible for Universal Credit but have not yet applied.
		Scottish Government announce a one-off 'bonus' payment of £500 for health and social care staff.
	1st Dec	DHSCP Silver Command meeting.
		NHS Tayside COVID Vaccination Board meeting.

	2nd Dec	IJB members briefing.
		UK Government announce Pfizer vaccine has been authorised by the medicines regulator for use in the UK.
	3rd Dec	DHSCP Silver Command meeting.
		Dundee City Council Incident Management Team meeting.
		Scottish Government changes the way in which patients access emergency hospital treatment; anyone with a non-life-threatening condition who would usually go to A&E will now call NHS 24.
	4th Dec	COSLA and Scottish Government agree terms of financial support for social care providers for period from December 2020 to March 2021. Local guidance is updated to reflect national arrangements and issued to providers.
		Local Partnership process for prioritisation of health and social care staff for access to COVID-19 vaccination programme begins. This is informed by national guidance and guidance from NHS Tayside.
		During November the Dundee Fairness Commission launches a survey to investigate the effects of the pandemic and lockdown of Dundee citizens.
Week 41 (6 December 2020)	6th Dec	Scottish Government publishes guidance for care homes for Christmas period, including visiting guidelines. Work is undertaken to review the guidance for local implementation.
	7th Dec	With support from NHS Tayside the Partnership holds a virtual briefing sessions for health and social care providers in the third and independent sector regarding the COVID-19 staff vaccination programme. Information is also distributed through the Care Home Providers Forum and through e-mail circulations.
		NHS Tayside Silver Zoom meeting.
		Testing of all Care Home Visitors commences in line with national guidance
	8th Dec	DHSCP Silver Command meeting.
		First COVID-19 vaccinations administered in Scotland.
		NHS Tayside COVID Vaccination Board meeting.
	9th Dec	First staff COVID-19 vaccination clinic takes place.
		NHS Tayside Silver Zoom meeting.
	10th Dec	Partnership office at Claverhouse re-opens to staff for essential use only.

Week	Date	Event
		DHSCP Silver Command meeting.
		Dundee City Council Incident Management Team meeting.
	11th Dec	Scottish Government reduced self-isolation period for close contacts of positive cases from 14 days to 10 days.
		Scottish Government announces £5.91m for tackling social isolation and loneliness.
		Rolling 7-day incidence per 100,000 in Dundee exceeds Scotland figure for first time in wave 2 (109.8 v 99.1).
Week 42 (13 December 2020)	14th Dec	First vaccinations in care homes in Scotland take place.
		NHS Tayside Silver Zoom meeting.
	15th Dec	IJB meets and considers reports in relation to the impact of pandemic on delivery of Partnership's strategic and commissioning plan and on the 2020/21 Winter Plan.
		DHSCP Silver Command meeting.
		NHS Tayside COVID Vaccination Board meeting.
	16th Dec	The Chief Officers Group for public protection participate in an virtual workshop as part of the Scottish Trauma Informed Leadership Training programme (STILT).
		IJB members briefing.
		NHS Tayside Silver Zoom meeting.
	17th Dec	DHSCP Silver Command meeting.
		Dundee City Council Incident Management Team meeting.
	18th Dec	First vaccination of Dundee care home resident takes place.
		Testing of all visiting professionals to care homes commences in mid-December 2020 working towards full implementation by end of February 2020.
Week 43 (20 December 2020)	21st Dec	NHS Tayside Silver Zoom meeting.
	22nd Dec	DHSCP Silver Command meeting.
		NHS Tayside COVID Vaccination Board meeting.
		Schools close for Christmas holidays and remain closed until primary 1-3 pupils return in February 2021.
	23rd Dec	NHS Tayside Silver Zoom meeting.

Week	Date	Event
	24th Dec	DHSCP Silver Command meeting.
	26th Dec	All mainland local authorities move into COVID Protection Level 4.
		Indoor visiting to Care Homes is paused until gradually re-introduction from March 2021.
		Dundee City Council Employee Wellbeing Support Service launches winter wellbeing campaign.
		NHS Tayside Silver Zoom meeting.
Week 44 (27 December 2020)	28th Dec	NHS Tayside Silver Zoom meeting.
	29th Dec	DHSCP Silver Command meeting.
		NHS Tayside COVID Vaccination Board meeting.
	30th Dec	Dundee City Council Incident Management Team meeting.
		NHS Tayside Silver Zoom meeting.
		Oxford AstraZeneca vaccine approved for use in the UK.
		Twice weekly lateral flow testing is now in place for care home staff in addition to existing weekly PCR testing.
		Incidence of confirmed COVID-19 cases peak in Dundee at over 400 cases per 100,000 population. (no-colour)
	31st Dec	DHSCP Silver Command meeting.
Week 45 (3 January 2021)	4th Jan	Lateral Flow Testing (LFT) expanded to all visiting professionals (including adult social workers) and patient facing staff in hospital and community settings.
		GPs administer first doses of AstraZeneca vaccine in Dundee. This is also the first dose administered by a GP anywhere in Scotland.
		Dundee City Council Incident Management Team additional meeting to consider lockdown implications for Dundee.
		NHS Tayside Silver Zoom meeting.
	5th Jan	DHSCP Silver Command meeting.
		NHS Tayside COVID Vaccination Board meeting.
		All mainland councils go into lockdown with a new legal requirement to stay at home except for essential purposes. (5th, green)

	6th Jan	Nurseries and schools re-open for children of key workers and vulnerable children.
		NHS Tayside Silver Zoom meeting.
		IJB members briefing stepped back up to weekly frequency.
	7th Jan	DHSCP Silver Command meeting.
		Dundee City Council Incident Management Team meeting.
		Contracted external health and social care providers are asked to identify staff who meet NHS Tayside category 1 criteria under the COVID-19 staff vaccination programme and to commence appointment bookings for these staff.
	8th Jan	Further briefing session provided to health and social care providers in the third and independent sector regarding COVID-19 staff vaccination programme.
		Information return to Scottish Government to support planning for expansion of LFT staff testing programme.
Week 46 (10 January 2021)	11th Jan	NHS Tayside Silver Zoom meeting.
		Additional DHSCP Silver Command meeting to discuss implications of lockdown for the provision of health and social care supports and services.
	12th Jan	DHSCP Silver Command meeting.
		NHS Tayside establish deployment group to support efforts across services to sustain essential service provision.
		NHS Tayside COVID Vaccination Board meeting.
	13th Jan	Scottish Government further tightens lockdown restrictions to reinforce the stay at home message, including statutory guidance on working from home
		Guidance to support expanded LFT for care at home, adult day centres/day services, sheltered housing/housing with multiple occupancy and personal assistants is received from Scottish Government. Local decision is subsequently made to include social workers, support workers and PAs in both adult and children's services. Initial stock of testing kits received in advance of guidance and distribution plan developed.
		NHS Tayside Silver Zoom meeting.
		IJB members briefing.
	14th Jan	DHSCP Silver Command meeting.
		Dundee City Council Incident Management Team meeting.

Week	Date	Event
	15th Jan	Scottish Government announce the suspension of all travel corridors.
		Scottish Government issue updated care home testing guidance and guidance on safe visiting by family and friends. Local work is undertaken to review the guidance for implementation. (green)
		Further updates made by Scottish Government to supplementary child protection guidance. Local guidance is reviewed to incorporate changes.
		Arrangements for MARAC (Multi-agency Risk Assessment Case Conferences for high risk victims of domestic abuse) move to video-conferencing to facilitate improved information sharing, risk assessment and management.
		COVID-19 staff vaccination programme eligibility expanded beyond NHS Tayside category 1 to include broader group of public facing health and social care staff.
Week 47 (17 January 2021)	18th Jan	Expanded LFT begins, including for care at home, adult day centres/day services, sheltered housing/housing with multiple occupancy and personal assistants.
		Guidance issued to internal staff regarding process for implementation of LFT in Partnership services.
		External health and social care providers in the third and independent sector notified of opening of COVID-19 staff vaccination programme to staff who meet NHS Tayside category 1 and 2 criteria.
		NHS Tayside Silver Zoom meeting.
	19th Jan	DHSCP Silver Command meeting.
		NHS Tayside COVID Vaccination Board meeting.
	20th Jan	NHS Tayside Silver Zoom meeting.
		IJB members briefing.
	21st Jan	DHSCP Silver Command meeting.
		Clarification that bank staff, agency staff and student placements are eligible for the COVID-19 staff vaccination programme issued to external health and social care providers.
		Dundee City Council Incident Management Team meeting.
		Scottish Government launch 'Roll your sleeves up' vaccination information campaign.
	22nd Jan	First COVID-19 vaccination of a house-bound patient in Dundee.

		Scottish Government issues letter regarding support for care homes and delayed discharge setting out operational best practice. Local arrangements are reviewed and revised to align with guidance.
		NHS Tayside Silver Zoom meeting.
Week 48 (24 January 2021)	25th Jan	IJB's Strategic Planning Advisory Group meets.
		NHS Tayside Silver Zoom meeting.
		The COVID-19 public vaccination programme opens to JCVI priority groups 3 to 5. The programme is delivered via GPs and 9 community vaccination sites across Tayside.
	26th Jan	DHSCP Silver Command meeting.
		The Chief Officers Group for public protection participate in a virtual workshop as part of the Scottish Trauma Informed Leadership Training programme.
		NHS Tayside COVID Vaccination Board meeting.
	27th Jan	IJB members briefing meeting.
		NHS Tayside Silver Zoom meeting.
	28th Jan	DHSCP Silver Command meeting.
		Dundee City Council Incident Management Team meeting.
		The Partnership leads the submission of a bid to the Corra Fund to support a test of change to design and implement a whole-systems integrated response to substance use and mental health.
		Partnership formed with Dundee Volunteering and Voluntary Action to support communication with third sector health and social care providers regarding eligibility queries in relation to the COVID-19 staff vaccination programme. The partnership supports a more timely response to provider queries and consistency of approach across the sector.
		Dundee Violence Against Women Partnership launch their revised website which providers information to the public on supports and services available during the pandemic. It also hosts a range of resources to support practitioners to respond to women, children and young people who are at risk of harm.
Week 49 (31 January 2021)	1st Feb	NHS Tayside Silver Zoom meeting.
	2nd Feb	DHSCP Silver Command meeting.
		Notification sent to external providers regarding expansion of COVID-19 staff vaccination programme to include all health and social care staff aged over 65s and to staff who have been shielding.

		Scottish Government issue letter DL(2021)05 and DL(2021)07 contain further clarification of guidance in relation to home working for NHS staff. Following this communication is issued to the NHS Tayside workforce to advise any NHS staff who can perform their role at home should work from home.
		NHS Tayside COVID Vaccination Board meeting.
	3rd Feb	Performance and Audit Committee meeting.
		IJB members briefing.
		NHS Tayside Silver Zoom meeting.
	4th Feb	DHSCP Silver Command meeting.
		Dundee City Council Incident Management Team meeting.
		Mass vaccination centre opens at the Caird Hall.
		The Corner launch their updated website which provides a range of information for young people, information about current services provision and links to other resources.
		The Violence Against Women Partnership launch their strategic plan, including priorities for the coming year. A range of virtual learning events is also launched to support improvements in responses to women, children and young people at risk.
		Application process for £500 'bonus' payment opens to external health and social care providers.
		Allied Health Professions (AHP) Contingency Plan approved through NHS Tayside Gold Command to place AHP services at Amber (level 4) risk to release staff to support persistent Red (level 5) status across patient services, Ninewells Hospital. Plan in place for 4 weeks.
Week 50 (7 February 2021)	8th Feb	NHS Tayside Silver Zoom meeting.
	9th Feb	DHSCP Silver Command meetings.
		NHS Tayside COVID Vaccination Board meeting.
	10th Feb	IJB members briefing.
		NHS Tayside Silver Zoom meeting.
		Rolling 7-day incidence per 100,000 in Dundee falls below Scotland figure and consistently remains below this for first time in wave 2 (99.1 v 113.7).
		Scottish Government announces the number of first dose vaccinations in Scotland has reached 1 million.

Week	Date	Event
	11th Feb	DHSCP Silver Command meeting.
		Dundee City Council Incident Management Team meeting.
		The public COVID-19 vaccination programme in Tayside is impacted by adverse weather, but the vaccination centres and general practices continued to vaccinate over the weekend period.
Week 51 (14 February 2021)	15th Feb	NHS Tayside Silver Zoom meeting.
	16th Feb	NHS Tayside COVID Vaccination Board meeting.
		DHSCP Silver Command meeting.
	17th Feb	IJB members briefing.
		NHS Tayside Silver Zoom meeting.
	18th Feb	DHSCP Silver Command meeting.
		Dundee City Council Incident Management Team meeting.
	20th Feb	Scottish Government announces routines indoor visiting of care home residents will resume from early March.
		Suicide prevention radio campaign launches to provide information about supports available during the pandemic period.
		Scottish Government sets up helpline for care at home providers to support implementation of LFT expansion. (green)
Week 52 (21 February 2021)	22nd Feb	JCVI category 6 vaccinations commence.
		NHS Tayside Silver Zoom meeting.
	23rd Feb	In excess of 147,000 and approximately 41 percent of the eligible population have been vaccinated under the COVID public vaccination programme.
		DHSCP Silver Command meeting.
		Scottish Government publishes updated national recovery routemap. Schools and early learning providers begin phased return.
		NHS Tayside issue guidance to managers and staff to support revised approach to home working.
	24th Feb	IJB members briefing.
		IJB meets and considers an update on recovery planning activity.
		NHS Tayside Silver Zoom meeting.
	25th Feb	DHSCP Silver Command meeting.
		Dundee City Council Incident Management Team meeting.

		Scottish Government announces vaccination programme has delivered first doses to a third of those eligible (over 1.5 million people).
	26th Feb	Revised remobilisation plan and accompanying financial template submitted to Scottish Government (in draft, pending IJB approval) as part of wider submission from NHS Tayside.
		Scottish Government launch Workforce Specialist Service to offer confidential mental health assessment and treatment to health and social care professionals.
		Care home visiting recommences (inline with Scottish Government guidance issued on 24th February 2021). This includes two designated visitors for every care home resident to be tested once on the day of their visit at the Care Home. (green)
Week 53 (28 February 2021)	2nd Mar	NHS Tayside COVID Vaccination Board meeting.
		DHSCP Silver Command meeting.
	3rd March	COSLA and Scottish Government agree extension of financial support for social care provider arrangements to June 2021. Local guidance is updated and issued to external providers.
		IJB members briefing.
	4th March	DHSCP Silver Command meeting.
		Dundee City Council Incident Management Team meeting.
		DHSCP Chief Officer agrees HSCP staff wellbeing framework. Working Group established to support development of implementation plan and to progress initial priorities.
		AHP contingency plan ends. All services revert to ad hoc support through clinical prioritization.

ITEM No …10…....….

REPORT TO:	**HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 21 APRIL 2021**
REPORT ON:	**REVISED COVID-19 RECOVERY PLAN**
REPORT BY:	**CHIEF OFFICER**
REPORT NO:	**DIJB18-2021**

1.0 PURPOSE OF REPORT

1.1 The purpose of this report is to present the Partnership's revised COVID-19 recovery plan to the Integration Joint Board for approval.

2.0 RECOMMENDATIONS

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

2.1 Note the content of this report.

2.2 Approve the revised recovery plan (attached as appendix 1), noting that it will remain a working document and will continue to evolve and develop over time (sections 4.3 and 4.4).

2.3 Note the submission of the revised recovery plan in draft to the Scottish Government, as part of the overall NHS Tayside remobilisation plan on 26 February 2021, alongside accompanying financial returns summarising anticipated COVID-19 recovery funding requirements for 2021/22 (section 4.4.3).

2.4 Remit to the Chief Officer to issue directions as set out in section 8 of this report.

3.0 FINANCIAL IMPLICATIONS

3.1 The Scottish Government has made a commitment to provide additional funding for mobilisation plans developed by Health and Social Care Partnership's in response to the COVID-19 crisis. Estimated and actual funding requirements for 2020/21 were submitted to the Scottish Government regularly and included a number of assumptions around the scale of increasing costs, some of which have been agreed nationally. This includes estimated additional costs which care providers are anticipated to incur alongside in-house services in relation to issues such as increased staff absence levels, increased use and cost of PPE, under occupancy of care homes and loss of income. Providers can request reimbursement of these additional costs from Health and Social Care Partnerships.

3.2 The projected total cost of the 2020/21 Mobilisation Plan financial return submitted to the Scottish Government in January 2021 (Quarter 3 return) was £11.942m.

3.3 In late September 2020, the Scottish Government announced a total funding package to the value of £1.083 billion to cover NHS and Integration Authority additional costs anticipated to be incurred during 2020/21.

3.4 During November 2020 and January 2021, the Scottish Government released funding of £232m to cover Integration Authority additional costs of responding to the pandemic and the Dundee allocation of this fully funds the estimated cost of the mobilisation plan thereby removing any financial risk associated with Covid19 in 2020/21.

3.5 Based on the financial implications identified during 2020/21 and anticipated remobilisation and recovery financial plans for 2021/22, a provisional projected cost of £9.865m has been submitted to Scottish Government for 2021/22.

4.0 MAIN TEXT

4.1 In August 2021, the IJB considered and approved the Partnership's COVID-19 recovery plan (Article XVI of the minutes of the Dundee Integration Joint Board held on 25 August 2020 refers). At that time the Chief Officer was instructed to submit a revised plan and update on progress with recovery to the IJB meeting on 15 December 2020. The second wave of the COVID-19 pandemic and associated escalation of operational responses began in mid-October 2020 with a decisive shift from a focus on recovery to a short-term focus on response. It was therefore not appropriate, given the escalating pandemic, or possible, due to the prioritisation of all available resources to response activity to undertake a comprehensive review of the recovery plan for submission to the IJB in December 2020.

4.2 In January 2021 all NHS Boards, Local Authorities and IJBs received a request from the Scottish Government to revise their remobilisation plans (also known as recovery plans) for the period until 31 March 2022. A review of the Dundee recovery plan was progressed in response to this request, including integrating learning from the second wave response provided by the Partnership. The revised recovery plan, attached as appendix 1, is submitted to the IJB for approval.

4.3 **Recovery Planning Approach**

4.3.1 The overall approach to revising the recovery planning has remained consistent with that described in the original recovery plan. The revised recovery plan reflects the continued need to balance response, recovery and renewal over the next 12-month period and to continue to work with local resilience partners to achieve this balance across the whole system of health and social care and of community planning.

4.3.2 Effective and robust recovery planning should be informed by reliable modelling data both in relation to the predicted future progression of the pandemic itself and of its impact on individuals and communities. However, with the exception of care homes, it remains the case that much of the available modelling of impact, demand and capacity on health and social care has focused on the acute sector. Ongoing work to update the Partnership's Strategic Needs Assessment will provide further information regarding emerging evidence of the short-term impact of the pandemic on the local population's health and social care needs. It is anticipated that this will be available in draft by October 2021.

4.3.3 The revised recovery plan incorporates learning from the pandemic response thus far and changes made to services and supports over the last 12 months. The revised plan includes some adjustments to our recovery principles to reflect our up-to-date understanding of the wider context in which recovery will take place and current recovery priorities. For example, more emphasis has been given to post-lockdown rehabilitation needs (deconditioning and mental wellbeing) alongside post-COVID / long-COVID rehabilitation and to blended models of service delivery.

The revised principles that underpin our recovery planning approach are:

- People should only attend building-based services when it is safe to do so and alternative provision does not support them to achieve their outcomes in a better or equivalent way. Wherever possible and appropriate we will optimise our capacity for remote delivery of care and support. and work with individuals and carers to ascertain which type of service delivery best meets their needs and preferences.

- Plans will reflect the 6 principles of Realistic Medicine (https://www.realisticmedicine.scot/ for further information), Health and Social Care Five Essential Elements (https://hscscotland.scot/media/spotlight/statement-of-intent-future-collaborative-conversations-and-five-essential-elements.html for further information) and principles for safe and effective mobilisation within Re-mobilise, Recover and Re-design (https://www.gov.scot/publications/re-mobilise-recover-re-design-framework-nhs-scotland/pages/4/ for further information).

- Plans will maximise the use of available resources to deliver prioritised care, services and supports to as much of the target population as possible; where necessary we will continue to separate care / service pathways into COVID and non-COVID and we will maintain a focus on pathway development, re-design and innovation where this contributes to long-term transformational goals.

- Plans will prioritise resources and activity to meet the post-lockdown rehabilitation needs of the population alongside post-COVID / long-COVID rehabilitation needs.

- Plans will support us to introduce, embed and mainstream innovation and learning, including digital approaches.

- Plans will act to mitigate and reduce the impact of health and social inequalities, including considering how best to mitigate and reduce impacts on carers.

- We will develop plans in partnership with our primary care and acute care partners, as well with wider community planning partners. Plans will reflect relevant regional and national strategic plans.

- Plans will be developed in partnership with our workforce and will take account of the views, priorities and preferences of the people who use our services and of carers.

- Plans will have a focus on workforce, service user and carer wellbeing and safety and risk management.

- Implementation of plans will be assessed and monitored for adverse impacts on people with protected characteristics, people affected by health inequalities and socio-economic depreciation and their carers and mitigating arrangements made where required.

4.3.4 The revision process has also taken account of feedback from stakeholders regarding the format and accessibility of the recovery plan. The revised plan has been developed as a high-level narrative document with an accompanying implementation plan. This is in keeping with similar plans developed by the other health and social care partnerships in Tayside and with NHS Tayside. The revised recovery plan continues to be supported by recovery plans in each service area / team that set out in further detail planned actions and developments to support recovery. It is also supported by the Partnership's mobilisation plan that sets out contingency plans for response to any future surges. Further work is to be undertaken with communications colleagues following the approval of the revised plan to identify and communicate key messages regarding recovery to people who use services, carers and communities.

4.4 **Our Recovery Plan**

4.4.1 The Partnership's revised recovery plan (attached as appendix 1) 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. The need for the recovery plan to be flexible, responsive and to continue to develop in an iterative way to new information, learning and wider contextual circumstances mean that the recovery plan must be a working, rather than static document. The Integration Joint Board are asked to approve the document at a point in time but to recognise that it will continue to evolve and develop overtime.

4.4.2 Our ability to successfully implement our revised recovery plan continues to rely on high levels of collaboration with NHS Tayside and Dundee City Council, particularly in relation to IT, property and workforce infrastructure. These infrastructure matters are not delegated functions and therefore the Partnership will be dependent on NHS Tayside and Dundee City Council corporate services providing a high level of support and response during the recovery period, particularly in the early stages of recovery.

4.4.3 In response to a request from the Scottish Government (see section 4.2) the draft revised recovery plan was submitted to the Scottish Government on 26 February 2021 as part of a wider remobilisation submission from NHS Tayside. This followed work across the three health and social care partnership in Tayside to further align the format of our recovery plans. Submissions to the Scottish Government via NHS Tayside were made with the caveat that all content remained in draft until such times as it is approved by the IJB.

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	Insufficient resources made available to the IJB through Scottish Government and corporate bodies (financial, workforce, property and IT) to support full implementation of the recovery plan.
Risk Category	Financial, Workforce, Political, Technological
Inherent Risk Level	Likelihood 3 x Impact 5 = Risk Scoring 15 (Extreme Risk)
Mitigating Actions	• Scottish Government has provided additional monies to support implementation of mobilisation plans. • Workforce capacity continuously monitored and remedial actions taken as required. • Redeployment hubs operated by both corporate bodies and commitment to scale up if any further surges are experienced. • Workforce vaccination programme ongoing. • Measures to limit impact of contact tracing on workforce availability being incorporated into building re-opening / return to work plans. • Recommendation to IJB to issue direction to corporate bodies in relation to corporate support services, including IT, property and HR functions. • Ongoing work to align Partnership recovery plan with those of corporate bodies and wider Local Resilience Partnership / Dundee Community Planning Partnership.
Residual Risk Level	Likelihood 2 x Impact 4 = Risk Scoring 8 (High Risk)
Planned Risk Level	Likelihood 2 x Impact 3 = Risk Scoring 6 (Moderate Risk)
Approval recommendation	Given the moderate level of planned risk, this risk is deemed to be manageable.

Risk 2 Description	Planned recovery activities are not sufficient to fully address impacts of the pandemic on health and social care needs due to lack of available / accessible impact and community modelling data.
Risk Category	Political, Social, Operational
Inherent Risk Level	Likelihood 3 x Impact 5 = Risk Scoring 15 (Extreme Risk)
Mitigating Actions	• Public Health Scotland and Health and Social Care Scotland currently progressing community / whole systems modelling activities. • Partnership linking through Chief Officer, national Strategic Commissioning and Improvement Network and locally deployed Public Health Scotland staff to influence priorities for community modelling. • Partnership staff are linking to the corporate bodies to access any relevant data available to them. • Work is ongoing to revise the Partnership's strategic needs assessment. • Recovery plan is a working document and will be continuously reviewed to take account of new impact and community modelling data as this becomes available.
Residual Risk Level	Likelihood 2 x Impact 5 = Risk Scoring 10 (High Risk)
Planned Risk Level	Likelihood 2 x Impact 5 = Risk Scoring 10 (High Risk)
Approval recommendation	While the inherent risk level is extreme, the impact of planned actions reduces the risk and therefore the risk should be accepted.

7.0 CONSULTATIONS

7.1 The Chief Finance Officer, Head of Service, Health and Community Care, NHS Tayside Executive Leadership Team, Dundee City Council Management Team and the Clerk have been consulted in the preparation of this report.

8.0 DIRECTIONS

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

Directions Required to Dundee City Council, NHS Tayside or Both	**Direction to:**	
	1. No Direction Required	
	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: 31 March 2021

Kathryn Sharp
Senior Manager, Strategy and Performance

DIRECTION FROM DUNDEE CITY INTEGRATION JOINT BOARD

1	Reference	DIJB18-2021
2	Date Direction issued by Integration Joint Board	21 April 2021
3	Date from which direction takes effect	21 April 2021
4	Direction to:	Dundee City Council and NHS Tayside
5	Does this direction supersede, amend or cancel a previous direction – if yes, include the reference number(s)	No
6	Functions covered by direction	All delegated services
7	Full text of direction	Dundee IJB directs Dundee City Council and the NHS Tayside Board to develop and align their services to support the full implementation of the COVID-19 Recovery Plan.
8	Budget allocated by Integration Joint Board to carry out direction	Additional funding to be allocated on a full cost recovery basis as received from the Scottish Government.
9	Performance monitoring arrangements	The implementation of the DHSCP COVID-19 Recovery Plan will be monitored by the Integrated Strategic Planning Group with regular submission of information to the IJB (including its Performance and Audit Committee) and respective Scrutiny Committees of Dundee City Council and NHS Tayside. Performance indicators that will support monitoring of implementation are currently being identified.
10	Date direction will be reviewed	31 March 2022

APPENDIX 1

DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP

COVID-19 Recovery: Next Phase of Health and Social Care Recovery and Renewal

(April 2021 – March 2022)

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1. Introduction

This document responds to the request from the Scottish Government Health and Social Care Directorate to prepare and submit a revised re-mobilisation plan for April 2021 to March 2022. It aims to represent the work being undertaken by the Dundee Health and Social Care Partnership, as part of the wider system integrated system of care. This integrated system of care is designed to optimise the delivery of prioritised care, services and supports to the greatest possible number of Dundee citizens with a view to protecting and enhancing their safety, health and wellbeing within available resources. It is based on a series of principles and key objectives detailed in the NHS Scotland document COVID-19 – Framework for Decision Making. Re-mobilise, Recover, Re-design: The Framework for NHS Scotland, published in May 2020, and builds on plans previously submitted. It includes summaries of our activities and future priorities for our primary care and community, social care and third sector partners and our citizens and their carers.

The plans outlined are key to progressing recovery in a safe manner. It remains the case that there is significant uncertainty about the impact of the pandemic on the health and social care needs of Dundee's population and its wider impact on social factors such as employment and poverty. Modelling of impact, demand and capacity on health and social care has continued to be focused on the acute sector and be provided at NHS Board (rather than Partnership and / or locality level); the importance of this data to supporting Partnerships to develop an approach that balances the need to live safely with COVID (including maintaining surge capacity), recover essential services to 'business as usual' levels and embed innovation during 2021/22 cannot be understated and time and focus will be required to review and analyse information when it does become available.

Our recovery plan aims to address three critical elements:

- scalable and sustainable plans for context where we are 'living with COVID', 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 in partnership with people who use our services, their carers and our local communities.

This remobilisation plan is the latest iteration of our approach; detailing what we will do over the next 12 months, across a range of delegated services, to continue to provide safe and effective care in line with our strategic objectives. **It should be noted that this plan (and supporting documents) is a fluid document which will be adapted and modified as we move forward to ensure we continue to best meet the needs of the population in line with changing situations as a result of the global pandemic and in line with our strategic priorities.**

The Partnership's mobilisation plan, previously submitted to the Scottish Government, as well as its supporting documents will continue to guide our response to any further surges in the pandemic and other changes as a result of this. This plan is also supported by a range of more detailed service and team level recovery plans and interfaces with other Tayside recovery plans (including for hosted services).

2. Approach taken

The Partnership has adopted a clinical and social care focus to our remobilisation plan with involvement of services from across the health and social care and third and independent sectors. It has been developed in partnership with our workforce, staff side representatives, GP Sub-Committee and commissioned services in the third and independent sector.

Remobilisation activity sits within the wider context of the Partnership's current strategic and commissioning plan. It has therefore been necessary to consider the impact of the pandemic response

and recovery activity on our ability to deliver the commitments set out in the strategic and commissioning plan at the pace and scale original envisioned. Based on the information available at the present time the IJB has agreed that there is not a need to undertake an early full review of the plan at this time; work to complete the statutory review of the Strategic and Commissioning Plan by March 2022 will be progressed over the year.

This recovery plan has been developed to interface with and support the delivery of recovery / remobilisation plans for NHS Tayside, Dundee City Council, Dundee Community Planning Partnership and Tayside Local Resilience Partnership.

Our ability to successfully implement our recovery plan relies on high levels of collaboration with NHS Tayside and Dundee City Council, particularly in relation to IT, property and workforce infrastructure and continued communication with service users and carers. Recovery has a significant focus on consolidating and further developing remote models of working and service delivery which will require extensive and robust IT (equipment, systems and training / development) and workforce (deployment, terms and conditions and wellbeing) supports. Infection prevention and control measures and systems redesigns have placed exceptional pressures on the availability and use of property (office, clinical and community use); collaborative planning that recognises the needs of the Partnership to access the remaining property estate will be essential during the recovery period. These infrastructure matters are not delegated functions and therefore the Partnership will be dependent on NHS Tayside and Dundee City Council corporate services providing a high level of support and response during the recovery period.

2.1 Principles and Assumptions

The following principles underpin our recovery planning approach:

- People should only attend building-based services when it is safe to do so and alternative provision does not support them to achieve their outcomes in a better or equivalent way. Wherever possible and appropriate we will optimise our capacity for remote delivery of care and support. and work with individuals and carers to ascertain which type of service delivery best meets their needs and preferences.

- Plans will reflect the 6 principles of Realistic Medicine, Health and Social Care Five Essential Elements and principles for safe and effective mobilisation within Re-mobilise, Recover and Re-design.

- Plans will maximise the use of available resources to deliver prioritised care, services and supports to as much of the target population as possible; where necessary we will continue to separate care / service pathways into COVID and non-COVID and we will maintain a focus on pathway development, re-design and innovation where this contributes to long-term transformational goals.

- Plans will prioritise resources and activity to meet the post-lockdown rehabilitation needs of the population alongside post-COVID / long-COVID rehabilitation needs.

- Plans will support us to introduce, embed and mainstream innovation and learning, including digital approaches.

- Plans will act to mitigate and reduce the impact of health and social inequalities, including considering how best to mitigate and reduce impacts on carers.

- We will develop plans in partnership with our primary care and acute care partners, as well with wider community planning partners. Plans will reflect relevant regional and national strategic plans.

- Plans will be developed in partnership with our workforce and will take account of the views, priorities and preferences of the people who use our services and of carers.

- Plans will have a focus on workforce, service user and carer wellbeing and safety and risk management.

- Implementation of plans will be assessed and monitored for adverse impacts on people with protected characteristics, people affected by health inequalities and socio-economic depreciation and their carers and mitigating arrangements made where required.

2.1.1 Post-COVID and Post-Lockdown Rehabilitation

The national Framework for Supporting People through Recovery and Rehabilitation (2020) recognises the potential need for a prolonged period of recovery that encompasses mental health, wellbeing and physical rehabilitation as a result of the coronavirus (COVID-19) pandemic. It acknowledges the challenges for those recovering from the virus as well as the impact of delay or service delivery changes for people with long-term health conditions across all ages, the frail, children and young people, the elderly and carers. Post-acute COVID appears to be a multi-system disease, sometimes occurring after a relatively mild acute illness. Management and support require a whole patient perspective. The long-term course of COVID-19 is unknown and may impact on a number of services including management of increased numbers of people with multiple co-morbidities, polypharmacy, mental health, social care, AHP services and other social and financial support; these must all be taken into account when considering remobilisation and renewal of services.

The rehabilitation of those people where emerging evidence points to a negative impact as a consequence of the lockdown restrictions (deconditioning) will also be a priority over the next 12 months. This includes people who have been ‘shielding’; those not shielding but at risk; those with additional vulnerabilities and their carers; those with musculoskeletal issues due to deconditioning and a lack of physical activity; those with pre-existing and emergent mental health and wellbeing issues; potential exacerbation of specific conditions, such as Chronic Obstructive Pulmonary Disease and type 2 diabetes.

In both of these areas, integrated pathways and systems of working between health and social care, primary and secondary care will be critical to ensure a holistic, person centred approach is taken.

2.1.2 Adult Social Care Independent Review

The Adult Social Care Independent Review was published in February 2021 and included a number of recommendations. Whilst the Parliamentary process continues, these recommendations where appropriate will also be considered when reviewing services and agreeing future actions and priorities.

3. Assessment of Risk and Plans for Mitigation

As Dundee HSCP progresses with recovery planning, we have considered the circumstances which may adversely affect our ability to implement prioritised recovery. The Partnership has developed a COVID Risk Register. The key risks and constraints currently identified and a high-level summary of mitigation is set out below:

Risk/Constraint Description	Mitigation Summary
Continued implementation of PPE requirements across all services in line with national guidance and local agreements, including maintenance of supply chains	We will respond to national and local guidance timeously and monitor use of PPE from hubs for health and social care. We will respond to any issues in relation to demand/supply through local and national routes. We have reviewed the local infrastructure and staffing arrangements for our local hub to ensure they remain fit-for-purpose and sustainable for the duration of the recovery period.

Risk/Constraint Description	Mitigation Summary
Ensuring accurate understanding and awareness of frequently updated national and local guidance and policies relating to key issues such as PPE, testing and shielding.	Our incident management structure supports the consideration and dissemination of guidance and policies. Processes are in place to support dissemination of materials to external providers in third and independent sectors. Operational managers pro-actively consider guidance / policies within the context of their services and provide direct support for implementation. Direct support has been provided to external services to assist understanding and implementation of guidance / policies where this has been required.
A range of factors are expected to have a significant impact on workforce availability / capacity: • **Retraction of redeployed and volunteer workforce.** • **Limited availability of and capacity within public transport.** • **Requirement to manage travel demand through flexible working patterns.** • **Limited availability of childcare and school-based education.** • **Impact of existing and new caring responsibilities.** • **Impact of Test and Protect system.** • **Impact of guidance to shielded and high-risk populations.** • **Annual leave, including management of backlogs.** **These factors will impact on the delegated (employed) workforce and also on the workforce within external providers.**	Regular monitoring of staff absence within internal services and with external providers. Redeployment of staff internally and across organisational boundaries, supported by appropriate training and guidance. Continued operation of staff testing arrangements for all health and social care staff. Continued work with NHS Tayside and Dundee City Council in relation to deployment hub/team and management of retraction of deployed employees. Continued bespoke support to external providers to address staff shortages as required. Continued support for remote / home working for members of the workforce where this is required and / or possible within their job role. Development, revision and implementation of workforce guidance relating to matters such as remote working, flexible working and use of annual leave during pandemic period. Joint work with Children and Families Services to promote access to childcare for key workers.
Impact on workforce wellbeing, including impact of trauma over the long-term.	Establishment of Employee Wellbeing Service by Dundee City Council with resources available to the whole health and social care workforce. Range of practical measures established within services, including Rest, Recovery and Relaxation spaces. Promotion of on-learning regarding trauma for line managers. Development, revision and implementation of workforce guidance relating to matters such as remote working, flexible working and use of annual leave during pandemic period. Specific guidance and supports developed for staff who are shielding or who are in high-risk categories. Prioritisation of capacity within mental health services to address workforce trauma. A staff wellbeing framework has been developed which will provide matched care from prevention and practical support through to formal psychological treatment. The framework also has a focus on establishing a leadership culture that promotes employee wellbeing including the introduction of Wellbeing Champions.

Risk/Constraint Description	Mitigation Summary
Impact of reduction in overall workforce capacity on requirement to maintain COVID responses, embed learning / change and re-establish 'business as usual' activity may mean overall capacity within the health and social care system is exceeded.	See above for workforce capacity mitigation. Release of capacity in services through flexible working and consolidation of learning / improvement from the initial pandemic period. Continued blended approach to service provision utilising remote approaches to service delivery. Gradual phased recommencement of services across delegated functions to support transition and re-introduction of some business as usual activities whilst maintaining COVID response. Planned work to revise the Partnership's strategic needs assessment and strategic and commissioning plan. Similar work will be undertaking in relation to Dundee Community Planning Partnership's City Plan.
Maintaining public confidence and trust, including: • **Demand for reduced limitations on visiting in care homes and other settings.** • **Potential negative impacts on health and wellbeing outcomes generated through late presentation to services and reduced levels of service provision.** • **Waiting time management (including where service users and carers have a preference to wait longer for face-to-face service provision rather than utilise remote / digital services).** • **Management of unscheduled 'presenting in person' (i.e. spontaneous attendance at appointment only provision).** • **Access to / prioritisation decisions regarding vaccination programme and speed of implementation in community settings.** • **Marinating business critical systems and procedures alongside pandemic response.**	Implementation of revised guidance regarding visiting, including agreed approach to sign-off of individual visiting plans for services. Planning for the short, medium and long-term societal impacts and developing evidence-based responses to increased poverty and health inequalities. Collaboration with the third sector to reach the most vulnerable groups, building on the learning gained from Community Support Centres (operated during first lockdown). Assessing of the pandemic impact in the population and in population sub-groups. Review and possible realignment of strategic and commissioning plan. Increased access to and promotion of digital and on-line mental health and wellbeing support options e.g. beating the blues and pain association support. Regular monitoring of waiting times data / assessment timescales within delegated services. Guidance provided to services to support re-opening of public access areas post-lockdown (see below). Significant infrastructure developed to support vaccination programme in-line with JCVI and CMO guidance. Prioritisation of care homes and health and social care staff, as well as population based on age and vulnerability. Public reporting of vaccination programme outputs. Implementation of collapsible hierarchy to support maintenance of business-critical systems and procedures. Use of essential business procedures for governance groups.
Maintaining sufficient flexibility to respond to any further COVID-19 surge.	Release of capacity in services through flexible working and consolidation of learning / improvement from the initial pandemic period. Continued blended approach to service

Risk/Constraint Description	Mitigation Summary
	provision utilising remote approaches to service delivery. Partnership mobilisation plan remains in place to provide basis of any further surge response. Range of COVID specific responses available for step-up in even of further surge. Continued work with NHS Tayside to maintain / further reduce numbers of delayed discharges. Range of supports for carers remain in place, engagement activity has been undertaken to identify immediate needs and review of Carers' Strategy is ongoing. Prioritise unscheduled care development sensitive to community delivery focus. Learning from second wave will be captured following end of lockdown and inform further revisions of remobilisation plans.
Significant reduction in availability of office accommodation and linked requirement to maintain high levels of remote working. A range of factors will require to be considered: • **IT infrastructure – including access to adequate equipment and technical support.** • **Understanding and implementation of physical distancing requirements within office accommodation.** • **Prioritisation of available space to enable critical service provision (COVID and non-COVID).** • **Remote management and support of the workforce.** • **Maintaining clinical support / supervision requirements.** • **Maintaining access to learning and development opportunities.** • **Maintaining integrated working.** • **Impact of remote working on interpersonal communication.** • **Impact of the 'digital divide' on accessibility of alternative models of service provision.**	All services are considering NHS Tayside's and Dundee City Council Guidance on Applying Physical Distancing for Staff within the Workforce. Risk assessments have been completed across individual services / teams / buildings. Training and support to be provided to the workforce to support implementation where required. Teams have utilised IT packages to enable remote communication, supervision and integrated working. Recovery plan identifies further detailed actions to enhance availability of hardware and also access to appropriate IT packages to further enhance access and effectiveness of remote working across all workforce groups. Continued roll out of Microsoft Teams by NHS Tayside and Dundee City Council. Range of learning and development opportunities now being delivered via on-line platforms and further expansion of approaches planned.
Community access buildings remain closed / significant restrictions on their capacity.	All services are considering NHS Tayside's and Dundee City Council Guidance on Applying Physical Distancing for Staff within the Workforce. Risk assessments are currently being completed across individual services / teams / buildings. Training and support to be provided to the workforce to support implementation where required. Continued use and further expansion of remote means of service delivery across delegated services.
Lack of data and modelling specifically focused on community health and social	Utilisation of data that is available at a local level through interface with NHS Tayside Business

Risk/Constraint Description	Mitigation Summary
care needs and systems; including at Partnership and locality level.	Support Unit and Dundee City Council Corporate Services. Joint working with locally deployed LIST analysts to access available data from Public Health Scotland. We are continuing to advocate for a significantly enhanced focus on community modelling / data, at a Partnership / locality level and which is hosted on accessible platforms through national networks.
Availability of financial resources to support delivery of COVID responses and to sustain implementation of learning / improvement / service re-design.	Continue to collate and project costs and ensure consistency with mobilisation plans. Regular submission of financial information to Scottish Government and sharing with local management forums. 2021/22 budget setting process ongoing. Building-in reasonable cost containment measures to plans and revisiting HSCP's overall financial plan. Active participation in national groups relevant to financial matters. Agreement and implementation of policy to support external providers in-line with national guidance.
Remote service delivery not suitable for all circumstances. Including need to consider affordability / accessibility of digital based services across the population, particularly to people experience poverty and socioeconomic disadvantage.	Re-instatement of face-to-face services on a phased / prioritised basis is ongoing across delegated services. Reviews of caseloads to identify service users and carers who should be prioritised for face-to-face provision. Further actions are planned to capture learning from the initial pandemic period from the workforce, external providers and people using services / their carers. This will inform prioritisation of re-instatement of face-to-face services.
Continued spread of COVID with negative impact on morbidity and mortality due to low uptake of vaccination in some groups, including staff groups and age cohorts.	Development of local vaccination programme arrangements to ensure ease of access to each group as appropriate. Continued local communications activities, to support national campaigns, encouraging uptake across the local population and by workforce groups. Continued joint working with staff-side / trade unions to support workforce uptake and respond to concerns. Continued utilisation of infection prevention and control measures (including PPE, physical distancing and testing) across health and social care services to continue to minimise opportunity for spread of COVID-19.

4. Learning from Response and Recovery

As we move through the different phases of remobilisation it is important that we reflect on the learning that has come from the previous phases and build forward into this plan. DHSCP strives to be a learning organisation and has taken forward a range of activities that have drawn out learning that supports this plan and our work going forward.

In the summer of 2020, following the initial lockdown period, operational and strategic managers from across services, including support services, were asked to consider a set of stimulus questions regarding what they had done during the pandemic and what they had learned from this. They were also asked to identify areas that have potential for further consolidation and for innovation and to consider their post-pandemic long-term vision for health and social care.

This exercise identified 5 key areas in which changes with positive impacts had taken place:

- Providing day-to-day essentials and upholding the right to a healthy life.
- The use of technology for communication and business support.
- Developing, changing and adapting structures and systems.
- Working towards defining and refreshing existing priorities.
- Optimising deployment of human resources.

The exercise also identified key themes in relation to perceptions of areas that have potential for further consolidation and for innovation to contribute to the post-pandemic legacy for health and social care. This includes practical changes such as increased awareness of hand hygiene and infection control. A number of positive cultural changes were also identified such as enhanced recognition of the importance of workforce wellbeing, support for flexible working arrangements and collaboration between service areas and across organizational boundaries. A number of respondents also identified that the emergence of a unified approach and clear focus on achieving shared priorities and outcomes through whole systems thinking and a ‘can-do’ approach as being a significant positive legacy from the initial response period.

We recognise that this initial learning exercise focused on information gathered from a limited number of key individuals within the health and social care workforce. Although the Partnership has had feedback from the public, service users, patients and carers it tends to have been informal and not yet triangulated with other sources of information. As we move through the recovery phases we recognise the importance of planning and implementing further activities to capture feedback and learning from:

- A greater number of people within the health and social care workforce (including those who continue to work remotely);
- Third and independent sector providers of health and social care supports and services; and,
- People who use services, carers and wider communities.

5. Core Recovery Priorities

Across all operational services we will consider and develop setting specific approaches to the following core recovery priorities, at all times working in-line with infection prevention and control requirements and national guidance and direction:

- Recommencing student placements and NGP placements.
- Recommencing internal volunteer contributions to service.
- Recommencing full education and training programmes, including further expansion of virtual offer.
- Planning for and implementing recommencement of face-to-face services and supports.
- Embedding and further expanding digital innovations within service delivery plans and models.

- Supporting expanded visiting arrangements (professional and loved ones).
- Continuing to undertake testing (staff and patient / service user).
- Continuing to review RAG rating/other prioritisation approaches to inform the prioritisation and management of support in response to assessed need.
- Monitoring wellbeing of workforce – internal and external provider.
- Continuing to develop robust data systems to inform practice and measure improvements.
- Continuing to gather patient / service user feedback and to use this to inform revised/future models of service delivery.
- Re-commencing elements of long-term improvement / development workstreams.
- Monitoring the impact on services as a result of changing needs and increased demand, including potential surges in demand following periods of lockdown.
- Considering learning and recommendations from the Independent Review of Adult Social Care and its implications for service planning and delivery.

6. Health Inequalities

There is clear evidence that the negative impacts of lockdown, shielding and the burden of COVID-19 illness and death has been greatest on people from more deprived communities and people from black and minority ethnic backgrounds. The impact on other groups of people with protected characteristics is not yet well understood although evidence of the impact on older people is now available and there is emerging evidence that people with learning disabilities are significantly more likely to die following COVID than the general population.

Within partnerships across Scotland, there is emerging evidence of significant social and economic impact: financial concerns; unemployment; housing debt; poverty; digital exclusion; domestic abuse and sexual violence / exploitation; drug and alcohol use; social isolation; mental health problems. These determinants of health need to be addressed as part of wider partnership activities that focus on prevention and inequality. In line with national public health priorities, tackling these health determinants needs to be done in a place-based way through whole systems approaches co-ordinated through the Dundee Community Planning Partnership.

The Dundee Health and Social Care Partnership is committed to monitoring the implementation of recovery plans for adverse impacts on people with protected characteristics, people affected by health inequalities and socio-economic depreciation and their carers and taking mitigating actions where appropriate. We will also continue wider work to tackle health inequalities as one of our four strategic priorities within our current strategic and commissioning plan.

6.1 Community Health Inequalities

The Partnership's Health Inequalities Service has a specific focus on delivering activity that identifies and directly contributes to reducing health inequalities through approaches such as the Health and Homelessness Outreach Team, Keep Well Community Team, the Sources of Support social prescribing initiative and the Community Health Team which supports community development activity in areas of multiple deprivation. During the pandemic response period some of this work moved to delivery through remote means whilst other activity, such as nursing support to vulnerable populations, continued to take place face-to-face in the safest possible manner. The workforce within the service has provided significant support to wider Community Planning responses, such as the establishment and operation of Community Support Centres that have provided food and other basic needs for Dundee's most vulnerable communities as well as gathering information and analysing intelligence from people in our local communities.

Three local surveys were undertaken following the 2020 lockdown period by a range of partners to explore issues arising for people during the pandemic and assess experience of using services. The total sample size was 1535: Fairness Commission 452; Engage Dundee 892; Food Insecurity Network 192. The findings will help local decision makers, partnerships and service providers to understand more fully the impact of the pandemic, particularly on those who are most disenfranchised and find it hardest to be heard. The key themes emerging from the survey were: reduced access to services and support; the day-to-day challenges of being locked down including home schooling and home working; uncertainty and concerns about the ongoing nature of the pandemic including infection and future restrictions; mental health more broadly; social isolation, loneliness and separation from family and friends; and, financial and job insecurity and the likely effects on life circumstances. In common with a range of national surveys and research reports, the data from local surveys indicates inequalities in experience over the pandemic for certain age groups, for carers, people with long-term conditions or who have a disability, people who are unemployed and those on welfare benefits or who are living alone.

Specific priorities for Dundee Health and Social Care Partnership in the next phase of recovery are:

- Completing the detailed analysis of public surveys, disseminate findings to a range of strategic and operational groups and identify specific actions across community planning partners arising in response to themes identified.
- Continuing and learning from utilising a blended approach to service delivery using platforms such as NearMe, including recommencing a fuller programme of face-to-face / group work within community centres and local buildings where this is supported by relevant guidance and risk assessments.
- Continuing to be part of the city's approach to emergency food provision and meeting the basic needs of vulnerable people during the pandemic.
- Continuing to review availability of non-clinical outward referral pathways so that workforce in different teams can refer clients effectively.
- Further testing of new approaches, such as support for self-care and management, for social prescribing clients and others where onward referral opportunities do not exist.
- Managing potential surge in link worker referrals from GPs/ Practices as more information becomes available about patients who present with socio-economic issues related to the pandemic.
- Re-commencing anticipatory care interventions within the nursing team and reviewing role of the team more broadly to incorporate learning and embed new ways of working into post-pandemic service delivery.
- Re-commencing social prescribing link worker presence in GP practices.

7. Clinical and Care Priorities

7.1 Primary Care (Angus HSCP, Dundee HSCP and Perth and Kinross HSCP)

Whilst continuing to deliver core services throughout the COVID-19 pandemic, Primary Care within Tayside concurrently reconfigured their operating models for their ongoing services and supported entirely novel approaches for COVID-19 care. Over 90% of all COVID-19 acute contacts and assessments in Tayside are managed completely by primary care.

At its core, good general practice care is recognised to be holistic, person-centred and relationship based – these fundamentals have not changed.

Throughout the COVID-19 pandemic, primary care continued to deliver 90%+ of all other health contacts as is the norm. This is important and helps affirm why Primary Care should continue to shape the care models for the wider healthcare system. A positive to emerge from COVID is the focus on improving the Primary Care input to the health of residents in care homes. Plans are in development for a refreshed approach to primary care which involves an extended multi-disciplinary team allowing GPs to fulfil the 'expert medical generalist role' as described within the new GMS contract.

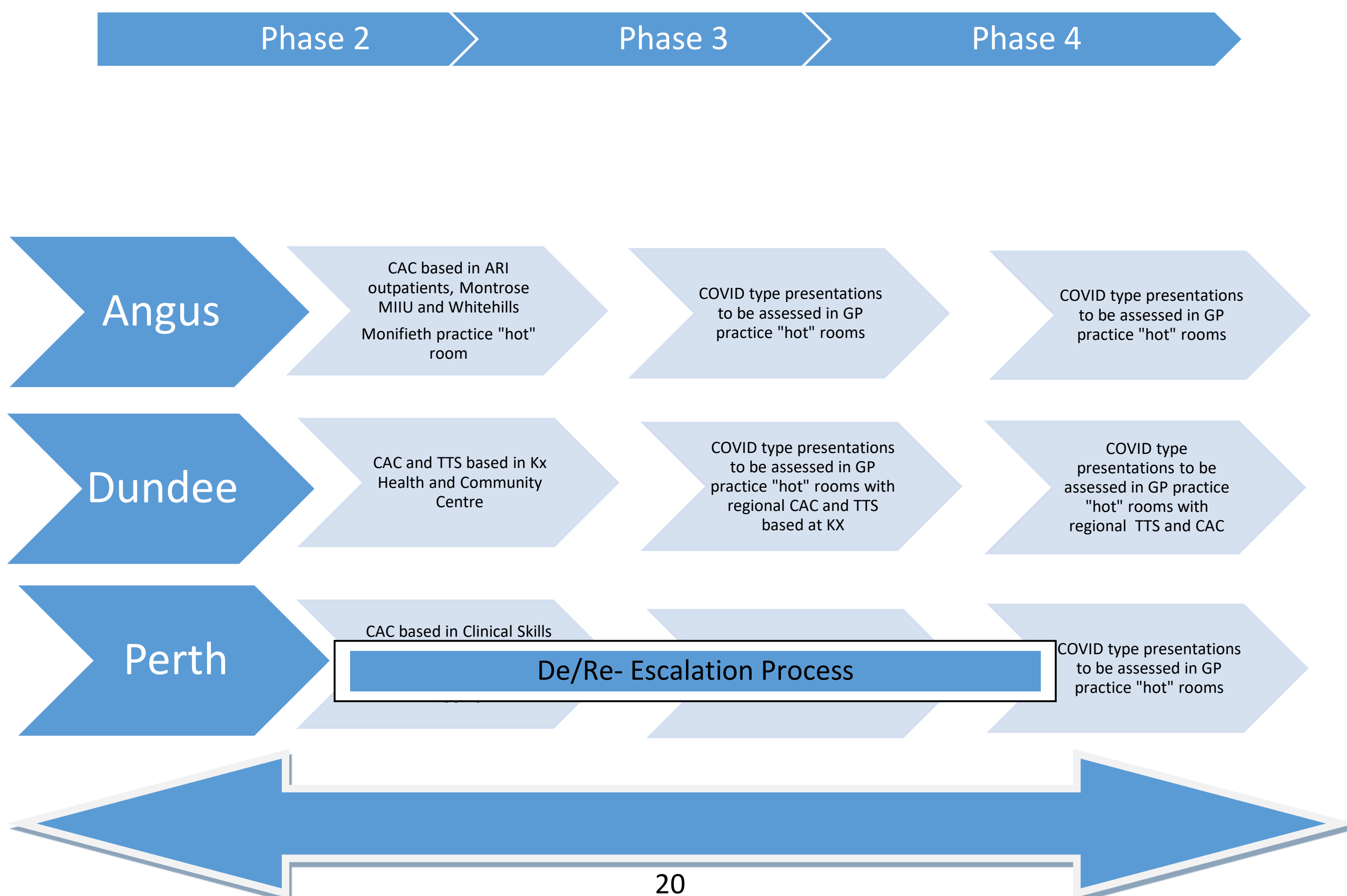
Although this plan details areas to progress over the next 12 months, priorities and actions may change based on circumstances.

7.1.1 Community Hubs and Assessment Centre

A pan-Tayside data modeling for primary care COVID-19 was created to work across all primary care settings. This continues to give us a confidence on the workload burden of COVID-19 and in line with our dynamic model we now seek to re-configure the Community Assessment Centres (CACs) working alongside Primary Care Services and GP Practices for the short and then medium term. Alongside this we will maintain the ability to rapidly upscale provision should there be further escalation of disease activity in the population. This position is supported by the Scottish Government and is the reasonable approach to both appropriately utilise resources, whilst leaving a 'placeholder' from which to rapidly escalate if required, allowing general practices to continue their other GMS work.

Scottish Government advise that NHS Boards continue to provide a Telephone Triage Service and CACs for as long as the "Call the coronavirus helpline if you have Coronavirus symptoms" message continues. GP practices have concurrently organised themselves and their localities to adapt premises and ways of working to facilitate seeing non COVID-19 patients in their localities but also those with COVID-like symptoms which would be better seen by their own GP (e.g. shortness of breath/hoarseness with weight loss for 3-4 weeks). This enables the service to monitor the impact as restrictions are lifted and we proceed along the SG route map to recovery. The proposed model below describes how the regional CAC would also support GP Practices who do not have the ability to provide "hot" rooms and will be available to support all areas.

Proposed models of care are described below based on the phases of the SG route-map:-



Whilst there is a desire to maintain COVID-19 free General Practice there is a need to ensure the provision of safe locations where patients with COVID-like symptoms can be seen and assessed, which in some cases will be more appropriately done by their own GP. At the same time, GPs are eager to maintain continuity of care for their patients, which are known to improve overall outcomes, with access to the normal investigation and referral pathways.

7.1.2. General Practice

General practice has continued to operate throughout the COVID-19 pandemic. Whilst it was safe and prudent to pause some elements, many other responsibilities took their place including support to shielding patients and managing the increase in work in those affected by bereavement, increased care home support, adverse circumstances impacting on health such as jobs losses, management of worsening conditions awaiting secondary care input, de-conditioning and loneliness. At the same time, the responsibilities of general practice which did need to continue required significant and rapid re-design to ensure safe system delivery. GPs also provided significant support to the delivery of community COVID-19 care within CACs, triage service and Out-Of-Hours (OOH).

General practice - similar to community nursing and many community allied health services, was never stood down. In some cases, ways of current working have been, and continue to be, redesigned by the entire primary care team in order to be dynamic to need. This is not only set by COVID restrictions, but also reflects many changes which were needed before the pandemic.

There is a drive to ensure that technical solutions are made available to staff and patients such as remote video consultation on Near Me or the use of TEAMS to support Multi-disciplinary team meetings. Practices initially received a small number of camera/headsets to introduce this in the Spring 2020. Two Tayside practices piloting work to inform the national guidance on Near Me had a high uptake of this technology, with equipment to support this available in every clinical room. Uptake is very variable across practices with some completing >100 consultations per month. The Primary Care Digital Improvement Fund is looking to provide equipment to every clinical room in practices across Tayside to ensure all clinicians can choose to access Near Me. This will allow wider engagement and breakdown barriers to enablement. The Public Engagement report with over 5000 respondents showed that the public value this method as an ongoing consultation choice however it has constraints associated with the time taken to consult with this method and concerns regarding equity of access to patient to digital infrastructure. The Tayside Primary Care OOH service is also supported to use of Near Me where appropriate.

Scottish Government's Remobilising General Practice - Resource Pack outlines the requirements to support practices in both remodelling, piloting and safely re-starting of GMS and enhanced services, which were on hold. This includes long-term condition monitoring, minor surgery, family planning device fitting/removals and cervical smears, as well as supporting national vaccination programmes. We are promoting innovation in approaches with local practices participating and leading national quality improvement work in several aspects of this. Learning is being shared proactively and across all areas in all the above areas to allow safe restarting of care which was on hold utilising remote and digital technologies where appropriate.

There continues to be a commitment to support General Practice as part of the re-mobilisation plans, recognising that capacity will be a significant issue for the majority of practices, in terms of both physical premises and workforce availability. Digital, workforce and premises infrastructure will be developed innovatively in conjunction with HSCPs and acute service to optimise pathways of care for long term conditions. This will allow more people to be cared for within their community with access to both generalist and specialist advice as needed. There may be additional costs of ensuring local General Practices can re-mobilise to deliver services in context of COVID-19 and costs such as additional staff costs, premises costs, clinical waste costs may require additional financial support over and above already identified GMS funding as per PCA(M)(2020)06.

7.1.3. Primary Care Implementation Plan (PCIP) 2020-2022

NHS Tayside and the three Health and Social Care Partnerships have worked collaboratively to develop the Tayside Primary Care Improvement Plan and define a model of care that links closely with wider locality teams to form a fully integrated health and care system. The programme for introduction of multi-disciplinary teams (MDT) working is complex and the scale of change required across professions whilst challenging, is recognised to be a unique opportunity to progress a longer-term strategy of transformational change to deliver the vision for Primary Care. COVID has impacted to varying degrees on the implementation of PCIP and maintenance of established PCIP services. There have been continued efforts during the pandemic to continue PCIP implementation, accelerating where possible elements that had potential to offer additional support at this challenging time, but this has been impacted by recruitment challenges and the availability of colleagues in other agencies, such as Scottish Ambulance Service. PCIP should be considered an enabler within a wider transformation of services including the need to develop pathways in line with improved models of care for patients and creating roles that attract the workforce of the future.

	Tayside Position
Pharmacotherapy	Nationally regulations to be amended so that NHS Boards are responsible for providing a Level One pharmacotherapy service for 2022-23. Practices not having access to such a service will be paid via a Transitionary Service basis until such time as a service is provided. Whilst good progress has been made to date within Tayside with regards development of pharmacotherapy services, the scale of the levels of services outlines in the initial 2018 GMS Scottish Contract, and workforce availability have impacted on implementation. Different skill mix and delivery models are being tested to inform future modelling.
Additional MDT Members	Nationally the need for early intervention to tackle the rising mental health problems across all practices was noted, particularly in light of the pandemic. Further work is planned with partners to determine the ‘endpoint’ for the additional professional roles commitment in the Contract Offer by the end of 2021 Within Tayside good progress has been made with regards the implementation of First Contact physiotherapy and increasing mental health support provision for general practices, with the COVID pandemic providing learning in relation to service modelling. This will be further refined in line with the above national directions.
Community Treatment and Care Services	Nationally regulations to be amended so that NHS Boards are responsible for providing a Community Treatment and Care Service for 2022-23, with a Transitionary Service payment made to practice who do not benefit from the service until such time as the service is provided. Regionally CTCS are currently at different stages of development with delivery impacted by the pandemic, which has also resulted in provision of secondary care phlebotomy services within primary care as per the initial CTCS guidance. Further work is required to refine the resourcing of a CTCS model equally accessible by primary and secondary care, with sufficient capacity to manage demand and will be prioritised over coming months.
Vaccination Transformation Programme	Nationally childhood vaccinations and travel immunisations to be removed from GMS Contract and PMS Agreement by 1st October 2021, with historic income from vaccinations transferring to the Global Sum 2022-23 including that from the five vaccination Directed Enhanced Services. Recognition that some practices may still be involved in the delivery of some vaccinations in 2022-23. Where this is necessary a new Transitionary Service agreement will be negotiated nationally, and payments made to practices providing these services from 2022-23. While the focus in Tayside has been on a blended model of both flu and COVID vaccinations, a huge amount of learning has been obtained that will inform future modelling of adult vaccinations

Urgent Care	Nationally legislation will be amended so that Boards are responsible for providing Urgent Care services to practices for 2023-24. Consideration will be given about how legislative change fits with the wider Redesigning of Urgent Care Work currently in progress. Regionally this has proven to be the most challenging area to progress during the pandemic, particularly as a result of the stepping down of the SAS developments which were proving successful. This programme will be reviewed and progressed in collaboration with the wider urgent care programme of work being introduced regionally and nationally.

7.1.4 Community Optometry

Tayside Opticians (Optometry Practices) has offered emergency and essential eye care throughout the pandemic. From April 2020, 9 community Emergency Eyecare Treatment Centres (EETCs) were supported by their colleague's referrals and triaging of patients. Routine eye examinations resumed from the 3rd August 2020 and optometry has since been operating approximately at 90% of its normal services.

There has also been delegation of glaucoma monitoring to community practices from secondary care. To date, 2500 secondary care patients with glaucoma have been offered review of their glaucoma in an optician of their choice. Optometry practices have seen 1600 of these patients and forwarded their findings to Ophthalmology. Funding for Glaucoma monitoring in the community is until March 2021 but patients will continue to be seen in the community for some time due to delays in availability of appointments. As this scheme has worked well, it is hoped that there will be continued funding at least until the pandemic ends. Looking to the future, NESGAT (NES Glaucoma Award Training), education and training in glaucoma management will be introduced by NES to Tayside in April. This qualification allows IP optometrists in Scotland to manage discharged patients in the community. Other educational work is planned by secondary care.

Since January 4th, Optometry practices have been encouraged to continue to see routine patients where it is safe to do so but defer asymptomatic low risk patients if they are at increased risk from COVID.
Emergency and essential should continue to be prioritised so that patients who have noticed sudden changes in their vision or eyes or who are having significant difficulties with their vision should phone their usual optometrist (where they last had an eye examination).

Emergency Care summary was rolled out to independent prescribing (IP) Optometrists during phase 1 of pandemic but since then all optometrists have been offered access to this.

7.1.5 General & Public Dental Services

Staff from general dental practices have in the main been deployed to support a number of services across the system however plans are in place for staff to return to practices where required.

It is anticipated that practices will be opening in late July however there will be little change to the activity of the GDPs as there will be no delivery of routine Aerosol Generating Procedures (AGP) and PPE remains restricted.

For Public Dental Services plans are progressing to agree what can be achieved with no AGPs over the coming weeks. Patient numbers will increase and can be accommodated because GDPs will be seeing their own emergencies, however space will be constrained by the need to offer a site for GDPs to carry out any emergency AGPs for their patients. AGPs for routine patients and in practices are deferred until Phase 4 and will await further information from the Chief Dental Officer.

General Dental services started to remobilise non-emergency activity from the 1st Nov 2020 and work is ongoing with Public Dental Services to deliver safe dental care both planned and emergency as safely as possible

Specific priorities across Tayside in the next phase of recovery for Primary Care are:

- Continuing to support a unified approach to Primary Care services to ensure consistency of standards and service provision across Tayside.
- Establishing a whole-system quality improvement approach for primary care which considers the multiple interfaces and co-dependencies.
- Continuing to support COVID vaccinations in General Practice as required
- Implementing new ways of working enabled by digital technology to support triage, clinical signposting, case management and long-term condition care.
- Increasing the focus on appropriate self-management and prevention and digitally enabled care.
- Through our joint arrangements of the Primary Care Command and Co-ordination Team working closely with GP Practices and provide support in their plans to resume to full service including new ways of working.
- Continuing to have a specific COVID-19 pathway via NHS 24 and local Clinical Hub and Assessment Centre.
- Progressing with the PCIP agreed actions and implementation timeframes as funding allowed with a particular focus on Community Treatment and Care to support stability in General Practice and delivery of the flu and COVID-19 Vaccination programme.
- Progressing access for community optometry to Clinical Portal and Staffnet.
- Supporting the innovation within Community Pharmacy including the interface with General Practice and the introduction of Pharmacy First.
- Working closely with General Dental Services to increase service delivery where possible and safe to do so.
- Progressing development working across both primary and secondary care to shift the balance of care towards communities through improved integrated pathways
- Primary Care Out of Hours Service (OOH) will continue work in the way that has been established to support COVID-19 activity throughout the past few months and which formed a strong natural base for the COVID Assessment Centre structure to rest upon longer term.
- Continuing with initial telephone consultation for all patients being assessed within the Primary Care OOH service to ensure patients receive the most clinically appropriate assessment
- Continuing to support direct access of care homes to the OOH service so that professional advice to a senior clinical decision maker will be directly available.
- Developing a new Frail Elderly LES for General Practice built on a set of principles for whole system multi-disciplinary working to support care homes.
- Continuing to review and develop the governance and quality improvement structures for Primary Care.
- Reviewing cluster models in partnership areas as required.
- Progressing work to improve health inequalities and access to primary care.

7.2 Community Nursing

The service has continued to provide care at home or a homely setting to a range of patients within priority band 1 and 2. For those individuals who have not been receiving direct care (those in priority band 3 and 4) there has been ongoing contact and support from the service through phone contact with both patients and their carers. Deployment of additional staff to support commencement of cohort nursing of COVID and non-COVID patients within the core Community Nursing Service in place during the initial wave of COVID infection has not been replicated in the recent surge, with available staff instead being deployed to support the vaccination programme and Test and Protect Team. Arrangements for the provision of services to COVID positive patients in the event of any further increase in cases will be a priority area of development for the service in partnership with the wider health and social care system. Interventions that had been delayed such as long-term condition reviews have not yet been recommenced due to ongoing staffing pressures within the service (both COVID and non-COVID reasons).

Moving forward there is a need to continue to work differently. Testing of a locality working approach has commenced with patients who require insulin injections. This has been supported by the development of a communication pathway strategy.

Specific priorities for Dundee Health and Social Care Partnership in the next phase of recovery are:

- Developing and resourcing a sustainable approach to cohort nursing of COVID +/non-COVID patients within core District Nursing Teams in the event of a further increase in COVID positive cases.
- Further testing of locality working in District Nursing Teams.
- Maintaining all Priority Band 1 and 2 visits and phased recommencement Priority Band 3 and 4 visits, COPD clinics, routine home visits and Leg Ulcer Assessment Clinic.
- Expanding on COPD home visits for vulnerable patients to include clinic-based services for diagnosing new COPD patients.
- Working with GP practices to enable Community Care and Treatment Service (CCTS) to return to previous clinic space as soon as safely possible to further the return to core services. In addition, complete the roll out of CCTS to all GP practices in Dundee.
- Recommencing the development of nurse-led Ear Clinic within the Community Care and Treatment Service.
- Recommencement of arrangements for ECS to receive all amber level referrals.
- Recruitment to additional District Nursing pasts at Band 5 and 6 funded by Scottish Government to meet actual and anticipated increase in workload posts COVID-19 e.g. re-introduction of postponed elective surgical interventions and knock on impact of delayed diagnoses of palliative care.

7.3 Emergency and Urgent Care

The Health and Social Care Partnerships will continue to work with the Clinical Director for Urgent, Emergency and Integrated Care and the GP Clinical Lead for Urgent Care to ensure that we contribute to whole system approach to Redesign of Urgent Care to design pathways of care.

Taking the learning and experience both from the establishment and the way the CACs worked alongside that wider learning from acute and the HSCPs, discussions have already commenced via the Unscheduled Care and Planned Care Board how primary and secondary care could work differently in the future which include opportunities around having respiratory and paediatric support in the CACs to support both primary and secondary care. Planning for progressing integrated hubs is also being progressed which will support scheduling of unscheduled care as well as supporting the front door approach across NHS Tayside. This will be progressed in partnership with both primary and secondary care team and GP Sub.

Following wave 1 we have completed initial work through the Inpatient and Community Modelling Group as follows:

- Community – focus on consistent shared understanding of Home First Model of Care, co-ordinated whole systems delivery of resources and person-centred and accessible care.

- Inpatient - focus on consistent shared understanding of Home First Model of Care and delivery of the right care at the right time, including receiving care at home / in a homely setting at the earliest possible point in the care journey.

- Transitions / Front Door Services - focus on consistent shared understanding of Home First Model of Care and improving the way that frailty is co-ordinated at the front door of acute care through better alignment, co-ordination and targeting of health and social care systems.

Initial work has included establishing a core Home First multi-disciplinary team comprising of staff from hospital and community settings. Within this we have progressed daily MDT virtual meetings and focused the co-ordinator role to push the front door into the community. There has been an enhanced focus on AME, including a test of change to support earlier discharge from AME ward with wrap around care and interventions from the core team and ring-fenced assessment beds in AME for DECSA patients requiring urgent inpatient investigations (although this approach has been challenging to maintain during wave 2 due to increased admissions and bed pressures). Joint work with AHPs has also been progressed to develop a falls prevention approach to reduce unscheduled and unnecessary admissions by providing physiotherapy assessment with SAS and AHP Support Workers undertaking client screening at home in partnership with the Community Alarm Service and referring to community / third sector services.

Our priority now is to develop integrated locality and person focused community based multi-disciplinary services and supports which provide responsive and holistic urgent care to people living in Dundee to help maintain their independence, avoid unnecessary admission to hospital and support timely discharge from hospital and support the ethos of "Home First".

Additional investment (£160k non-recurring) has been identified to support the development of our Hospital@Home model as part of the broader development of cluster focused locality teams. This resource will be used to help build capacity within Hospital@Home and improve pathways for patients requiring urgent care and support.

Specific priorities for Dundee Health and Social Care Partnership in the next phase of recovery are:

- Developing Hospital@Home model as part of broader development of cluster focused locality teams.

7.3.1 Out of Hours

OOH will continue work in the way that has been established to support COVID-19 activity throughout the past few months and which formed a strong natural base for the CAC structure to rest upon longer term.

All patients receive an initial telephone consultation from a clinician, this enables us to ensure that only those that really do need a face-to-face assessment receive one, thus limiting potential exposure to both the patient, their family, careers and wider public. Although a necessary step during the pandemic, it has been positively welcomed by staff and patients. The service will continue to work in this way which is seen as a positive move to support patient-centred care whilst minimising risk to clinicians.

Contacts with OOH in Tayside remain at a reduced level, which likely reflects ongoing accessible care from daytime practice and a model which has access supported by senior clinical decision makers. This model is favoured and supported by patients who interact with the service and the clinicians and will therefore be further enhanced.

Despite this reduction, for every patient needing seen the time taken is almost double normal with PPE and physical distancing requirements as well as more rigorous infection control cleaning routines after each patient. Whilst this remains a requirement likely into 2021, we must continue to minimise footfall with the PCECs. A review of where OOH attendances can be seen will be undertaken to ensure all areas are fit for purpose in line with current recommendations.

OOH will continue to make better use of digitally enabled care. The ability to safely submit photographs will be brought into a unified system. The output from a national quality improvement programme which being supported by a local clinician on the use of NearMe in OOH will be used to inform the future service delivery options for OOH.

Direct access of care homes to the OOH service started during COVID will continue so that professional advice to a senior clinical decision maker will be directly available.

7.4 Planned Care

7.4.1 Community AHP services

The national Framework for Supporting People through Recovery and Rehabilitation (2020) recognises the potential need for a prolonged period of recovery that encompasses mental health, wellbeing and physical rehabilitation as a result of the coronavirus (COVID-19) pandemic. It acknowledges the challenges for those recovering from the virus as well as the impact of delay or service delivery changes for people with long-term health conditions across all ages, the frail, children and young people, the elderly and carers. The priority for Allied Health Professions (AHPs) is to ensure that anyone who requires diagnosis, assessment, rehabilitation, or support for recovery will have timely access to the right information and services in the right place to enable a return to functional independence, employment, education and leisure activities over the coming months, and years. AHP services have developed a detailed remobilisation plan based on the national framework, this can be provided on

request. This framework also details the specific contributions AHP services will make the remobilisation in Primary Care, Secondary Care, Community Care, Care Homes and dementia support, as well as the digital and workforce infrastructure required to support this contribution.

Priority Group 1 – post-COVID rehabilitation

In Tayside, demand has increased for the existing acute and community AHP rehabilitation services, now being delivered as remote access or face-to-face services as clinically indicated. 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. This limited service is currently delivered within existing resource by a small multi-disciplinary workforce. It has received 272 referrals including key workers and those seeking to remain in or return to employment (average age 49). Increasing demand with a finite resource has resulted in extended waiting times (average wait 21 weeks). A service redesign to a 3-tier model utilising digital resources and training as a first port of call aims to address this. Triage of the referrals directs the most vulnerable to the Community Listening Service whilst awaiting comprehensive assessment. It is predicted that this ongoing increased demand may require further investment and support.

Priority Group 2- post-lockdown rehabilitation

Various AHP services across child and adult services have developed or expanded direct access telephone advice lines. In line with the principles of recovery, this direct access, timely option links the public or those who support and care for them, to online resources, training videos and supports for self-management of their condition. AHPs in Mental Health are developing a digital radio-based model of communication and support in collaboration with a range of statutory and third sector partners.

Priority Group 3 – ongoing and intensive prehabilitation and rehabilitation (long-term conditions, co-morbidities and delayed diagnoses)

Where people require specialist rehabilitation services, these have remained available throughout the pandemic, offering remote access or face-to-face services as clinically indicated. In Tayside the AHP deployment plan and the AHP winter planning contingency plan enabled mutual professional prioritisation and deployment of staff, ensuring essential services, which reduce immediate risks to the patient were maintained. These plans ensured AHPs specialist skills were maximised and utilised appropriately in any deployment situation.

This includes the predicted increase in numbers of people presenting with 'suspicion of cancer'. AHPs, as part of the specialist cancer teams, and essential community services are well placed to continue to work effectively with partners to meet these populations' needs. Radiotherapy services have been maintained throughout the pandemic and applied continuity plans as required to enable this.

Specific priorities for Dundee Health and Social Care Partnership in the next phase of recovery are:

- Continuing the development of Community Rehabilitation models, including assessment regarding equipment and adaptations, to enhance preventative approaches, reduce falls and POCS and reflect long-term and intensive nature of COVID rehabilitation.
- Further embedding assessment through the Independent Living Review Team.
- Develop the falls service to address prevention and community pathways with third sector / SCRS.
- Improving community-based rehabilitation offer through:
    - Implementing a consistent approach to the assessment of need so that rehabilitation can be planned properly.
    - Developing and implementing a seamless pathway of rehabilitation and recovery for people with long-term conditions.
    - Establishing service standards for rehabilitation so that patients, carers and rehabilitation staff have certainty about what they can expect from services wherever they live.
    - Personalisation of services based on individual physical and mental health needs.
    - Developing diverse routes for people to access rehabilitation so that they can access support that is right for them.

  - Expanding multi-professional rehabilitation staffing (multi-disciplinary rehabilitation teams comprising all the relevant disciplines).
- Integrating hospital and community service with collaborative commissioning arrangements. Primary care teams should be supported by outreach activity from secondary services including primary care supported by cardiopulmonary rehabilitation, sports and exercise medicine, neurorehabilitation and neurological disability services.
- Developing collaborative working between critical care, acute medical and specialist rehabilitation teams to develop rehabilitation pathways for patients who are recovering following treatment in intensive care and high dependency care (whether for COVID-related illness or other critical conditions).

7.4.2 Nutrition and Dietetics

NDS is a service hosted in the Dundee HSCP. Throughout the pandemic the NDS has continued to focus on NHS Tayside nutrition priorities: prevention and management of undernutrition; good nutrition from an early age; prevention and management of obesity and Type II diabetes; and, transformation of therapeutic nutrition pathways. These priorities are delivered across Tayside within a public health community model and hospital services. In terms of COVID-19 response the management of underweight, overweight and diabetes are top priorities as there is unequivocal evidence regarding poorer outcomes in these groups.

Hospital Services

Acute Hospital admissions (including renal, oncology, paediatrics and stroke) have now returned to pre-COVID numbers and subsequently referral rates have now exceeded pre-COVID levels. The service is now seeing increased numbers of people who have been referred due to late presentation of cancer, haematological and neurological illness. Priority patients are those totally dependent on nutritional support (dysphagic or unable to take oral diet); critically ill with high/complex or rapidly changing nutritional requirements; children with critical nutritional; those with unstable renal function. The secondary care Diabetes team continue to work towards RAG prioritisation of referrals and to use remote working to deliver service as much as possible. There is significant urgency around review and close monitoring required. Priorities are education of people newly diagnosed with diabetes requiring treatment with injectables; education of women newly diagnosed with gestational diabetes and women with Type I or Type II diabetes who become pregnant.

Public Health Community Services

The service will focus on recovery and rehabilitation in line with current national drivers[1]. Essential community services including Care Homes will continue using digital solutions where appropriate. Waiting lists for community dietetics are within manageable levels at the moment. A RAG status triage system means Red referrals are prioritised. Community assessment and interventions to support timely discharges; maintain people at home and prevent admission e.g. adults or children on home enteral tube feeding are considered priorities. It is anticipated that referral rates and enhanced interventions will be required, particularly for nutritional support to support people experiencing the long-term effects of COVID-19.

The CARES (COVID -Related Advice on Rehabilitation and Enablement) service continues to receive referrals. NDS have identified a younger cohort of the population who are experiencing dietary deficiencies and will contribute to the recovery and rehabilitation of this population by undertaking a test of change to develop a service for an emerging, unknown, unmet demand.

The impact of COVID on the levels of overweight and obesity is recognised and prevention of COVID-19 complications as a result of overweight prioritised. Patients will continue to be directed to NHS 12-week online plan as indicated. Weight Management Service's waiting list remains significant and continues to increase because of changes to the model of practice, and the impact felt from ceasing services in first wave of the pandemic. At this point the service is unable to direct other resources to mitigate this waiting time risk. The service is coordinating access to a digital education programme for patients living with a new diagnosis of Type II diabetes and is testing a digital pre-diabetes programme as well as Counterweight Plus remission programme

The Public Health team within NDS focuses on the Malnutrition Pathway and is working with partners to contribute to the food insecurity agenda. To that end they have developed several successful

initiatives by working in partnership with third sector and the three council areas to support communities. These aim to improve access to food and nutritional advice.

Specific priorities for Dundee Health and Social Care Partnership in the next phase of recovery are:

- Developing a specialist community dietetic service to support CARES service.
- Developing the work underway on the malnutrition pathway through continued partnership working and by embedding The Patient Association, 4 questions into care assessments and 'good conversations' in community settings.
- Extending opportunities for people to access weight management interventions.

7.4.3 Referral Pathways

Over the next phase of recovery there will be significant attention on the development of pathways within and across interfaces with primary care. Examples of ongoing work include pathways for surgical unscheduled care and referral pathways.

Plans are in place for the appointment of a General Practitioner (s) to undertake a 2-year fixed term post as a clinical referral advisor is currently being recruited to. This is an exciting opportunity for a practicing General Practitioner who is looking for a new opportunity, in addition to clinical practice, to act as a clinical interface between community and secondary care teams. The GP will be working as part of a multi professional team across NHS Tayside, linking with the Planned Care Board, to develop clinical pathways. Further work to progress the development of referral pathways within primary care will be commenced.

In addition, the GP will provide clinical leadership to the implementation and development of the Tayside Referral Guidance System. The referral guidance system is an innovative unified IT system for clinical pathways and referral advice. The GP will be influential in providing clinical advice into the development and deployment of this new system.

7.4.4 Community Outpatients

The focus for community out-patient services (i.e. Parkinsons, AHP, and continence) has been on managing urgent referrals and reviews, as per Scottish Government guidance. Referrals are triaged and telephone or near me consultations are undertaken where clinically appropriate and face to face consultations only occur when it is absolutely necessary.

Routine out-patient referrals continue to be received and these undergo triage and are assigned to appropriate pathways such as advice only, direct to test, telephone, NearMe or face-to-face consultation.

7.4.4.1 Physiotherapy MSK Services

Essential Physiotherapy MSK (Musculoskeletal) services (including First Contact Physiotherapy – FCP) have been maintained during the pandemic to minimise the negative impact on patients who are recovering from serious injury or illness or have an exacerbation of their long-term condition. A blended approach of virtual and face-to-face appointments is being delivered, following adoption of innovative IT solutions, for example, NearMe video consultations and utilisation of a federated appointment system in FCP. This has resulted in improved access for everyone to high quality assessment and rehabilitation from the right person at the right time.

There has been reduced capacity to deliver routine appointments during the second wave as approximately 30% of the physiotherapy workforce has been deployed to support in-patient AHP COVID activity. As the need in the acute sector diminishes, agile redirection of funding and redeployment of the workforce is anticipated to meet the rehabilitative needs of people recovering from COVID-19, for those where rehabilitation has been interrupted and whose condition has deteriorated due to the period of self-isolation and lock down. This is essential to halt the long-term deterioration in physical and mental health, maintain independence, and support patients to self-manage their conditions.

Specific priorities for Dundee Health and Social Care Partnership in the next phase of recovery are:

- Developing sustainable workforce models and patient pathways across Tayside Orthopaedic/MSK service spanning primary and secondary care.
- Developing models to support re-introduction of elective surgery.
- Ensuring First Contact Physiotherapy capacity is sufficient to meet demand in line with the principles of the Primary Care Improvement Programme.
- Continuing the recommencement of routine waiting list and face-to-face services where clinically indicated.
- Recommencing face-to-face group sessions with a focus on community locations, increasing the role of support workers, sports and leisure professionals and colleagues from the third sector.

7.4.4.2 Pulmonary Rehabilitation

Many of the population living with long-term conditions and frailty have de-conditioned and deteriorated during the pandemic. With a tidal wave of community rehabilitation needs on the horizon restoration and expansion of services, such as Pulmonary Rehabilitation (PR), is an essential part of modernising and transforming care by supporting more people to regain function, mobility, and confidence in activity to live independent lives.

Dundee has a higher than national average incidence of Chronic Obstructive Pulmonary Disease (COPD) at 2.2% and is expected to grow. PR capacity in Dundee has not kept pace with demand, even before the impact of COVID-19 is considered. PR can transform a patient’s life, it is the cornerstone of effective treatment for COPD and also reduces social care costs significantly and frees up GP appointments. Collaborative working amongst the Tayside PR teams and patients has resulted in exploratory virtual PR classes on different digital platforms, as well as the development of a new PR home exercise booklet and DVD. Unfortunately, progress has been limited to date for a number of reasons - access to IT equipment, patient confidence with technology and staff deployment to support the Community Rehabilitation Team with their COVID response. Patients have predominantly been supported by telephone consultations and home visits if deemed essential.

Specific priorities for Dundee Health and Social Care Partnership in the next phase of recovery are:

- Continuing to explore digital solutions to deliver a safe and effective virtual PR class.
- Increasing PR capacity required to support backlog of referrals and anticipated rehabilitative needs of people recovering from the direct and indirect impact of the COVID-19 pandemic.
- Integrating PR and COPD nursing team to support prevention of admission and supported discharge pathways.

7.4.4.3 Palliative Care

Biophosphonate infusion/blood transfusion clinics have been focussed on bringing in only patients that would prevent hospital admission. Macmillan Daycare services across the Partnership have established virtual day care groups including self-management strategies.

Specific priorities for Dundee Health and Social Care Partnership in the next phase of recovery are:

- Developing models to support re-introduction of elective infusion clinics.
- Creating a blended approach for Palliative care day care patients to access the service.
- Building a patient and family resource library for patients to access virtually to support self-management strategies.
- Re-commencing face-to-face clinics for symptom control, Lymphoedema and Homeopathy.
- Develop and resource pathways that address health inequalities as a consequence of COVID.

7.4.5 In-Patients

Dundee Health and Social Care Partnership will continue to focus on maintaining and further improving good performance in relation to delayed discharge and appropriate prevention of admission. We have consolidated the changes to the integrated discharge hub to reduce the footfall within Ninewells Hospital wards by supporting assessment across Tayside. There has been further investment in social care in order to expand the ‘Discharge to Assess’ approach in line with our Home First strategy. The primary

focus of this resource is at the front door, assessment areas of the acute hospital (for both COVID and non-COVID pathways) in order to prevent admission wherever possible and promote early discharge. Medicine for the Elderly consultant input is now well established across the acute hospital with comprehensive geriatric assessment now available for frail older patients who present in other medical/surgical specialties.

In-patient services have continued to function well during COVID-19 across all areas within Dundee, with attention to infection prevention and control, patient placement, pathways for admission and discharge and person-centred care. COVID specific ward configuration has been continuously realigned to support the changing profile of the pandemic / patient needs. We will retain and review our mobilisation plans in readiness to support any shifts in pathways.

In-patients have followed Scottish Governance in enabling visiting through exceptionality to support compassionate visits and ease patient and relative/carer distress. All in-patient areas have introduced lateral flow testing for staff in-line with Scottish Government guidance. Psychiatry of Old Age wards have implemented weekly testing of asymptomatic staff, with the rollout of lateral flow testing being imminent.

Specific priorities for Dundee Health and Social Care Partnership in the next phase of recovery are:

- Psychiatry of Old Age
  - Phased recommencement of discharge services.

- Medicine for the Elderly
  - Planning for re-commencement of some face-to-face outpatient clinics.
  - Re-commencing arrangements for families to join and participate in case conferences.

- In-patient AHP Services
  - Planning for ongoing AHP weekend working across targeted areas.
  - Continuing to develop the AHP hospital front door model to support more people being moved back into the community setting to receive their care.
  - Continuing to develop a flexible workforce to support patient's needs across the transitions from hospital into the community setting.
  - Ensuring patients admitted to hospital have an appropriate and timely multidisciplinary assessment, including their rehabilitation and ongoing needs, are offered person-centred care which is outcomes focussed and are followed up appropriately after discharge.
  - Continuing to develop models to support earlier discharge through outreach visits and improved overlap / joint working with community teams.
  - Continuing to develop the CARES service (COVID-Related Advice on Rehabilitation and Enablement Service) to support those affected by long-COVID.
  - Developing staff education online resources for the management of long-COVID (NES funding secured).
  - Continuing to develop the CAPA (Care about physical activity) training and education roll out across wards to promote increased activity and cognitive engagement.
  - Continuing to develop prehabilitation AHP services where appropriate.

- Centre of Brain Injury (CBIR) and Stroke Service
  - Commencing remodelling for the new Neuro rehabilitation pathway across Tayside
  - Considering a new medical model for the service.
  - Commencing work to develop MDT formats.
  - Re-establishing home visits for patients who have planned discharge dates as required.
  - Appointing a discharge co-ordinator to facilitate discharge across the site.
  - Establishing an advisory line for supporting stroke recovery and discharge from hospital for brain injury patients.

7.4.6 Palliative Care

Palliative care services re-designed their approach during the peak of COVID -19 to enable education, advice and support to be available for all areas working with end of life palliative care in all

environments 24 hours a day and 7 days a week, supporting our acute and community colleagues. It was also important to ensure those with COVID could continue to receive specialist palliative care and support, both as in-patients and in the community where that requirement was identified. Following a review of the use of these services we have reduced our COVID specific ward areas and are realigning ward configuration to support the current cohort of patients. We will retain and review our mobilisation plans in readiness to support any shifts in pathways.

Specific priorities for Dundee Health and Social Care Partnership in the next phase of recovery are:

- Considering the resource required to manage late onset disease with high symptom burden and short to medium prognosis as a consequence of late presentation.
- Prioritising, developing and implementing virtual and digital options for Day Services to meet individual and group user needs safely and within service capacity.
- Re-commencing complex lymphedema services through outpatient appointments.
- Implementing virtual education programme.
- Progressing initial priority areas from Tayside Whole System Approach: Supporting End of Life Care & Conserving Critical Medicines during the COVID-19 Pandemic.
- Progressing setting specific pathways support models including Community Nursing and Care Homes.
- Provide support to patients in community settings to set-up IT devices to enable virtual consultations.
- Establishment of short-term contracts to support ongoing deficits in RMN workforce that cannot be mitigated using other disciplines.

7.4.7 Sexual and Reproductive Health Services

Colleagues from Sexual Health Services were instrumental in supporting the setting up and analysis of the testing of COVID patients and key worker staff in early phases of the pandemic. Some colleagues from the service were deployed to support other essential pathways with only critical interventions undertaken within Sexual Health Services. While most of the workforce has now returned to the service, there are still colleagues from TSRHS supporting the Test and Protect Service. Available services have been steadily increasing since August 2020 to reduce the public health impact of sexual and reproductive health needs not being met, compounded by pressure on GPs from the pandemic. During the next phase we will be aiming to maintain current services and explore novel pathways to redesign some services that currently remain closed.

Specific priorities for Dundee Health and Social Care Partnership in the next phase of recovery are:

- Maintenance of current services offering LARC, PrEP and urgent and emergency care, as well as more routine care for people from vulnerable and high-risk populations. Patients attending services to be triaged or referred by other clinicians. Telephone or NearMe appointments prior to face-to-face appointments whenever possible.
- Exploring novel routes to restart currently paused services in medium risk groups, as capacity and restrictions allow.
- Seek to support more young people into services by reviewing way the service is delivered and potential novel routes, as capacity and restrictions allow.

7.5 Social Care

As we progress towards recovery, social care services will continue to work with and support those affected, both directly and indirectly, by the COVID pandemic whilst also modelling our responses to manage and support the re-introduction of planned and unplanned care pathways.

The re-introduction of community social care services will continue to be progressed in-line with Scottish Government guidance and we will take opportunities to review and embed new models of working, build-on and explore options for further digital, tele-health and tele-care solutions and prioritise our resources. Our focus on supporting those most in need has supported the development of much stronger relationships and partnership working with the third and independent sectors and we will maintain this engagement throughout our periods of redesign.

Across all social care services there will also be a need over the next 12 months to consider learning and recommendations from the Adult Social Care Review and its implications.

7.5.1 Social Work / Care Management

Social workers, care managers and support workers have continued to assess, support and review those people using our services. We have continued to respond to referrals, ensuring that service responses were implemented. This has ensured that we have continued to allocate resources to address need. While day services, respite and community activities were suspended in-line with government advice, we have worked with carers to offer advice, guidance and support for those who were under pressure during this period. Emergency respite care was provided where risk indicated this was required.

While colleagues have undertaken many of their duties remotely, with this workforce predominately working from home, risk management procedures have continued to be implemented, including direct contact with families and service users where this was required. We are experiencing an increase in the number of adult support and protection referrals, and we have ensured that case conferences, risk management planning meeting and large-scale investigations are continuing while adhering to the appropriate social distancing and use of PPE. We have worked closely with the Independent Living Review Team and will be working to ensure we review individuals as they re-commence services to ensure we have considered any changes in circumstances. We will continue to build on our Home First model of assessment.

Services for people with physical disabilities have generally been sustained during the pandemic, with the exception of planned respite, and Day Centres, which have been closed since early March, providing outreach support instead. Preparations are ongoing for the reopening, in a phased way, of these services, complete with risk assessments, PPE and social distancing informed by Scottish Government guidance. The impact of the loss of these services should not be underestimated; feedback from carers and care managers is that families are really struggling with the absence of provision and are under considerable strain. In some instances, recovery will involve a temporary increase in service provision simply to get back to the pre-COVID position.

Specific priorities for Dundee Health and Social Care Partnership in the next phase of recovery are:

- Maintaining practices that promotes and provide bespoke, person-centred services and supports for individuals and their carers.
- Maintaining outreach provision as temporary replacement for day care services whilst planning for gradual reintroduction of day care provision.
- Developing and implementing models to support reintroduction of day support in-line with Scottish Government guidance and in consultation with Public Health Scotland and the Care Inspectorate.
- Reviewing care packages that were adjusted due to COVID-19 impacts.
- Working with provider and care home sector to monitor re-introduction of packages of care, assess impact on provider recovery plans and agree any relevant actions / supports.
- Monitoring the impact of increased assessment and subsequent allocation priority to those impacted by COVID-19, including considering short and long-term health, care and support needs and subsequent implications for practice (for example, possible requirements for enhanced level of multi-disciplinary assessments required).
- Continuing to integrate all aspects of locality working, including integration of care management teams by fully integrating an adult service in East and West localities and finalising plans to deliver an integrated duty system.
- Continuing to develop closer liaison with other care management teams to support a service wide response.

7.5.2 Protecting People

During the pandemic statutory protecting people functions have been maintained, although actions have been taken to ensure safe delivery of interventions and supports in-line with national guidance. This has included holding multi-agency activities such as adult protection initial referral discussions and

case conferences on digital platforms and utilising PPE for essential home visits. There has been an enhanced focus across all agencies on identifying and responding to hidden harm; including significant additional public awareness campaigns for child protection, adults at risk, domestic abuse and alcohol consumption and enhanced assertive outreach services, such as the Safe Zone Bus and virtual violence against women response team. Protection services have utilised a RAG approach to prioritise levels of contact with individuals and families and there has been enhanced joint working between adult and children's services in areas such as community drug and alcohol services.

Multi-agency oversight of protecting people arrangements has continued through the Chief Officers Group (COG), supported by the Protecting People Committees / Partnerships. A strategic risk register has been developed to support an enhanced focus on prioritised areas of risk, with the COG and Committees / Partnerships meeting more frequently when required to monitor and address risk levels, and to provide leadership support to operational services. In-line with national arrangements weekly data monitoring has been implemented across core areas of public protection activity. An integrated strategic protecting people recovery plan has been developed and is currently being updated.

Although no significant spike in demand for protection services was identified following the 2020 lockdown period we continue to plan for a possible spike following the conclusion of the 2021 lockdown, both internally and in commissioned third sector services. However, evidence has emerged of an increased demand for support for homeless people with a complexity of need and plans are being made to respond to this by embedding social worker practitioners within Dundee's Housing Options Service. These practitioners will provide enhanced support to people with a complexity of need who are presenting as homeless, as well as providing resilience to respond to anticipated increased demand when current emergency legislation preventing evictions / repossessions is withdraw.

There has also been significant investment in IT infrastructure to support the use of video-conferencing facilities for multi-agency operational processes, including testing approaches to facilitate the participation of people at risk and their carers / family.

Specific priorities for Dundee Health and Social Care Partnership in the next phase of recovery are:

Adult support and protection responses:

- Planning for and implementing recommencement of face-to-face service user participation in multi-agency adult support and protection case conferences and other multi-agency processes.
- Better understanding patterns of referral of adults at risk during the pandemic and subsequent actions taken to ensure a robust response where people do not meet the three-point test for statutory intervention.
- Progressing the testing and adoption of revised approaches to chronologies, risk assessments and case file auditing.
- Contributing to the completion of a thematic review of adult protection cases and addressing areas for improvement arising.
- Enhancing capacity to respond effectively to people who are homeless and having a complexity of need and to anticipated increased demand following withdrawal of temporary legislation prevention evictions / repossessions.

Violence against women responses:

- Implementation of video-conferencing to support operation of MARAC (case conferencing for highest risk victims of domestic abuse) and reviewing virtual approach to inform long-term model of operation.
- Addressing underlying financial sustainability of specialist violence against women support services, including enhancing short-term capacity in support services to address waiting lists and post-lockdown surge in demand.
- Enhancing the work of the Gendered Services Group to support mainstreaming of gendered approaches across health and social care services.
- Developing pathways to support for women involved in commercial sexual exploitation of have health and social care needs.

Other public protection responses:

- Supporting the implementation of the integrated strategic protecting people recovery plan.
- Supporting the revision of the strategic risk register to shift from a focus on COVID specific risks to 'business as usual' content.
- Contributing to work to identify a future model for delivery of adult and child concern screening functions.
- Contributing to work to identify a future protecting people governance and strategic structure, building on learning from the pandemic period.
- Embedding trauma-informed practice across health and social care services, including developing trauma-informed organisational cultures and recognising the impact of trauma on and value of lived experience within the workforce.

7.5.3 Care Homes

There are 25 care homes in Dundee, comprising 3 operated by DHSCP (all residential), 2 by voluntary providers and 20 by private providers (5 residential and 17 nursing combined across voluntary and private sector). In total there are currently 1048 places available across all sectors (960 private and voluntary and 88 DHSCP). One of our care homes was closed in 2020; this work commenced prior to the onset of the pandemic. A further private care home closed in early 2021In addition, there are 3 respite centres.

Prior to the onset of the pandemic there were well established links between the care home sector and DHSCP; with particularly strong relationships having been built overtime as the DHSCP Care Home Team has grown and worked closely with care homes. This has provided a firm foundation from which to provide clinical care and social care support to care homes, while drawing on the wider clinical and professional supports for specific issues.

Collaborative working was also supported by regular formal contract meetings and three-monthly provider forums that are well attended by providers. The Partnership has two Integrated Managers who have a specific remit for care homes (one focused on supporting external care home and one on internal care homes), who are also supported by the dedicated Social Care Contracts Team in relation to commissioned services.

Since the COVID-19 pandemic Integrated Managers have maintained regular communication with managers across care home sector; providers forums increased in frequency and were held via digital platforms. This ensured that providers were kept up to date with local changes and that there were opportunities for providers to ask direct questions of those officers responding to national directives and implementing local changes. The forum also provides a platform for care home managers to interact with their professional peer group. This support, alongside that offered by public health services, has been crucial in ensuring those care homes affected by outbreaks were provided with a high level of support tailored to their particular circumstances. This was crucial given both the level of media scrutiny around the service and the increasing demands made of care home staff to manage the introduction and maintenance of a range of additional procedures including data reporting, testing of residents and symptomatic and asymptomatic staff and the engagement with COPFS investigations into care home deaths.

The Partnership has participated in the first round of supportive visits, and are engaged in a second round. Two staff members have now been employed by the Partnership to undertake care home assurance visits. These staff will work in partnership with Infection Prevention and Control Nurses to offer advice and support to all of Dundee's care homes. Written reports from each visit are shared with the safety huddle in order to agree any actions that require to be undertaken. Local care homes have engaged with the TURAS reporting system; the information collated through TURAS, combined with local knowledge, has informed and enabled the work of the daily huddle. A daily review of care homes and the Tayside Care Home Oversight Group are in place to assess and support homes appropriately, ensuring that safe care is provided and support applied when needed. DHSCP host the daily care home safety huddle twice per week; this is a minuted forum for a multi-disciplinary team to share information regarding Dundee's care homes. In addition, this forum provide intelligence, TURAS data to the Oversight Group, as well as making recommendations regarding actions that require escalation.

Over the next phase of the lockdown we will be working with care homes to assess and commence visiting, continuing to support any outbreaks and working with care homes to manage a move towards re-commencement of care admissions and the provision of respite care. We anticipate that this will be a slow process and that the stability will be influenced by the ongoing financial supports for the sector and the potential future demands for residential and nursing care.

We will continue to test residents prior to admission and to progress and support the use of anticipatory care plans.

Specific priorities for Dundee Health and Social Care Partnership in the next phase of recovery are:

- Maintaining intensive support to all care homes as per care home plan submitted to Scottish Government.
- Working across Tayside to establish additional support for care homes including a flexible social care staff team, access to ancillary supports and management and leadership support.
- Reviewing enhanced governance and support arrangements in line with national guidance.
- Releasing capacity of Care Home Team from quality assurance activity and recommencing planned improvement activities.
- Reviewing models of care home-based services, including respite care and intermediate care for people living with mental health challenges (commenced prior to the pandemic but paused during lockdown).

7.5.4 Care at Home

We prioritised our social care services to support those who most required them, reducing our lower level supports (practical support) to focus on personal care. We are aware that a number of service users whose families were working from home chose not to utilise services during the pandemic period and that as lockdown eases there will requests for services to re-commence. We have recently introduced an Independent Living Review Team and will work with families and service users to assess any changes during the pandemic. As a result of these approaches, social care services have continued to receive and provide for new referrals and maintaining support for those being discharged from hospital. We were also able to increase support to those who required this or where carers required additional support. Overall the level of service provision has remained steady during the last three months.

As with the care home sector, we have maintained regular contact with our commissioned services supporting access to testing, financial support and relaxation of the payment process from actual to planned service delivery payments. This included support for the provision of PPE during the early days of the crisis and ongoing support through the development of the PPE distribution hub. Strategically we will continue to review our models of social care through our commissioning arrangements. We have not seen a rise in people accessing SDS options but will continue to explore this as we move towards recovery.

Specific priorities for Dundee Health and Social Care Partnership in the next phase of recovery are:

- Continued implementation of Independent Living Review Team to review the number of packages of care in the community, to work with community care workforce and contribute positively to support and enable earlier discharge for individuals from hospital, and to enable their independence in the home environment.
- Enhancing our focus on implementation of eligibility criteria to support streamlined referral processes.
- Increasing the emphasis on use of technology enabled care across the service.

7.5.5 Housing Support / Care at Home

Housing Support and Care at Home services have continued throughout COVID 19 to support individuals with a Learning Disability and/or Mental Health challenges in their own homes. Internal provision has continued across 10 sites, and external provision in region of 16500 hours per week have been delivered.

We are aware that a number of services have increased provision to mitigate the impact of reduced day service and enabling provision. As lockdown eases and we progress through the recovery all service users will be supported to have the same rights as the rest of the population there will requests for services to re-commence. To do this safely there is likely to a requirement to increase the workforce. It will also be necessary to ensure that the support provided incorporates changing needs which have occurred as a direct result of COVID-19, this applies to physical and emotional wellbeing.

We have maintained regular contact with our commissioned services, formal and informal reporting processes are in place to provide support in relation to staff testing, PPE, financial support and capacity issues. We have also provided an overview and regular updates regarding recovery planning.

Strategically we will continue to work in partnership with providers to ensure resources are deployed appropriately to meet any changing needs.

Specific priorities for Dundee Health and Social Care Partnership in the next phase of recovery are:

- Considering the impact of the delay in new tenancies due to the pause in construction.
- Monitoring the wellbeing of the workforce in internal and external provision.
- Increasing leadership capacity in some areas (cross sector) to help meet the increased demands relating to COVID recovery and to support new ways of working.
- Continuing to work in partnership cross sector to ensure adequate funding through the recovery phase. Opportunities to review outcomes for people and establish future support models may lead to a need to disinvest in some areas and reinvest in others.

7.5.6 Carers

Carers make an essential, significant and valued contribution to the wellbeing of people in our communities. During the pandemic they have provided increased levels of support for those that they care for. Changes to how services are delivered and a strong impetus to minimise the levels of contact supported people have with others to protect them from COVID-19 has meant that some supported people and their carers chose to suspend all or some of their formal services.

The stepping down of planned respite and day care services has meant that many carers have not had a break from their caring responsibilities for significant periods of time. Dundee HSCP has increased flexibility in the use of SDS Option 1 resources by carers and has continued to support through emergency respite care. Respite Care in 24-hour alternative has been arranged for people when the situation has needed critical support. A limited amount of Day Centre provision has continued for some people with the most vulnerable circumstances and Day Care has also been available for some through 1-2-1 outreach support as an alternative to building based provision. Outreach support has, in some cases, been thought to be a more effective in improving or maintaining some people's outcomes and it is anticipated that as we remobilise we will be likely to develop and further expand this option. Recovery plans include the re-establishment of day care and planned respite care provision as soon as possible.

The workforce has continued to provide face-to-face contact when this has been assessed as essential for carers and supported people. In addition, alternative models of support have been implemented within a number of agencies who provide carers support services, for example the provision of 1:1 support via telephone and video call (using Attend Anywhere) and weekly Facebook Live virtual hubs by Dundee Carers Centre. Carer e-cards were developed for both young and adult carers to support them to continue to travel to carry out their caring role and to undertake activities such as shopping or collecting medication. Specific local arrangements were implemented to support unpaid carers to access PPE. All ages of carers across the city continued to be able to access the Short Break Brokerage Service at Dundee Carers Centre. This support meant that many carers explored and experienced ways of having a break and getting a rest that were not based on going away on holiday or Respite Care provision for the person they care for.

A range of creative and pro-active approaches were utilised to continue support for young carers, including continuation of short breaks and the provision of IT equipment and support to access the internet in order to maintain social connection to friends, family and professionals. Investment was also secured to develop and distributed wellbeing packs to young carers.

In addition, Dundee City Council and NHS Tayside implemented specific supports for members of their workforces who are carers, including specific human resources responses and signposting to relevant support services.

Following wave 1 we recognised the critical need to work with carers and their representatives to understand the impact of the pandemic on their needs and priorities. We will be progressing this work through our Carers Partnership who are also leading the revision of our local Carers Strategy prior to October 2021. A recent Carers Partnership engagement exercise is currently subject to more in-depth analysis by carers and agencies; preliminary analysis has identified a number of key themes regarding positive and negative impacts of the pandemic for carers including: enhanced pride in caring role and in wider contributions to community wellbeing; positive impact of home/flexible working on caring role; impact of increased caring on employment, physical, mental and social wellbeing; reduced accessibility of carer supports and wider social support networks; additional financial pressures; limitations of digital equipment and service delivery; and that there is more work needed to learn about and act on specific impacts for young carers and Black, Asian and minority ethnic carers. Findings from the engagement exercise will inform respite care service planning, the further development of targeted support to carers, workforce development activity aiming to enhance awareness, identification and support to carers, and support future partnership working to respond to the needs of carers.

Specific priorities for Dundee Health and Social Care Partnership in the next phase of recovery are:

- Continuing to work with local carers, carer's organisations, other agencies, local communities and other stakeholders to better understand the impacts of lockdown on their needs / priorities and develop enhanced responses, including to carer stress.
- Collating national research and data reflecting carer's circumstances and changed circumstances during pandemic in order to analyse what is needed for future strategy.
- Sustaining and further developing supports for members of the workforce who as well provide care and support to someone else in their own time.
- Recommencing development work to fully implement and embed Adult Carer Support Plan and Young Carer Statement work by summarising progress so far and co-ordinating with Personalisation Board to ensure whole family/caring situation is considered and supported.
- Consider how best health inequality developments can support further preventative and early intervention work for carers.
- Ensuring the work of Dundee Partnership fairness and social inequality activities take account of Carers matters including intersectionality of Carers, association with disabled people and those with protected characteristics including race and age.
- Progressing refresh of 'A Caring Dundee: A Strategic Plan for Supporting Carers in Dundee' and the Short Breaks Services Statement

7.6 Community Mental Health (including Drug and Alcohol Services)

Dundee will work as part of Tayside Mental Health Services to meet the mental health and wellbeing needs of its population while managing changing demand, need, priorities, and challenges due to COVID-19. Recovery and renewal plans have been co-ordinated, developed and shared through the Health and Social Care Partnership and Mental Health Command Structure, and this has informed a Tayside wide Whole System Recovery and Renewal Plan. We recognise the importance of delivering a high quality, responsive mental health service due to the direct relation with both physical health and also the potential to widen health inequalities when this is not in place.

As a whole health and social care system we anticipate an increase in demand for people with increased distress as well as mental health issues. National figures tell us:

- A higher proportion of people with long-term health conditions (59%), single parents (63%), those aged 25-34 (65%), and women (63%) reported having been anxious/worried compared to the overall adult population (54%). Higher proportions of young people age 18-24 (41%) and single parents (33%) report having been lonely in the previous two weeks than the adult population overall (26%).

- Higher proportions of young people age 18-24 (26%), age 25-34 (27%), and single parents (24%) report feeling hopeless in the previous two weeks than the overall adult population (17%)
- A higher proportion of people with a mental health diagnosis (27%), a long-term health condition (25%) and unemployed people (23%) are not coping well compared to the population overall (13%):

NHS Tayside Remobilise, Recover, Redesign Tayside Mental Health Plan (April 2021-March 2022) provides a full overview of the pandemic response within community mental health services (including community drug and alcohol services) and planned recovery actions. This has been supplemented below with further information about specific priorities within services delegated to and managed by DHSCP.

7.6.1 Community Mental Health and Learning Disability

Specific priorities for Dundee Health and Social Care Partnership in the next phase of recovery are:

- Further increasing capacity to provide a range of short breaks as an alternative to more traditional forms of respite, both to support lifestyle choices for people and to increase the level of support offered to carers. Mental Health and Learning Disability Teams have re-commenced their own short-break applications processes for breaks that can be arranged in accordance with the future easing of lockdown restrictions.
- Developing cross sector day supports that enable opportunities seven days per week and that provide increased respite for carers.
- Assessing and addressing the impact of reduced day service provision on individuals, family carers and organisations.
- Maintaining use of available housing stock / void properties to reduce unnecessary delays in hospital and support vulnerable people in the community. Including working proactively with landlords to enable quicker response times for use of housing stock.
- Exploring outings to access community facilitates where guidelines/ route map support this and risk assessments, safe working practices are met.
- Move to a more integrated model of health and social care assessment and care management.
- Continuing to monitor the effect of the Council's charging policy, particularly in circumstances where people deemed to be at risk do not engage with (chargeable) support and, as a result, pressures may become apparent in other areas of provision.
- Establishing a digital radio station to provide accessible information for people less likely to engage with conventional services and / or out-with current service hours.
- Opening of the hydrotherapy pool at White Top determined by both national and local guidance, risk assessments being in place and agreed systems and working arrangements.
- As a means of reintroducing face to face support, develop socially distanced 1:1 walking consultations with Nursing and Allied Health Professional staff utilising the abundant local green spaces.
- Gradually re-introducing of some elements of care and treatment in congregate settings if all environmental adjustments, training and workforce arrangements are in place. Priority will be given to supported people who live at home with family / carers.
- Fully embedding the Dundee Mental Health Discharge Hub within established team structures and address the priority to make this a seven-day service.
- Engaging in a whole-system approach to patient flow between adult mental health community and in-patient settings.
- Addressing the significant capacity issues within the Tayside Adult Autism Consultancy Team whilst leading a neuro-developmental pathway work-stream (as part of a Tayside wide Change Programme) to respond to both locally identified need and emergent national priorities.
- Expanding mental health resources delivered at GP Practice level to ensure provision across all practices.
- Collaborating with the Physical Health Co-Ordinator, within the Mental Health section of Public Health, to assist the initial scoping and further development of the `Bridging the Gap` project.

- Continuing to assess and plan Mental Health Officer staffing in line with increasing demand in relation to the statutory duties arising from both the Mental Health Act and Adults with Incapacity Act work, including the cumulative effect of the temporary suspension of Scottish Court processes.
- Establishing a Medication Concordance Framework of support around people with challenges arising from mental health or learning disabilities. This development will utilise the skills of nurses, AHPs and pharmacists with enhanced prescribing skills to improve both mental wellbeing and physical health.

7.6.2 Community Older People's Mental Health

COPMH services developed a risk matrix to manage assessment, support, contact and engagement with people who use the service, their families and their carers. While the service suspended out-patient clinics it has continued to respond to referrals. As with other areas, this service provides a high level of support to individuals and carers, through both direct contact and access to community supports, and through the post diagnostic support. Where these can be managed remotely the service has continued to be provided. In line with national tiers face-to-face support has been continuing where this can be delivered safely. There has been a range of options to provide support both remotely with the introduction of "Near Me" and in people's homes if assessed as required and safe.

Following wave 1 work was completed to recommence ward links with social workers attending multi-disciplinary teams at Kingsway Care Centre in order to support safe discharge planning. Ward visiting status was also reassessed and reduced allowing initial assessment visits and other required visits to take place supported by risk assessments.

This service also hosts the Care Home Team and we have recognised that for those service users in care homes who have cognitive impairment that this has been a particularly difficult time for them, their families and for staff. The care home team has continued to provide support to people in care homes both by remote means and face to face when appropriate and safe. Supporting people to remain at home safely will be a key focus for the service as we move through recovery. It is also anticipated that there will be an increase in referrals as other services recommence engagement and assessment of individual health needs.

Specific priorities for Dundee Health and Social Care Partnership in the next phase of recovery are:

- Exploring further 'step-up / step-down' models of care for Psychiatry of Old Age to reduce inappropriate hospital and care home admissions.
- Expansion of post-diagnostic service to include on-line models of groupwork and support.

7.6.3 Psychological Therapies

There are two distinct elements to psychological therapy provision hosted within the Dundee Health and Social Care Partnership: the Multidisciplinary Adult Psychotherapy Service (MAPS) and the Tayside Psychological Therapies Service (PTS).

MAPS has detailed that during the pandemic, the number of sessions required to result in an effective treatment episode has increased from 40 to between 50 and 60. This has resulted in increased waiting times and an increase in the total number of people waiting (as referral numbers have remained constant). The implementation of the recently developed staffing strategy will create greater overall capacity within the service and reduce the level of additional resources required.

Specific priorities for Psychological Therapies in the next phase of recovery for are:

- Expanding internet enabled Cognitive Behavioural Therapy for Adult Psychological Therapies.
- Reinstating services that have temporarily ceased (e.g. psychological assessment for Bariatric Surgery and Exceptional Aesthetic Surgery).
- Considering recruitment options to attract a greater number of suitable candidates.
- Introduce dedicated In-Patient Adult Psychological Therapies Services for people who experience mental ill health and people with learning disabilities.
- Establish accelerated referral pathway for health and social care staff requiring psychological intervention as part of the overall staff wellbeing framework for Dundee Health and Social Care Partnership.

- Develop a commissioning framework for the provision of Psychological Therapies that will support the ongoing development of new and revised patient pathways.

7.6.4 Community Alcohol and Drug Services

The delivery of alcohol and drug services was seen as critical and as such all activity continued, albeit with the requirement to consider delivering this in different ways. During the emergency response to COVID-19 detailed action plans with priorities for community alcohol and drug services were implemented to ensure ongoing capacity for delivery of service pertaining to:

- Injecting equipment provision (IEP).
- Opioid substitution therapy (OST).
- Take home naloxone (THN).
- Maintenance of non-fatal overdose follow-up pathways (NFOD).
- Maintenance of the specialist harm reduction nursing service.
- Maintenance of community alcohol detoxification.
- Maintenance of assessment for drug and alcohol treatment.

The majority of ongoing contact with service users was made by telephone to ensure that people continued to receive ongoing support. NearMe was implemented but has had limited uptake by service users. Face-to-face consultation was provided according to service user needs and referrals continued to be accepted and acted on.

The initial step down of in-patient detoxification services at Kinclaven Murray Royal between March and June, had a knock-on effect for community-based services and a home detoxification alcohol service was provided for those at lower risk. The learning from this has been considered as community and inpatient alcohol and drug services remobilise. The opportunity to provide residential rehabilitation placements continues to be available during wave 2 for those people who require this. Some challenges have been experienced in relation to the provision of throughcare and reintegration services and supports following the end of placements due to limited availability of housing stock.

Alcohol and drug services are building on their plans to recommence pre-COVID level service, with continued use of remote technology where appropriate. This includes continued joint working with third sector services (commissioned and non-commissioned) to maintain the provision of direct supports in communities for people who use drugs and alcohol. In Dundee we have recommenced the programme to progress the implementation and monitoring of the Drug and Alcohol Action Plan for Change.

Specific priorities for Dundee Health and Social Care Partnership in the next phase of recovery are:

- Reviewing plan for return to community pharmacy dispensing following changes to Scottish Government guidance for people who are shielding.
- Reviewing and implementing access pathways, including options for re-opening of direct access, taking account of social distancing requirements, physical environment and staffing capacity.
- Reviewing capacity to provide outreach services and respond to increasing demand from those people whose drug and alcohol use has started / escalated during lockdown.
- Reviewing and implementing the delivery model for psychosocial interventions considering whole system of care approach.
- Contributing to work across the Alcohol and Drugs Partnership to progress the implementation and monitoring of the Action Plan for Change. Specific focus on working with General Adult Psychiatry to implement NICE Guideline 58 through the work on the Whole System of Care test of change supported by the Drugs Death Taskforce Multiple and Complex Needs funding stream.
- Plan for local investment of additional funds announced by the Scottish Government for the enhancement of residential rehabilitation and community-based services.
- Contributing to work across the Dundee Alcohol and Drugs Partnership to review options for resuming peer support work, including SMART meetings and the work of the peer volunteers.
- Implementing medication assisted treatment standards.

8. Winter Planning

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The Winter Plan from NHS Tayside encompasses all Tayside partner organisations, including the relevant HSCPs, who have been integral the development of the plan. A focus on maintaining improved performance in relation to delayed discharge will continue in 2021/22. Alongside our partners, our aim is it to retain the current improvement with no more than 50 delayed discharges at each census point. For DHSCP this equates to no more than 5 acute delays and 20 delays in total.

The NHS Tayside Winter Plan prioritises front door assessment and alternatives to admission wherever possible. The plan develops services which support the front door response to presenting patients, capacity and flow through the hospital, a home first model of assessment and care, and prevention of influenza models. The plan builds on the learning from the previous year's winter planning and initiatives developed through the response to COVID-19, including digital solutions.

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

- Re-investing intermediate care resource to further develop robust community rehabilitation model to support and promote earlier discharge home from hospital.
- Building on the Frailty at the Front Door model already successfully implemented in AME unit, by developing a community triage service for those frail patients who may be able to receive appropriate care and treatment in their own homes.
- Expanding the existing social care/community nursing assessment service developed in response to the COVID Hub model to support community triage.
- Further developing ECS/DECSA to support Hospital at Home. Identified as pilot site for HIS Hospital@Home trial.
- Focusing on implementation of eligibility criteria to reduce reliance on scarce social care resource.
- Strengthening of third sector interface to promote the use of alternative community supports as part of Home First strategic redesign work.
- Developing a 7-day model of working across Partnership services.
- Developing a community capacity situational awareness communication system to promote better whole system working across primary and secondary care.
- Developing intermediate care provision for older people with mental health problems.
- Remodelling of Integrated Discharge Hub to support improved patient flow.
- Ongoing home care and deteriorating improvement work in the community.
- Additional investment in the falls and community rehabilitation pathways through remobilisation monies.
- Continuing development of an amputee pathway to improve patient flow.
- Expanding the MFE Frailty model, into Surgical and Orthogeriatrics to improve patient experience.
- Continuing development of joint working arrangements across Tayside Partnerships to promote standardised models of working and simplified referral pathways for clinical staff.
- Implementing a flu campaign which covers patients over 55, vulnerable groups and staff.
- Developing community diagnostic services - initially phlebotomy.
- Further investing in social care to support early discharge over winter.
- Refining the stroke pathway to improve patient experience.
- Fully establishing the Mental Health Discharge Hub to extend transitional care to 6 days and support mental health in-patient stays that are as brief as possible whilst preserving safety.

9. Third and Independent Sector

9.1 Humanitarian Response

During the pandemic DHSCP has contribute to a range of activity co-ordinated across the wider Community Planning Partnership to address the basic needs of the most isolated, vulnerable and disadvantaged individuals and communities within Dundee. The contribution of third sector services to these activities has been significant, with Dundee Volunteer and Voluntary Action (DVVA) supporting and co-ordinating contributions from across a range of voluntary and community organisations. DVVA

also co-ordinated volunteering efforts across the city, including matching offers of volunteering from individuals to organisations seek additional capacity. Dundee City Council co-ordinated a helpline and range of supports for those people who are shielding and for general public enquiries.

9.2 Provider Support and Sustainability

DHSCP has strong and positive relationships with commissioned providers which has provided a foundation for enhanced partnership working during the pandemic. The Social Care Contracts Team, in partnership with operational services, has had a strong focus on provider support and sustainability throughout the pandemic.

A provider communications system was established in the early phases of response ensuring that all providers across health and social care (children and adults, commissioned or not) received collated up-to-date information about key developments in legislation and guidance as well as links to useful resources. Systems were also established to support all external health and social care providers to refer symptomatic staff and their household contacts for testing, playing a vital role in protecting capacity within the third and independent sector workforce. More recently arrangements have been put in place to ensure that members of the health and social care workforce employed in the third and independent sector have been able to access the seasonal flu and COVID vaccination programmes in-line with agreed national and local priorities. Support is also currently being provided in relation to the expansion of asymptomatic staff testing to care at home, day care and housing support.

Local guidance on financial sustainability matters has been developed in-line with national guidance and agreements. Commissioned providers are being supported to submit financial claims and systems have been established to process these in a timeous manner.

Contracts Leads from operational services have worked alongside Contracts Officers to maintain regular contact with commissioned providers by a range of virtual methods. Weekly provider reporting processes have been established across key service areas, with an overview of information received informing subsequent planning and decision making. Provider forums have continued to operate in service areas such as care homes and social care facilitated via virtual means. Specific additional briefings have been held where required, for example in relation to the COVID vaccination programme. Where it has been required bespoke support has been provided to specific providers, for example the provision of health and safety in relation to COVID-19 for providers with smaller numbers of employees. This is in addition to the advice and guidance available to third and independent sector providers through bodies such as DVVA and Scottish Care.

Specific priorities for Dundee Health and Social Care Partnership in the next phase of recovery are:

- Supporting the recovery of commissioned capacity where this has been restricted as a result of the pandemic.
- Supporting the reinstatement of full contract monitoring reporting and financial reconciliation and developing and implementing associated processes / approaches.
- Working with providers to identify and address any areas of business risk and/or sustainability issues.
- Working with providers to support timely submission and processing of financial sustainability claims.
- Reviewing the frequency of provider communication updates in-line with the developing profile of the pandemic.
- Working with health and social care providers to identify learning from the pandemic response period and to incorporate learning into operational and strategic improvement plans activities as well as contractual frameworks.
- Considering learning and recommendations from the Adult Social Care Review and its implications for commissioning and procurement functions.

10. Workforce

The contribution of the health and social care workforce, including those employed by independent and third sector providers, has been a critical and invaluable enabler during the COVID-19 pandemic. Their commitment to maintaining services and to protecting the health and wellbeing of the people they care for has been demonstrated through their flexible approach in rapidly changing and very challenging circumstances.

Developments that recognise and respond to the impact of the experience of working through a pandemic on our workforce have been an important element of the Partnership's overall response. Dundee City Councils Workforce Wellbeing Service has been opened up to all of the health and social care workforce (regardless of employer), workforce wellbeing surveys have been undertaken, on-line resources signposting to supports and self-directed resources have been compiled, informal peer support, mentoring and coaching has been provided, capacity has been protected within mental health services to provide support to the workforce, learning and workforce development activities on trauma have been provided and trauma-informed responses developed and, Recovery Rest and Relaxation spaces have been identified across a range of services. In addition, individual managers have introduced a variety of creative ways to provide virtual and in-person support to their workforce, including the use of outdoor spaces with appropriate physical distancing. The priority placed on workforce health and wellbeing will continue to be high during the recovery period and for the foreseeable future.

We have also provided enhanced and individualised support to a number of colleagues who have been shielding or are in high-risk groups (or who live with people who are) to support their continued contribution to the workplace. This work has been particularly challenging given the need to co-ordinate across two-sets of organisational policies, procedures and guidance as they relate to staff employed by NHS Tayside and Dundee City Council.

A DHSCP Workforce Wellbeing Framework has been developed in full alignment with the Scottish Government's national framework to support and respond to psychosocial and wellbeing needs. This wellbeing framework considers both in-pandemic and post-pandemic workforce needs, protective factors and risks. In recognition of the cumulative impact of the pandemic on the workforce, from senior management to frontline workforce, the framework contains a series of targeted interventions and activities that directly respond to the ongoing wellbeing needs of the workforce. Key elements in include the development of a robust workforce communication and engagement plan, creation of virtual wellbeing rooms and opportunities for peer support, further development of responses to trauma and psychological distress, wellbeing surgeries for managers and formal psychological responses to individuals as required. We support and promote the NHS Tayside and constituent partnerships BAME group and will undertake any specific actions arising from this group.

We need to plan services and a workforce to work within this pandemic over many months and years. Our systems have been reconfigured to maintain safe delivery across all health and social care services and supports. We have supported staff to transition to blended models of working, including both office / community-based work and home working. We are continuing to work with Dundee City Council and NHS Tayside to manage the workforce deployment through their corporate processes. This has included agreeing ongoing temporary use of resources to support COVID specific services, such as the local PPE hub, with these arrangements continuing into 2021/22 in-line with national guidance. We will develop more detailed plans regarding these areas through the review of our DHSCP Workforce Plan as one of the companion documents to the DHSCP Strategic and Commissioning Plan.

We support and promote the NHS Tayside and constituent partnerships BAME group and will undertake any specific actions arising from this group. We are continuing to support staff to take leave, including any accrued leave built up in earlier stages of the pandemic. Support is being provided to members of the workforce employed by NHS Tayside as we approach the end of the annual leave year to enable staff to use leave balances wherever possible and to plan alternative arrangements in exceptional cases where this is not.

We will also continue to co-ordinate with their corporate workforce communications, supplementing this with direct messaging from the DHSCP Chief Officer and IJB Chair where appropriate.

Specific priorities for Dundee Health and Social Care Partnership in the next phase of recovery are:

- Continuing to develop and promote workforce Wellbeing Service (DCC) and opportunities for rest and recuperation.
- Finalise and implement the DHSCP Workforce Wellbeing Framework alongside approaches to monitor and evaluate impact.
- Supporting all services / teams to plan for long-term blended approach to service delivery (mix of building base and home-working). This will include reviewing long term working patterns and addressing the IT requirements for staff.
- Continued contribution to wider programme of work to develop trauma informed organisational cultures across Community Planning partners in Dundee and to recognise and value workforce lived experience.
- Review DHSCP Workforce Plan as part of overall programmes of work to review the DHSCP Strategic and Commissioning Plan and companion documents.

11. Clinical Care and Professional Governance

After being suspended at the beginning of the COVID period the formal Clinical, Care and Professional Governance Forums were reinstated at the end of the first wave.

Throughout the pandemic we have continued to prioritise activity to address the recommendations of Trust and Respect (Independent Inquiry into Mental Health Services in Tayside) and the Dundee Drug Commission. This has included the development of Living Life Well, a new Tayside strategy for mental health and wellbeing. We have recently had a recent inspection by HIS of our Medicine for the Elderly wards highlighted good practice in the care of our older patients.

As previously described we have supported Care Homes to manage the clinical and care needs of residents. Daily huddles were established and we are members of the Tayside Care Home Clinical and Care Oversight Group chaired by the Director of Nursing. We have undertaken supportive visits, supported the testing of symptomatic residents and staff and the introduction of weekly testing for asymptomatic staff. We will maintain the monitoring of care homes as ease of lock down progresses.

Exception reporting has continued since the reintroduction of clinical, care and professional governance forums with assurance provided through relevant governance committees. Weekly review of a range of governance information continues to ensure focused, frequent management of risk and developing concerns or issues.

Protecting people committees have continued to adapt their frequency of meeting to the emerging profile of the pandemic. A protecting people COVID-19 strategic risk register is now well embedded in the work of the committees and Chief Officers Group and provides the focus for strategic activity as well as operational responses.

Specific priorities for Dundee Health and Social Care Partnership in the next phase of recovery are:

- Maintaining full remit of clinical, care and professional governance activities across all services utilising remote working solutions and / or face-to-face sessions as appropriate.
- Developing a governance facilitator post to enhance and embed local data systems to support managers decision making in relation to governance and performance through the post-COVID period.
- Ensuring changes implemented through COVID response period are reflected through exception reports at primary governance groups and the clinical, care and professional group.
- Ensuring that short, medium and long-term impacts of COVID response period are built into governance reports alongside existing report parameters.
- Maintaining an overview and monitoring of care homes.

11.1 Infection Prevention and Control

Infection prevention and control has been a critical aspect of maintaining safe service delivery, both within our internal services and for commissioned providers. Whilst all services and providers had infection prevention and control procedures and practices in place prior to the pandemic there was

necessarily an enhanced focus on all aspects of this work and a requirement to significantly scale-up provision of PPE.

A key focus for the DHSCP has been work with Dundee City Council, NHS Tayside and NSS to source and distributed PPE across the health and social care workforce. Through a co-ordinated approach three hubs were set-up across the city; one council, one health and one DHSCP. Partnership working across these hubs has enabled supply chains to be maintained and PPE to be distributed to services where it was needed, with each one supporting the others where supplies were compromised. Where risks to the supply chain were identified these were escalated through NHS Tayside Bronze Group, DCC Incident Management Team and national routes.

At the DHSCP hub the focus has been on distribution of nationally supplied PPE to the social care sector, including unpaid carers and personal assistants. Local processes have been developed, reviewed and are now embedded in practice. The hub is now also supporting the expansion of staff testing through the provision of LFT kits. It is anticipated that hubs will remain operational until at least the end of July 2021.

Specific priorities for Dundee Health and Social Care Partnership in the next phase of recovery are:

- Reviewing functions of PPE Hub in-line with Scottish Government guidance and adapting processes and resourcing as required.
- Maintaining sustainable arrangements for continued provision of PPE, including the Hub arrangements and working towards appropriate exit plans.
- Implementing actions arising from Dundee / NHS Tayside risk assessments for PPE in community-based care services, including for personal assistants and unpaid carers.
- Considering and responding to revised guidance for service delivery, in line with national guidelines.
- Embedding COVID related Infection, Prevention and Control practice across all aspects of the workforce as business as usual.
- Further developing local audit and monitoring arrangements for Infection, Prevention and Control procedures and practice through the DH&SCP Infection, Prevention and Control Group.

11.2 Staff Testing

Throughout the pandemic period the DHSCP has made a significant contribution to arrangements for staff testing for the health and social care workforce. In the first wave of the pandemic the Partnership supported the establishment of the infrastructure for testing of symptomatic staff and their household contacts, including through the deployment of Partnership staff and the management of processes to enable the workforce employed through external providers to access testing.

In addition to testing for symptomatic staff members and their household contact the DHSCP has embedded process for asymptomatic staff testing in-line with national guidance. Work is ongoing to support the expansion of testing (LFT and PCR) to community and inpatients health staff, care at home, adult day care, sheltered housing and housing with multiple occupancies and personal assistants. This includes work to support external providers to implement asymptomatic staff testing as well as progressing arrangements for our own workforce.

Specific Priorities for Dundee Health and Social Care Partnership in the next phase of recovery are:

- Embedding expanded asymptomatic staff testing across health and social care services as described in national guidance. Including supporting the expansion of lateral flow device testing in-line with Scottish Government guidance via NSS distribution streams and through the Dundee PPE Hub.
- Monitoring local data to assess compliance with national guidance.
- Working with staff side representatives / trade unions to continue to support uptake of symptomatic and asymptomatic testing by the workforce.
- Planning for integration of staff testing as part of business as usual living with COVID provisions.

11.3 Vaccination

Since October 2020, DHSCP has supported the planning and implementation of the COVID-19 Vaccination Programme in-line with national guidance and in close collaboration with NHS Tayside's Public Health Department who lead Tayside's programme. This has included the deployment of staff to support the implementation of the programme and a range of actions to support the implementation of vaccination activity in care home settings and of health and social care staff who meet JCVI category 2 criteria. Additionally, staff out-with these criteria who are over 65 years of age and/or Clinically Extremely Vulnerable. Working alongside staff side representatives / trade unions we have supported access to vaccination for the health and social care workforce, both those who are part of the delegated Partnership workforce and the wider workforce employed in the third and independent sectors. A range of communications activities, including briefings for internal managers and external providers, have been utilised to support access to the programme for staff groups in-line with JCVI criteria / national guidance and to provide support and information to staff to encourage uptake of vaccination. Specific systems have been established to manage queries regarding eligibility for vaccination in a timely and efficient manner.

Across NHS Tayside we have built on the achievement of the blended model used for the flu programme and used a similar model for COVID-19 vaccination. This has achieved a high uptake and delivery rate for both programmes. The role of the general practice teams will continue alongside an increasing delivery through centralised venues as younger age groups are vaccinated. The wider partnership working is key to the success of the programme across a wide range of agencies, particularly supporting the community clinics.

As part of the Vaccination Transformation Programme developments around flu and other vaccinations will continue to develop across the year. There will be an increased transfer of work from general practice teams to HSCP delivery. Flu will be prioritised, but a model for other vaccines will be developed. There are a number of variables which will impact on this.

Specific Priorities for Dundee Health and Social Care Partnership in the next phase of recovery are:

- Continuing activity to support the completion of the health and social care staff COVID vaccination programme, supporting this on an ongoing basis if required.
- Continuing leadership from Primary Care to progress the roll out the public COVID vaccination programme.
- Working with NHS Tayside to develop sustainable plans for longer-term delivery of COVID-19 vaccination, as this is known.
- Continuing communications activity, in partnership with Public Health and staff-side / trade unions representatives, to actively promote take-up of the COVID vaccine by the health and social care workforce and the general population.
- Continuing to develop a new model for flu delivery building on the learning across Tayside from the last year. The model will continue to transfer vaccine delivery from practice teams to a HSCP model of delivery.

12. Digital Working and Infrastructure

Digital interventions are now seen as of critical importance as part of the emergency COVID-19 response and to support our recovery. The rapid expansion of the use of platforms such as NearMe and Attend Anywhere to support continued delivery of services, as well as platforms such as Microsoft Teams to support workforce communication and remote working must now be consolidated. The further expansion of such approaches will be critical to supporting ongoing blended models of service delivery and working for a significant period of time. In some areas, feedback also suggests that these platforms have been positively received by people using services and have the potential to become a substantive model of service delivery beyond the end of the pandemic and complete removal of physical distancing measures. To support this approach, and to help inform the development of the next phase mobilisation plans, the Scottish Government is making new and flexible digital remote monitoring services available to all territorial Health Boards and Health and Social Care Partnerships. DHSCP will work with NHS

Tayside to further expand and develop this approach through NHS Tayside's Digital Remobilisation Plan and Digital Strategy.

There will also be a need to consider hybrid models of service delivery using digital and non-digital approaches to minimise the impact of digital poverty on our population and support access to services and supports regardless of individual's own digital status.

All GP practices in Dundee have been enabled to use and tested NearMe video consultation with almost 800 NearMe consultations between March and June, as well as GP OOH service is actively using this technology. In addition, a number of community services are exploring the use of NearMe. Initial feedback from staff and service users has been very positive and we intend to build on this.

The pandemic has highlighted significant inequality across our own workforce in relation to digital accessibility, with some sections of the workforce having very limited access to basic IT equipment and systems, such as smartphones, that would enable them to work more effectively and to remain connected to their team and manager.

While not yet developed we expect there to be additional local one-off costs of developing digital working further. There will also be significant challenges to overcome in managing the interface between the separate IT infrastructure and systems maintained by Dundee City Council and NHS Tayside.

Specific priorities for Dundee Health and Social Care Partnership in the next phase of recovery are:

- Continuing to expand scope of NearMe (Video Consultation) Project to support wide scale adoption of remote consultations (telephone and video), including for Primary Care, Mental Health and AHPs whilst (along with local partners) also considering how to reduce digital health inequalities.
- Continuing to build local capacity to fully utilise Microsoft Teams functions across NHS Tayside and Dundee City Council.
- Continuing to increase availability of IT hardware in order to fully utilise NearMe Tayside, Microsoft Teams and other digital platforms to sustain core business for those home working. e.g. provision of NHS and DCC IT equipment for all who require these.
- Continuing to develop Mobile WiFi hubs in identified locations to support laptop access to NearMe Tayside, Microsoft Teams and other digital platforms to provide essential links for clinical recording.
- Scoping workforce training and development needs to support increased emphasis on blended service delivery and identify appropriate responses.
- Working within NHS Tayside to implement their Digital Infrastructure and Innovation Mobilisation Plan, including elements supporting safe remote access to patient records and recording and safe remote patient monitoring and consultation.
- Working with Dundee City Council to engage with Using Your Own Device roll-out where appropriate in a work context.

13. Communications and Engagement

Dundee HSCP has worked closely with NHS Tayside and Dundee City Council Communications Teams to ensure information has been cascaded in a consistent, accurate and timely manner to the public and the workforce. Social media, websites, intranets and local media have all been utilised during the pandemic to share key information, including service closures and restrictions. Dedicated communication channels have been developed for Primary Care including zoom meetings and briefings. A series of radio adverts focusing on supports available across protecting people services was commissioned and complimentary information leaflets produced and distributed widely.

Voting members of the Dundee Integration Joint Board (IJB) have been briefed regularly by the Chief Office. Written briefing information has subsequently been shared with all IJB members and with elected members of Dundee City Council and NHS Tayside Board.

The Chief Officer and a range of other staff have actively participated in and contributed to national groups, including through Health and Care Scotland. Links have been maintained with national strategic

and scrutiny bodies such as Healthcare Improvement Scotland, the Care Inspectorate and SSSC. A direct link to the Tayside Local Resilience Partnership has been maintained through their Care for People Sub-Group which is chaired by the Head of Service for Health and Community Care.

Initial feedback has been collected from staff which provides a range of emerging themes, examples of innovative developments to be taken forward as well as some of the challenges our workforce are facing. It is recognised that there is a requirement to engage differently with the public and stakeholders about the changes that the COVID recovery plans will bring.

The Dundee Community Planning Partnership and Dundee Carers Partnership have undertaken public surveys in the final months of 2020 with a view to capturing public experiences of the impact that COVID-19 has had on health and social care needs. We are in the final stages on analysing the data from these surveys and will be incorporating relevant responses into local strategic and action plans.

We recognise that as we move out of wave 2 and continue to implement the COVID vaccination programme that there is growing public demand for forward looking information setting out the roadmap to the full reinstatement and recovery of services. We intend to work with the corporate communications teams to develop clear and consistent public messaging that addresses this issue.

Specific priorities for Dundee Health and Social Care Partnership in the next phase of recovery are:

- Continuing to communicate with service users and carers to keep them updated regarding service provision (general developments and individual specific matters), including developing specific messaging focused on the local roadmap to recovery of health and social care services and supports.
- Reviewing and utilising national communication plans and resources for remobilisation for local implementation / messaging.
- Progressing engagement activity associated with the review of the Partnership's Strategic and Commissioning Plan.
- Completing analysis of public surveys already undertaken and incorporating key priorities and actions within revisions of strategic and action plans.

14. Governance and Strategic Planning

Changes to operational arrangements have been overseen and supported by a rapidly established incident control structure. The Partnership's Silver Command has led internal response planning and implementation, supported by a range of subject / issues specific Bronze Groups. This has been supplemented by arrangements for senior management cover across weekends. The internal Partnership structure has been co-ordinated with those in place in NHS Tayside and Dundee City Council.

Following the utilisation of essential business procedures during the first wave of the pandemic full meetings of the IJB and associated committees were reinstated from August 2020. The IJB has considered an initial overview of the pandemic response from the Partnership, detailed analysis of the impact on the delivery of the current strategic and commissioning plan and the Partnership's recovery plan. The Partnership's Strategic Planning Advisory Group has also been reinstated and will have a central role in supporting the assessment of the impact of the pandemic on strategic plans over the next period of recovery. Quarterly performance report templates have been updated to include data that reflects the impact of COVID-19 activity on performance against the national health and wellbeing indicators and Measuring Performance Under Integration suite of indicators where data is available.

The DHSCP Strategic and Commissioning Plan is due to end on 31 March 2022. Under section 37 of the Public Bodies (Joint Working) (Scotland) Act 2014 the IJB must carry out a review of the effectiveness of its strategic plan prior to this date and decide whether or not to subsequently prepare a replacement strategic plan. The review must also consider the companion documents to the strategic and commissioning plan: Equality Outcomes and Equality Mainstreaming Framework; Housing Contribution Statement; Workforce and Organisational Development Strategy; Market Facilitation Strategy; and Participation and Engagement Strategy. The programme of work required to review the

strategic and commissioning plan is significant especially given that stakeholder engagement and consultation approaches will be fundamentally impacted by public health restrictions. Work has begun on the first phase of the review, the refresh of the Partnership's strategic needs assessment. Following this stakeholder engagement and consultation activity will commence. Whilst the work associated with reviewing the plan is significant it is also an important opportunity to reflect on the impact of the pandemic on the health and social care needs of the population.

The DHSCP is also working with the IJBs and corporate bodies across Tayside to complete the ongoing revision of the Dundee Health and Social Care Integration Scheme, following the completion of the statutory review of the scheme in 2020. Attention will also be given over the next recovery period to the recommendations within the Independent Review of Adult Social Care in Scotland and the implications for the Dundee IJB and DHSCP.

Alongside the review of the DHSCP Strategic and Commissioning Plan the Partnership has also begun work completed the statutory review of the local carers strategic plan and agreed that a revised strategy be developed. It is recognised that the pandemic has had a significant impact on the health and wellbeing of unpaid carers and on their needs and priorities. In addition to comprehensive engagement with carers throughout the lifetime of the current Carers Strategy, engagement activity has already been undertaken following the first wave of the pandemic and wider strategic needs assessment is being progressed before the end of 2020/21. A refreshed strategy is due to be considered by the IJB in early autumn 2021.

Specific priorities for Dundee Health and Social Care Partnership in the next phase of recovery are:

- Reviewing incident response structure, including frequency of briefing of voting members of the IJB, and supporting phased return to business as usual management structures.
- Re-commencing face-to-face priority governance meetings, including the IJB and PAC (with continued option for remote participation for people who are shielding or in high risk groups).
- Progressing review of Partnership's Strategic Needs Assessment to incorporate data regarding impact of COVID-19 pandemic.
- Completion of statutory review of the Partnership's Strategic and Commissioning Plan (for completion March 2022 at the latest) and any subsequent work required to revise the strategy and companion documents.
- Completion of the revision of the Dundee Health and Social Care Integration Scheme in collaboration with IJBs and corporate body partners across Tayside.
- Completion of revision of the Dundee Carers Strategy.
- Revising operational and strategic risk registers for the recovery phase.
- Considering learning and recommendations from the Adult Social Care Review and its implications for Integration Joints Boards.

15. Brexit

We have continued to review our EU Exit Readiness Plan and take into consideration any concurrent risks arising from exit for the EU. These concurrent risks are regularly reviewed at both a regional, local and resilience partnership level. Where issues arise we will address these through the appropriate channels.

16. Finance

During 2020/21, Dundee HSCP COVID-19 financial plans reflected a range of financial implications which were submitted regularly to the Scottish Government to inform additional funding allocations. Additional costs have been incurred in areas such as PPE, supporting independent sector care providers, covering higher levels of staff absence, covering lost income from services not fully open over the period of the pandemic in addition to investment in new community rehabilitation and care services. It is anticipated that by the end of the financial year 2020/21, additional COVID-19 related

expenditure of £11.9m will have been incurred by Dundee HSCP with full funding provided by the Scottish Government.

A largely similar pattern of additional COVID-19 expenditure is expected to be reflected in 2021/22 however these are currently subject to a significant degree of uncertainty in terms of timescales of the response required during the year and impact on service delivery and Scottish Government direction on particular high cost issues such as provider sustainability. Therefore, the overall costs in 2021/22 will continue to be subject to refinement over the period of the pandemic.

In terms of our recovery plan we expect additional costs to emerge in the following areas:

- Infection prevention and control, including PPE.
- Increased demand on Community Nursing.
- Third sector mental health service capacity.
- Third and independent sector provider sustainability payments.
- Increased demand for care at home.
- Increasing capacity of community-based mental health and learning disability services.
- Provision of additional bed / community-based services capacity for potential further outbreaks / winter planning.
- Increased provision for rehabilitation services including AHP and social care support.
- Continued dedicated support to care homes.
- Supporting the National Services Scotland PPE “hub”.
- Increased cost / reduced capacity of the provision of day care.
- Influenza (staff and public) vaccination programme and campaign.
- Digital working and infrastructure including moves to mobile working.
- Review of accommodation requirements.
- COVID-19 protection measures will affect available capacities across all community–based services.
- Deferred annual leave.
- Remobilising General Practice.
- Loss of income for services which continue to be closed / working at reduced capacity.

At this stage of financial planning for 2021/22, it is anticipated that all COVID-19 additional costs incurred by the HSCP will be covered by additional Scottish Government funding given the position in the current financial year.

APPENDIX 1: Remobilisation and Renewal 2021/22 Implementation Plan

DHSCP SILVER COMMAND
COVID-19 Re-mobilisation: Next Phase of Health and Social Care Response
Recovery and Renewal
Implementation Plan

Objective/ Responsibility	Action	Lead	Deadline[1]	Actual Completion	Update/Status
1. LEARNING FROM RESPONSE AND RECOVERY	1.1 Further learning review target toward: • People within the health and social care workforce (including those who work remotely) • Third and Independent sector providers • People who use services, carers and wider communities	Strategy and Performance Service / Social Care Contracts Team / Health Inequalities Service / Carers Partnership	December 2021		
2. CORE RECOVERY PRIORITIES (all operational services)	2.1 Recommence student placements and NGP placements.	All services	Ongoing in line with infection		
	2.2 Plan for re-commencement of internal volunteer contributions to service.				

[1] Deadlines are based on understanding of the likely progression of the pandemic and associated restrictions / national guidance at the time of writing (23 February 2021) and are subject to review in-line with changing contextual / environmental factors.

	2.3 Recommence full education and training programmes, including further expansion of virtual offer.				
	2.4 Plan for and implement recommencement of face-to-face services and supports.				
	2.5 Embed and further expand digital innovations within service delivery plans and models.				
	2.6 Support expanded visiting arrangements (professional and loved ones).				
	2.7 Continue to undertake testing (staff and patient / service user).				
	2.8 Continue to review RAG rating/other prioritisation approaches to inform the prioritisation and management of support in response to assessed need.				
	2.9 Monitor wellbeing of workforce – internal and external provider.				
	2.10 Continue to develop robust data systems to inform practice and measure improvements.				
	2.11 Continue to gather patient / service user feedback and to use this to inform revised/future models of service delivery.				
	2.12 Re-commence elements of long-term improvement / development workstreams.				
	2.13 Monitor the impact on services as a result of changing needs and increased demand, including potential surges in demand following periods of lockdown.				
	2.14 Consider learning and recommendations from the Independent Review of Adult Social Care and its implications for service planning and delivery.				

3. HEALTH INEQUALITIES	3.1 Complete the detailed analysis of public surveys, disseminate findings to a range of strategic and operational groups and identify specific actions across community planning partners arising in response to themes identified.	Health Inequalities Service	June 2021		
	3.2 Continue and learn from utilising a blended approach to service delivery using platforms such as NearMe, including recommencing a fuller programme of face-to-face / group work within community centres and local buildings where this is supported by relevant guidance and risk assessments.	Health Inequalities Service	June 2021		
	3.3 Continue to be part of the city's approach to emergency food provision and meeting the basic needs of vulnerable people during the pandemic.	Community Health Team/ Health Inequalities Service	June 2021		
	3.4 Continue to review availability of non-clinical outward referral pathways so that workforce in different teams can refer clients effectively.	Health Inequalities Service	October 2021		
	3.5 Further testing of new approaches, such as support for self-care and management, for social prescribing clients and others where onward referral opportunities do not exist.	Social Prescribing Team/ Health Inequalities Service	December 2021		
	3.6 Manage potential surge in link worker referrals from GPs/ Practices as more information becomes available about patients who present with socio-economic issues related to the pandemic.	Social Prescribing Team/ Health Inequalities Service	December 2021		
	3.7 Re-commence anticipatory care interventions within the nursing team and reviewing role of the team more broadly to incorporate learning and embed new ways of working into post-pandemic service delivery.	Keep Well/ Health and Homeless Outreach Team/ Health Inequalities Service	December 2021		

	3.8 Re-commence social prescribing link worker presence in GP practices.	Social Prescribing Team/ Health Inequalities Service	From June 2021		
4. PRIMARY CARE (Tayside wide plan, hosted service – Angus)	4.1 Continue to support a unified approach to Primary Care services to ensure consistency of standards and service provision across Tayside.	Associate Medical Director	Ongoing		
	4.2 Establish a whole-system quality improvement approach for primary care which considers the multiple interfaces and co-dependencies.	Senior Manager - Primary Care	Ongoing		
	4.3 Continue to support COVID vaccinations in General Practice as required	Primary Care Programme Manager	Ongoing		
	4.4 Implement new ways of working enabled by digital technology to support triage, clinical signposting, case management and long-term condition care.	Senior Manager - Primary Care	Ongoing		
	4.5 Increase the focus on appropriate self-management and prevention and digitally enabled care.	Primary Care Programme Manager	Ongoing		
	4.6 Through our joint arrangements of the Primary Care Command and Co-ordination Team working closely with GP Practices and provide support in their plans to resume to full service including new ways of working.	Associate Medical Director	Ongoing		
	4.7 Continue to have a specific COVID-19 pathway via NHS 24 and local Clinical Hub and Assessment Centre.	Associate Medical Director	Ongoing		
	4.8 Progress with the PCIP agreed actions and implementation timeframes as funding allowed with a particular focus on Community Treatment and Care to support stability in General Practice and delivery of the flu and COVID-19 Vaccination programme.	Senior Manager - Primary Care	Ongoing		

	4.9 Progress access for community optometry to Clinical Portal and Staffnet.	Primary Care Service	Ongoing		
	4.10 Support the innovation within Community Pharmacy including the interface with General Practice and the introduction of Pharmacy First.	Senior Manager - Primary Care	Ongoing		
	4,11 Work closely with General Dental Services to increase service delivery where possible and safe to do so.	Primary Care Service	Ongoing		
	4.12 Progress development working across both primary and secondary care to shift the balance of care towards communities through improved integrated pathways	Senior Manager - Primary Care	Ongoing		
	4.13 Primary Care Out of Hours Service (OOH) will continue work in the way that has been established to support COVID-19 activity throughout the past few months and which formed a strong natural base for the COVID Assessment Centre structure to rest upon longer term.	Service Manager (Out of Hours – Primary Care)	Ongoing		
	4.14 Continue with initial telephone consultation for all patients being assessed within the Primary Care OOH service to ensure patients receive the most clinically appropriate assessment	Service Manager (Out of Hours – Primary Care)	Ongoing		
	4.15 Continue to support direct access of care homes to the OOH service so that professional advice to a senior clinical decision maker will be directly available.	Service Manager (Out of Hours – Primary Care)	Ongoing		
	4.16 Develop a new Frail Elderly LES for General Practice built on a set of principles for whole system multi-disciplinary working to support care homes.	Integrated Manager – Urgent Care	March 2022		
	4.17 Continue to review and develop the governance and quality improvement structures for Primary Care.	Associated Medical Director	March 2022		
	4.18 Review cluster models in partnership areas as required.	Senior Manager - Primary Care	March 2022		

	4.19 Progress work to improve health inequalities and access to primary care.	Senior Manager - Primary Care	Ongoing		
5. COMMUNITY NURSING	5.1 Develop and resource a sustainable approach to cohort nursing of COVID +/non-COVID patients within core District Nursing Teams in the event of a further increase in COVID positive cases.	Community Nursing Managers	August 2021		
	5.2 Further testing of locality working in District Nursing Teams.	Community Nursing Managers	August 2021		
	5.3 Maintain all Priority Band 1 and 2 visits and phased recommencement Priority Band 3 and 4 visits, COPD clinics, routine home visits and Leg Ulcer Assessment Clinic.	Community Nursing Managers	August 2021		
	5.4 Expand on COPD home visits for vulnerable patients to include clinic-based services for diagnosing new COPD patients.	Community Nursing Managers	August 2021		
	5.5 Work with GP practices to enable Community Care and Treatment Service (CCTS) to return to previous clinic space as soon as safely possible to further the return to core services. In addition, complete the roll out of CCTS to all GP practices in Dundee.	Community Nursing Managers	August 2021		
	5.6 Recommence the development of nurse-led Ear Clinic within the Community Care and Treatment Service.	Community Nursing Managers	August 2021		
	5.7 Recommence arrangements for ECS to receive all amber level referrals.	Community Nursing Managers	August 2021		
	5.8 Recruitment to additional District Nursing pasts at Band 5 and 6 funded by Scottish Government to meet actual and anticipated increase in workload posts COVID-19 e.g. re-introduction of postponed elective surgical interventions and knock on impact of delayed diagnoses of palliative care.	Community Nursing Managers	May 2021		

6.EMERGENCY AND URGENT CARE	6.1 Develop Hospital@Home model as part of broader development of cluster focused locality teams.	Service Lead	December 2021		
PLANNED CARE					
7. Community AHP Services	7.1 Continue the development of Community Rehabilitation models to enhance preventative approaches, reduce falls and POCS and reflect long-term and intensive nature of COVID rehabilitation.	Community AHP Managers	March 2022		
	7.2 Further embedding assessment through the Independent Living Review Team.	AHP managers	August 2021		
	7.3 Develop the falls service to address prevention and community pathways with third sector / SCRS.	AHP Managers	August 2021		
	7.4 Improve community-based rehabilitation offer.	AHP Managers	August 2021		
	7.5 Integrate hospital and community service with collaborative commissioning arrangements. Primary care teams should be supported by outreach activity from secondary services including primary care supported by cardiopulmonary rehabilitation, sports and exercise medicine, neurorehabilitation and neurological disability services	AHP Managers	March 2022		
	7.6 Develop collaborative working between critical care, acute medical and specialist rehabilitation teams to develop rehabilitation pathways for patients who are recovering following treatment in intensive care and high dependency care (whether for COVID-related illness or other critical conditions).	AHP Managers	August 2021		
8. Nutrition and Dietetics (hosted service)	8.1 Develop a specialist community dietetic service to support CARES service.	Nutrition & Dietetic Service Leads	June 2021		
	8.2 Develop the work underway on the malnutrition pathway through continued partnership working and by embedding The	Nutrition & Dietetic Service Leads	June 2021		

		Patient Association, 4 questions into care assessments and 'good conversations' in community settings.				
		8.3 Extend opportunities for people to access weight and diabetes interventions.	Nutrition & Dietetic Service Leads	June 2021		
Community Outpatient Services	**9.Physiotherapy MSK**	9.1 Develop sustainable workforce models and patient pathways across Tayside Orthopaedic/MSK service spanning primary and secondary care.	AHP Managers / Integrated Managers	March 2022		
		9.2 Develop models to support re-introduction of elective surgery.	AHP Managers / Integrated Managers	September 2021		
		9.3 Ensure First Contact Physiotherapy capacity is sufficient to meet demand in line with the principles of the Primary Care Improvement Programme.	AHP Managers	June 2021		
		9.4 Continue the recommencement of routine waiting list where clinically indicated.	AHP Managers	As Scottish Government guidance allows		
		9.5 Recommence face-to-face group sessions with a focus on community locations, increasing the role of support workers, sports and leisure professionals and colleagues from the third sector.	AHP Managers	As Scottish Government guidance allows		
	10. Pulmonary Rehabilitation	10.1 Continue to explore digital solutions to deliver a safe and effective virtual PR class.	AHP Managers	June 2021		
		10.2 Increase PR capacity required to support backlog of referrals and anticipated rehabilitative needs of people recovering from the direct and indirect impact of the COVID-19 pandemic.	AHP Managers	October 2021		
		10.3 Integrate PR and COPD nursing team to support prevention of admission and supported discharge pathways.	Service Leads	October 2021		
	11. Palliative Care	11.1 Develop models to support re-introduction of elective infusion clinics.	Service Leads	October 2021		

	(hosted service)	11.2 Support and resource virtual and face-to-face services for Parkinsons patients.	MFE Clinical Nurse Manager	As Scottish Government guidance allows		
		11.3 Create a blended approach for Palliative care day care patients to access the service.	Service / Team Leaders	As Scottish Government guidance allows		
		11.4 Build a patient and family resource library for patients to access virtually to support self-management strategies.	Team Leaders	In progress		
		11.5 Re-commence face-to-face clinics for symptom control, Lymphoedema and Homeopathy.	Service / Team Leaders	As Scottish Government guidance allows		
		11.6 Develop and resource pathways that address health inequalities as a consequence of COVID.	Service / Team Leaders	As Scottish Government guidance allows		
In-Patients Services	**12. Psychiatry of Old Age**	12.1 Phased recommencement of discharge services.	Team Leaders	Ongoing		
	13. Medicine for the Elderly	13.1 Plan for re-commencement of some face-to-face outpatient clinics.	Service Leads	As Scottish Government guidance allows		
		13.2 Re-commence arrangements for families to join and participate in case conferences.	Service Leads	As Scottish Government guidance allows		
	14. In-patient AHP Services	14.1 Planning for ongoing AHP weekend working across targeted areas.	AHP Managers	March 2022		
		14.2 Continue to develop the AHP hospital front door model to support more people being moved back into the community setting to receive their care.	AHP Managers	September 2022		

		14.3 Continue to develop a flexible workforce to support patient's needs across the transitions from hospital into the community setting.	Integrated Managers	March 2022		
		14.4 Ensure patients admitted to hospital have an appropriate and timely multidisciplinary assessment, including their rehabilitation and ongoing needs, are offered person-centred care which is outcomes focussed and are followed up appropriately after discharge.	Integrated Managers	June 2021		
		14.5 Continue to develop models to support earlier discharge through outreach visits and improved overlap / joint working with community teams.	Integrated Managers	August 2021		
		14.6 Continue to develop the CARES service (COVID-Related Advice on Rehabilitation and Enablement Service) to support those affected by long-COVID.	AHP Managers	August 2021		
		14.7 Develop staff education online resources for the management of long-COVID (NES funding secured).	AHP Managers	August 2021		
		14.8 Continue to develop the CAPA (Care about physical activity) training and education roll out across wards to promote increased activity and cognitive engagement.	AHP Managers	September 2021		
		14.9 Continue to develop prehabilitation AHP services where appropriate.	AHP Managers	March 2022		
	15, Centre for Brain Injury (CBIR) and Stroke Service (hosted service)	15.1 Commence remodelling for the new Neuro rehabilitation pathway across Tayside	Service / Team Leads	As Scottish Government guidance allows		
		15.2 Consider a new medical model for the service.	Service / Medical / Team Leads	In progress		
		15.3 Commence work to develop MDT formats.	Service Leads	June 2021		

		15.4 Re-establish home visits for patients who have planned discharge dates as required.	Service Leads	As Scottish Government guidance allows		
		15.5 Appoint Discharge Co-ordinator to facilitate discharge across the site.	Service Leads / Team Leaders	As Scottish Government guidance allows		
		15.6 Establish an advisory line for supporting stroke recovery and discharge from hospital for brain injury patients.	Service / Team Leaders	Commence April 2021		
16. Palliative Care		16.1 Consider the resource required to manage late onset disease with high symptom burden and short to medium prognosis as a consequence of late presentation.	Service / Team Leaders	As Scottish Government guidance allows		
		16.2 Prioritise, develop and implement virtual and digital options for Day Services to meet individual and group user needs safely and within service capacity.	Service / Team Leaders	In progress		
		16.3 Re-commence complex lymphedema services through outpatient appointments.	Service Leads / CNS	As Scottish Government guidance allows		
		16.4 Progress initial priority areas from Tayside Whole System Approach: Supporting End of Life Care & Conserving Critical Medicines during the COVID-19 Pandemic.	Service Leads / Principal Pharmacist / Education Teams	In progress		
		16.5 Progress setting specific pathways support models including Community Nursing and Care Homes.	Services Leads / CNS	As Scottish Government guidance allows		
		16.6 Provide support to patients in community settings to set-up IT devices to enable virtual consultations.	Service Leads	Ongoing		

	16.7 Establishment of short-term contracts to support ongoing deficits in RMN workforce that cannot be mitigated using other disciplines.	Service Leads	June 2021		
17. Sexual and Reproductive Health (hosted service)	17.1 Maintenance of current services offering LARC, PrEP and urgent and emergency care, as well as more routine care for people from vulnerable and high-risk populations. Patients attending services to be triaged or referred by other clinicians. Telephone or NearMe appointments prior to face-to-face appointments whenever possible.	Integrated Managers	June 2021		
	17.2 Explore novel routes to restart currently paused services in medium risk groups, as capacity and restrictions allow.	Integrated Managers	August 2021		
	17.3 Seek to support more young people into services by reviewing way the service is delivered and potential novel routes, as capacity and restrictions allow.	Integrated Managers	August 2021		
SOCIAL CARE					
18. Social Work / Care Management	18.1 Maintain practices that promote and provide bespoke, person-centred services and supports for individuals and their carers.	Integrated Managers	In place		
	18.2 Maintain outreach provision as temporary replacement for day care services whilst planning for gradual reintroduction of day care provision.	Registered Managers	In place		
	18.3 Develop and implement models to support reintroduction of day support in-line with Scottish Government guidance and in consultation with Public Health Scotland and the Care Inspectorate.	Registered Managers	June 2021		
	18.4 Review care packages that were adjusted due to COVID-19 impacts.	Integrated Managers / Team Managers	July 2021		

	18.5 Work with provider and care home sector to monitor re-introduction of packages of care, assess impact on provider recovery plans and agree any relevant actions / supports.	Integrated Managers / Team Managers	August 2021		
	18.6 Monitor the impact of increased assessment and subsequent allocation priority to those impacted by COVID-19, including considering short and long-term health, care and support needs and subsequent implications for practice (for example, possible requirements for enhanced level of multi-disciplinary assessments required).	Integrated Managers / Team Managers	Ongoing		
	18.7 Continue to integrate all aspects of locality working, including integration of care management teams by fully integrating an adult service in East and West localities and finalising plans to deliver an integrated duty system.	Integrated Managers / Team Managers	August 2021		
	18.8 Continue to develop closer liaison with other care management teams to support a service wide response.	Integrated Managers / Team Managers	December 2021		
19. Public Protection (Adult Protection, Violence Against Women, other issues)	19.1 Plan for and implementing recommencement of face-to-face service user participation in multi-agency adult support and protection case conferences and other multi-agency processes.	Adult Support and Protection Team	May 2021		
	19.2 Better understand patterns of referral of adults at risk during the pandemic and subsequent actions taken to ensure a robust response where people do not meet the three-point test for statutory intervention.	Adult Support and Protection Team supported by Adult Support and Protection Committee	June 2021		
	19.3 Progress the testing and adoption of revised approaches to chronologies, risk assessments and case file auditing.	Operational Management Team	March 2022		

	19.4 Contribute to the completion of a thematic review of adult protection cases and address areas for improvement arising.	Operational Management Team	May 2021		
	19.5 Enhancing capacity to respond effectively to people who are homeless and having a complexity of need and to anticipated increased demand following withdrawal of temporary legislation prevention evictions / repossessions.	Integrated Manager	June 2021		
	19.6 Implement of video-conferencing to support operation of MARAC (case conferencing for highest risk victims of domestic abuse) and reviewing virtual approach to inform long-term model of operation.	Police Scotland / PP Strategic Support Team	April 2021		
	19.7 Address underlying financial sustainability of specialist violence against women support services, including enhancing short-term capacity in support services to address waiting lists and post-lockdown surge in demand.	COG Sub-group	March 2022		
	19.8 Enhance the work of the Gendered Services Group to support mainstreaming of gendered approaches across health and social care services.	Gendered Services Working Group	Ongoing throughout year		
	19.9 Develop pathways to support for women involved in commercial sexual exploitation who have health and social care needs.	CSE Working Group	In progress		
	19.10 Support the implementation of the integrated strategic protecting people recovery plan.	Senior Management Team	In place		
	19.11 Support the revision of the strategic risk register to shift from a focus on COVID specific risks to 'business as usual' content.	Operational Management Team / PP Strategic Support Team	October 2021		

	19.12 Contribute to work to identify a future model for delivery of adult and child concern screening functions.	First Contact Team / PP Strategic Support Team	August 2021		
	19.13 Contribute to work to identify a future protecting people governance and strategic structure, building on learning from the pandemic period.	Senior Management Team / PP Strategic Support Team	August 2021		
	19.14 Embed trauma-informed practice across health and social care services, including developing trauma-informed organisational cultures and recognising the impact of trauma on and value of lived experience within the workforce.	Trauma Champions / Senior Management Team	March 2022		
20. Care Homes	20.1 Maintain intensive support to all care homes as per care home plan submitted to Scottish Government.	Integrated Managers / Care Home Oversight Group	Ongoing		
	20.2 Work across Tayside to establish additional support for care homes including a flexible social care staff team, access to ancillary supports and management and leadership support.	Integrated Managers / Care Home Oversight Group	Ongoing		
	20.2 Review enhanced governance and support arrangements in line with national guidance	Integrated Managers / Care Home Oversight Group	Ongoing		
	20.3 Release capacity of Care Home Team from quality assurance activity and recommencing planned improvement activities.	Integrated Managers	August 2021		
	20.4 Review models of care home-based services, including respite care and intermediate care for people living with mental health challenges (commenced prior to the pandemic but paused during lockdown).	Integrated Managers	December 2021		
21. Care at Home	21.1 Continued implementation of Independent Living Review Team to review the number of packages of care in the	Integrated Managers	Ongoing		

	community, to work with community care workforce and contribute positively to support and enable earlier discharge for individuals from hospital, and to enable their independence in the home environment.				
	21.2 Enhance our focus on implementation of eligibility criteria to support streamlined referral processes.	Integrated Managers	August 2021		
22. Housing Support / Care at Home	22.1 Considering the impact of the delay in new tenancies due to the pause in construction.	Integrated Managers / Social Care Contracts	In place		
	22.2 Supporting a cross sector workforce planning model that enables flexible staffing levels that aid mitigation of the impact of increased levels of absence and to maintain emotional wellbeing.	Integrated Managers / Social Care Contracts	Formalise current practice and further enhance by September 2021		
	22.3 Increasing leadership capacity in some areas (cross sector) to help meet the increased demands relating to COVID recovery and to support new ways of working.	Integrated Managers / Social Care Contracts	August 2021		
	22.4 Continuing to work in partnership cross sector to ensure adequate funding through the recovery phase. Opportunities to review outcomes for people and establish future support models may lead to a need to disinvest in some areas and reinvest in others.	Integrated Managers / Social Care Contracts / Finance	In place		
23. Carers	23.1 Continue to work with local carers, carer's organisations, other agencies, local communities and other stakeholders to better understand the impacts of lockdown on their needs / priorities and develop enhanced responses, including to carer stress.	Dundee Carers Partnership	April 2021		

	23.2 Collate national research and data reflecting carer's circumstances and changed circumstances during pandemic in order to analyse what is needed for future strategy.	Dundee Carers Partnership	June 2021		
	23.3 Sustain and further develop supports for members of the workforce who as well provide care and support to someone else in their own time.	Workforce Leads	Ongoing throughout year		
	23.4 Recommence development work to fully implement and embed Adult Carer Support Plan and Young Carer Statement work by summarising progress so far and co-ordinating with Personalisation Board to ensure whole family/caring situation is considered and supported.	Integrated Managers / Strategy and Performance Service / Carers Partnership	From April 2021		
	23.5 Consider how best health inequality developments can support further preventative and early intervention work for carers.	Carers Partnership / Health Inequalities Manager	October 2021		
	23.6 Ensure the work of Dundee Partnership fairness and social inequality activities take account of Carers matters including intersectionality of Carers, association with disabled people and those with protected characteristics including race and age.	Carers Partnership / Health Inequalities Manager	Ongoing		
	23.7 Progress refresh of 'A Caring Dundee: A Strategic Plan for Supporting Carers in Dundee' and the Short Breaks Services Statement	Dundee Carers Partnership	October 2021		
COMMUNITY MENTAL HEALTH (INCLUDING DRUG AND ALCOHOL SERVICES)					
24. Community Mental Health and Learning Disability	24.1 Further increase capacity to provide a range of short breaks as an alternative to more traditional forms of respite, both to support lifestyle choices for people and to increase the level of support offered to carers. Mental Health and Learning	Integrated Managers	In place		

	Disability Teams have re-commenced their own short-break applications processes for breaks that can be arranged in accordance with the future easing of lockdown restrictions.				
	24.2 Develop cross sector day supports that enable opportunities seven days per week and that provide increased respite for carers.	Integrated Managers / Social Care Contracts	December 2021		
	24.3 Assess and address the impact of reduced day service provision on individuals, family carers and organisations.	Integrated Managers	In place		
	24.4 Maintain use of available housing stock / void properties to reduce unnecessary delays in hospital and support vulnerable people in the community. Including working proactively with landlords to enable quicker response times for use of housing stock.	Integrated Managers / Social Care Contracts	In place		
	24.5 Explore outings to access community facilitates where guidelines/ route map support this and risk assessments, safe working practices are met.	Registered Managers	June 2021		
	24.5 Move to a more integrated model of health and social care assessment and care management.	Integrated Managers	Monitoring in place. Integrated model by December 2021		
	24.6 Continue to monitor the effect of the Council's charging policy, particularly in circumstances where people deemed to be at risk do not engage with (chargeable) support and, as a result, pressures may become apparent in other areas of provision.	Integrated Managers	In place		

	24.7 Establish a digital radio station to provide accessible information for people less likely to engage with conventional services and / or out-with current service hours.	Integrated Manager	October 2021		
	24.8 Opening of the hydrotherapy pool at White Top determined by both national and local guidance, risk assessments being in place and agreed systems and working arrangements.	Registered Manager	Summer 2021		
	24.9 As a means of reintroducing face to face support, develop socially distanced 1:1 walking consultations with Nursing and Allied Health Professional staff utilising the abundant local green spaces.	Team Leaders	In place		
	24.10 Gradually re-introduce of some elements of care and treatment in congregate settings if all environmental adjustments, training and workforce arrangements are in place. Priority will be given to supported people who live at home with family / carers.	Integrated Managers / Managers	June 2021		
	24.11 Fully embed the Dundee Mental Health Discharge Hub within established team structures and address the priority to make this a seven-day service.	Integrated Managers / Nurse Manager	August 2021		
	24.12 Engage in a whole-system approach to patient flow between adult mental health community and in-patient settings.	Integrated Managers / Nurse Manager	In progress		
	24.13 Address the significant capacity issues within the Tayside Adult Autism Consultancy Team whilst leading a neuro-developmental pathway work-stream (as part of a Tayside wide Change Programme) to respond to both locally identified need and emergent national priorities.	Integrated Manager	October 2021		

	24.14 Expand mental health resources delivered at GP Practice level to ensure provision across all practices.	Lead Clinician, Dundee Adult Psychological Therapies Service	Incremental increase scoped		
	24.15 Collaborate with the Physical Health Co-Ordinator, within the Mental Health section of Public Health, to assist the initial scoping and further development of the `Bridging the Gap` project.	Integrated Manager	May 2021		
	24.16 Continue to assess and plan Mental Health Officer staffing in line with increasing demand in relation to the statutory duties arising from both the Mental Health Act and Adults with Incapacity Act work, including the cumulative effect of the temporary suspension of Scottish Court processes.	Integrated Manager	In place		
	24.17 Establish a Medication Concordance Framework of support around people with challenges arising from mental health or learning disabilities. This development will utilise the skills of nurses, AHPs and pharmacists with enhanced prescribing skills to improve both mental wellbeing and physical health.	Integrated Managers / Nurse Manager	July 2021		
25. Community Older People's Mental Health	25.1 Explore further 'step-up / step-down' models of care for Psychiatry of Old Age to reduce inappropriate hospital and care home admissions.	Integrated Manager / Nurse Managers	December 2021		
	25.2 Expansion of post-diagnostic service to include on-line models of groupwork and support.	Lead Clinician	In place		
26. Psychological Therapies (hosted service)	26.1 Expand internet enabled Cognitive Behavioural Therapy for Adult Psychological Therapies.	Lead Clinician	In place		
	26.2 Reinstate services that have temporarily ceased (e.g. psychological assessment for Bariatric Surgery and Exceptional Aesthetic Surgery).	Director of Psychology	June 2021		

	26.3 Consider recruitment options to attract a greater number of suitable candidates.	Locality Manager / Director of Psychology / HR	April 2021		
	26.4 Introduce dedicated In-Patient Adult Psychological Therapies Services for people who experience mental ill health and people with learning disabilities.	Locality Manager / Director of Psychology	June 2021		
	26.5 Establish accelerated referral pathway for health and social care staff requiring psychological intervention as part of the overall staff wellbeing framework for Dundee Health and Social Care Partnership.	Locality Manager / Director of Psychology	April 2021		
	26.6 Develop a commissioning framework for the provision of Psychological Therapies that will support the ongoing development of new and revised patient pathways.	Locality Manager / Director of Psychology / Clinical Lead for MH/LD	September 2021		
27. Community Drug and Alcohol Services	27.1 Review plan for return to community pharmacy dispensing following changes to Scottish Government guidance for people who are shielding.	Dundee Drug and Alcohol Recovery Service	In-line with Scottish Government guidance		
	27.2 Review and implement access pathways, including options for re-opening of direct access, taking account of social distancing requirements, physical environment and staffing capacity.	Dundee Drug and Alcohol Recovery Service	In-line with Scottish Government guidance		
	27.3 Review capacity to provide outreach services and respond to increasing demand from those people whose drug and alcohol use has started / escalated during lockdown.	Dundee Drug and Alcohol Recovery Service	In progress		
	27.4 Review and implement the delivery model for psychosocial interventions considering whole system of care approach.	Dundee Drug and Alcohol Recovery Service	In progress		

	27.5 Contribute to work across the Alcohol and Drugs Partnership to progress the implementation and monitoring of the Action Plan for Change. Specific focus on working with General Adult Psychiatry to implement NICE Guideline 58 through the work on the Whole System of Care test of change supported by the Drugs Death Taskforce Multiple and Complex Needs funding stream.	Dundee Drug and Alcohol Recovery Service	From April 2021 (as set out in CORRA fund application)		
	27.6 Plan for local investment of additional funds announced by the Scottish Government for the enhancement of residential rehabilitation and community-based services.	Dundee Alcohol and Drugs Partnership	In-line with Scottish Government guidance		
	27.7 Contribute to work across the Dundee Alcohol and Drugs Partnership to review options for resuming peer support work, including SMART meetings and the work of the peer volunteers.	Dundee Drug and Alcohol Recovery Service	In-line with Scottish Government guidance		
	27.8 Implement medication assisted treatment standards.	Dundee Drug and Alcohol Recovery Service	In progress		
28. WINTER PLANNING (Tayside wide plan)	28.1 Reinvestment of intermediate care resource to further develop robust community rehabilitation model to support and promote earlier discharge home from hospital.	Associate Locality Manager - Acute and Urgent Care	In progress		
	28.2 Build on the Frailty at the Front Door model already successfully implemented in AME unit, by developing a community triage service for those frail patients who may be able to receive appropriate care and treatment in their own homes.	Associate Locality Manager - Acute and Urgent Care / Integrated Manager - Urgent Care / Clinicians - Acute Frailty/DECSA	In progress		
	28.3 Expansion of the existing social care/community nursing assessment	Associate Locality Manager – Community /	In progress		

	service developed in response to the COVID Hub model to support community triage.	Integrated Manager / Community Nurse Managers			
	28.4 Further development of ECS/DECSA to support Hospital at Home. Identified as pilot site for HIS Hospital@Home trial.	Integrated Manager - Urgent Care	In progress		
	28.5 Focus on implementation of eligibility criteria to reduce reliance on scarce social care resource.	Associate Locality Manager – Community / Integrated Managers	In progress		
	28.6 Strengthening of third sector interface to promote the use of alternative community supports as part of Home First strategic redesign work.	Integrated Managers – Care and Assessment and CRT / Contracts Officers	Partially completed		
	28.7 Development of a 7-day model of working across Partnership services.	Associate Locality Manager – Community / Integrated Manager / Community Nurse Managers	In progress		
	28.8 Development of a community capacity situational awareness communication system to promote better whole system working across primary and secondary care.	Associate Locality Managers / Integrated Managers	Partially completed		
	28.9 Development of intermediate care provision for older people with mental health problems.	Integrated Manager – Dundee Care Homes / Angus and Perth & Kinross Leads	Dundee element complete and pending review		
	28.10 Remodelling of Integrated Discharge Hub to support improved patient flow.	Associate Locality Manager - Acute and Urgent Care	In progress		
	28.11 Ongoing home care and deteriorating improvement work in the community.	Integrated Manager – Care at Home and CRT / Community Nurse Managers	Ongoing		

	28.12 Additional investment in the falls and community rehabilitation pathways through remobilisation monies.	Integrated Manager – CRT / SCRS / Third Sectors	Ongoing		
	28.13 Continued development of an amputee pathway to improve patient flow.	Associate Locality Managers / Integrated Manager - Inpatient AHP Services	In progress		
	28.14 Expansion of the MFE Frailty model, into Surgical and Orthogeriatrics to improve patient experience.	Associate Locality Manager - Acute and Urgent Care	In progress		
	28.15 Continued development of joint working arrangements across Tayside Partnerships to promote standardised models of working and simplified referral pathways for clinical staff.	Associate Locality Manager - Acute and Urgent Care	In progress		
	28.16 Implementation of a flu campaign which covers patients over 55, vulnerable groups and staff.	Primary Care and Community Nurse Managers	Ongoing		
	28.17 Development of community diagnostic services - initially phlebotomy.	TBC	TBC		
	28.18 Further investment in social care to support early discharge over winter.	Associate Locality Manager – Community / Integrated Manager – Care at Home	Ongoing		
	28.19 Refinement of stroke pathway to improve patient experience.	Associate Locality Managers / Integrated Manager - Inpatient AHP Services / CRT	In progress		
	28.20 Fully establish the Mental Health Discharge Hub to extend transitional care to 6 days and support mental health in-patient stays that are as brief as possible whilst preserving safety.	Locality Manager	December 2021		

29. THIRD AND INDEPENDENT SECTOR	29.1 Support the recovery of commissioned capacity where this has been restricted as a result of the pandemic.	Social Care Contracts / Operational Contract Leads	Ongoing throughout year		
	29.2 Support the reinstatement of full contract monitoring reporting and financial reconciliation and developing and implementing associated processes / approaches.	Social Care Contracts	March 2022		
	29.3 Work with providers to identify and address any areas of business risk and/or sustainability issues.	Social Care Contracts / Operational Contract Leads	Ongoing throughout year		
	29.4 Work with providers to support timely submission and processing of financial sustainability claims.	Social Care Contracts	In place		
	29.5 Review the frequency of provider communication updates in-line with the developing profile of the pandemic.	Social Care Contracts	Quarterly review		
	29.6 Work with health and social care providers to identify learning from the pandemic response period and to incorporate learning into operational and strategic improvement plans activities as well as contractual frameworks.	Social Care Contracts / Operational Contract Leads	Ongoing throughout year		
	29.7 Consider learning and recommendations from the Adult Social Care Review and its implications for commissioning and procurement functions.	Social Care Contracts / Senior Management Team	October 2021		
30. WORKFORCE	30.1 Continue to develop and promote workforce Wellbeing Service (DCC) and opportunities for rest and recuperation.	Wellbeing Leads / Senior Management Team	Ongoing throughout year		
	30.2 Finalise and implement the DHSCP Workforce Wellbeing Framework alongside approaches to monitor and evaluate impact.	Wellbeing Leads / Senior Management Team	From March 2021		
	30.3 Support all services / teams to plan for long-term blended approach to service delivery (mix of building base and home-	Workforce Leads / Well being Leads / Team Leads	October 2021		

	working). This will include reviewing long term working patterns and addressing the IT requirements for staff.				
	30.4 Continued contribution to wider programme of work to develop trauma informed organisational cultures across Community Planning partners in Dundee and to recognise and value workforce lived experience.	Wellbeing Leads	March 2022		
	30.5 Review DHSCP Workforce Plan as part of overall programmes of work to review the DHSCP Strategic and Commissioning Plan and companion documents.	Workforce Leads / Strategy and Performance Service	March 2022		
CLINICAL, CARE AND PROFESSIONAL GOVERNANCE					
31. Clinical, Care and Professional Governance	31.1 Maintain full remit of clinical, care and professional governance activities across all services utilising remote working solutions and / or face-to-face sessions as appropriate.	Head of Health and Community Care / Lead AHP	Ongoing		
	31.2 3Develop a governance facilitator post to enhance and embed local data systems to support managers decision making in relation to governance and performance through the post-COVID period.	Lead AHP	June 2021		
	31.3 Ensure changes implemented through COVID response period are reflected through exception reports at primary governance groups and the clinical, care and professional group.	Primary Governance Lead	Ongoing		
	31.4 Ensure that short, medium and long-term impacts of COVID response period are built into governance reports alongside existing report parameters.	Head of Health and Community Care / Lead AHP	Ongoing		
	31.5 Maintain an overview and monitoring of care homes.	Head of Service / Chief Social Work Officer	Ongoing		

32. Infection Prevention and Control	32.1 Review functions of PPE Hub in-line with Scottish Government guidance and adapting processes and resourcing as required.	Lead AHP / Integrated Managers	Ongoing		
	32.2 Maintain sustainable arrangements for continued provision of PPE, including the Hub arrangements and working towards appropriate exit plans.	Lead AHP / Integrated Managers	Ongoing		
	32.3 Implement actions arising from Dundee / NHS Tayside risk assessments for PPE in community-based care services, including for personal assistants and unpaid carers.	Lead AHP / Integrated Managers	Ongoing		
	32.4 Consider and respond to revised guidance for service delivery, in line with national guidelines.	Lead AHP / Integrated Managers	Ongoing		
	32.5 Embed COVID related Infection, Prevention and Control practice across all aspects of the workforce as business as usual.	Lead Nurse	Ongoing		
	32.6 Further develop local audit and monitoring arrangements for Infection, Prevention and Control procedures and practice through the DHSCP Infection, Prevention and Control Group.	Lead Nurse	Ongoing		
33. Staff Testing	33.1 Embed expanded asymptomatic staff testing across health and social care services as described in national guidance. Including supporting the expansion of lateral flow device testing in-line with Scottish Government guidance via NSS distribution streams and through the Dundee PPE Hub.	Head of Health and Community Care	Ongoing		
	33.2 Monitor local data to assess compliance with national guidance.	Head of Health and Community Care	Ongoing		
	33.3 Work with staff side representatives / trade unions to continue to support uptake	Head of Health and Community Care	Ongoing		

	of symptomatic and asymptomatic testing by the workforce.				
	33.4 Plan for integration of staff testing as part of business as usual living with COVID provisions.	Head of Health and Community Care	Ongoing		
34. Vaccination	34.1Continue activity to support the completion of the health and social care staff COVID vaccination programme, supporting this on an ongoing basis if required.	Strategic Operation Lead – Vaccinations / Senior Manager – Primary Care	Ongoing		
	34.2 Continue leadership from Primary Care to progress the roll out the public COVID vaccination programme.	Strategic Operation Lead – Vaccinations / Senior Manager – Primary Care	Ongoing		
	34.3 Work with NHS Tayside to develop sustainable plans for longer-term delivery of COVID-19 vaccination, as this is known.	Strategic Operation Lead – Vaccinations / Senior Manager – Primary Care	Ongoing		
	34.4 Continue communications activity, in partnership with Public Health and staff-side / trade unions representatives, to actively promote take-up of the COVID vaccine by the health and social care workforce and the general population.	Chief Officer	Ongoing		
	34.5 Continue to develop a new model for flu delivery building on the learning across Tayside from the last year. The model will continue to transfer vaccine delivery from practice teams to a HSCP model of delivery.	Senior Manager – Primary Care / Head of Health and Community Care	September 2021		
35. DIGITAL WORKING AND INFRASTRUCTURE	35.1 Continue to expand scope of NearMe (Video Consultation) Project to support wide scale adoption of remote consultations (telephone and video), including for Primary Care, Mental Health and AHPs whilst (along with local partners) also considering how to reduce digital health inequalities.	Team Leads	Ongoing		

	35.2 Continue to increase availability of IT hardware in order to fully utilise NearMe Tayside, Microsoft Teams and other digital platforms to sustain core business for those home working. e.g. provision of NHS and DCC IT equipment for all who require these.	Team Leads	Ongoing		
	35.3 Continue to build local capacity to fully utilise Microsoft Teams functions across NHS Tayside and Dundee City Council.	Workforce Leads / Digital Leads	Ongoing throughout year		
	35.4 Continue to develop Mobile WiFi hubs in identified locations to support laptop access to NearMe Tayside, Microsoft Teams and other digital platforms to provide essential links for clinical recording.	Digital Leads (NHS Tayside and Dundee City Council)	Tbc		
	35.5 Scope workforce training and development needs to support increased emphasis on blended service delivery and identify appropriate responses.	Workforce Leads / Digital Leads	In progress		
	35.6 Work within NHS Tayside to implement their Digital Infrastructure and Innovation Mobilisation Plan, including elements supporting safe remote access to patient records and recording and safe remote patient monitoring and consultation.	Digital Leads	Ongoing throughout year		
	35.7 Work with Dundee City Council to engage with Using Your Own Device roll-out where appropriate in a work context.	Team Leads	June 2021		
36. COMMUNICATIONS AND ENGAGEMENT	36.1 Continue to communicate with service users and carers to keep them updated regarding service provision (general developments and individual specific matters), including developing specific messaging focused on the local roadmap to recovery of health and social care services and supports.	Strategy and Performance Service / Communications Team (NHS Tayside and Dundee City Council)	June 2021		

	36.2 Review and utilise national communication plans and resources for remobilisation for local implementation / messaging.	Communications Team (NHS Tayside and Dundee City Council)	Ongoing throughout year		
	36.3 Progress engagement activity associated with the review of the Partnership's Strategic and Commissioning Plan.	Strategy and Performance Service	October 2021		
	36.4 Complete analysis of public surveys already undertaken and incorporating key priorities and actions within revisions of strategic and action plans.	Strategy and Performance Service	October 2021		
37. GOVERNANCE AND STRATEGIC PLANNING	37.1 Review incident response structure, including frequency of briefing of voting members of the IJB, and supporting phased return to business as usual management structures.	Senior Management Team	Monthly review		
	37.2 Re-commence face-to-face priority governance meetings, including the IJB and PAC (with continued option for remote participation for people who are shielding or in high risk groups).	Senior Management Team	March 2022		
	37.3 Progress review of Partnership's Strategic Needs Assessment to incorporate data regarding impact of COVID-19 pandemic.	Strategy and Performance Team	October 2021		
	37.4 Completion of statutory review of the Partnership's Strategic and Commissioning Plan (for completion March 2022 at the latest).	Strategy and Performance Team	March 2022		
	37.5 Completion of the revision of the Dundee Health and Social Care Integration Scheme in collaboration with IJBs and corporate body partners across Tayside.	Chief Finance Officer / Service Manager, Strategy and Performance	October 2021		
	37.6 Completion of the revision of the Dundee Carers Strategy.	Carers Partnership	October 2021		

	37.7 Revise operational and strategic risk registers for the recovery phase.	Senior Officer, Business Support / Operational Managers	Ongoing throughout year		
	37.8 Consider learning and recommendations from the Adult Social Care Review and its implications for Integration Joints Boards.	Extended Management Team	Ongoing throughout year		
38. FINANCE	38.1 Continue to ensure all additional COVID expenditure is identified and recorded appropriately.	Chief Finance Officer	Ongoing throughout year		
	38.2 Continue to produce financial monitoring projections outlining the impact of COVID on the HSCP financial position and subsequent reporting through the relevant governance structures including the Scottish Government.	Chief Finance Officer	Ongoing – monthly and ad hoc reporting		
	38.3 Work with operational managers to identify potential financial implications of changes to service delivery as a result of COVID-19.	Chief Finance Officer	Ongoing		
	38.4 Ensure care providers sustainability payments are paid promptly following authorisation.	Chief Finance Officer	In place		

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Committee Report No: DIJB18-2021

Document Title: Dundee Health and Social Care Partnership COVID-19 Recovery Plan

Document Type: Strategy

New/Existing: New

Period Covered: 01/04/2021 - 31/03/2022

Document Description:
The COVID-19 pandemic has been the biggest public health challenge facing society, including our health and social care system, in our lifetimes. The impact 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. The scale and nature of the pandemic means that the response period will last for a significant period of time and affect everyone across society, it will be much longer and more wide ranging than anything we have experienced in recent times. During the recovery period the partnership, along with other local resilience partners, will be required to deal with response and recovery concurrently.

Our recovery plan aims to address three critical elements:

- scalable and sustainable plans for context where we are 'living with COVID', 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 in partnership with people who use our services, their carers and our local communities.

Supported by more detailed recovery plans within each delegated service area / team, the recovery plan will guide the progression of our recovery from the pandemic period over the short and long-term. This will include recovery of suspended services, as well as the integration of learning and innovation from the pandemic period. The recovery plan provides a description of our own routemap to recovery set within the framework of the national routemap, ensuring our approach is shared with people who use our services, carers and families, providers of health and social care supports and services and wider organisational stakeholders.

Intended Outcome:
The overall intended outcome of the recovery plan is to support a safe and effective recovery from the COVID-19 pandemic across the whole health and social care system within the resources available to the Partnership.

In-line with they key principles outlined within the recovery plan it is intended that implementation of the recovery plan will also support the following outcomes:

- People should only attend building-based services when it is safe to do so and alternative provision does not support them to achieve their outcomes in a better or equivalent way. Wherever possible and appropriate we will optimise our capacity for

remote delivery of care and support. and work with individuals and carers to ascertain which type of service delivery best meets their needs and preferences.

- Delivery of prioritised care, services and supports to as much of the target population as possible; where necessary we will continue to separate care / service pathways into COVID and non-COVID and we will maintain a focus on pathway development, re-design and innovation where this contributes to long-term transformational goals.
- Embedding and mainstreaming innovation and learning, including digital approaches.
- Mitigation and reduction of health and social inequalities, including considering impacts on carers.
- Good co-ordination with primary care and acute care partners, as well with wider community planning partners. Plans will reflect relevant regional and national strategic plans.
- Partnership working with our workforce and with people who use our services and with carers.
- A high level of workforce, service user and carer wellbeing and safety.

How will the proposal be monitored?:
Implementation of the recovery plan will be monitored by the Partnership's Integrated Strategic Planning Group, with regular reports being provided to the Integration Joint Board. work is ongoing to identify specific, reportable indicators that may contribute to effective monitoring of recovery.

Author Responsible:

Name: Kathryn Sharp

Title: Senior Manager, Strategy and Performance

Department: Health and Social Care Partnership

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

Telephone: 01382 433410

Address: kathryn.sharp@dundeecity.gov.uk

Director Responsible:

Name: Vicky Irons

Title: Chief Officer

Department: Health and Social Care Partnership

E-Mail: vicky.irons@dundeecity.gov.uk

Telephone: 01382 436310

Address: Dundee House, 50 North Lindsay Street, Dundee, DD1 1NF

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A. Equality and Diversity Impacts:

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

Equality and diversity Implications:
As the plan relates to a range of health and social care services and supports it has implications for a range of people with protected characteristics. This is also the case as emerging evidence suggests that the pandemic has had a disproportionately negative impact (both directly and indirectly) on people with protected characteristics of age, disability, race/ethnicity and sex. Additionally, the plan impacts on both members of the public (receiving services, carers and wider family members) as well as the Partnership's workforce; both groups will include people with protected characteristics.

It is assessed that the actions contained within the recovery plan will have a positive impact of people with protected characteristics. The focus of the recovery plan is on the full reinstatement of services and supports, including to those that are accessed by people with protected characteristics. A continued approach to prioritisation of services through the recovery plan will direct available resources to the most vulnerable services users, including those with protected characteristics. Similarly workforce focused developments reflect a commitment to enhanced supports to people working within the Partnership, including specific supports to workforce members who have protected characteristics (such as risk assessment of people from minority ethnic communities and flexible working arrangements that will benefit female employees who carry the majority of family / community caring responsibilities).

Proposed Mitigating Actions:
The underpinning principles of the plan include:

- Plan will act to mitigate and reduce health and social inequalities, including considering impacts on carers; and,

- Implementation of plans will be monitored for adverse impacts on people with protected characteristics, people affected by health inequalities and socio-economic depreciation and their carers and mitigating arrangements made where appropriate.

As implementation of the plan progress where there are actions that require changes to policy or practice these will be subject to a separate Integrated Impact Assessment that will further consider the specific impacts on people with protected characteristics.

Is the proposal subject to a full EQIA? : No

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Integrated Impact Assessment Report.

As the plan relates to a range of health and social care services and supports it has implications for a range of people with protected characteristics. This is also the case as emerging evidence suggests that the pandemic has had a disproportionately negative impact (both directly and indirectly) on people with protected characteristics of age, disability, race/ethnicity and sex. Additionally, the plan impacts on both members of the public (receiving services, carers and wider family members) as well as the Partnership's workforce; both groups will include people with protected characteristics.

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B. Fairness and Poverty Impacts:

Geography

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

Household Group

Lone Parent Families:	Positive
Greater Number of children and/or Young Children:	Positive
Pensioners - Single/Couple:	Positive
Single female households with children:	Positive
Unskilled workers or unemployed:	Positive
Serious and enduring mental health problems:	Positive
Homeless:	Positive
Drug and/or alcohol problems:	Positive
Offenders and Ex-offenders:	Positive
Looked after children and care leavers:	Positive
Carers:	Positive

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Significant Impact

Employment:	Positive
Education and Skills:	Positive
Benefit Advice/Income Maximisation:	Positive
Childcare:	Positive
Affordability and Accessibility of services:	Positive

Fairness and Poverty Implications:

The recovery plan describes a range of measures that will begin to enhance the accessibility and range of services available as the pandemic progresses and lockdown restrictions ease. This is of potential benefit to all people living in Dundee and to all people deployed to work within the Health and Social Care Partnership. The plan reflects a continued approach to prioritisation of services to the most vulnerable services users, including those people who live in poverty and / or are impacted by other fairness matters.

There are specific elements of the plan focused on addressing the needs of carers, older people, people with poor mental health challenges, homeless people and people who us drugs and alcohol and to enhancing services provision to these groups as we move out of the lockdown period. The workforce focused aspects of the plan will enhance responses to the health and social care workforce with important positive benefits in relation to flexible working, childcare and other caring responsibilities.

Proposed Mitigating Actions:

The underpinning principles of the plan include:

- Plan will act to mitigate and reduce health and social inequalities, including considering impacts on carers; and,

- Implementation of plans will be monitored for adverse impacts on people with protected characteristics, people affected by health inequalities and socio-economic depreciation and their carers and mitigating arrangements made where appropriate.

As implementation of the plan progress where there are actions that require changes to policy or practice these will be subject to a separate Integrated Impact Assessment that will further consider the specific impacts on people with protected characteristics.

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C. Environmental Impacts

Climate Change

Mitigating greenhouse gases:	Positive
Adapting to the effects of climate change:	Positive

Resource Use

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

Transport

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

Natural Environment

Air, land and water quality:	Positive
Biodiversity:	Positive
Open and green spaces:	Positive

Built Environment

Built Heritage:	No Impact
Housing:	No Impact

Is the proposal subject to Strategic Environmental Assessment

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

Proposed Mitigating Actions:

None required.

Environmental Implications:

The recovery plan reflects a continued reduction in the use of centralised office spaces and enhanced home working (for an unknown period of time), as well as an intention to continue to utilise remote models of digital service provision (where appropriate). This shift has a range of positive environmental impacts as the health and social care workforce reduces travel and use of large office buildings.

D. Corporate Risk Impacts

Corporate Risk Implications:
There are significant risks associated with the subject matter of this report which incorporate a significant departure from the previous norm of Council activity. The report incorporates the potential for losses in excess of �250,000 should the downside risk materialise and there exists the potential for the Council's decision to be challenged and for significant public and press censure.

Corporate Risk Mitigating Actions:
The COVID-19 pandemic has been the biggest public health emergency of our lifetimes and as such represents a significant departure from 'business as usual' activity and risk. All public sector bodies are responding to an unprecedented set of circumstances which are subject of significant public and media scrutiny. Whilst the Scottish Government has made significant financial support available to public sector bodies to support the pandemic response and recovery, the full financial impact of the pandemic is as yet unknown and there are therefore significant financial risks associated with recovery planning. The Partnership continues to work with the Council, NHS Tayside, Scottish Government and other national bodies (such as COSLA and Health and Social Care Scotland) to understand the financial impact of the pandemic and associated risks.

ITEM No …11……….

REPORT TO:	**HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 21 APRIL 2021**
REPORT ON:	**INDEPENDENT REVIEW OF ADULT SOCIAL CARE IN SCOTLAND**
REPORT BY:	**CHIEF OFFICER**
REPORT NO:	**DIJB19-2021**

1.0 PURPOSE OF REPORT

1.1 The purpose of this report is to provide a summary of the content and key recommendations of the Independent Review of Adult Social Care in Scotland, initial responses to the recommendations from key stakeholders and their potential future implications for the Dundee Integration Joint Board.

2.0 RECOMMENDATIONS

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

2.1 Note the summary of the content and recommendations of the Independent Review of Adult Social Care in Scotland (section 4.2, appendix 1 and appendix 2) and initial responses to the report from key stakeholders (section 4.3).

2.2 Note the initial assessment of potential implication of the recommendations made within independent review for the Dundee Integration Joint Board (section 4.4 and appendix 3).

2.3 Instruct the Chief Officer to bring forward a report outlining Scottish Government plans to progress implementation of the recommendations of the independent review at an appropriate point following the Scottish Parliamentary Elections in May 2021.

3.0 FINANCIAL IMPLICATIONS

3.1 There are no immediate financial implications as a result of the independent review but there will likely be financial, funding and governance implications if the recommendations of the review are taken forward in full or in part.

4.0 MAIN TEXT

4.1 Establishment, Remit and Approach of the Review

4.1.1 On 1 September 2020 the First Minister announced an Independent Review of Adult Social Care in Scotland as part of the Programme for Government. The principal aim of the review was to recommend improvements to adult social care in Scotland, primarily in terms of the outcomes achieved by and with people who use services, their carers and families, and the experience of people who work in adult social care. The full terms of reference are available on the Scottish Government website at https://www.gov.scot/publications/independent-review-of-adult-social-care-terms-of-reference/

4.1.2 Derek Feeley, a former Scottish Government Director General for Health and Social Care and Chief Executive of NHS Scotland, was appointed to chair the review. He was supported by an Advisory Panel of Scottish and international experts. Mr Feeley developed a three phased approach to undertaking the review, which concluded in January 2021. In addition to the three phases an open invitation to submit views, papers and evidence was in place until early November 2020. In total the review received 228 written submissions, held 13 engagement events and 128 stakeholder meetings; this represents contributions from over 1,000 individuals. The review also made links to other national reviews underway in Scotland, including the Independent Care Review – The Promise, and the Review of Mental Health Law, as well as to the work of the Fair Work Group and the National Taskforce for Human Rights Leadership.

4.1.3 Phase one focused on developing a detailed understanding of the needs, rights and preferences of people who are using social care services and of the experience of staff working in the social care sector. This phase was undertaken primarily through an open enquiry process of large-scale engagement and the review heard from a wide range of people and organisations who have lived experience of using and providing social care services and supports. The Health and Social Care Alliance (the ALLIANCE) provided the review with support to undertake their programme of engagement during this phase, with a strong focus on people with lived experience, carers and the third sector. Engagement meetings also included participation from the IJB Chair and Vice-Chair Network, the Chief Officer Group, the Chief Finance Officers Group, the Strategic Commissioning and Improvement Network, the Carers Collaborative Forum for Carer Representatives on IJBs, representatives of General Practitioners, SOLACE, Social Work Scotland and Chief Social Work Officers, COSLA, NHS Board Chief Executives and Trade Unions.

4.1.4 Phase two utilized information and evidence derived from phase one to consider what change is needed and what the options are for a social care system that delivers on the needs, rights and preferences of people using services and improves the experience of staff working in social care. Additional evidence from academic papers, parliamentary inquiries and from reports submitted by statutory bodies and representatives of social care users and providers was also utilized.

4.1.5 In Phase three funding, delivery, governance and regulation arrangements were examined and consideration was given to how continuous improvement can be assured. The interface with health, housing, local communities and other related services and supports and the role of people using services in their delivery, assessment process and decision-making was also considered in this phase.

4.1.6 The report from the review was published by the Scottish Government on 3 February 2021. Full details on the aims, approach and findings of the review, including the final report, can be accessed on the Scottish Government website: https://www.gov.scot/groups/independent-review-of-adult-social-care/

4.2 Summary of Key Content and Recommendations

4.2.1 The review identifies three key things that must change to improve outcomes for people using social care and their carers:

1. Shift the paradigm - Changing the narrative around social care so that it is viewed as an investment, taking into account people's rights and capabilities and protecting, promoting and ensuring human rights and equality. The report summarises this as:

OLD THINKING	NEW THINKING
Social care support is a burden on society	Social care support is an investment
Managing need	Enabling rights and capabilities
Available in a crisis	Preventative and anticipatory
Competition and markets	Collaboration
Transactions	Relationships
A place for services (e.g. a care home)	A vehicle for supporting independent living
Variable	Consistent and fair

2. Strengthen the foundations – Building on what we have already, including key legislation which must be implemented fully (specifically in relation to Self-Directed Support, health and social care integration and carers), the strengths of the workforce and carers who are described as 'the cornerstone of social care support'. Promoting and supporting greater empowerment of people who need social care support and unpaid carers (at an individual and a collective level).

3. Redesign the system – Changing structures, including the development of a National Care Service, in-line with Christie's four pillars of public sector reform (decisive shift to prevention, greater integration at a local level, greater investment in the workforce and focus on improving performance) and additional principles identified in the review (stronger voice for people who require social care supports and their advocates, national focus on learning and improvement, focus on equity, equality and human rights, fairness and consistency in relation to access, eligibility and outcomes, and transparency and accountability).

4.2.2 The following definition of social care as a shared vision or ambition for social care in Scotland is proposed within the report:

'Everyone in Scotland will get the social care support they need to live their lives as they choose and to be active citizens. We will all work together to promote and ensure human rights, wellbeing and independent living and equity'

It also encourages the adoption of the term 'social care supports' to reinforce that the person should direct the system to support them, rather than the other way around. The review highlights that a shared ambition or common purpose is needed as the basis for continuous improvement, guiding our shared understanding of rights and needs, informing planning and use of resources, and influencing culture, behaviours and values.

4.2.3 There is a strong focus on human rights, equality and participation. From the perspective of people who require social care supports there is an emphasis on rights to access supports, strengthening systems and supports for complaint and redress, rights-focused assessments and charging. The review emphasises that people who require social care supports should be regarded and treated as experts in the own needs and preferences through trusting and mutually respectful relationships that maintain a focus on goals, aspirations and personal outcomes. The focus on rights and equality within the report also extends to unpaid carers; suggesting unpaid carers should be equal partners in a team who plan and provide support and care together and have greater awareness of and access to their own rights to support, including respite.

4.2.4 The review makes 53 individual recommendations across 8 key themes: a human rights based approach; unpaid carers; the case for and operation of a National Care Service; a new approach to improving outcomes – closing the implementation gap and managing quality; models of care; commissioning for public good; fair work; and, finance. Key features of the proposals are:

- People must be able to access support at the point they feel they need it, including for advice and signposting to local community-based resources and help. Barriers to this, such as the current eligibility criteria and charging regime, should be fundamentally reformed and removed, to allow a greater emphasis on prevention and early intervention. Establish portable packages of care between local authority / Partnership areas.

- Reform assessment so that people who need support are involved in a supportive process, with more independent advocacy and brokerage services.

- Investment in alternative social care support models that enable people to stay in their own homes and communities, to maintain and develop social connections, and to exercise as much autonomy as possible.

- Legislation to move accountability for adult social care from local government to Scottish Ministers and appointment of a Minister for Social Care.

- Creation of a National Care Service (NCS) on an equal footing to NHS Scotland, with a Chief Executive of the NCS accountable to Scottish Ministers. The NCS should lead on activity best managed once for Scotland (e.g. workforce planning and development; support for people whose needs are very complex or highly specialist; prison social care; and data, research and IT improvements) and to establish a national improvement programme for adult social care. The role of existing national care and support bodies, such as the Care Inspectorate and the Scottish Social Services Council (SSSC), should be revisited in this context.

- The NCS to lead and support an enhanced focused on improving outcomes by closing the implementation gap and creating a new approach for managing quality. This includes significant streamlining of the existing inspection regulation framework and an enhanced focus on identifying, establishing and supporting national improvement programmes (similar to the NHS Patient Safety Programme). The report proposes there should also be greater collaboration between the Care Inspectorate and Healthcare Improvement Scotland.

- The NCS to oversee a new ethical and collaborative approach to local commissioning and procurement through reformed Integration Joint Boards (IJBs); to oversee reform of the National Care Home Contract and develop national contracts for other aspects of care and support; and, to establish national minimum quality outcome standards. Services to be procured from local authorities and third and independent sectors by IJBs.

- IJBs to employ staff directly, and to be funded directly by the Scottish Government. IJBs should also manage GPs' contracts to ensure integration of community care, and continue to budget for unplanned adult hospital care to incentivise prevention. Carers to be represented as full partners on the reformed IJBs and on the Board of the NCS.

- Rapid implementation of the recommendations in the Fair Work Convention's report, as well as a national job evaluation exercise for all who work in social care, to put in place national minimum terms and conditions for workers.

- An enhanced approach to workforce learning, development and regulation and to oversight of workforce planning delivered through a national organisation developed by the NCS. This should include a review of the role of the SSSC and the establishment of an appropriate interface for shared learning with the NHS workforce.

- Additional investment estimated at approximately £0.66bn p.a. (19/20 prices) and future funding for social care to be, as a minimum, sufficient to meet increased need due to demographic change.

4.2.5 One of the most significant changes recommended in the report is the establishment of a National Care Service. This is set within the context of the impact that the COVID-19 pandemic has had on public expectations of national accountability for adult social care, the scale of public funding for social care and mutual dependence with the NHS. The review also recognises the vital role of local authorities in relation to their statutory responsibility for public wellbeing, as local providers of social care services and as partners in IJBs who are responsible for meeting local need and the stewardship of local resources. The NCS is seen as a means by which to achieve *'…consistent, Scotland-wide improvements in social care supports focused entirely on improving outcomes for people using and working in social care…'* Appendix 1 provides an overview of the case for the NCS put forward within the review.

The review proposes that the key elements of national support delivered through the NCS would be: programme of learning and improvement; support for people with very complex and specialist needs; and, social care supports for people in prison and other custodial settings. A detailed list of the proposed functions of the NCS is provided in appendix 2.

4.2.6 Alongside the establishment of the NCS the review also proposes significant reform in relation to IJBs:

"*They should be reformed to take full responsibility for the commissioning and procurement of adult social care support locally, accountable directly to the Scottish Government as part of the National Care Service. Local Authorities should no longer be responsible for commissioning and procuring adult social care support but can continue to provide social care services procured by reformed Integration Joint Boards.*"

Reformed IJBs are envisioned as implementing the social care vision and outcome measures and delivering strategic planning and commissioning, as well as local engagement. Key features of the reforms proposed include:

- Legislative change to allow IJBs to employ staff, hold assets and contract, including the GMS contract and employment of directly employed independent contractors in health;
- Updated, clarified and sharpened skillset for IJB Chief Officers to reflect new responsibilities of IJBs;
- Chief Officer and staff who plan, commission and procure care and support, as well as other key staff such as Chief Finance Officers, should be employed directly by the IJB and no longer be jointly accountable to the Chief Executives of local authorities and health boards;
- Merging of the IJB and Strategic Planning Advisory Group to form the membership of a reformed IJB in which every member has a vote; and,
- IJB budgets allocated directly by the Scottish Government.

4.3 Response to the Report and Recommendations from Key Stakeholders

4.3.1 A Scottish Parliamentary debate took place on 16 February 2021 regarding the review report. The Scottish Government set out their support for the report recommendations and their intention to seek a mandate for the establishment of the NCS from the Scottish people through the forthcoming Scottish Parliamentary elections in May 2021. The Scottish Conservatives, Labour and Greens all expressed their overall support for the recommendations of the review but called for greater detail on how the NCS will work in practice and noted concerns regarding the potential for the NCS to undermine local planning, delivery and accountability for social care. In addition, Labour and the Greens called for further provisions on fair work. The Scottish Liberal Democrats did not express overall support for the recommendations but did support the ambition to enhance adult social care; in particular they did not support the establishment of the NCS or any centralisation of social care provision. The official report from the debate is available on the Scottish Parliament website at: https://www.parliament.scot/parliamentarybusiness/report.aspx?r=13126

4.3.2 Through Health and Social Care Scotland, IJB Chief Officers have provided an initial collective response to the review report. Their response, whilst noting that further work is required to fully explore and debate the recommendations and their possible impacts, welcomes the overall emphasis on a human rights-based approach, the experiences and voices of people who need social care supports, collaboration and partnership working, and additional investment to close the gap between policy intent and implementation. Chief Officers express the view that leading and managing collective local health services and social care services is a manifestation of community planning approaches. However, their response also notes some concern regarding a lack of focus in the review on the need for NHS reform, the impact that the establishment of a national IJB within the NCS and the power for Scottish Ministers to vary the number of IJBs could have on local accountability and community planning, and lack of detail regarding the deliver model (including the role of HSCPs and links with children's services, community justice and overall social work services).

4.3.3 COSLA, on behalf of local government and Scotland's council leaders, has welcomed aspects of the review report. This includes the focus on lived experience being embedded within the system, person-centred approaches, recognising the value of not-for-profit provision and valuing the social care workforce. However, they have also expressed 'grave' concerns about recommendations that relate to future governance and accountability arrangements. Specifically, council leaders have expressed opposition to the establishment of the NCS describing this as being .'*…detrimental to the local delivery of social care and its integration with other key community services'* and stated that with the level of investment proposed in the review local government could deliver a human-rights based social care system. The full COSLA statement can be accessed on their website at: https://www.cosla.gov.uk/news/2021/feeley-report-on-adult-social-care. On 24 March 2021 COSLA and the Scottish Government published 'Adult social care – independent review: joint statement of intent' (available in full on the Scottish Government website at: https://www.gov.scot/publications/adult-social-care---independent-review-joint-statement-of-intent/) outlining how they will work together to deliver the key foundation pillars set out in the review, including developing outline plans by May to deliver: an end to charging for non-residential services as soon as possible; shared ethical commissioning principles; an overhaul of current mechanisms of eligibility criteria; a mechanism which ensures voices of lived experience are at the heart of policy development, service design and service delivery; and, ensuring full support for unpaid carers.

4.3.4 A range of national service user, carer and provider representative organisations (including the ALLIANCE, Scottish Cares, the Coalition of Carers in Scotland and the Coalition of Care and Support Providers) have welcomed the content and recommendations of the review, particularly the new ambition and narrative for social care supports (see section 4.2.1 and 4.2.2.) and the focus on human rights, equality and participation. Trade Unions have expressed a mixed response, welcoming provisions on fair work but expressing concern regarding the complexity of structural changes recommended and that recommendations do not go far enough in relation to removal of a market-based system. The SSSC has welcomed the collaborative approach to the review, the central place of people with lived experience, carers, families and the social care workforce within the report and the opportunity to work with the Scottish Government and other partners on the detail of recommendations and development of an implementation plan. The Care inspectorate has not yet published a formal response to the report.

4.4 Potential Future Implications of Recommendations for Dundee IJB

4.4.1 The 53 recommendations made in the report, if fully implemented, will have significant implications for Dundee IJB and Health and Social Care Partnership, NHS Tayside, Dundee City Council and wider community planning partners. An initial assessment of potential implications of the full implementation of recommendations for the IJB is contained within Appendix 3.

4.4.2 Whilst a number of the recommendations require significant legislative and structural change at a national level, some aspects can be progressed by the IJB and its partners through our local strategic commissioning and governance arrangements. Most significantly a range of the recommendations that relate to further enhancing human-rights, equality and fairness as key aspects of our social care and social work practice can be progressed by the Partnership in the short-term. Many of these recommendations have parallels with recommendations made by the Independent Care Review – The Promise which are already being implemented at a local level. Building on our existing dedicated social care commissioning and procurement arrangements it is also within the power of the IJB and Dundee City Council to further progress an ethical approach to commissioning and procurement.

4.4.3 A full assessment of the potential implications of review recommendations for the IJB, and other local stakeholders, cannot be undertaken until such times as further detail emerges at a national level regarding plans for implementation; this is not expected until after the forthcoming Scottish Parliamentary Elections. Whilst each key local stakeholder, including the IJB, will want to take time to consider the report and recommendations from its own perspective there may also be merit in planning for collective discussions regarding some key aspects of the report in due course.

5.0 POLICY IMPLICATIONS

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

6.0 RISK ASSESSMENT

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

7.0 CONSULTATIONS

7.1 The Chief Finance Officer, Head of Service, Health and Community Care and the Clerk have been consulted in the preparation of this report.

8.0 DIRECTIONS

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

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

9.0 BACKGROUND PAPERS

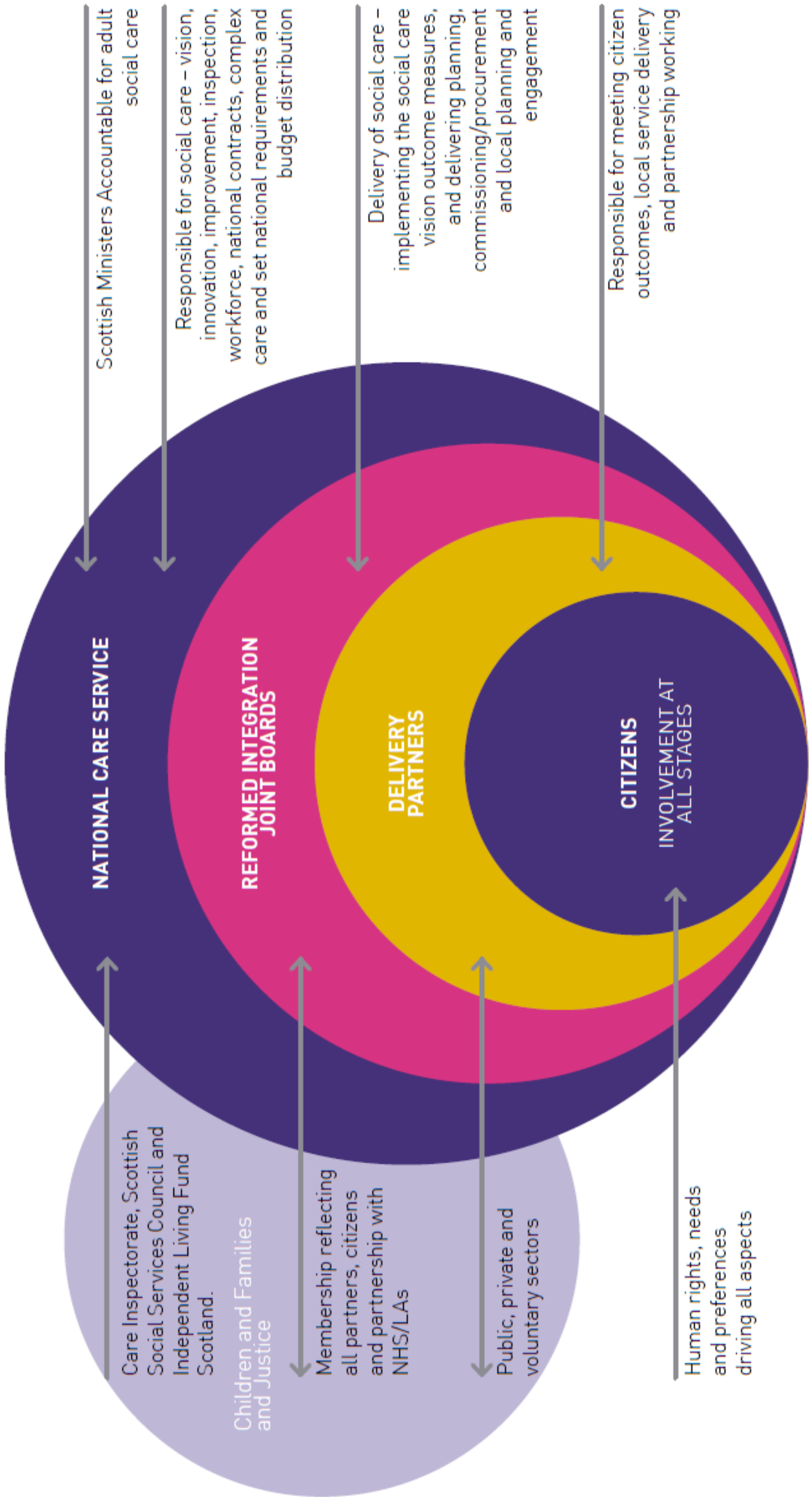
9.1 None.

Vicky Irons
Chief Officer

DATE: 31 March 2021

Kathryn Sharp
Senior Manager, Strategy and Performance

APPENDIX 1
The Case For A National Care Service



APPENDIX 2
Proposed Functions Of A National Care Service

The National Care Service should:

- Provide assurance to Ministers and to the public about the quality of social care support in Scotland and ensure that opportunities for continuous improvement are identified and implemented.

- Oversee the work of reformed Integration Joint Boards and national care bodies and ensure effective engagement is taking place at all levels.

- Establish, maintain and oversee national requirements for ethical and collaborative local commissioning and procurement of social care (see Chapter 9). These requirements will cover standards of care and outcomes to be achieved, and fair work.

- Develop and maintain the distribution formula for direct allocation of budgets by the Scottish Government to Integration Joint Boards and national care bodies.

- Be responsible for social care support functions that currently have no home in the national infrastructure, such as workforce planning and development, data and research, IT and, as appropriate, national and regional service planning, and to manage services that are better organised on a once-for-Scotland basis, such as support for people with complex and specialist needs, provision in custodial settings including prisons, and so on.

- Ensure effective working with NHS Scotland, establishing a joint approach where beneficial to people accessing care. This priority could be enabled by the creation of a similar board of governance for NHS Scotland and the creation of a National Integration Joint Board where the senior leadership of the National Care Service and NHS meet regularly to agree strategy and priorities.

- Ensure effective local and national working with other public services including transport, housing and education, all of which are key to public health and wellbeing. People’s environments can be disabling if not properly planned for accessibility, and people’s needs for care and support vary depending on their context. More broadly than social care and health, it is important that the public sector as a whole designs different environments – home, workplace, local services and infrastructure (e.g. transport, amenities), community networks – to support people’s independence and enable everyone to participate as full citizens in society.

APPENDIX 3
Implication of Independent review of adult social care in Scotland

<table>
<tr><th></th><th>Recommendation</th><th>Dundee IJB</th></tr>
<tr><td colspan="3">A Human Rights Based Approach</td></tr>
<tr><td>1</td><td>Human rights, equity and equality must be placed at the very heart of social care and be mainstreamed and embedded. This could be further enabled by the incorporation of human rights conventions.</td><td>This builds on existing commitments made within the IJB's Strategic and Commissioning Plan, Equality Outcomes and Mainstreaming Framework and supporting strategic and operational plans. It also reflects the principles and values that underpin existing arrangements for professional registration and regulation of the social care and social work workforce.

For further consideration and action as part of:
• Statutory review and any subsequent revision of the Dundee Strategic and Commissioning Plan
• Dundee IJB Equality Outcomes and Mainstreaming Framework
• Ongoing programmes for operational improvement

Central focus on human rights, equity and equality would suggest strengthened infrastructure, including learning and workforce development resource, will be required at a local level.

Aspects that are workforce focused will require collaborative work with Dundee City Council and external providers as employers of social care staff.

Interface with children's services (both NHS Tayside community health services and Dundee City Council Children and Families Services) will require further consideration – in the context of a strategic intent to enhanced whole family approaches consistency of approach across children's and adult services will be an important consideration. This will also be critical at points of transition.</td></tr>
<tr><td>2</td><td>Delivering a rights-based system in practice must become consistent, intentional and evident in the everyday experience of everyone using social care support, unpaid carers and families, and people working in the social care support and social work sector.</td><td>This builds on existing commitments made within the IJB's Strategic and Commissioning Plan, Equality Outcomes and Mainstreaming Framework and supporting strategic and operational plans. It also reflects the principles and values that underpin existing arrangements for professional registration and regulation of the social care and social work workforce.

For further consideration and action as part of:
• Statutory review and any subsequent revision of the Dundee Strategic and Commissioning Plan</td></tr>
</table>

	Recommendation	Dundee IJB
		• Dundee IJB Equality Outcomes and Mainstreaming Framework • Ongoing programmes for operational improvement Shift in focus/enhancement of quality assurance and self-evaluation activities to evidence implementation in practice. Strengthened approach to learning, development and support for practice improvement will be required. Interface with children's services (both NHS Tayside community health services and Dundee City Council Children and Families Services) will require further consideration – in the context of a strategic intent to enhanced whole family approaches consistency of approach across children's and adult services will be an important consideration. This will also be critical at points of transition.
3	People must be able to access support at the point they feel they need it, including for advice and signposting to local community-based resources and help, and for barriers to this, such as the current eligibility criteria and charging regime, to be fundamentally reformed and removed, to allow a greater emphasis on prevention and early intervention.	Continued investment in community-based resources and providers. Continued strategic focus on enhanced prevention and early intervention response. Realignment of local eligibility criteria (review currently ongoing) and charging (in collaboration with Dundee City Council) to take account of review and any subsequent national changes / guidance. Further development of public information materials / signposting resources to enhance accessibility of range of local services. For further consideration and action as part of: • Statutory review and any subsequent revision of the Dundee Strategic and Commissioning Plan • Dundee IJB Equality Outcomes and Mainstreaming Framework • Ongoing programmes for operational improvement Interface with children's services (both NHS Tayside community health services and Dundee City Council Children and Families Services) will require further consideration – in the context of a strategic intent to enhanced whole family approaches consistency of approach across children's and adult services will be an important consideration. This will also be critical at points of transition.

	Recommendation	Dundee IJB
4	People should understand better what their rights are to social care and supports, and "duty bearers", primarily social workers, should be focused on realising those rights rather than being hampered in the first instance by considerations of eligibility and cost.	For consideration and action as part of the Personalisation Improvement Plan. May subsequently require changes to assessment and recording guidance and supporting IT systems. Local public information materials may require to be revised to enhance focus on rights to social care and supports, including information about complaints and redress. Interface with children's services (both NHS Tayside community health services and Dundee City Council Children and Families Services) will require further consideration – in the context of a strategic intent to enhanced whole family approaches consistency of approach across children's and adult services will be an important consideration. This will also be critical at points of transition. See also recommendations 1 and 2.
5	Where not all needs can be met that have been identified as part of a co-production process of developing a support plan, these must be recorded as unmet needs and fed into the strategic commissioning process.	Adjustment to assessment and recording guidance and supporting IT systems to capture unmet need in order that data can be extracted and analysed as part of the Partnership's Strategic Needs Assessment and performance management systems. Interface with children's services (both NHS Tayside community health services and Dundee City Council Children and Families Services) will require further consideration – in the context of a strategic intent to enhanced whole family approaches consistency of approach across children's and adult services will be an important consideration. This will also be critical at points of transition.
6	Informal, community-based services and supports must be encouraged, supported and funded to respond appropriately to the needs of local citizens, including for preventative and low level support.	Continued investment in preventative, low-level supports through diversity of third sector providers. Further embed strategic commissioning across the organisation to ensure investment is aligned to needs and priorities. Establish a social care procurement framework to enable and encourage a diversity of provision, including work with Dundee City Council to address the interface between social care procurement legislation and Council Standing Orders. Review and enhancement of the IJB's Market Facilitation Strategy.

	Recommendation	Dundee IJB
		Interface with children's services (both NHS Tayside community health services and Dundee City Council Children and Families Services) will require further consideration – in the context of a strategic intent to enhanced whole family approaches consistency of approach across children's and adult services will be an important consideration. This will also be critical at points of transition.
7	A co-production and supportive process involving good conversations with people needing support should replace assessment processes that make decisions over people's heads and must enable a full exploration of all self-directed support options that does not start from the basis of available funding. Giving people as much choice and control over their support and care is critical.	For consideration and action as part of the Personalisation Improvement Plan. Including considering learning from other Partnerships who have already embedded a conversations approach to assessment. Ensure development of social care procurement framework supports the full implementation of SDS. Interface with children's services (both NHS Tayside community health services and Dundee City Council Children and Families Services) will require further consideration – in the context of a strategic intent to enhanced whole family approaches consistency of approach across children's and adult services will be an important consideration. This will also be critical at points of transition. See also recommendations 1,2 and 4.
8	More independent advocacy and brokerage services, including peer services, must be made available to people to ensure that their voices are heard, and to help prepare for participation in planning and organising their support.	Review of the independent advocacy provision and associated funding. Review of operational practices and associated recording / IT systems to ensure that advocacy is offered and uptake can be monitored effectively. Interface with children's services (both NHS Tayside community health services and Dundee City Council Children and Families Services) will require further consideration – in the context of a strategic intent to enhanced whole family approaches consistency of approach across children's and adult services will be an important consideration. This will also be critical at points of transition.
9	When things do not work well for people and their rights have not been upheld, they must have rapid recourse to an effective complaints system and to redress.	Review of experience of complaints procedure and improvement plan developed, including options for making complaints procedures more accessible. Interface with children's services (both NHS Tayside community health services and Dundee City Council Children and Families Services) will require further consideration – in the context

	Recommendation	Dundee IJB
		of a strategic intent to enhanced whole family approaches consistency of approach across children's and adult services will be an important consideration. This will also be critical at points of transition.
10	Packages of care and support plans must be made more portable and supported people should not have to fight to retain support because they have moved home	Local adjustment of practice, procedures and IT systems will be required to align to a nationally agreed approach.
	Unpaid Carers	
11	Carers need better, more consistent support to carry out their caring role well and to take a break from caring with regular access to quality respite provision. Carers should be given a right to respite with an amendment to the Carers Act as required, and a range of options for respite and short breaks should be developed.	For further consideration and action as part of the ongoing revision of the Dundee Carers Strategy and Short-breaks Services Statement. May require review and realignment of local respite and short breaks provision to reflect any changes to the Carers Act. This will build on local arrangements already in place, including ongoing development of short-breaks provision. Interface with children's services (both NHS Tayside community health services and Dundee City Council Children and Families Services) will require further consideration specifically in relation to young carers and transitions from children's to adult services.
12	A new National Care Service should prioritise improved information and advice for carers, and an improved complaints process. It should take a human rights-based approach to the support of carers.	For further consideration and action as part of the ongoing revision of the Dundee Carers Strategy. Local adjustment of practice, procedures and IT systems will be required to align to a nationally agreed approach. Interface with children's services (both NHS Tayside community health services and Dundee City Council Children and Families Services) will require further consideration specifically in relation to young carers and transitions from children's to adult services. See also recommendations 1, 2, 4 and 9.
13	Local assessment of carers' needs must, in common with assessment of the needs of people using social care support services and supports, better involve the person themselves in planning support.	For further consideration and action as part of the ongoing revision of the Dundee Carers Strategy and Personalisation Improvement Plan.

	Recommendation	Dundee IJB
		Interface with children's services (both NHS Tayside community health services and Dundee City Council Children and Families Services) will require further consideration specifically in relation to young carers and transitions from children's to adult services. See also recommendations 1-5.
14	Carers must be represented as full partners on the Integration Joint Boards and on the Board of the National Care Service.	Carer representation is in place for Dundee IJB. The Dundee IJB tends to operate by consensus and minimises need for voting. Consensus would include the views of carers. Will require review and realignment of local arrangements and supporting documentation (such as IJB terms of reference) to reflect any changes to the Public Bodies (Joint Working) (Scotland) Act to enable carers full representation on IJBs.
	The Case for a National Care Service	
15	Accountability for social care support should move from local government to Scottish Ministers, and a Minister should be appointed with specific responsibility for Social Care.	Democratic accountability remains through the membership of the IJB. Strategic commissioning process will continue to enable collaborative working across a range of local community planning partners to identify and respond to local needs and priorities. Anticipate that as a consequence of this national reporting requirements / arrangements may change and local process and resources will require to be reviewed to align to this.
16	A National Care Service for Scotland should be established in statute along with, on an equal footing, NHS Scotland, with both bodies reporting to Scottish Ministers.	Democratic accountability remains through the membership of the IJB. Strategic commissioning process will continue to enable collaborative working across a range of local community planning partners to identify and respond to local needs and priorities.
17	The National Care Service should oversee local commissioning and procurement of social care and support by reformed Integration Joint Boards, with services procured from Local Authorities and third and independent sector providers. Integration Joint Boards should manage GPs' contractual arrangements, whether independent contractors or directly employed, to ensure integration of community care and support provision, to respect and support professional interdependencies,	Full delegation of procurement and contracting responsibilities place additional decision making and accountability with IJB. This builds on existing social care commissioning and procurement arrangements but will require further enhancement and investment in arrangements as well as enhanced legal services provision within the IJB. If implemented this will allow a more flexible approach to social care commissioning and full use of existing legislative provisions for social care procurement (as procurement activity will no longer have to comply with Dundee City Council Standing Orders). This will require significant collaboration with Dundee City Council.

	Recommendation	Dundee IJB
	and to remove the current confusion about where responsibility for primary care sits.	The interface with social care commissioning for Children and Families Services will also have to be considered (currently single Social Care Contracts Team for the Partnership and Children and Families Service). This will require significant collaboration with Dundee City Council. Brings employment responsibilities to IJB through the direct employment of GPs. This will require additional resource to support HR functions to support transfer of staff and for ongoing HR needs. This will require significant collaboration with both Dundee City Council and NHS Tayside.
18	The National Care Service should lead on the aspects of social care improvement and support that are best managed once for Scotland, such as workforce development and improvement programmes to raise standards of care and support.	Interface between national service and IJB will require to be developed. This has potential to add significant value and capacity in relation to improvement activity. An approach that means that the development of care standards is also supported by implementation support (and resources) will be a welcome shift from current arrangements.
19	The National Care Service should oversee social care provision at national level for people whose needs are very complex or highly specialist and for services such as prison social care that could be better managed on a once-for-Scotland basis.	Interface between national service and IJB will require to be developed. This has potential to add significant value and capacity in relation to better meeting outcomes for people with complex or highly specialist needs. Interface with Community Justice Service (within Dundee City Council Children and Families Services and wider community justice partners) will require further consideration. Interface with arrangements for delivery of prison healthcare will also require consideration.
20	The National Care Service's driving focus should be improvements in the consistency, quality and equity of care and support experienced by service users, their families and carers, and improvements in the conditions of employment, training and development of the workforce.	Interface between national service and IJB will require to be developed. This has potential to add significant value and capacity in relation to improvement activity.
A National Care Service for Scotland – How it Should Work		
21	The National Care Service in close co-operation with the National Health Service should establish a simplified set of outcome measures to measure progress in health and social care support, through which to oversee delivery of	Potential to significantly improve the relevance and quality of national indicators and to streamline national reporting requirements. Could support system wide shift from process to outcome focused measures.

	Recommendation	Dundee IJB
	social care in local systems via reformed Integration Joint Boards and national care bodies.	Full engagement in these developments will not be possible with the current information and data resource within the Dundee IJB – there is a risk that we will not be sufficiently involved in / informed of national developments. May require significant changes to data recording and reporting systems and arrangements. MOSAIC contract includes alignment of system to any changes in statutory requirements.
22	A Chief Executive should be appointed to the National Care Service, equivalent to the Chief Executive of the National Health Service and accountable to Ministers.	Democratic accountability remains through the membership of the IJB. Strategic commissioning process will continue to enable collaborative working across a range of local community planning partners to identify and respond to local needs and priorities.
23	Integration Joint Boards should be reformed to take responsibility for planning, commissioning and procurement and should employ Chief Officers and other relevant staff. They should be funded directly by the Scottish Government.	Significantly different role for IJB, including direct employment of the Chief Officer and some other staff and responsibility for procurement and contracting. Significant streamlining of budget setting process with IJB budget directly allocated from Scottish Government. Potentially introduces a contractual relationship between the IJB, Dundee City Council and NHS Tayside. Democratic accountability remains through the membership of the IJB. Strategic commissioning process will continue to enable collaborative working across a range of local community planning partners to identify and respond to local needs and priorities. See also recommendation 17.
24	The role of existing national care and support bodies – such as the Care Inspectorate and Scottish Social Services Council – should be revisited to ensure they are fit for purpose in a new system.	Local implications of any revisions to the role and approach of the Care Inspectorate and SSSC could be significant and local systems, processes and resource may require realignment to fit with revised national arrangements. Wider report content indicates that if implemented this will include changes in approach to scrutiny / inspection activities. The proposed changes include a streamlining of arrangements, enhanced focus on experiences of care and on subsequent improvement support, these are welcome changes however will require adaption of local arrangements.

	Recommendation	Dundee IJB
25	The National Care Service should address gaps in national provision for social care and social work in relation to workforce planning and development, data and research, IT and, as appropriate, national and regional service planning.	Social work adult care data is already delegated from Dundee City Council to the IJB. The IJB has very limited capacity to meet current statutory requirements, however complies with all aspects including SOURCE returns. Any significant enhancement in arrangements would require further additional capacity. Interface between national service and IJB will require to be developed. This has potential to add significant value and capacity in relation to planning and information. Democratic accountability remains through the membership of the IJB. Strategic commissioning process will continue to enable collaborative working across a range of local community planning partners to identify and respond to local needs and priorities.
26	The National Care Service should manage provision of care for people whose care needs are particularly complex and specialist, and should be responsible for planning and delivery of care in custodial settings, including prisons.	Interface between national service and IJB will require to be developed. This has potential to add significant value and capacity in relation to better meeting outcomes for people with complex or highly specialist needs. Interface with Community Justice Service (within Dundee City Council Children and Families Services and wider community justice partners) will require further consideration. Interface with arrangements for delivery of prison healthcare will also require consideration.
A New Approach to Improving Outcomes – Closing the Implementation Gap, a New System for Managing Quality		
27	A National Improvement Programme for social care, along the lines of the NHS Patient Safety Programme, should be introduced by the National Care Service, and should address the three following key areas: • The experience and implementation of self-directed support must be improved, placing people using services' needs, rights and preferences at the heart of the decision-making process. • The safety and quality of care provided in care homes must be improved to guarantee consistent, appropriate standards of care. • Commissioning and procurement processes must be improved in order to provide a vehicle	For further consideration and action as part of the Personalisation Improvement Plan. For further consideration and action as part of the DHSCP recovery plan as this relates to the oversight of care homes. Existing social care commissioning and procurement arrangements are in-line with the approach described in the independent review. Establish a social care procurement framework to enable and encourage a diversity of provision. See also recommendations 17 and 23. Further embed strategic commissioning across the organisation to ensure this is a vehicle for enhancing care quality. This builds on approach already taken across many partnership services.

	Recommendation	Dundee IJB
	for raising the quality of social care support and for enhancing the conditions and experience of the social care workforce.	
	Models of Care	
28	The Scottish Government should carefully consider its policies, for example on discharge arrangements for people leaving hospital, to ensure they support its long-held aim of assisting people to stay in their own communities for as long as possible.	For further consideration and action as part of: • Statutory review and any subsequent revision of the Dundee Strategic and Commissioning Plan • Ongoing programmes for operational improvement Changes in national policy will require to subsequently be considered and reflected in local arrangements. However, there is already a significant focus on a strategic approach to discharge management in Dundee and a range of improvement activity underway.
29	A national approach to improvement and innovation in social care is needed, to maximise learning opportunities and create a culture of developing, testing, discussing and sharing methods that improve outcomes. The future role of the Institute for Research and Innovation in Social Services (IRISS) and its inclusion as part of the National Care Service must be considered.	Interface between national service and IJB will require to be developed. This has potential to add significant value and capacity in relation to improvement activity. See also recommendations 17 and 18.
30	There must be a relentless focus on involving people who use services, their families and carers in developing new approaches at both a national and local level.	A commitment to co-production is already in place within Dundee IJB and this is demonstrated across strategic planning arrangements, however continuous improvement of this must always be a focus and further investment may be required to provide appropriate infrastructure and support to enable / enhance co-production across all service areas. For further consideration and action as part of: • Statutory review and any subsequent revision of the Dundee Strategic and Commissioning Plan • Revision of Partnership Communication and Engagement Strategy • Revision of the Partnership's strategic planning structure
31	Investment in alternative social care support models should prioritise approaches that enable people to stay in their own homes and communities, to maintain and develop rich social connections and to exercise as much	This approach is already embedded in the principles and priorities within Dundee IJB's Strategic and Commissioning Plan. For further consideration and action as part of:

	Recommendation	Dundee IJB
	autonomy as possible in decisions about their lives. Investment in, or continuance of, models of social care support that do not meet all of these criteria should be a prompt for very careful reflection both by a National Care Service and local agencies.	• Statutory review and any subsequent revision of the Dundee Strategic and Commissioning Plan • Operational improvement activities Existing social care commissioning and procurement arrangements support a strategic commissioning approach, this includes disinvestment as well as investment in services. Direct allocation of budgets may further enhance the IJBs ability to embed a strategic commissioning approach, including disinvestment decisions.
	Commissioning for Public Good	
32	Commissioners should focus on establishing a system where a range of people, including people with lived experience, unpaid carers, local communities, providers and other professionals are routinely involved in the co-design and redesign, as well as the monitoring of services and supports. This system should form the basis of a collaborative, rights based and participative approach.	A commitment to co-production is already in place within Dundee IJB and this is demonstrated across strategic planning arrangements, however continuous improvement of this must always be a focus and further investment may be required to provide appropriate infrastructure and support to enable / enhance co-production across all service areas. In particular, approaches to further involving people who use services and wider communities in the monitoring of services and supports will require further consideration. For further consideration and action as part of: • Statutory review and any subsequent revision of the Dundee Strategic and Commissioning Plan • Revision of Partnership Communication and Engagement Strategy • Revision of the Partnership's strategic planning structure See also recommendation 30.
33	A shift from competitive to collaborative commissioning must take place and alternatives to competitive tendering developed and implemented at pace across Scotland. Commissioning and procurement decisions must focus on the person's needs, not solely be driven by budget limitations.	Existing social care commissioning and procurement arrangements are in-line with the approach described in the independent review. Other recommendations made within the report, if implemented, will further strengthen this approach. Establish a social care procurement framework to enable and encourage a diversity of provision. Revision of Dundee IJB's Market Facilitation Strategy is required. See also recommendations 17 and 23.

	Recommendation	Dundee IJB
34	The establishment of core requirements for ethical commissioning to support the standardisation and implementation of fair work requirements and practices must be agreed and set at a national level by the new National Care Service and delivered locally across the country.	Review of the Market Facilitation Strategy to ensure ethical commissioning requirements are captured. Local work has been undertaken to implement aspects of Fair Work practices, such as the living wage and adjustments to model social care contracts. This provides a foundation for future work / enhancement. Approach to local implementation will require to be agreed once national standards are set.
35	To help provide impetus and support to the adoption of a collaborative and ethical approach to commissioning, the idea from CCPS of pressing pause on all current procurement should be fully explored in the context of a National Care Service, with a view to rapid, carefully planned implementation.	Implications of this are unclear without further detail of intended approach.
36	The care home sector must become an actively managed market with a revised and reformed National Care Home Contract in place, and with the Care Inspectorate taking on a market oversight role. Consideration should be given by the National Care Service to developing national contracts for other aspects of care and support. A ‘new deal’ must form the basis for commissioning and procuring residential care, characterised by transparency, fair work, public good, and the re-investment of public money in the Scottish economy.	Existing National Care Home Contracts with local providers are already in place, with oversight from Care Inspectorate - and any revised national contractual arrangements and implications could be incorporated through local procurement processes.
37	National contracts, and other arrangements for commissioning and procurement of services, must include requirements for financial transparency on the part of providers along with requirements for the level of return that should be re-invested in the service in order to promote quality of provision and good working conditions for staff.	This could potentially be incorporated into existing social care commissioning and procurement arrangements through contract and financial monitoring processes. Further detail on intended approach required before this can be fully assessed and may require additional resources to support implementation.

	Recommendation	Dundee IJB
38	A condition of funding for social care services and supports must be that commissioning and procurement decisions are driven by national minimum quality outcome standards for all publicly funded adult social care support.	This could potentially be incorporated into existing strategic commissioning and procurement arrangements. National health and care standards and inspection frameworks currently inform procurement and contract monitoring arrangements, similar approaches could be adopted for new national standards.
39	A decisive and progressive move away from time and task and defined services must be made at pace to commissioning based on quality and purpose of care – focused upon supporting people to achieve their outcomes, to have a good life and reach their potential, including taking part in civic life as they themselves determine.	Further work is required at a local level to develop a shared understanding and approach to commissioning for outcomes and to test this approach in practice. This approach needs to be supported by additional investment in the provision of social care supports and aligned with the Personalisation Improvement Plan.
40	Commissioning decisions should encourage the development of mutually-supportive provider networks as described above, rather than inhibiting co-operation by encouraging fruitless competition.	Existing social care commissioning and procurement arrangements are in-line with the approach described in the independent review. Collaborative approaches to social care commissioning have been tested in both Partnership and Children and Families Services. Establish a social care procurement framework to enable and encourage a diversity of provision. Revision of Dundee IJB's Market Facilitation Strategy is required. See also recommendations 17 and 23.
41	Commissioning and planning community based informal supports, including peer supports, is required to be undertaken by Integration Joint Boards and consideration of grant funding to support these is needed.	Revision of Dundee IJB's Market Facilitation Strategy is required. Requires wider consideration as part of community planning approach. See also recommendation 6.
	Fair Work	
42	Rapid delivery of all of the recommendations of the Fair Work Convention, with an ambitious timetable for implementation to be set by the Scottish Government.	Scottish Government already progressing this area with the first initiative to apply a national living wage uplift to social care contractual arrangements adopted as part of Dundee IJB's budget setting process in March 2021.
43	Conduct a national job evaluation exercise for work in social care, to establish a fair and equitable assessment	National pay arrangements and terms and conditions already existing for NHS staff across Scotland; the financial and HR implications to transition social care staff to a national

	Recommendation	Dundee IJB
	of terms and conditions for different roles. This should take account of skills, qualifications, responsibilities and contribution.	arrangement could be substantial; this will also have implications for any non-IJB social care staff within the Local Authority (ie Children's Services or Criminal Justice).
44	Putting in place national minimum terms and conditions as a key component of new requirements for commissioning and procurement by Integration Joint Boards. Specific priority should be given to pay, travel time, sick pay arrangements, training and development, maternity leave, progression pathways, flexible pathways and pension provision. The national evaluation of terms and conditions should be undertaken to inform these minimum standards and these should be reviewed as required.	Any further proposals from the Fair Work Convention and adopted as a national direction will need to be assessed and incorporated in to local commissioning and procurement arrangements as they arise.
45	Establishing a national organisation for training, development, recruitment and retention for adult social care support, including a specific Social Work Agency for oversight of professional development. The current role, functions and powers of the SSSC should be reviewed and appropriate read-across embedded for shared and reciprocal learning with the NHS workforce.	Existing organisational development strategies would need adapted to reflect any new national arrangements in place.
46	Establishing a national forum comprised of workforce representation, employers, Integration Joint Boards and the Scottish Government to advise the National Care Service on workforce priorities and to take the lead in creating national sector level collective bargaining of terms and conditions.	Local partnership forum arrangements with trade unions and staff side representatives would likely require enhanced reporting lines to a new national forum to ensure substantive local issues are presented nationally.
47	National oversight of workforce planning for social work and social care, which respects the diversity and scale of employment arrangements while improving resilience and arrangements for mutual support should be a priority for a National Care Service.	Current workforce plan would need to be adapted to reflect new national arrangements in place.
48	The recommendations listed above should apply to Personal Assistants employed by people using Option 1 of SDS, who should be explicitly recognised as members of the workforce, as well as employees of providers in the public, third and independent sectors.	As noted in recommendations 42-47.

	Recommendation	Dundee IJB
	This recommendation should be delivered in full partnership with the independent living movement	
	Finance	
49	Prioritising investment in social care as a key feature of Scotland's economic plans for recovery from the effects of the Covid-19 pandemic.	Follows the local financial strategy and would sit initially within the local mobilisation plan but also through the IJB budget setting process, included ensuring shifting the balance of care continues to be a key IJB priority.
50	Careful analysis by a National Care Service, with its partners in the National Health Service, Integration Joint Boards and beyond, of opportunities to invest in preventative care rather than crisis responses, to avoid expenditure on poor outcomes such as those experienced by people who are delayed in hospital.	Continued development of the IJB's Strategic Plan to prioritise areas of preventative care and early intervention will be used to direct funding.
51	Additional investment in order to: f expand access to support including for lower-level preventive community support; • implement the recommendations of the Fair Work Convention; • remove charging for non-residential social care support; • increase the sums paid for Free Personal and Nursing Care for self-funders using care homes to the levels included in the National Care Home Contract; • re-open the Independent Living Fund, with the threshold sum for entry to the new scheme reviewed and adjusted; and • review financial support made available to unpaid carers and increase investment in respite.	Further Scottish Government funding will be required to meet these recommendations.
52	Robustly factoring in demographic change in future planning for adult social care.	Existing future financial estimates already factor in the impact of demographic change however access to wider information would benefit this process.
53	Careful consideration to options for raising new revenues to increase investment in adult social care support	This will need to be as directed by the Scottish Government.

ITEM No …12………..

REPORT TO:	**HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 21 APRIL 2021**
REPORT ON:	**TAYSIDE INTEGRATION JOINT BOARD RISK MANAGEMENT STRATEGY**
REPORT BY:	**CHIEF FINANCE OFFICER**
REPORT NO:	**DIJB20-2021**

1.0 PURPOSE OF REPORT

1.1 The purpose of this report is to recommend for approval a revised Tayside IJB's Risk Management Strategy.

2.0 RECOMMENDATIONS

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

2.1 Notes the content of this report and approves the revised Tayside IJB's Risk Management Strategy as attached as Appendix 1 to this report.

2.2 Instructs the Chief Finance Officer to review the IJB's Risk Management Policy and report back to the board should this require to be amended following adoption of the revised Risk Management Strategy.

2.3 Instruct the Chief Finance Officer to arrange a development session on risk management for IJB members by the end of June 2021.

3.0 FINANCIAL IMPLICATIONS

3.1 None.

4.0 MAIN TEXT

4.1 Background

4.1.1 At its meeting of the 4th May 2016, Dundee Integration Joint Board adopted a Risk Management Strategy and Policy which had been developed in partnership by the three Tayside Health and Social Care Partnerships, the three Tayside local authorities and NHS Tayside (Article XIII of the minute refers). This fulfilled a commitment in the Integration Schemes to jointly develop such a strategy. The purpose of the strategy was to ensure the:

"Identification, assessment and prioritisation of risk related to the delivery of services, particularly those which are likely to affect the Integration Joint Board's delivery of the Strategic Plan;

Identification and description of processes for mitigating these risks; and

Agreed reporting standards."

4.1.2 While this framework has remained in place since then, it has been acknowledged that it was developed prior to the "lived experience" of integration by all parties involved. Subsequent internal audit reviews of Risk Management Arrangements across the individual IJB's have made a range of recommendations around strengthening risk management within each IJB and with their partner bodies. Furthermore, as IJB's have themselves developed better practice in relation to risk management over the last 5 years it was considered appropriate to review and strengthen the current overarching risk management strategy.

4.1.3 A Tayside Risk Management Group was formed with risk management leads from each of the Tayside Health and Social Care Partnership's, local authorities and NHS Tayside. The group has worked together over the last 18 months (with considerable disruption due to the covid pandemic response) to review the current framework and consider what areas remain valid and where it needs enhanced to reflect experience to date and learning from all parties, including consideration of examples of best practice. Given the benefits of working together across Tayside while developing the revised strategy, the group as agreed to continue to meet on a regular basis to take forward risk management arrangements including continued development of best practice.

4.1.4 The revised framework is attached at Appendix 1 to this report and sets out the risk management approach and vision, how the strategy will be implemented and sets out expectations around risk leadership and accountability, resourcing risk management, training, learning and development, monitoring and reporting and communication. The IJB's individual risk management policies sit underneath this framework and it is recommended that these are reviewed to take into consideration the areas of development in the framework (e.g. establishment of a risk appetite for each IJB). In relation to Dundee IJB, the relevant committee discharged with responsibility for risk management arrangements is the Performance and Audit Committee (PAC) and the further development of local reporting arrangements will be led by the PAC. The IJB's risk register will be presented to the IJB at least annually. This further development work will include consideration of what form risk assurance will be provided to and from partner bodies and other stakeholders. The IJB must develop a risk appetite to guide its decision making process

4.1.5 In order to enhance the risk management approach within the IJB it is recommended that a development session on risk management is arranged by the end of June 2021.

5.0 POLICY IMPLICATIONS

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

6.0 RISK ASSESSMENT

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

7.0 CONSULTATIONS

7.1 The Chief Officer 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: 12 April 2021

APPENDIX 1

Integration Joint Boards

Risk Management Strategy

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The Risk Management Approach and Vision

1.1 The Integration Joint Boards (IJBs) are committed to a culture where the workforce is encouraged to develop new initiatives, improve performance and achieve goals safely, effectively and efficiently by appropriate application of good risk management practice.

1.2 In doing so the aim is to provide safe and effective care and treatment for patients and clients, and a safe environment for everyone working within the IJBs and others who interact with the services delivered under their direction.

1.3 The IJBs believe that appropriate application of good risk management will prevent or mitigate the effects of loss or harm and will increase success in the delivery of objectives, better clinical, care and financial outcomes, achievement of targets and fewer unexpected problems.

1.4 They purposefully seek to promote an environment that is risk 'aware' and strive to place risk management information at the heart of key decisions. This means that the IJBs can take an effective approach to managing risk in a way that addresses significant challenges and enable positive outcomes.

1.5 The IJBs promote the pursuit of opportunities that will benefit the delivery of their Strategic and Commissioning Plans. Opportunity-related risk must be carefully evaluated in the context of the anticipated benefits for patients, clients and the achievement of strategic aims.

1.6 The IJBs will receive assurance reports, including internal and external audit reports, not only on the adequacy but also the effectiveness of its risk management arrangements and will consequently value the contribution that risk management makes to their wider governance arrangements. The IJB's will share the findings of such reports with each other to ensure consistency of good practice across the Tayside region in line with information sharing protocols.

1.7 The IJBs, through the following risk management strategy, have established a Risk Management Framework, (which covers risk policy, procedure, process, systems, risk management roles and responsibilities).

Key benefits of effective risk management:

- appropriate, defensible, timeous and best value decisions are made;
- risk 'aware' not risk 'averse' decisions are based on a balanced appraisal of risk and enable acceptance of certain risks in order to achieve a particular goal or reward;
- supports delivery of key aims and objectives – priorities and outcomes
- high levels of morale and productivity;
- better use and prioritisation of resources;
- high levels of user experience/ satisfaction with a consequent reduction in adverse events, claims and/ or litigation; and
- a positive reputation established for the Integration Joint Boards.

Strategy - Implementing the Strategy

1. Introduction

1.1 The primary objectives of this strategy will be to:

- promote awareness of risk and define responsibility for managing risk within the IJBs;
- establish communication and sharing of risk information through all areas of the IJBs;
- initiate measures to reduce the IJBs exposure to risk and potential loss through the design & implementation of robust portfolios of internal controls.; and,
- establish standards and principles for the efficient management of risk, including regular monitoring, reporting and review.

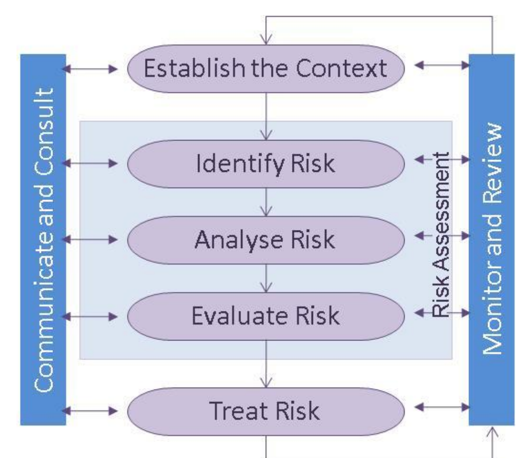
1.2 This strategy takes a positive and holistic approach to risk management. The scope applies to all risks, such as relating to the clinical and care environment, employee safety and wellbeing, business risk, opportunities or threats and the riisk to delivery of strategic and commissioning plans.

1.3 **Strategic risks** represent the potential for the IJBs to achieve (opportunity) or fail to meet (threat) its desired outcomes and objectives as set out within their Strategic Plans, and typically these risks require strategic leadership in the development of activities and application of controls to manage the risk.

1.4 **Operational risks** represent the potential for impact (opportunity or threat) within or arising from the operational services delivered by the Local Authority and Health Board, as commissioned through the Strategic Commissioning Plan and Directions by the IJB. As the providers of the operational health and social care services, the Local Authority and Health Board have responsibility for making appropriate arrangements in relation to the management, monitoring and reporting of operational risks. On a day to day basis these risks will be managed with the respective risk management frameworks of the Local Authority and Health Board, by the IJB's Chief Officer acting in their capacity as the Local Authority / Health Board Director for the relevant operational services. Where operational risks are such that they may have an impact on the deliverability of the IJB's Strategic Commissioning Plan however, they also require to be reflected and managed as a strategic risk within the IJB risk management framework.

1.5 This document represents the risk management framework to be implemented across the Joint Boards and will contribute to their wider governance arrangements.

2. Risk management process



2.1 Risk Management is about the culture, processes and structures that are directed towards realising potential opportunities whilst managing adverse effects[1] It is pro-active in understanding risk and uncertainty, it learns and builds upon existing good practice and is a continually evolving process that has an important role in ensuring that defensible and beneficial decisions are made.

2.2 The IJBs embed risk management practice by consistent application of the risk management process shown in the diagram on the right, across all areas of service delivery and business activities.

2.3 IJBs will ensure arrangements are in place for the reporting of risks as part of the monitoring and review process.

[1] Australia/ New Zealand Risk Management Standard, AS/NZS 4360: 2004

2.4 The IJB's risk management framework harnesses the activities that identify and manage uncertainty, allows it to take opportunities and to take managed risks not simply to avoid them, and systematically anticipates and prepares successful responses. A key consideration in balancing risks and opportunities, supporting informed decision-making and preparing tailored responses is to establish the IJB's risk appetite in relation to its strategic risks.

2.5 Risk appetite provides a framework which enables an organisation to make informed management decisions. By defining a risk appetite IJBs will clearly set out thresholds around which risks can be tolerated and hence where the IJB is willing to operate, the extent to which risks need to be managed and at which point they should be escalated. Consideration may also be given to the optimal or target range within which risks should sit and where the IJB aims to operate. These thresholds are for IJBs to determine and although there are advantages to statutory partners having similar appetites this may not be possible to achieve. Variance in this regard, although accepted as a practical reality, needs to be borne in mind when considering the nature of identified risks, how they are similarly identified and within partner bodies and then how they are managed/controlled accordingly.

The benefits of adopting a risk appetite include:

- Supporting informed decision-making;
- Reducing uncertainty;
- Improving consistency across governance mechanisms and decision-making;
- Supporting performance improvement;
- Focusing on priority areas within an organisation;
- Informing spending review and resource prioritisation processes.

2.6 When developing its risk appetite, an organisation needs to consider a range of issues, including the norms of the environment and the sectors in which it operates, its own culture, as well as governance and decision-making processes. It also needs to consider its ability to implement this risk appetite.

3. Application of good risk management across the IJB activities

3.1 Standard procedures (3.1 – 3.9) will be implemented across all areas of activity that are under the direction of the IJBs in order to achieve consistent and effective implementation of good risk management.

3.2 Risk management information will (wherever possible) be used to guide major decisions alongside other factors that require consideration as part of an impact assessment. All decision papers will overtly reference risk and any links to the IJB Strategic Risk Register.

3.3 Development, escalation and horizon scanning of risk involving key stakeholders and subject experts who have knowledge and experience of the activity or process under consideration.

3.4 Appropriate ownership of risk: IJB Strategic risks will be owned by/assigned to and managed by those individual/s who are best placed to oversee the risk and manage the development of any new risk controls required by the Chief Officer of the relevant IJB in conjunction with Senior Management from NHS Tayside and the Local Authority.

3.5 Consistent application of the agreed risk matrix to analyse risk in terms of likelihood of occurrence and potential impact, taking into account the effectiveness of risk control measures in place. The risk matrix to be used is attached in Appendix 1.

3.6 Consistent response to risk that is proportionate to the level of risk and risk appetite..

3.7 Implementation and maintenance of risk registers as a means of collating risk information in a consistent format allowing comparison of risk evaluations, informed decision-making in relation to prioritising resources and ease of access to information for risk reporting.

3.8 The Integrated Joint Board or delegated Committee will routinely receive risk management reports from the Chief Officer or Chief Financial Officer for agreement or approval at least bi-annually.

3.9 The IJB or delegated Committee shall receive an annual Risk Management Report which provides an overt conclusion of the adequacy and effectiveness of the IJB's risk management arrangements and the application of this risk management strategy.

3.10 As noted in sections 2 and 4 above, the Chief Officer shall prepare local procedures which allow for detailed review, response and escalation of opertional risks which take account of other governance and management structures operated by the IJB and its partners including in particular, arrangements for Clinical and Care, Staff and Information Governance.

Risk Leadership and Accountability

4. Governance, roles and responsibilities

4.1 Integration Joint Boards and/or delegated Committee

Members of the Integration Joint Boards, including as members of the appropriate delegated Committee are responsible for:

- oversight of the IJBs risk management arrangements including seeking assurance that these are effective;
- receipt, review and scrutiny of reports on strategic risks and any key operational risks that require to be brought to the IJBs attention; and,
- ensuring that all IJB Board and Standing Committee papers adequately explain associated risks and overtly refer to the IJB Risk Register where relevant

4.2 Chief Officer

The Chief Officers have overall reponsibility for the IJBs risk management framework, ensuring that suitable and effective arrangements are in place to manage the risks relating to the functions within the scope of the IJB. The Chief Officers will keep the Chief Executives of the IJBs partner bodies (Council and Health) informed of any significant existing or emerging risks that could seriously impact the IJB's ability to deliver the outcomes of their Strategic Plans or the reputation of the IJB and vice versa.

4.3 Chief Financial Officer

The Chief Financial Officer will be responsible for ensuring financial risks are identified and mitigating actions identified for the consideration of the IJB and delegated Committees as appropriate.

4.4 HSCP Senior Management Team

Members of the Senior Management Team are responsible (either collectively, or by nominating a specific member of the team) for:

- supporting the Chief Officer in fulfilling their risk management responsibilities;
- arranging professional risk management support, guidance and training from partner bodies;
- receipt and review of regular risk reports on strategic, shared key operational risks and escalating any matters of concern to the IJB Chief Officer; and,
- ensuring that the standard procedures set out in section three of this strategy are actively promoted across their teams and within their areas of responsibility.

4.5 Individual Risk Owners/Risk Managers

It is the responsibility of each risk owner/manager to ensure that:

- risks assigned to them are analysed in keeping with the agreed risk matrix both for probability / likelihood and consequence / impact taking into account exisitng controls and the potential likelihood and consequences after treatment of the risk
- data on which risk evaluations are based are robust and reliable;
- risks are defined clearly to make explicit the scope of the challenge, opportunity or hazard and the consequences that may arise;
- the whole risk is reviewed not only in terms of likelihood and impact of occurrence, but takes account of any changes in context that may affect the risk;
- controls that are in place to manage the risk or which are proposed are proportionate to the context and level of risk and are effective in practice
- risks are recorded using the relevant electronic risk management recording system framework .

4.6 All persons working under the direction of the IJB within the HSCP

Risk management should be Integrated into daily activities with everyone involved in identifying current and potential risks where they work. Individuals have a responsibility to make every effort to be aware of situations which place them or others at risk, report identified hazards and implement safe working practices developed within their service areas. This approach requires everyone to:

- understand the risks that relate to their roles and activities;
- understand how their actions relate to their own, their patient's, their services user's/ client's and public safety;
- understand their accountability for particular risks and how they can manage them;
- understand the importance of reporting incidents and/ or near misses to allow lessons to be learned and contribute to ongoing improvement of risk management arrangements; and,
- understand that good risk management is a key part of the IJB's culture.

4.7 Partner Bodies

Partner bodies will continue to operate appropriate Risk Management processes for operational risk and Chief Executives of the partner bodies will ensure that processes will be put in place to alert the IJB of any strategic or operational risks which are likely to impact on the delivery of the IJB's Strategic and Commissioning Plan. The partner bodies will provide formal assurance to the IJB on the operation of their Risk Management arrangements and of the adequacy and effectiveness of key controls which could impact on the acheivement of IJB objectives. The IJB will provide reciprocal assurance, including to other IJB's in their capacity as being responsible for hosted services, on its Risk Management processes and key controls.

It is the responsibility of relevant specialists including those from the partner bodies, (such as risk managers/coordinators) to attend meetings where appropriate to consider the implications of risks and provide relevant advice. However ultimate responsibility for risk remains with the individual designated risk owners / risk managers within the HSCPs.

Resourcing Risk Management

5. Resourcing the risk management framework

5.1 Much of the work on developing and leading the ongoing implementation of the risk management framework for the Integration Joint Boards will be resourced through the Senior Management Team's arrangements (referred to in 4.4). The IJBs will work with partner bodies to ensure that the risk management function of the IJB's is adequately supported in accordance with the Integration Scheme

5.2 In order to facilitate the continued development and embedding of consistent risk management approaches and principles across the Tayside IJB's, a Tayside Risk Management Working Group has been established which consists of risk management leads from each of the IJB's, local authorities and NHS Tayside.

5.3 Where risks impact on a specific partner body and new risk control measures require to be developed and funded, it is expected that this will be taken forward by the partner organisation, within current resource where possible under the direction of the IJB and normal budget setting and financial management processes.

Training, Learning and Development

6 Risk management training and development opportunities

6.1 To effectively implement this policy and strategy, it is essential for people to have the competence and capacity for managing risk and handling risk judgements with confidence, to focus on learning from events and past experience in relation to what has worked well or could have been managed better, and to focus on identifying opportunities to improve systems and processes.

6.2 Training is important and is essential in embedding a positive risk management culture across all activities under the direction of the IJBs and in developing risk management maturity. The Senior Management Teams will regularly review risk management training and development needs and source the relevant training and development opportunities required through the respective partner bodies. These training requirements will include officers and IJB members as appropriate.

6.3 The majority of risk-related courses/ training will be delivered through resources already available to the IJB through the partner body risk management functions, including provision of risk management training to reflect integrated service arrangements. Wherever possible the IJBs will ensure that any additional risk management training requirements and costs will be kept to a minimum.

Monitoring and Reporting

7 Monitoring risk management activity and performance

7.1 Measuring, managing and monitoring risk management performance is key to the effective delivery of key objectives.

7.2 The IJBs operate in a dynamic and challenging environment. A suitable system is required to ensure risks are monitored for change in context and scoring so that appropriate response is made as appropriate as reflected in the features of good risk management outlined in section 3.

7.3 Monitoring will include formal review of the IJBs risk profile at Senior Management Team level on at least a quarterly basis taking into account all relevant strategic, operational and shared risks.

7.4 The HSCP Senior Management team will consider risks associated with items on their management team agenda and will consider whether any items should be added to partner bodies operational risk registers and / or considered for inclusion in the IJB's Strategic Risk Register.

7.5 Measuring, managing and monitoring risk management performance is key to the effective delivery of key objectives. The IJB will therefore set and monitor key performance indicators for its Risk Management processes to be reported formally at least annually as per of the annual Risk Management Report with regular reporting to the appropriate delegated committee.

7.6 Performance data linked to the Strategic Plans will be presented to inform the identification of new risks and / or highlight where existing risks require more attention and provides a conclusion on whether the information within the risk register required amendment.

7.7 Reviewing the IJBs risk management arrangements on a regular basis will also constitute a ‘Plan/ Do/ Study/ Act review cycle that will shape future risk management priorities and activities of the IJB, inform subsequent revisions of this policy and strategy and drive continuous improvement in risk management across the IJB.

Communicating Risk Management

8 Communicating, consulting on and reviewing the risk management framework

8.1 Effective communication of risk management information across the IJBs, HSCPs NHS and Local Authority is essential to developing a consistent and effective approach to risk management.

8.1 Copies of this policy and strategy will be widely circulated via the Senior Management Teams and will form the basis of any risk management training.

8.2 This policy and strategy will be reviewed as a minimum once every 3 years led by the IJBs with support from the NHS and Local Authority to ensure that it reflects current standards and best practice in risk management and fully reflects the Integration Joint Boards business environment.

Impact/Consequences

Critical/Extreme (5)	5	10	15	20	25
Major (4)	4	8	12	16	20
Significant/Moderate (3)	3	6	9	12	15
Marginal/Minor (2)	2	4	6	8	10
Negligible (1)	1	2	3	4	5
	Very Low/Rare (1)	**Low/ Unlikely (2)**	**Low to High/ Possible (3)**	**High/ Likely (4)**	**Very High/ Almost Certain (5)**

Likelihood/Probability

Appendix 2 - Definitions

It is acknowledged that terminology in common use can, and does, vary across organisations. Variations in terminology between the organisations contributing to this document are set out in the table below to permit a read-across between the contributing bodies, and to provide a common definition for these as appropriate.

	TERMINOLOGY IN USE			
Angus IJB	**Dundee IJB**	**PKC IJB**	**NHS**	**Common Definition**
Inherent risk (without mitigation)	Inherent Risk	Inherent Risk	Risk Exposure Rating – No Controls	The level of risk in the absence of all but the most basic of control measures
Residual risk (with mitigation)	Residual Risk	Residual Risk	Risk Exposure Rating – Current Controls	The level of risk at the current stage of implementation of control measures (also referred to as controlled risk)
Target Risk	Target Risk	Target Risk	Risk Exposure Rating – Planned/Proposed Controls	The level of risk which it is expected to be achieved with full and effective implementation of available control measures
N/A	Risk Universe	N/A	N/A	Refers to all of the organisation's risks
Risk Register	Risk Register	Risk Register	Risk Register	Comprehensive database containing the organisation's risks at both Corporate / strategic and Service / operational levels
Strategic Risks	Strategic Risks	Strategic Risks	Strategic Risks	Risks which have the potential to impact high level / strategic objectives usually held at executive level
Operational Risks	Operational Risks	Operational Risks	Service Level Risks	Risks which may impact on the day to day delivery of services usually held at service level
Project Risks	Project Risks	Project Risks	Project Risks	Risks which impact directly on the delivery of individual projects
Current Controls. Datix/Pentana/ ADASTRA	Control Measures	Existing Controls	Current Controls	The things we do to influence the likelihood of a risk event happening and / or to mitigate the level of impact of a risk event if it does occur
	Pentana	Datix (operational risks)	Datix	A software solution used under licence, to maintain Risk Registers electronically. Also used for some partner and project Risk Registers and for action and performance management

	TERMINOLOGY IN USE			
Angus IJB	**Dundee IJB**	**PKC IJB**	**NHS**	**Common Definition**
Identification of 'emerging risk'	Horizon Scanning	Emerging Risk	Horizon Scanning	A medium to long term view seeking to identify risks which are 'on or over the horizon', with the intention to assess and where appropriate mitigate against them
Current Pending Treated/Archived Closed Rejected	'5 T's'	Take Treat Transfer Terminate	Current Pending Treated/Archived Closed Rejected	These are the responses to risk, how we propose to deal with it in headline terms, and consist of: • Terminate – remove the risk completely • Transfer – e.g. to a partner or through insurance • Tolerate – accept the risk as-is • Treat – implement actions or / and put in place control measures The standard '4 T's' in common usage are as above. However, this can be expanded to '5 T's' to also include: • Take Opportunities – where, for example, there is scope to take increased risk in order to gain added benefit / reward
N/A	N/A	N/A	Risk Category	Select from: Compliance/Legislative/Regulatory Quality (of care)/Clinical Reputational Resource Financial Resource Workforce
Risk Owner	Risk Owner	Risk Owner	Risk Owner	This is the person who is ultimately responsible for the risk and who will be the subject matter expert
Risk Manager	Risk Manager	Risk Manager	Risk Manager	This is the person who has day to day operational management of the risk and who will be responsible for monitoring the risk and coordinating any actions needed to manage the risk
Risk Review Date	Due Date	Review Date	Risk Review Date	This is the date by which the next review must take place
Likelihood	Probability	Probability	Likelihood	Frequency of the event occurring
Consequence or Impact	Impact	Impact	Consequence	Impact on the organisation should an identified risk occur
Risk Exposure Rating	Risk Score	Risk Exposure Rating	Risk Exposure Rating	Outcome based on likelihood x consequences. Determines whether a risk is red, amber, yellow or green.
Risk Appetite	Risk Appetite	Risk Appetite	Risk Appetite	

ITEM No …13………..

REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 21 APRIL 2021

REPORT ON: FINANCIAL MONITORING POSITION AS AT 28 FEBRUARY 2021

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: DIJB21-2021

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 2020/21 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 2020/21 financial year end as at 28th February 2021 as outlined in Appendices 1, 2, 3 and 4 of this report.

2.2 Notes 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 this report.

2.3 Notes the year end reserves position as set out in section 4.6 of this report.

3.0 FINANCIAL IMPLICATIONS

3.1 The underlying financial monitoring position for Dundee Health and Social Care Partnership based on expenditure to 28th February 2021 (excluding any implications of additional COVID-19 spend) shows a net projected underspend position at the year-end of £324k. This is a significantly improved position from the net overspend of £4m incurred during 2019/20.

3.2 The Scottish Government has made a commitment to provide additional funding for mobilisation plans developed by Health and Social Care Partnership's in response to the COVID-19 crisis. Estimated and actual funding requirements for 2020/21 have been submitted to the Scottish Government regularly and these have included a number of assumptions around the scale of increasing costs, some of which have been agreed nationally. This includes estimated additional costs which care providers are anticipated to incur alongside in-house services in relation to issues such as increased staff absence levels, increased use and cost of PPE, under occupancy of care homes and loss of income. Providers can request reimbursement of these additional costs from Health and Social Care Partnerships.

3.3 The projected total cost of the most recent Mobilisation Plan financial return submitted to the Scottish Government in January 2021 (Quarter 3 return) is £11.942m.

3.4 In late September 2020, the Scottish Government announced a total funding package to the value of £1.083 billion to cover NHS and Integration Authority additional costs anticipated to be incurred during 2020/21. This is set out in detail in section 4.5.4 of this report.

3.5 Over the period November 2020 to February 2021, the Scottish Government released funding to cover Integration Authorities estimated additional costs of responding to the pandemic in addition to contingency funding for any unknown expenditure which may arise by the year end. The Dundee allocation of this fully covers the estimated cost of the mobilisation plan thereby removing any financial risk associated with Covid19 in 2020/21.

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 under the Essential Business Procedure in operation due to the COVID-19 crisis. This was set out in Report DIJB15-2020 (Article V of the minute of the 25 August refers).

4.1.3 The financial information presented has been provided by the finance functions of NHS Tayside and Dundee City Council as set out within the Integration Scheme.

4.1.4 Under the terms of the Integration Scheme, the risk sharing arrangements in relation to any residual overspends incurred by the end of the financial year will be met proportionately by the Council and NHS Tayside. 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.

4.2 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 £2,403k 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 (£1,296k) and overall prescribing is projected to be underspend by (£1,036k).

4.3.2 Service underspends are reported within Community Based Psychiatry of Old Age (£815k), Physiotherapy (£80k), Keep Well (£135k), Public Health (£130k) hosted services such as Psychology (£301k), Learning Disability (Tayside AHP) (£110k) and Sexual & Reproductive Health (£470k) mainly as a result of staff vacancies.

4.3.3 Service overspends are anticipated in Enhanced Community Support £594k, Medicine for the Elderly £670k and Psychiatry of Old Age In-Patients £613k. Occupational Therapy budgets are projected to be overspent by £280k with further overspends arising in Community Nursing of £375k, Substance Misuse Services of £230k and General Adult Psychiatry of £240k. Additional staffing pressures have contributed to the adverse position, mainly through the Covid-19 response with additional Scottish Government funding anticipated to cover these additional costs.

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 underspend of £27k.

4.3.5 GP Prescribing budgets are projecting an underspend of £1,036k for the year. This is primarily due to favourable movements of volumes of prescriptions issued compared to financial plan (7.2%). Average pricing is slightly higher that plan (4.4%). A significant portion of the underspend appeared in the first few months of the financial year, during the first lockdown period, however recent months have continued to reflect a continued favourable variance against budget.

4.3.6 The IJB should note that following the transfer of the operational management arrangements in relation to In Patient Mental Health Services in June 2020 from Perth and Kinross IJB to NHST Tayside, the operational financial management responsibility has also transferred. This has removed a significant financial risk from Dundee Integration Joint Board's financial position.

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 £2,079k which is a significant improvement from the 2019/20 year end position where an overspend of £5,600k was incurred.

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, care at home services are projected to be overspent by around £2.4m at this stage of the financial year. Care home placements for adults are projected to be overspent by £260k offset by an underspend in respite care of £229k. Staff costs are projected to be £400k underspent.

4.5 Financial Impact of the COVID-19 Response

4.5.1 The HSCP's response to the crisis to date and plans for the immediate recovery period continue to evolve through the development of the HSCP's Mobilisation Plan. This is a live document which reflects the changing response as more is known about the impact of COVID-19, the response to it and how services have and will continue to adapt to life living with the disease. This has had to be submitted regularly to the Scottish Government through NHS Tayside for review.

4.5.2 Alongside the Mobilisation Plan, a financial return has been regularly submitted to the Scottish Government setting out the actual additional expenditure by HSCP's incurred to date and anticipated by the end of the financial year in responding the impact of COVID-19. This includes a range of as yet unknown costs for which assumptions have been made based on the best information available at this time.

4.5.3 The mobilisation plan includes additional expenditure incurred through both NHS Tayside and Dundee City Council services. Additional funding has been released by the Scottish Government to HSCP's to meet additional health and social care costs of the response.

4.5.4 In late September 2020, the Scottish Government announced an overall funding package for health and social care totalling £1.083 billion (inclusive of the £100m for social care already announced) to fund additional costs incurred by Health Boards and Integration Authorities in responding to the COVID-19 pandemic. Funding has been released during November 2020 and January 2021 to fund mobilisation plans as well as a further £112m to support adult social care through the winter plan, £100m to ensure ongoing financial sustainability across the social care sector and £20m to support discharge from hospital of people with complex needs and associated costs. Dundee IJB's confirmed allocation to date for mobilisation funding has fully covered all projected additional COVID-19 expenditure during 2020/21 with further flexibility to support any unexpected funding pressures in addition to the new initiatives through the winter plan and complex needs. The additional initiative allocation for Dundee is £5m, most of which is unlikely to be spent in 2020/21 and will be carried forward as a ring fenced reserve into 2021/22. Therefore, there is no longer any residual funding shortfall risk to the IJB for 2020/21.

4.5.5 The mobilisation plans are expected to cover all reasonable additional expenditure incurred in response to the COVID-19 crisis. This includes additional staff costs incurred as a result of additional COVID-19 related absences such as through sickness, self-isolating or shielding, additional staff brought in to meet demand levels and to support new services or different ways of working. Additional expenditure has been incurred on increased requirement for PPE and the increasing cost of this due to short supply issues. Further costs have been incurred in relation to additional IT equipment to facilitate home / mobile working. Increased expenditure in relation to the provision of General Practice and prescribing costs are also reflected in the financial return. Further provision has been made for increased capacity over the winter period to increase the bed base in Royal Victoria Hospital and Kingsway Care Centre and appropriate community supports should there be an increase in COVID-19 cases. Loss of charging income from service users due to services no longer being provided or through lack of financial assessments being made are also a feature of the mobilisation plan. Provision has also been made for the non-achievement of financial savings as set out in the IJB's financial plan for 2020/21.

4.5.6 The most significant projected costs within the mobilisation plan relate to care provider sustainability expenditure. Health & Social Care Partnerships are expected to support local care providers financially to ensure the social care market is stabilised. Providers can request additional payments through a financial support claim process to Dundee Health & Social Care Partnership. This covers similar expenditure incurred within in-house services such as PPE and additional staff cover for sickness absence but also includes some sector specific, Scottish Government directed requirements such as the Social Care Support Fund, which ensures any worker in the sector who is or has been absent from work due to COVID-19 related issues are paid their normal contractual pay and not just statutory sick pay.

4.5.7 Care homes have been impacted on significantly and national agreements are in place, funded through mobilisation plans for HSCP's to make under occupancy payments to ensure they remain viable while some are closed to admissions. The weekly fee payable to care homes has been agreed nationally and represents 80% of the national care home rate (£592 per place per week for nursing care and £508.63 per place per week for residential care). This ensures that standard running costs of the home are funded. Given the continued high level of vacancies within care homes this is expected to be one of the largest expenditure areas within the mobilisation plan. While these payments were tapered down over September to November as the impact of the initial stages of the pandemic started to subside, the Scottish Government has agreed to reinstate the original underoccupancy agreement until at least the end of this financial year.

4.5.8 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.

4.5.9 The latest financial summary of the mobilisation plan as submitted to the Scottish Government in December 2020 (Quarter 3 return) is as follows:

Mobilisation Expenditure Area	Estimated Additional Expenditure to Year End (2020/21) £000
Additional Bed Capacity (Royal Victoria/Kingsway Care Centre)	906
PPE	131
Additional Staff Cover / Temporary Staff	2,697
Provider Sustainability Payments	5,087
Additional Support to Vulnerable People	19
IT / Telephony	93
Additional GP Practice Costs	718
Additional GP Prescribing Costs	0
Loss of Charging Income	1,320
Increased Equipment & Supplies	205
Increased Transport Costs	113
Additional Winter Planning	60
Rehab & Recovery Costs	111
Total Projected Additional Costs	11,461
Anticipated Underachievement of Savings	481
Total Projected Mobilisation Cost	**11,942**
Projected NHS Tayside Spend	3,505
Projected Dundee City Council Spend	8,437

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 was adversely affected at the year ended 31st March 2020 as a result of a planned drawdown from reserves to support service delivery and to contribute to funding the significant overspend incurred during last financial year under the risk sharing arrangement. This leaves the IJB with no uncommitted reserves with those reserves remaining set aside for Scottish Government specific funding commitments.

IJB Committed Reserves	Value £k
Primary Care Improvement Funding	28
GP Premises Funding	89
Action 15 Mental Health Funding	36
Historic ADP Funding Carried Forward	339
Total	492

4.6.2 Outstanding balances held by Scottish Government in relation to Primary Care Improvement Fund, Mental Health Strategy Action 15 Workforce and Alcohol and Drugs Partnerships have now been allocated to Integration Authorities. This totals £57.5m nationally and represents the required funding on the three programmes to meet the full commitments as set out previously by the Scottish Government. The released funding for Dundee equates to around £2.1m. Given the significant level of additional allocations during 2020/21, it is anticipated the value of the earmarked reserves position at the end of the current financial year will be significantly higher than detailed in section 4.6.1.

4.6.3 The additional funding packages detailed in 4.5.4 are available to support the current additional costs (including any additional costs at the financial year end) as well as the ongoing recovery, financial sustainability and redesign of services, therefore a significant part of this funding is likely to be unspent at 31st March 2021 and will be identified as a new earmarked reserve at that point. The final reserves position will not be known until the IJB's draft final accounts statements are completed in late May / early June.

4.7 Savings Plan

4.7.1 The IJB's savings for 2020/21 were considered under the Essential Business Procedure however IJB members were provided with the opportunity to consider the implications of these prior to agreement being reached. The total savings to be delivered during 2020/21 amount to £2,342k and the risk of these not being delivered is low with any potential non-delivery of savings met through the Covid mobilisation funding. 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: 12 April 2021

Appendix 1

DUNDEE INTEGRATED JOINT BOARD - HEALTH & SOCIAL CARE PARTNERSHIP - FINANCE REPORT 2020/21 Feb-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	40,426	1,841	16,370	1,300	56,797	3,141
Mental Health	4,883	475	3,669	240	8,552	715
Learning Disability	26,671	199	1,458	(27)	28,128	172
Physical Disabilities	5,503	313	0	0	5,503	313
Substance Misuse	2,203	(131)	2,637	230	4,841	99
Community Nurse Services/AHP/Other Adult	974	(720)	13,191	560	14,165	(160)
Hosted Services	0	0	21,479	(324)	21,479	(324)
Other Dundee Services / Support / Mgmt	175	102	40,076	(275)	40,252	(173)
Centrally Managed Budgets	0		3,125	(482)	3,125	(482)
Less: Covid 19 Spend			0	(2,517)	0	(2,517)
Total Health and Community Care Services	**80,835**	**2,079**	**102,006**	**(1,296)**	**182,841**	**783**
Prescribing (FHS)	0	0	31,901	(813)	31,901	(813)
Other FHS Prescribing	0	0	301	(223)	301	(223)
General Medical Services	0	0	27,811	68	27,811	68
FHS - Cash Limited & Non Cash Limited	0	0	22,151	(112)	22,151	(112)
Large Hospital Set Aside			18,172	0	18,172	0
Total	**80,835**	**2,079**	**202,342**	**(2,376)**	**283,177**	**(297)**
Net Effect of Hosted Services*			(3,744)	(27)	(3,744)	(27)
Grand Total	**80,835**	**2,079**	**198,597**	**(2,403)**	**279,432**	**(324)**

*Hosted Services - Net Impact of Risk Sharing Adjustment

- AHP – Allied Health Professionals
- FHS – Family Health Services

Appendix 2

Dundee City Integration Joint Board – Health and Social Care Partnership – Finance Report February 2021

	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
Psychiatry of Old Age (POA) (In Patient)			4,457	613	4,457	613
Older People Serv. – Ecs			1,093	594	1,093	594
Older Peoples Services -Community			574	-27	574	-27
Continuing Care			0	200	0	200
Medicine for the Elderly			5,457	670	5,457	670
Medical (POA)			716	40	716	40
Psychiatry Of Old Age (POA) – Community			2,395	-815	2,395	-815
Intermediate Care			26	-20	26	-20
Medical (Medicine for the Elderly)			1,653	45	1,653	45
Older People Services	40,426	1,841			40,426	1,841
Older Peoples Services	40,426	1,841	16,370	1,300	56,797	3.141
General Adult Psychiatry			3,669	240	3,669	240
Mental Health Services	4,883	475			4,4883	475
Mental Health	4,883	475	3,669	240	8,552	715
Learning Disability (Dundee)	26,671	199	1,458	-27	28,128	172
Learning Disability	26,271	199	1,458	-27	22,128	172

	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
Physical Disabilities	5,503	313			5,303	313
Physical Disabilities	5,503	313	0	0	5,303	313
Substance Misuse	2,203	-131	2,637	230	4,841	99
Substance Misuse	2,203	-131	2,637	230	4,841	99
A.H.P. Admin			422	-20	422	-20
Physiotherapy			3,941	-80	3,941	-80
Occupational Therapy			1,500	280	1,500	280
Nursing Services (Adult)			6,587	375	6,587	375
Community Supplies - Adult			315	50	315	50
Anticoagulation			426	-45	426	-45
Intake/Other Adult Services	974	-720			974	-720
Community Nurse Services / AHP / Intake / Other Adult Services	974	-720	13,191	560	14,165	-160

	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
Palliative Care – Dundee			2,841	30	2,841	30
Palliative Care – Medical			1,236	210	1,236	210
Palliative Care – Angus			358	18	358	18
Palliative Care – Perth			1,798	70	1,796	70
Brain Injury			1,786	160	1,786	160
Dietetics (Tayside)			3,475	35	3,475	35
Sexual and Reproductive Health			2,260	-470	2,260	-470
Medical Advisory Service			105	-48	105	-48
Homeopathy			29	6	29	6
Tayside Health Arts Trust			100	-6	100	-6
Psychology			5,657	-301	5,657	-301
Psychotherapy (Tayside)			984	82	984	82
Learning Disability (Tayside AHP)			852	-110	852	-110
Hosted Services	0	0	21,479	-324	21,479	-324
Working Health Services			0	0	0	0
The Corner			428	-35	428	-35
Grants Voluntary Bodies Dundee			2	0	2	0
IJB Management			546	85	546	85
Partnership Funding			37,437	0	37,437	0
Urgent Care			0	0	0	0
Public Health			440	-130	440	-130
Keep Well			619	-135	619	-135
Primary Care			606	-60	606	-60
Support Services/Management Costs	175	102			175	102
Other Dundee Services / Support / Mgmt	175	102	40,076	-275	40,252	-173

	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
Centrally Managed Budgets			3,125	-482	3,125	-482
Less: Covid Identified Spend			0	-2,517	0	-2,517
Total Health and Community Care Services	**80,835**	**2,079**	**102,006**	**-1,296**	**182,841**	**783**
Other Contractors						
Prescribing (FHS)			31,901	-813	31,901	-813
Other FHS Prescribing			301	-223	301	-223
General Medical Services			27,811	68	27,811	68
FHS - Cash Limited and Non Cash Limited			22,151	-112	22,151	-112
Large Hospital Set Aside			18,172	0	18,172	0
Grand Total HSCP	**80,835**	**2,079**	**202,342**	**-2,376**	**283,177**	**-297**
Hosted Recharges Out			-12,707	-104	-12,707	-104
Hosted Recharges In			8,963	77	8,963	77
Hosted Services - Net Impact of Risk Sharing Adjustment			**-3,744**	**-27**	**-3,744**	**-27**
Total	**80,835**	**2,079**	**198,597**	**-2,403**	**279,432**	**-324**

NHS Tayside - Services Hosted by Integrated Joint Boards - Charge to Dundee Integration Joint Board

Appendix 3

Risk Sharing Agreement – February 2021

Services Hosted in Angus	Annual Budget	Forecast Over (Underspend)	Dundee Allocation
Forensic Service	1,017,253	190,000	74,900
Out of Hours	8,081,342	340,000	134,000
Locality Pharmacy	1,801,900	0	0
Tayside Continence Service	1,502,839	-32,000	(12,600)
Speech Therapy (Tayside)	1,199,794	-125,000	(49,300)
Hosted Services	**13,603,128**	**373,000**	**147,000**
Apprenticeship Levy	46,000	1,900	700
Baseline Uplift surplus / (gap)	0	0	0
Balance of Savings Target	-28,734	28,734	11,300
Grand Total Hosted Services	**13,620,394**	**403,634**	**159,000**

Services Hosted in Perth			
Prison Health Services	3,997,838	-62,000	(24,400)
Public Dental Service	2,120,709	-160,000	(63,000)
Podiatry (Tayside)	3,201,515	-290,000	(114,300)
Hosted Services	**9,320,062**	**-512,000**	**-201,700**
Apprenticeship Levy - Others	41,700	-2,445	(1,000)
Superannuation Cost Pressure - Others	0	0	0
Baseline Uplift surplus / (gap) - Others	72,000	0	0
Balance of Savings Target	-306,208	306,208	120,600
Grand Total Hosted Services	**9,127,554**	**-208,237**	**-82,100**

Total Hosted Services	**22,747,948**	**195,397**	**76,900**

Appendix 4

Dundee IJB - Budget Savings List 2020/21		
Proposed savings	**2020/21 £000**	**Risk of delivery**
Base Budget Adjustments		
Reduction in GP Prescribing Budget	306	Low
Full Year Effect of 2019/20 Saving - Review of Learning Disability Day Care	58	Low
Reduction in NHS Operational Discretionary Spend	400	Medium
Total Base Budget Adjustments	**764**	
New Savings for 2020/21		
New Meals Contract Price from Tayside Contracts under new CPU arrangements	114	Low
Reshaping Non-Acute Care Programme: Net Reduction in Withdrawing Intermediate Care Contract	496	Low
Review of Voluntary Sector funding for Older People	96	Low
Impact of DCC Review of Charges	152	Low
Review Investment of Additional Carers Funding (short term)	148	Low
Increasing Eligibility Criteria for Access to Services	271	Medium
Learning Disability Benchmarking Review	100	Medium
Review of Strategic Housing Investment Planning	200	Low
Total New Savings	**1,578**	
Total Base Budget Adjustments and New Savings	**2,342**	
Savings Target	**2,342**	

ITEM No …14………..

REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 21 APRIL 2021

REPORT ON: MENTAL HEALTH CRISIS SUPPORT IN DUNDEE

REPORT BY: CHIEF OFFICER

REPORT NO: DIJB22-2021

1.0 PURPOSE OF REPORT

1.1 To brief members on plans to improve support for people experiencing distress in Dundee and, following the outcome of the Tayside wide review of Crisis and Urgent Care, on plans to improve support for people experiencing acute mental health crisis.

2.0 RECOMMENDATIONS

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

2.1 Note the content of this report

2.2 Remit to the Chief Officer to present a progress report to the IJB in October 2021.

3.0 FINANCIAL IMPLICATIONS

3.1 The costs associated with the developments outlined in this report will be funded through a combination of a reconfiguration of existing budgets held by the IJB and other partners and through accessing additional funding where appropriate. Further details of these will be provided to the IJB as service developments are brought forward for approval.

4.0 MAIN TEXT

4.1 Over the last year a Tayside wide project group has been reviewing current Crisis and Urgent Care pathways for people experiencing a mental health crisis, and on 4th March a stakeholder engagement session was held to consider potential options for the future. A key purpose of this project group was to begin to disaggregate people experiencing a mental health crisis (that is, with an acute exacerbation of a mental health condition likely to respond to specialist care and treatment) and people experiencing emotional distress (where this emotional distress may be arising from a wide array of more social and interpersonal factors likely to be helped by a more holistic problem solving approach). Both responses are equally necessary and have equal value.

4.2 The Group made a single, clear recommendation for a model where Community Wellbeing Hubs (CWHs) will be established in Dundee, Perth & Kinross and Angus which are "always open," operating 24/7 and led by voluntary sector partners. These will be a single point of entry – including a single phone number – both for people experiencing a mental health crisis and people experiencing emotional distress. NHS24, Police Scotland, Scottish Ambulance Service and a range of agencies will be able to refer into the CWH in addition to service users and carers self-referring.

4.3 The CWHs will host immediately available support and facilitate access to a wide range of city wide resources.

4.4 One key development, scheduled for implementation by summer 2021 will be Distress Brief Interventions (DBI), DBIs are an innovative way of supporting people experiencing emotional distress which emerged from the Scottish Government's work on suicide prevention. This model advocates providing an immediate, compassionate response to people at the point of greatest need with this being followed by a time-limited period of support to assist people to problem solve the issues they are facing and become more anchored in community-based wellbeing resources and supports. Within existing DBI services this support is triggered by referral by front line emergency service providers such as Police Scotland and Scottish Ambulance Service but as a commissioned service, referrals pathways will be determined by the service specification.

4.5 The development of DBI will meet Recommendation 20 of Trust and Respect, Listen Learn Change Action Plan, Tayside's response to the Independent Inquiry into Tayside's Mental Health Services (published February, 2020) which states 'Consider the development of a comprehensive Distress Brief Intervention training programme for all mental health staff and other key partners to improve pathways of care for individuals in acute distress.' It is important to note, however, that key elements of a DBI model (fast access with time-limited follow-up) are already established through a number of services. For example, General Practitioner colleagues and other members of practice multi-disciplinary teams have access to Social Prescribing Link Workers and Emergency Department colleagues to Peer Navigators.

4.6 The always open CWHs will also have direct access to specialist mental health resources for those people presenting with acute mental health crisis. During the day, the links will be with our Community Mental Health Teams and during the night the links will be with a cross-Tayside specialist mental health team in the community, available to clinically assess all those who need it. In this new model, people will not be required to go to an acute hospital to be assessed and the specialist mental health team will be community based. This will ensure that everyone requiring specialist mental health support has easy and immediate access to it. It is envisaged that the CWHs will be able to support people whilst the clinical assessment process is ongoing and, importantly, if specialist mental health care and treatment is not required, people will already be in the correct place to access the supports available for people experiencing distress. It is hoped that this seamless transition across pathways will ensure that people are directed to the right support and the right time and emphasise parity between people experiencing distress and those experiencing an acute mental health crisis. Following the agreement on the models to be pursued, work will begin to identify suitable premises to support the delivery of an always open CWH.

4.7 The always open CWHs will also have access to short-term accommodation with support. Provision is made for people experiencing longer term needs arising from mental health challenges within Dundee's Strategic Housing Investment Plan (SHIP). Short term accommodation with support for people experiencing distress will be encompassed within these developments and support will be provided by voluntary sector partners. The location of these will be influenced, where possible, by intelligence from the Tayside Multi-agency Suicide Review Group in order to achieve the correct balance between providing support where it is geographically close to the people with greatest need whilst avoiding locations of greatest risk for suicide.

4.8 This model is in keeping with the priorities already set out within the commissioning plan that accompanies the Dundee Mental Health and Well-being Strategy.

4.9 A test of change is planned over the next 2 years to develop an integrated response for people experiencing both mental health and substance use challenges. An important element of the test of change will be to enhance the existing community hubs model to support integrated and local responses, and to ensure that the development of a 24/7 CWH is resourced to support the needs of a range of people in crisis/ experiencing distress.

4.10 The success of the above model will be underpinned by the provision of community based supports which are informed by what people in Dundee want and need. For example, recent surveys to investigate the impact of the pandemic on people revealed that there were significant mental health impacts from the pandemic. The supports that people needed included those that could help address social isolation and tackle the root socio-economic causes of their situation.

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 level of interdependency between the two pathways (acute mental health crisis and people experiencing emotional distress) described above. Should either not be implemented as envisaged with closely aligned time-scales, there is a danger that we may not be able to deliver safe and effective person centred care to people in crisis
Risk Category	Operational
Inherent Risk Level	Likelihood (4) x Impact (4) = Risk Scoring (16)
Mitigating Actions (including timescales and resources)	Urgent/Crisis pathway work has already arrived at a single recommendation; DBI scheduled to be implemented by summer 2021; accommodation with support scheduled for Autumn 2021. The Dundee Mental Health and Wellbeing Strategic and Commissioning Group has appointed a subgroup to drive forward developments and ensure coordination and 'best-fit' across wider community resources
Residual Risk Level	Likelihood (3) x Impact (3) = Risk Scoring (9)
Planned Risk Level	Likelihood (1) x Impact (2) = Risk Scoring (2)
Approval recommendation	The risk should be accepted.

Risk 2 Description	Evidence demonstrates that the ability to predict completed suicide, even where assessment is undertaken by skilled professionals, is limited. There is a risk that the development of an "always open" CWH does not result in a demonstrable reduction in the number of people engaging in serious or fatal self-harm
Risk Category	Operational
Inherent Risk Level	Likelihood (3) x Impact (3) = Risk Scoring (9)
Mitigating Actions (including timescales and resources)	Models of best practice from elsewhere have been considered in developing the model of care; levels of care can be stepped up where necessary; the provision of brief interventions (or equivalent) should assist people in addressing some of the core psycho-social factors fueling their distress
Residual Risk Level	Likelihood (3) x Impact (1) = Risk Scoring (3)
Planned Risk Level	Likelihood (3) x Impact (1) = Risk Scoring (3)
Approval recommendation	The risk should be accepted.

7.0 CONSULTATIONS

7.1 The Chief (Finance) Officer, Chief Executive (Dundee City Council), Chief Executive (NHS Tayside) 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
Dundee HSCP

DATE: 12 April 2021

Arlene Mitchell
Locality Manager

ITEM No …15………..

REPORT TO:	**DUNDEE HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 21 APRIL 2021**
REPORT ON:	**DRUG AND ALCOHOL PARTNERSHIP: ACTION PLAN FOR CHANGE - PROGRESS REPORT**
REPORT BY:	**CHIEF OFFICER**
REPORT NO:	**DIJB24-2021**

1.0 PURPOSE OF REPORT

1.1 The purpose of this report is to inform the Integration Joint Board of the progress made in the implementation the Dundee Alcohol and Drug Action Plan for Change.

2.0 RECOMMENDATIONS

It is recommended that Integration Joint Board:

a) Note the contents of this report, including progress made to date with the implementation of the Action Plan for Change as contained in section 4.2 and Appendix 1.

b) Note the amended timescales for the Dundee Alcohol and Drug Action Plan for Change implementation as set out in section 4.3 and Appendix 1.

c) Note the successful bid for Corra Foundation funding to implement a test of change to progress integrated approaches for people who experience both Mental Health difficulties and who use substances; as contained in section 4.4.

d) Note the proposal to reconvene the Dundee Drugs Commission to review progress made against the recommendations detailed in their report Responding to Drug Use with Kindness, Compassion and Hope (2019) as detailed in section 4.5.

3.0 FINANCIAL IMPLICATIONS

3.1 There are no additional financial implications associated with the recommendations in this report.

3.2 When setting the 2020/2021 revenue budget, Dundee City Council set aside funding of £500,000 to support the delivery of the action plans in response to the Dundee Drugs Commission and the Independent Mental Health Inquiry. As a result of the pandemic, only £100,000 was committed to fund an additional five nurses (part year funding). A further £500,000 was provided in 2021/2022. The Alcohol and Drug Partnership are considering the use of this resource and will make recommendations to Dundee City Council for potential use.

4.0 MAIN TEXT

4.1 Public Protection Overview

4.1.1 Dundee has a number of challenges around public protection given the socio-demographic characteristics of the city alongside high prevalence rates of domestic abuse, drug and alcohol use, drug related deaths and mental health issues. The number of drug deaths in the city has increased every year for the past 10 years and in 2019 there were 72 (46 males, 26 females) drug deaths in Dundee. Most of the increase in drug deaths has occurred in the 35-44-year-old and 45-54-year-old age groups. 2019 figures also indicate an increase in the rate of women's drug deaths.

4.1.2 The Dundee City Plan identifies community safety and the protection of vulnerable people as a top priority and also recognises the importance of excellent collaborative working between Dundee City Council, NHS Tayside, Police Scotland, Dundee Health and Social Care Partnership, the third sector and local communities if services are to be effective. The Dundee City Plan also identified reducing substance use as a key priority for the Dundee Community Planning Partnership to improve health, care and wellbeing. The Integration Joint Board, working in partnership with other Community Planning partners, has a range of responsibilities for the protection of vulnerable people, including people who use drugs and alcohol.

4.1.3 Within a community planning context the Dundee Alcohol and Drugs Partnership (ADP) leads on the multi-agency strategic activities to address the issue of drug use and deaths in Dundee. This includes leading the development of the Action Plan for Change, supporting local services with the delivery, monitoring its implementation and reporting on progress. The ADP reports to the Dundee Chief Officers Group for Public Protection (COG) and to the Dundee Community Planning Partnership. A range of Dundee Health and Social Care Partnership Officers actively participate in the ADP, Chief Officers Group and Dundee Community Planning Partnership, and there is representation from Elected Members at the ADP (both from the administration and opposition groups).

4.1.4 In 2018, the Dundee Partnership commissioned an independent review into the impact of substance use in the city. The Dundee Drugs Commission published their report Responding to Drug Use with Kindness, Compassion and Hope in September 2019. The report set out the Dundee Drugs Commission's findings, the challenges faced by those seeking support and made a range of recommendations. The report was accepted in it's entirety by the Dundee Community Planning Partnership. The Action Plan for Change was developed as a response to the Dundee Drugs Commission report and recommendations, and was adopted by the Dundee Community Planning Partnership in December 2019 and by partner agencies in January 2020. The Community Planning Partnership owns the Action Plan for Change. The plan contains 12 key priorities including:

- tackling the immediate factors for drug deaths,
- prescribing practices and access to and maintaining engagement with specialist services,
- rapid response to non-fatal overdoses,
- tackling stigma,
- focus on supporting children and families,
- being informed by lived experience; and
- the need to focus on prevention and communications.

4.2 Implementing the Action Plan for Change

4.2.1 The full implementation of the Action Plan for Change was delayed as a result of the onset of the pandemic. Covid-19 infection presented a significant risk for people with problematic drug and alcohol use as they often have underlying health conditions and may find it harder to socially distance. They are therefore at increased risk of transmission from the infection and subsequent harm. Risk also arises from potential disruption to the supply of drugs including withdrawal, substitution of substances, and increased drug use to self-medicate for mental health issues that may develop as a result of lockdown.

4.2.2 Although progress with the implementation has been impacted by the Covid-19 restrictions, some significant progress has been made to implement the Action Plan for Change despite the additional challenges arising from the pandemic. In addition, a number of new innovative, immediate and flexible responses to emerging issues were developed. These responses are still in place and it is expected will now remain for the long term. Progress made includes:

- The work of the Non-Fatal Overdose (NFOD) Rapid Response team continued and was strengthened by additional assertive outreach staff. All individuals experiencing NFOD are still being contacted within 72 hours and are offered fast appointment for services. The evaluation of the work of the team has been complete and a report (with recommendations) will be considered by the ADP. External funding has been secured to conduct research project to the behaviour change intervention to prevent further overdose using a health psychology model.

- The establishment of the Dundee Take Home Naloxone Project was completed and naloxone is widely available in the city. A training programme is also in place and there is regular monitoring of progress. As soon as lockdown restrictions allow, it is planned to work with the Scottish Drugs Forum to train Peer Volunteers as naloxone trainers.

- The Integrated Substance Misuse Service has rebadged to be known as the Dundee Drug and Alcohol Recovery Service (DD&ARS). Although the progress made with the Direct Access clinics had to be postponed due to lockdown restrictions, fast appointment system has been put in place to ensure individuals can access treatment without delay. During lockdown a direct referral system was put in place, where partners agencies, including GP surgeries and individuals themselves, contact the service directly to book appointments. It is recognised that this is a return to an appointment-based system but is in line with the lockdown requirements. Many individuals are given assessment appointment on the day of referral.

- Funding was secured to progress the development of a shared-care model including Primary Care and DD&ARS. Work has begun within the Lochee GP surgery.

- Additional funding has been provided to the SafeZone Bus to provide out of hours support in local areas. Independent advocacy is also being developed utilising additional funding from the Drugs Death Task Force.

- The gendered approach is progressing with the appointment of a new member of staff to support all organisations to adopt a focus on gender and trauma related work. A member of staff from Women's Services joined the Non-Fatal Overdose Team to ensure a focus on the specific needs of women.

- The Lived Experienced Network has been established, linking the lived experience input and development of both substance use and mental health.

- Specific measures were put in place at the beginning if the pandemic to support the large number of individuals needing to shield or self-isolate, including outreach support from a multi-agency group of staff.

- Organisations continue to deliver on-line and virtual support, providing much needed relief for many vulnerable individuals.

- A new multi-agency pathway supporting individuals returning to the community under the early release of prisoners was developed and implemented.

4.3 Revised Action Plan for Change

4.3.1 In recognition of the impact of the pandemic on both the actions within the Action Plan for Change and the originally proposed timescales for implementation, the Action Plan for Change was reviewed by the ADP Implementation Group.

4.3.2 In January 2021, the ADP Implementation Group proposed a revised action plan based on the current understanding of developments with the Covid-19 pandemic situation, the resources currently available, considerations for minimising delays wherever possible and following discussions with operational managers. These discussions were balanced against the current risks arising from the pandemic, the urgent need to address drug deaths and the impact on families and communities. The revised Action Plan for Change continues to respond to the recommendations made by the independent Dundee Drugs Commission. It reflects the impact of Covid-19, service developments, a focus on further improvements, the impact of the new government funding and revised timescales for implementation.

4.3.3 The ADP Implementation Group is continuing to monitor the implementation and impact of actions within the plan. The chairs of the action plan's workstreams, responsible for leading progress, are all member of the ADP Implementation Group. The ADP Implementation Group meets every 6 weeks and reports directly to the ADP. The Issues requiring immediate attention are escalated directly to the COG. A copy of the action plan and progress report is attached at Appendix 1.

4.4 Corra Foundation Funding – Integrated Substance Use and Mental Health Responses

4.4.1 The Dundee Drugs Commission and the Independent Inquiry into Mental Health services in Tayside outlined the need for an integrated mental health and substance use response. Many people experiencing problematic substance use are also affected by mental health issues including childhood and on-going trauma.

4.4.2 Following a request to submit bids for funding to the Drug Death Task Force, a substantial bid was submitted proposing the development of an integrated approach to support those affect by substance use and mental health difficulties. The project spans a two-year period and takes a three-phase approach to delivery. The Dundee Health and Social Care Partnership are the key sponsors to the bid. Confirmation of the successful funding bid was received in late March 2021. The bid equates to £450,000 over a 24-month period.

4.4.3 This project will focus on reducing the number of deaths in the city by developing an integrated substance use and mental health response, delivered within community localities, and including crisis interventions available at evenings and weekends. Evidence from front-line services in Dundee highlights the potential benefits of a 24-hours crisis intervention to support those affected by complex needs. The delivery of these elements will add value to the multi-agency community hubs/ locality approach already adopted in Dundee and will complement other local developments.

4.4.4 This test of change will be implemented following a stepped approach including 3 key stages. It will build on and link to existing projects, and be supported by local resources, including the development of trauma informed practice; strengthening collaborative work between children and adult services; improvements in support for vulnerable women; and redesigning public protection screening arrangements. With support from the Dundee Making Recovery Real Network and the LifeLine group (supporting families), each stage will include consultation and co-production with individuals and families. Detailed activities in stages 2 and 3 will be finalised during stage 1. Each stage will be led by an operational manager, supported by the Project Lead and improvement focused staff across partner organisations. The staged approach will include the following:

Stage 1 - Getting Ready for Change (first 3 months): provide a firm foundation, developing shared understanding of integration-model, assessing proposed model against NICE Guidelines and ensuring compliance, and planning for change and implementation. It may also include implementing specific operational actions. Appointment of a Project Co-ordinator for a period of 2 years, to support the HSCP Head of Health and Community Care (Project Lead) and co-ordinate the implementation learning and reporting.

Stage 2 - Enhancing the Community Hubs Model: through an integrated multi-agency approach and begin to test the agreed integration model. Expand the support available from the Community Hubs including benefit, employability, housing and peer support. Identify other locations that the integrated service could utilise. Test and monitor the delivery of an integrated approach from these locations.

Stage 3 – Strengthening existing provision to develop 24-hour crisis support, adjusting and strengthening the model in light of evidence of impact. Stage 2 activities will provide an opportunity for co-production regarding the best model for 24-hours support, including provision already in place for children and adults.

4.4.5 We anticipate Stage 1 will last for 3 months following the appointment of the Project Co-ordinator. It is recognised that elements of stages 2 and 3 may begin prior to the end of Stage 1 where specific actions are identified. Stage 2 and 3 will utilise the Plan Do Study Act (PDSA) cycle to rapidly test proposed improvements, adopt and implement learnings. We would also utilise the PDSA model to discontinue any approaches which are unsuccessful.

4.4.6 This project plans to test a level of integration not yet seen in Scotland and the learning will be shared across the country. This is an ambitious project that will focus on testing key approaches within mainstream services in Dundee to the benefit of people already accessing services, building on measures to engage meaningfully with those not accessing services, and developing reliable joint real-time information systems.

4.5 Dundee Drugs Commission

4.5.1 The Dundee Community Planning Partnership has invited the independent Dundee Drugs Commission to reconvene and assess the progress made in response to the original report. It is proposed that the reconvened Dundee Drugs Commission will:

- Review progress achieved in implementing the Dundee Drugs Commission's recommendations from 2019.
- Consider the impact of, and the lessons learned from, measures taken in response to the COVID-19 pandemic.
- Agree any new findings emerging from the review and make additional recommendations if required.
- Prepare a final report for the Dundee ADP and its partners including Dundee City Council, NHS Tayside and the Health and Social Care Partnership.

4.5.2 The purpose of the review is not to repeat the extensive research and discussions of the initial commission. Instead the Dundee Drugs Commission will be asked to focus on the work undertaken in the city to deliver the change set out in the recommendations within their report. To maximise efficiency, it is proposed that the reconvening of the Dundee Drugs Commission takes place over a 6-month period beginning in July 2021.

4.5.3 In preparation, the Dundee ADP will prepare a self-assessment document that provides a robust evaluation of the successes in securing improvements and plans for progressing in the near future. This will also state the outstanding challenges faced and the measures in place to overcome these. A group of stakeholders will be invited to submit independent views on the rate and effectiveness of services' transformation.

4.5.4 The Dundee Drugs Commission will then be asked to consider the analysis presented by the Dundee ADP and local partners, hold sessions with the most significant players identified in the initial process, before completing their work by agreeing any additional recommendations. These will be presented to the Dundee Community Planning Partnership and subsequently passed to community planning partners including NHS Tayside, Dundee City Council, Police Scotland, Dundee Health & Social Care Partnership and Dundee Volunteer and Voluntary Action for endorsement.

5.0 POLICY IMPLICATIONS

5.1 The Action Plan for Change was subject to an assessment of any impacts on Equality and Diversity, Fairness and Poverty, Environment and Corporate Risk. A copy of the Integrated Impact Assessment is attached to this report.

6.0 RISK ASSESSMENT

Risk 1 Description	The implementation of the revised Action Plan for Change, to support the reduction in substance related deaths, does not progress in line with the proposed action and timescales, including a delay in change for those services delivered through the Dundee Health and Social Care Partnership.
Risk Category	Operational, governance and political
Inherent Risk Level	Likelihood 4 x Impact 5 = Risk Scoring 20
Mitigating Actions (including timescales and resources)	Additional funding and national support will lever in additional resources to support the delivery of the action plan.
Residual Risk Level	Likelihood 3 x Impact 5 = Risk Scoring 15
Planned Risk Level	Likelihood 3 x Impact 5 = Risk Scoring 15
Approval recommendation	It is recommended that the IJB accept this risk.

7.0 CONSULTATIONS

7.1 The Chief Finance Officer and the Clerk of the IJB were consulted in the development 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.

Authors:

Vicky Irons, Chief Officer
Diane McCulloch, Head of Health and Community Care
Vered Hopkins, Lead Officer Protecting People

DATE: 2 April 2021

APPENDIX 1
DRUG AND ALCOHOL PARTNERSHIP: ACTION PLAN FOR CHANGE -PROGRESS REPORT

Background

This document presents an 18-months review of the Substance Use Action Plan for change. The Action Plan was developed on behalf of the Dundee Partnership and as such it reflects a broad partnership approach for working with vulnerable individuals and families affected by substance use.

This review was led by the ADP Implementation Group and includes updates on progress with specific substance use issues, including: prescribing practices, access to and maintaining engagement with specialist services, rapid response to non-fatal overdoses, tackling stigma and being informed by lived experience. In addition, the review provides updates on the efforts to tackle trauma and mental health (including ACE), working with vulnerable women and children (affected by a whole range of issues, including substance use), linking to sexual health, resilience and prevention work, and improvements in governance, leadership and communications.

Despite the best efforts and the hard work of front-line organisations, due to Covid-19 progress with some specific actions within the plan has been delayed and timescales were revised accordingly. Moreover, we also recognise that at the time, the actions were developed within a short timescale and it is possible that some actions belong elsewhere or are simply not relevant.

This review also includes a *red / amber / green (RAG) assessment* to indicate the rate of progress and whether some concerns have been identified going forward.

RAG ASSESSMENT

(green)	Action Completed or on progressing well
(yellow)	Action in Progress and issues being closely monitored
(red)	Significant delays or at risk
(purple)	Action not relevant / Required change

TIMESCALES

For ease of cross referencing changes the revised timescales are set out for actions, but the original timescales are in brackets below.

TIMESCALES

For ease of cross referencing changes the revised timescales are set out for actions, but the original timescales are in brackets below	**Action – as it appears in the original Action Plan for Change**	**Delivery Status (RAG)**	**Revised Timescales**	**Comments to include:** • is the action still relevant / should it be taken off; • if revised – new wording should be provided.
1 - Tackling the immediate risk factors for drug deaths	Lead the implementation, evaluation and subsequent sustainable delivery of the Non-Fatal Overdose Pathway, including: - Design, run and evaluate the Test of Change; - Support the securing of resources to implement findings from the ToC; - Utilise learning from the ToC to review organisations' approach to non-fatal overdose and develop a partnership brief intervention model and associated staff training.		May 2020 Waiting for the report to be released	The evaluation has been completed and a report written, pending finalising before circulation. A short-life working group would lead the implementation of the recommendation. **Action mostly completed and once the evaluation report has been circulated the action will be amended.**
	Commission the design and delivery of a behaviour change intervention to prevent further overdose using a health psychology model		February 2022 (Summer 2021)	Funding for an 18-month research project is secured and the project commenced September 2020. The research aim is to develop and implement an effective behaviour change intervention following NFOD. **Change of timescale due to the length of time to complete the research project but the action is progressing as planned.**

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				Positive outcome to obtain external funding for the research project.
	Establishing and evaluate an Early Trends Monitoring system to co-ordinate and support the delivery of proactive and reactive harm reduction messages of emerging drug death trends		Dec 2021 (Dec 2020)	In progress, and specifically close reviews of DD and NFOD trends have been strengthened and there is still a need to extend to reviews of other harms, including hospital admissions and naloxone reporting. A larger proposal for Drugs Checking through Stirling University (involving a number of areas in Scotland) is being progressed. Comprehensive clinical toxicology testing has now been implemented by NHST and will contribute to surveillance efforts. This is a national project led by Stirling University and the delay is due to the inability to progress during Covid-19 lockdown. Progress of this action sits out with Dundee.
	Continue to extend the reach of the Take-Home Naloxone Programme to provide optimal coverage for individuals / families and friends through access to training and supplies of kits. Continue to support front line staff to access Naloxone training relevant to their role (e.g. administration in an emergency and/or naloxone training for trainers to allow staff to train others and supply kits).		Dec 2021 (April 2020)	**As the text below outlines, there has been significant progress with the Dundee Take Home Naloxone programme. This action is mostly completed as the programme is well established and progressing to plan. The current timescale reflects the remaining element of this action which is to train Peer Volunteers as naloxone trainers, this could not happen during the Covid lockdown. All other elements of this action are**

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				completed and this action will become 'business as usual' and removed from this plan at the next review: Going forward, the IG recommends sufficient progress has been made, this action will become 'business as usual' and removed from this plan. During 2021, the focus of this action will be on Peer-Training for Naloxone A number of steps have been taken to widen access and address challenges posed by covid-19 across Dundee: • Naloxone training and kits are supplied by statutory services and some third sector partners in Dundee, this has continued during covid-19. Kits were also issued on prescription from ISMS as part of a risk management strategy during Covid-19. • A number of services also hold naloxone for use in an emergency, for example some community pharmacies (including all Boots pharmacies) and hostels. • Health and Social Care policies have recently been amended to facilitate and encourage carrying and use of Naloxone by relevant staff. • A naloxone guideline has also recently been approved for in-patient mental health services. • 4 non-drug treatment services in Dundee registered to supply naloxone under the letter of comfort provided by the Lord Advocate during covid-19.

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				• A postal supply service of naloxone has been established and is provided by Hillcrest Futures and We Are With You. • Training for trainers was moved to online training during Covid-19 and resources have been developed to support this. For example, a webpage hosted by BBV MCN directing staff/volunteers to training resources from SDF and a locally developed training video. • An information pack to support non-drug treatments services has been developed. • Scottish Ambulance Service in Dundee are participating in a national project for paramedics to supply a naloxone kit where a person declines to attend A&E. • A project for peer involvement in Naloxone training and delivery has recently been successful in securing funding from the innovation fund. This work will be a collaboration between SDF and Hillcrest Futures and is supported by the ADP.
2 - Urgently increase the capacity and capability of specialist services to	Evaluate direct access clinic model to determine future capacity requirements and options in line with the development of a pathway		Oct 2021 (June 2020)	Covid-19 lockdowns are having direct impact on the operation of the Direct Access clinics. The clinics operated a walk-in service without appointment and the restrictions relating to the pandemic did not allow this approach to be maintained (venues were not suitable for social distancing, potential for groups of people attending at one time, restrictions in face-to-face contact).

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support access, quality and safety.				Finalising this action has therefore been delayed due to Covid-19. It is planned to resume operation of the direct access clinics as soon as possible. This action will also be supported by the Test of Change Project funded through DDTF (details in 4.6 above). **During lockdown a direct referral and appointment system is in place, partners agencies, GP surgeries and individuals themselves contact DD&ARS directly to book appointments. It is recognised that this is a return to an appointment-based system but is in line with the lockdown requirements. Most individuals are given assessment appointment on the day of referral.**
	Agree the business case for bridging resources to increase capacity of treatment services to manage current and predicted levels of demand for treatment and ensure a response case management model of support;		Dec 2021 (Jan 2020)	**Progress has been made with the appointment of additional five Band-5 nurses to increase capacity and support the service through a period of change**. This action will be reviewed and adjusted at the next review of this action plan.
	Work with partners to identify a different name to ISMS		April 2021 (Jan 2020)	An internal consultation about the name change took place with individuals using ISMS. **The name-change has now been agreed and approved by the Clinical Governance Group. The service will be known as the Dundee Drug and Alcohol Recovery Service (DD&ARS). This action is complete and will be removed at the next review.**

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	Implement models to support quick access to treatment options; including reviewing and testing options for same day prescribing.		Dec 2021 (March 2020)	**Progress made to date:** • DD&ARS introduced Same Day Prescribing in October 2019, achieving 83% compliance prior to the COVID 19 pandemic. From December 2019 all DD&ARS direct access clinics were supported by same day prescribing. However, since end of March 2020, requirements to adhere to social distancing meant same-day prescribing continued with limited capacity; • Progress is being made locally with the implementation of the national MAT standards (including improvement access to treatment); • Despite the additional pressures posed by Covid-19, Dundee continues to meet all the National Waiting Times targets; • Feedback form the Women's Services is of a clear improvement in the arrangements for meeting the needs of vulnerable women, including access to treatment. **This action will also be progressed further as part of the ToC project**
	Increase the level of Non-Medical Prescribing (NMP) through recruitment and training opportunities.		Oct 2021 (Jan 2022)	6 additional NMP nurses have been appointed (in addition to the additional five band-5 nurses appointments mentioned above). The nurses are currently in various stages of the NMP training, some have completed the training. **This action has been completed and will be replaced by a follow-on action to review the longer-term sustainability of the**

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				prescribing system, the requirements / needs and capacity of current prescribing arrangements. The date for completing the original action has been brought forward. A date will be set up for the follow-on action.
3 - Improve retention in treatment and recovery services	Pilot assertive outreach model to support those at risk of withdrawing from support; including assertive outreach models within the community delivered by third sector organisations.		April 2021 (June 2020)	Additional Assertive Outreach staff are now appointed through Positive Steps and Hillcrest. During Covid-19 organisations (statutory & 3rd sector) increased interventions delivered through outreach and much learning was gained about this way of working. Future plans are developed to link up assertive outreach to the gendered approach – to ensure specific focus on vulnerable women. **This action is largely completed and will be removed from the plan at the next review. The monitoring of the work will be part of the ToC project.**
	Embed a range of service provision (statutory and third sector services) in key sites across Dundee with the aim of supporting people to continue to expand substance use services providing support within various community locations across Dundee.		Oct 2022 (June 2020)	This action will progress through the ToC project (funded by DDTF MCN). There was some joint DD&ARS /3rd sector work progressed in between lockdowns but progress has been impacted by Covid-19. However, there is an increase in the co-location arrangements and additional DD&ARS staff will be located in the Cairn centre.

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	Expand the Housing First Model, including additional support for vulnerable women.		March 2021 (June 2020)	The expansion of the Housing First model is progressing successfully and the target within year 1 was surpassed. The Rapid Rehousing Transition Plan has allowed for funding to be allocated to DWA to employ 2 assertive outreach workers, linking in with Housing First and delivering the support in line with the Housing First principles. **This action is complete and will be removed at the next review**
	As part of the review of temporary accommodation, explore options regarding the need for women-only accommodation options.			This action is progressed by the Dundee violence Against Women Partnership
	Develop a commissioning framework to support access to residential rehabilitation options		Oct 2021 (April 2020)	**Access to residential rehabilitation is currently provided through a Spot-Purchasing approach, and residential rehabilitation is available for those who are assessed to benefit from it.** Plans are in pace to develop a clear framework and will be progressed once the pressure of Covid-19 ease up.
	In partnership review and update the Tayside “Pathways” for people leaving prison custody to ensure there is a clear route to access community-based recovery services for those who have an identified need		Nov 2021 (Sept 2020)	**An agreed pathway for the transition of substance use support from custody to community is in place but requires improvements.** A new post appointed for 2 years based within Positive Connections will progress this and support the establishment of a clear pathway. A multi-agency group (including Neighbourhood services, prison healthcare, DD&ARS, CJS and

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				Positive Connections) is holding a quarterly Prison Release meeting and will oversee the progress of the pathway. **This action will be adjusted to focus on monitoring progress of the new arrangements.**
4 - Implement a revised person centred, seamless, sustainable and comprehensive model of care	Develop and implement a multi-agency co-produced clear pathway, from the start of treatment and into recovery for people who use substances, built on an integrated service delivery based within local communities, that provides access to a range of treatment and support options.		Progress will begin **April 2021 a**s part of a 2 years project. (Dec 2020)	**This action is about a whole system / culture changes and is for the longer term. Progress will now be escalated with the ToC project beginning April 2021 (see summary description of the ToC project in 4.6 above).** This work was supported by the National Health Improvement Service (HIS) but the support stopped with lockdown. HIS have conducted a scoping exercise in July / August 2020 and the recommendations will be progressed by the IG.
	Agree a model of shared care within general practice: - Test out model of shared care within the three 2c practices - Evaluate and consider how the model can be delivered within communities and/or near where people live		Work commenced Nov 2020 and complete Nov 2022 (Dec 2020)	**This action is progressing well - funding has been obtained from the DDTF to run a test of change to develop a shared care for Primary Care and substance use – a GP lead has been appointed and work is currently being progressed in Lochee. Testing a shared-care model will complete in Nov 2022 and will be expanded to other Primary Care surgeries in the city.**

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				At the next review of the action plan this action will be revised to reflect monitoring of the ToC.
	Improve access to Mental Health Services - Review and develop protocols for referral and access to service - In line with decision of Scottish Government funding decisions, review options to develop service which have an integrated response for people with mental health issues who use substances		Work will commence April 2021 and complete March 2023 (June 2020)	**This work will progress as part of the Test of Change project (supported by the DDTF and funded through Corra Foundation). See details in 4.6 above.**
	Implement the recommendations from the Independent Evaluation of the 3 Community Hubs		Dec 2021 (Dec 2020)	The Community Hubs had to initially shut and thereafter change the way they work due to Covid-19. **Will progress as part of the ToC project (see 4.6 above)**
Health Needs Assessment (HNA)	Consult and agree on an initial HNA scoping document		Jan 2020	HNA scoping document developed in January 2020
	Agree collaborative commissioning model with national colleagues for timely delivery of an HNA for consideration by the Partnership. This proposal will contain timescales and resource requirements including consideration of how to undertake qualitative elements of the HNA		Feb 2020	A collaborative commissioning model was agreed in February 2020 and included timescales. However, all the plans had to be postponed due to Covid-19.

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	Undertake qualitative work to understand why people are disengaging from care.		Dec 2021 (Jan 2020)	Commitment has now been obtained from Public Health Scotland that, as part of their support to progress with the Whole System work, during 2021 they will progress with an assessment of needs, including long-term needs for prevention. **Work carried out up to April 2021 includes:** • Work by PHS updating available data and a 're-mobilisation' version of the plan to deliver the HNA produced; • evidence around risk factor management and prevention reviewed; • in light of revised national policy and Covid-19 the original scoping of the HNA will be adjusted. **Immediate priorities for progress include:** • establishment of a steering group • identification of any additional resource needed; organise a workshop to engage members of a steering group, national partners, and in particular the 'lived experience' aspects set out in the HNA scope.
5 - Win the trust and confidence of	Implement and support the new Governance of the ADP; ensuring explicit lines of accountability and actions are clear and measurable; and		April 2020 (Feb 2020)	New structure is in place but need to further improve and imbed.

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all stakeholders through effective Leadership, Governance and Accountability	Complete and implement the revision of structural arrangements for the governance of Multi-Agency Public Protection (PP) strategic groups and ensure the ADP transitions effectively into the new PP governance arrangements		March 2022 (April 2020)	April 2021 update: The consultation exercise has now been concluded. A preferred model is to be developed and proposed to the Chief Officers Group in June 2020, with further detailed design and implementation following this.
	Revise the role of the Independent Chairs to establish a shared expectation of their contribution to leadership, governance and accountability;		May 2020 (March 2020	As part of Transforming Public Protection (TPP)
	Establish a strategic risk register for the COG to guide focus of work and to support accountability arrangements for the Protecting People structure; and Implement a Risk Assessment framework specifically focused on the ADP		March 2021 (March 2020)	**This action is largely completed and will be removed from the plan at the next review.** During the Covid-19 period, a specific Protecting People risk register (RR) was developed with separate sections for each of the PP Partnership / Committee. Initially this RR focused on the Covid-19 specific risks and is currently being transitioned to business as usual content. It is planned to have this up and running before the end of March 2021.
	Negotiate and implement an initial Key Performance Indicators (KPI) framework that provides up-to-date insight into the performance of all key services in both the statutory and third sector.		Dec 2021 (March 2020)	Most of the key performance indicators (KPIs) are in place and agreed by the ADP, there are still some issues with reporting and identifying the best way to capture information from the services. We will continue to develop and refine the indicators. DAISy National Service Users Information System will be implemented in Dundee in April 2021.

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				There are now national KPIs and national Medically Assisted Treatment (MAT) standards, we are awaiting guidance form the national team regarding what we will be expected to report on going forward. The Implementation Group will review this action going forward with new specific actions to implement reporting – the focus will change when reporting becomes business as usual.
	Work to enhance the knowledge, understanding and engagement of all Elected Members around the underlying causes of substance misuse issues.		Dec 2021 (Dec 2020)	**This action is on-going and progressing** - focus of engagement so far has been on providing progress reports rather than enhancement of knowledge. An update report was presented to the P&R Committee in late September and a follow up report in February 2021. We will continue to provide regular updates to Elected Members, 2 briefings a year on progress. There are now 2 Elected Members' representation on the ADP.
	Participation in Scottish Trauma Informed Leaders Training and proposed pilot activity		Dec 2020 and **complete by Jan 2021**	**This action is progressing well:** COG sessions took place in December 2020 and another one will happen January 2021. It is now considered that this action is more relevant than ever given wider impact of Covid-19 on both service users and the workforce.

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				This action will be removed at the next review
Key: Priority 6 **Lived Experience**	Develop a whole-system Advocacy Framework and commission supports for the Framework		Completion by Nov 2022 (Dec 2020)	**Additional 2 years funding for Independent Advocacy received from the DDTF, will be managed by the Dundee Independent Advocacy Centre. DD&ARS will work closely with DIAS to develop and implement**. This action will be adjusted to reflect monitoring at the next review
	Progress the on-going development of a Peer-Support Framework and support the implementation of the Framework.		Dec 2021	Peer Support Framework presented to and accepted by the ADP on 20 Oct. DVVA will lead the implementation of the Framework. This work is ongoing but good progress is being made.
	Establish a lived experience quality framework to ensure that involvement of people with lived experience is embedded effectively and meaningfully across the ADP structure and the wider delivery of support.		Oct 2021 (March 2020)	**This action is progressing well:** the Lived Experience network is in the process of being formed, and has broader involvement of people with lived experience, including mental health, substance use and VAW. Support is provided by DVVA and Scottish Recovery Consortium. The Gendered Services Project is developing a group of women with lived experience (of a range of issues leading to increased

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				vulnerability e.g. mental health issues, VAW, substance use and homelessness). This group will link to the ADP Lived Experience structure
	Support peer volunteers to assist recovery and tackle stigma within communities, incorporating a volunteer training programme.		April 2021	The training of all volunteers is ongoing, 10 volunteers have been trained and another 3 will be receiving training though Zoom. Out of those, 4 volunteers are supporting recovery, three are providing peer to peer support via phone or face to face at the Lochee Hub and one is on a placement with Transform providing support through Zoom. 2 volunteers are supporting the *Chit Chat Recovery Support line*. The volunteer training programme is in place but is being revised due to Covid lockdown.
7 - Confront and address stigma and strengthen mutual and community support	Develop and deliver a co-ordinated training programme to build capacity of community groups, organisations and services to address stigma.		Dec 2021 (Dec 2020)	The Community Health Team stopped delivery of Substance Use & Stigma awareness workshops due to COVID-19. However, the broad intention is that this action is still important. The intention is to explore a co-ordinated programme to ensure that messages are consistent. A group has been meeting to review existing training surrounding health inequalities and to explore how best to meet priorities going forward. SDF continue to offer online stigma training and this will

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				be taken into consideration. DVVA have developed a 'Let's end stigma and discrimination' training session which has been piloted and is pending discussion as part of their overall training plan and to assess facilitator capacity.
	Implement a public awareness campaign to address stigma, including use of stigmatising language.		Dec 2021 (June 2020)	Progress is being made, albeit a little slower due to the impact of COVID and need to consider appropriate timing. The Anti-stigma Commitment has now gone to the ADP to adopt and this will support next steps. Design brief has been written and questionnaire has been completed by a number of people with lived experience as a final check of the key campaign messages/methods. Next step is to identify designer/animator from quotes provided. Have connected with Perth and Kinross and Angus ADPs who will be contributing towards the cost of the animation so that it can be used across Tayside. Expecting to launch summer, depending on COVID messaging prominence at that time.
	Strengthen links between treatment/recovery services and local community group support by supporting engagement with Health and Wellbeing Networks, Local Community Planning Partnerships and other local platforms.		Dec 2021 (Oct 2020)	**Slow progress due to Covid-19 lockdown.** It has been agreed to make an amendment to this action which focuses on strengthening links between substance use services and community-based support – through LCPPs and the Health & Wellbeing Networks. This will require joint responsibility of substance use services to

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				engage in local platforms and by community-based staff to promote such opportunities across partner organisations. Proposal submitted for funding to be allocated to each LCPP to support locally-led responses to tackle stigma and build resilient and supportive communities. This will support embedding of the Recovery Friendly Dundee aim and principles. Currently exploring the role of Health & Wellbeing Networks in the Local Community Planning Partnership structure to support this process and in process of identifying substance use services rep to connect to these platforms.
8 - Keep children safe from substance use and its consequences	Three new non-medical prescribing (NMP) trainee nurses will be placed within Children & Families Teams (one at the East locality, one at the West and one with the Intake Team). Support the 3 nurses to complete their NMP qualification		April 2021 (for evaluation report) (Jan 2020) (Jan 2021)	**Good progress has been made: the nurses are in place and well-integrated within C&Fs Teams. One nurse completed the NMP course and two are on progress to completing. This action is complete and will be removed at the next review.** Once staff have completed this training, this would support the provision of same day prescribing and support implementation of Medication Assisted Treatment standards within a C & F environment. Indicators are that this co-located model allows for a swift response to support parents who are experiencing challenges, improved

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				levels of communication across both services and the opportunity to work jointly to provide an intensive level of support to families. This approach will now be evaluated and a report submitted to the ADP Implementation Group in April 2021 for consideration.
	Progress work with 3rd sector organisations (including Aberlour, children 1st and TCA) to establish and agree their role in delivering Tier 2 support to families (and ensure the children are supported) earlier on and throughout the recovery process.		April 2021 (April 2020)	**Some delays due to Covid-19 lockdown**. Progress is being made through established and regular joint meetings between 3rd and statutory sector teams. Aberlour and Children 1st are part of a co-location test of change that is progressing and monitored (while complying with lockdown restrictions). The organisations also made links with the new Family Support service.
	Hold 4 joint development sessions for front-line staff within DD&ARS, C&Fs Teams and key 3rd sector organisations to progress and facilitate the interface and joint working between C&Fs and Adult services, and encourage a focus on the whole family.		Jan - Oct 2021 (Dec 2020)	**This action is delayed due to Covid-19 restrictions.** One joint event was held for East location prior to lockdown and all others postponed for now Considerations / plans in pace to hold the west event digitally in early 2021. Thereafter, hold 2 follow-on events for both localities in October 2021.

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	DD&ARS will work closely in partnership with the Children & Families Service to identify a process which will support the increased attendance of staff at **Key Meetings** (including TATC/ CP conferences/ Children's Heating/ and LAC Reviews) and the provision of relevant information to support the decision-making at conferences		Jan 2021 (Dec 2020)	**Engagement with and attendance at CP conferences has improved, and this process is now supported by the 3 NMP nurses located within C&Fs teams.** The system for providing information is running well and improvements are being introduced– C&Fs are getting regular reports from DD&ARS.
	Develop a continuum of services (following on from the New Beginning Service) for vulnerable women (those with multiple and complex needs), and broaden the range of gendered services that provide intensive and tailored programmes to address their needs		Aug 2021 (April 2020)	**The Gendered Services Group has made good progress around this action.** A directory of services for vulnerable women (which includes New Beginnings, Pause and other non- specialist services which have a women-only element) has been developed and circulated and work is also ongoing within the Commercial Sexual Exploitation group to develop fast track pathways/models of support for vulnerable women. Multi agency guidance will be launched soon which includes information on these pathways/models.
	Through the Transforming Public Protection work: • strengthen and evaluate the focus on chronologies and risk assessment and roll out to all practice teams; • Revise early screening arrangements for people of all ages to facilitate whole family approaches to risk assessment and risk-management.		Oct 2021 (Dec 2020)	The new chronology function on the Mosaic case recording system was introduced in May 2020. Managers are reporting positive feedback about the tool, as well as its value in assessments and in working with children and families. This new function is currently being tested within the Education service.

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				An initial review of early screening arrangements took place during 2019/20. More detailed work is planned for 2021 to focus in on the specific connections, links and potential future efficiencies across children's and adults screening fora.
9 - Implement trauma informed approaches, targeting those at increased risk of substance use / and death	The Trauma Training steering group will complete a needs assessment for frontline workers (in line with the National Trauma Training Framework and Plan), including: • a mapping of the workforce • an assessment of their training needs in relation to trauma-informed work; and • Identifying the key gaps and priorities for training. This will link to the NHS Tayside Trauma Training Strategy currently being implemented with a strong focus on trauma training.		Dec 2021 (March 2020)	Following a request from the Scottish Government to identify local trauma champions – Frances Greig, Diane McCulloch & Elaine Zwirlein have agreed to be local champions. The Trauma Steering Group has now met 4 times since November and has an action plan in place. • Mapping and needs assessment/identifying the key gaps and priorities for training across DCC/H&SCP workforce is well under way. • Delivery of STILT January 2021 to Chief Officers Group and another planned before summer. • Learning/Knowledge exchange planned for 6th May. • Tests of change underway in L&OD service, HR, C&F service. Professionals with lived experience – framework development underway.

For ease of cross referencing changes the revised timescales are set out for actions, but the original timescales are in brackets below	**Action – as it appears in the original Action Plan for Change**	**Delivery Status (RAG)**	**Revised Timescales**	**Comments to include:** • **is the action still relevant / should it be taken off;** • **if revised – new wording should be provided.**
	Trauma training at levels 1, 2 and 3 will be delivered by the TPTIC in conjunction with L&OD team and the local level 3 trainer. A review of the Protecting People training framework will incorporate trauma training at all levels.		Dec 2021 (March 2021)	As above
10 - Tackle the root causes of substance use	Develop a Prevention Framework for Dundee to include wider engagement with partners to scope evidence, build on previous work and current practice in Dundee (and elsewhere in Scotland).		Dec 2021 (Dec 2020)	The framework will provide best practice tools to address environment, community and individual level causes of harm (targeting issues including issues including sexual health and gendered-based issues, mental health and trauma, and substance use). The aim is to develop this resource to drive a consistent, coherent and joint approach in Dundee and to be utilized as a benchmark for developing future priorities. April 2021: The group are currently appraising the Glasgow framework in preparation for wider engagement. We are also reviewing and finalising our delivery plan for the two actions.
	Support and learn from the Youth in Iceland Model research project currently taking place in Dundee.		Dec 2022 (Sep 2020)	Keep oversight and have a clear links to the pilot for future prevention strategy and actions plan development.

For ease of cross referencing changes the revised timescales are set out for actions, but the original timescales are in brackets below	**Action – as it appears in the original Action Plan for Change**	**Delivery Status (RAG)**	**Revised Timescales**	**Comments to include:** • **is the action still relevant / should it be taken off;** • **if revised – new wording should be provided.**
11 - Ensure Gendered Approaches are considered in all activities and accommodated in design and delivery of services	The Dundee Violence Against Women Partnership (VAWP) will ensure information about existing women's services, including the services on offer and how to access them, is widely available and continuously updated.		Feb 2021 (March 2020)	The Gendered Services group developed a directory of services for women in Dundee -this was launched **June 2020** The Dundee VAWP website was launched **in January 2021.** **www.dvawp.co.uk** Multi agency guidance on supporting those involved in commercial sexual exploitation was launched in January 2021.
	The learning & recommendations from the research project (conducted by Dundee University/ funded by the Challenge Fund) on the specific needs of vulnerable women will be implemented across all the Protecting People services.		Aug 2022 (June 2020)	This project began in **October 2020** and to date has been working to develop a group of women with lived experience to direct the work of the project, begun designing a self -assessment tool for services to use with support from the project and building links with key stakeholders across the city. Two awareness raising session are planned for the coming weeks. This project was highlighted at a national event 'Collective Leadership and VAWG'.
	Specific training on appropriate Gendered-Responses will be develop and delivered to all mainstream services.		Dec 2022 (Dec 2020)	As above and a VAWG training consortium has also been developed and delivered a Violence Against Women overview training session and a VAW training programme is now in place and available to the multi-agency workforce – launched January 2021.
	Identify and implement ways to streamline and integrate to make better use of available resources, and seek to attract additional resources to develop collaborative responses.		Oct 2021	The Gendered Services Group has made good progress around this action. The group has a focus on leading development of pathways for vulnerable women in Dundee and part of this has included ensuring that VAW specialist agencies are linked to key

For ease of cross referencing changes the revised timescales are set out for actions, but the original timescales are in brackets below	Action – as it appears in the original Action Plan for Change	Delivery Status (RAG)	Revised Timescales	Comments to include: • is the action still relevant / should it be taken off; • if revised – new wording should be provided.
				areas of work – e.g. VAW agencies are now directly linked in to the Tayside Drug Death Review Group and the Dundee Non- Fatal Overdose group. The Commercial Sexual Exploitation Working Group key activities have included: • Supporting the work of the Scottie Centre for women involved in commercial sexual exploitation. • Identification of a single point of contact within Police Scotland for sharing intelligence around prostitution. • Development of a fast track sexual health pathway for vulnerable women. Development of multi-agency guidance for supporting people involved in CSE which was launched in January 2021.
12 - Ensure clear and consistent communications are delivered through a	Implement a strategic Protecting People (PP) Cross-Cutting Communications strategy (workforce and public) to deliver communication messages around all PP areas, including substance use.		Feb 2021 (April 2020)	Strategy developed and being partially implemented but progress is still required. It is planned to also introduce the Language Matters principles to any future communications
	Develop a coherent multi-agency/multi-service communication protocol to ensure all planned and reactive		April 2021 (Feb 2020)	Joint communication is much improved, work to implement a protocol still needs to progress.

For ease of cross referencing changes the revised timescales are set out for actions, but the original timescales are in brackets below	**Action – as it appears in the original Action Plan for Change**	**Delivery Status (RAG)**	**Revised Timescales**	**Comments to include:** • **is the action still relevant / should it be taken off;** • **if revised – new wording should be provided.**
partnership approach.	communication messages follow due process and all individuals are clear about their role.			This work is ongoing and the action will be adjusted at the next review
	Establish a framework to ensure the communications messages are fully informed and up to date at all times, reflecting progress across the Partnership action plan.		April 2021 (May 2020)	There has been great improvement in the quality and frequency of communications (especially during lockdown), still work to progress the framework.

Integrated Impact Assessment Report.

Committee Report No: DIJB24-2021

Document Title: DRUG AND ALCOHOL PARTNERSHIP: ACTION PLAN FOR CHANGE - PROGRESS REPORT

Document Type: Service
New/Existing: Existing

Period Covered: 20/04/2021 - 20/04/2021

Document Description:
The purpose of this report is to inform the Integration Joint Board of the progress made in the implementation the Dundee Alcohol and Drug Action Plan for Change.

Intended Outcome:
It is recommended that Integration Joint Board:
a) Note the contents of this report, including progress made to date with the implementation of the Action Plan for Change as contained in section 4.2 and Appendix 1.
b) Note the amended timescales for the Dundee Alcohol and Drug Action Plan for Change implementation as set out in section 4.3 and Appendix 1.
c) Note the successful bid for Corra Foundation funding to implement a test of change to progress integrated approaches for people who experience both Mental Health difficulties and who use substances; as contained in section 4.4.
d) Note the proposal to reconvene the Dundee Drugs Commission to review progress made against the recommendations detailed in their report Responding to Drug Use with Kindness, Compassion and Hope (2019) as detailed in section 4.5.

How will the proposal be monitored?:
Regular reports to the IJB, Alcohol and Drug partnership, Chief Officer's Group, Dundee Community Planning Partnership, and Dundee City Council Policy and Resources Committee.

Author Responsible:
Name: diane mcculloch
Title: Head Of Health and Community Care
Department: Health and Social Care Partnership
E-Mail: diane.mcculloch@dundeecity.gov.uk
Telephone: 01382438302
Address: Claverhouse Office

Director Responsible:
Name: Vicky Irons
Title: Chief Officer
Department: Health and Social Care Partnership
E-Mail: vicky.irons@dundeecity.gov.uk
Telephone: 01382436310
Address: Claverhouse Office

Integrated Impact Assessment Report.

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CHANGING FOR THE FUTURE

A. Equality and Diversity Impacts:

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

Equality and diversity Implications:
The report sets out the actions to support people in Dundee who have problematic substance use. It includes the proposals for new service developments and approaches to service practice and delivery. The report recognises the impact of substance use on health and access to services and the difficulties faced by individuals, families and carers. It highlights the difficulties for those who may experience both problematic substance use and mental health difficulties and how this can further impeded access to support.

Proposed Mitigating Actions:
The report describes the actions taken to mitigate this impact and the progress made against this. The report includes reference to funding obtained to test a new model of support for people who experience both mental health and substance use.

Is the proposal subject to a full EQIA? : No
The report sets out the actions to support people in Dundee who have problematic substance use. It includes the proposals for new service developments and approaches to service practice and delivery. The report recognises the impact of substance use on health and access to services and the difficulties faced by individuals, families and carers. It highlights the difficulties for those who may experience both problematic substance use and mental health difficulties and how this can further impeded access to support.

B. Fairness and Poverty Impacts:

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

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

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

Significant Impact

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

Fairness and Poverty Implications:
The approach taken recognises that poverty plays a role in the outcomes for people.

Proposed Mitigating Actions:
The actions within the action plan includes the development of advocacy services and outreach models. Both will support people to access services including financial support and housing.

C. Environmental Impacts

Climate Change

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

Resource Use

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

Transport

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

Natural Environment

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

Built Environment

Built Heritage:	No Impact
Housing:	No Impact

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

Proposed Mitigating Actions:
None

Environmental Implications:
The report will have no impact on environmental considerations

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D. Corporate Risk Impacts

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

Corporate Risk Mitigating Actions:

ITEM No …16………..

REPORT TO:	**HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 21 APRIL 2021**
REPORT ON:	**IMPLEMENTATION OF NATIONAL WHISTLEBLOWING STANDARDS**
REPORT BY:	**CHIEF FINANCE OFFICER**
REPORT NO:	**DIJB23-2021**

1.0 PURPOSE OF REPORT

1.1 The purpose of this report is to update the Integration Joint Board on work being undertaken to prepare for the implementation of the National Whistleblowing Standards.

2.0 RECOMMENDATIONS

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

2.1 Note the information around the implementation of the National Whistleblowing Standards. See Appendices 1 and 2.

2.2 Notes the content of the report and the expectation that IJBs must ensure that all HSCP staff, across both the local authority and the NHS, as well as any students, trainees, agency staff or volunteers, must be able to raise a concern through this procedure.

2.3 Each IJB must develop an agreement which sets out how staff employed by both the NHS board and the local authority can raise concerns about services that are the responsibility of either the NHS board or the local authority. This agreement must ensure that concerns about NHS services can be considered through the Standards.

2.4 Note the preparatory work undertaken with NHS Tayside and Tayside Health and Social Care Partnerships. See section 5 and Appendix 3.

2.5 Note that Dundee City Council have an existing Whistleblowing Procedure. See section 6 and Appendix 4.

2.6 Note that reporting of Whistleblowing incidents within the Dundee Health and Social Care Partnership must be undertaken by Dundee Health and Social Care Partnership and by NHS Tayside. See section 7.

2.7 Note the planned training and communication for the workforce around the Whistleblowing Standards. See section 8.

3.0 FINANCIAL IMPLICATIONS

3.1 None

4.0 MAIN TEXT

4.1 From the 1st April 2021 NHS organisations will be required to follow the National Whistleblowing Principles and Standards. The Principles and Standards explain what is expected of NHS organisations and contractors about their handling of whistleblowing concerns.

4.2 The Standards set out how the Independent National Whistleblowing Officer (INWO) expects all NHS service providers to respond when staff raise concerns, including supporting the person raising a concern.

4.3 Information around the National Whistleblowing Principles and Standards is available from the website https://inwo.spso.org.uk/

4.4 Specific information for Health and Social Care Partnerships is available from the website and from the document "Application of Whistleblowing Standards in contractor/joint-working scenarios" (Appendix 1) and "Information for health and social care partnerships" (Appendix 2).

5.0 Preparatory Work Undertaken by NHS Tayside and Tayside Health and Social Care Partnerships

5.1 Work has been undertaken by representatives from NHS Tayside and the three Tayside Health and Social Care Partnerships to agree how the Whistleblowing Standards would be implemented.

5.2 The Whistleblowing Agreement between [Angus Health and Social Care Partnership], [Dundee Health and Social Care Partnership] and [Perth and Kinross Health and Social Care Partnership] and NHS Tayside Board has been drafted (Appendix 3).

6.0 Dundee City Council's Whistleblowing Procedure

6.1 Dundee City Council have an existing Whistleblowing Procedure (Appendix 4).

6.2 Where a Whistleblowing incident is received about a Health and Social Care Partnership service through Dundee City Council's Whistleblowing process, Dundee City Council's Corporate Fraud Team will liaise with the Dundee Health and Social Care Partnership Chief Officer to identify whether it is a Whistleblowing incident that falls within the National Whistleblowing Standards.

7.0 Whistleblowing Reporting

7.1 Whistleblowing incidents and actions taken will be reported quarterly to the Integration Joint Board.

7.2 Whistleblowing incidents and actions taken by Dundee Health and Social Care Partnership will be reported quarterly to NHS Tayside.

8.0 Training and Communication for the Workforce

8.1 Anyone providing a service for the NHS needs to know about the National Whistleblowing Standards.

8.2 The INWO team have created two learning programmes. One is for staff needing an overview of the Standards and the other is for managers. The managers' programme is for any person working in the NHS who is likely to receive concerns. It covers in-depth what a manager needs to know to be able to respond to a concern. The modules are now available on the Turas website.

8.3 Communication for the workforce will be undertaken using documents developed by the INWO.

9.0 POLICY IMPLICATIONS

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

10.0 RISK ASSESSMENT

10.1 This report has not been subject to a risk assessment as it is provided for information and does not require a policy decision from the Integration Joint Board.

11.0 CONSULTATIONS

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

12.0 BACKGROUND PAPERS

12.1 None.

Dave Berry
Chief Finance Officer

DATE: 12 April 2021

Application of Whistleblowing Standards in contractor/joint-working scenarios

Introduction

A subject of much discussion amongst Whistleblowing Champions has been how NHS Boards handle whistleblowing concerns where their employees work with other organisations or where they have outsourced services.

Ahead of the soft launch of the National Whistleblowing Standards ('the Standards') on 1 April, this note attempts to:

- set out an understanding of the appropriate general approach; and
- explore how it should be implemented.

What INWO requires of NHS Boards

NHS boards are required to ensure that those to whom services are outsourced have access to the Standards.

Below is an abridged version of INWO's guidance to Boards on this area. The full version is here.

- It is the NHS board's responsibility to ensure that primary care and other contracted service providers have procedures in place that are in line with these Standards. This must form a part of all contracts or service level agreements with contracted service providers.
- Boards must have mechanisms for ensuring compliance with these requirements, including the requirement to report concerns handling information on a quarterly basis.
- Boards must have a confidential contact, who staff from primary care and contracted providers can contact if they do not feel able to raise their concerns within their own organisation.
- This confidential contact must be able to provide information and support to the person raising a concern. They must be familiar with routes for progressing such concerns and the requirements of the Standards.
- Where an investigation within the contracted service is not possible, due to potential conflicts of interest, the provider must discuss the concern with the NHS board contracting the service, and work with the board to investigate the issue.
- NHS boards must be willing to assist with the investigation of concerns raised in relation to primary care or contracted services.

Regarding NHS Boards and IJBs:

- Each IJB must develop an agreement which sets out how staff employed by both the NHS board and the local authority can raise concerns about services that are the responsibility of either the NHS board or the local authority.
- This agreement must ensure that concerns about NHS services can be considered through the Standards.

All contracts and agreements should refer to INWO's role.

Notes

- 'Employee(s)' refers to anyone covered by the Standards, so includes former employees, volunteers and students.

General approach

There are 3 aspects to consider:

- Who the **employer is**
- Who **investigates**
- Who acts to **resolve** the issue

The **employer** is responsible for protecting the whistleblower, no matter who investigates the issue or who resolves it.

Primary responsibility for **investigating** lies with the whistleblower's employer. It could investigate; or it could agree that the body it is working with/for should investigate; or it could agree that a joint investigation should be undertaken.

Responsibility for **resolving** the issue lies with the organisation(s) providing the service.

Examples

The examples below seek to apply the above general approach.

NHS Board employees

Example 1: 'home' NHS Board employee blows whistle on practices of another NHS board

Let us assume that two NHS boards, Board A & Board B, work together (under a memorandum of understanding or other arrangement). An employee of Board A (the 'home' board) chooses to blow the whistle on a Board B working practice they feel is putting at risk patients and/or staff.

- The Board A **employee** would need to raise the issue with Board A - their **employer** - under Board A's Whistleblowing Policy, which will incorporate the Standards.
    - Thereafter, Board A would be obliged to afford its employee the protection offered by the Standards:
        - Board A's employee, Board A's responsibility to protect them.
    - Board A's responsibility would include ensuring confidentiality was maintained. It could not disclose their employee's identity to Board B other than with the express agreement of the whistleblowing employee.
- Board A could investigate; or it could agree that Board B would investigate; or it could agree to a joint investigation.
    - Regardless of who conducted the investigation, Board A would need to protect the whistleblower's identity.
- Board B might need to act to **resolve** the issue; or Board A might need to; or both Boards might need to.
    - Regardless of who acted to resolve the issue, Board A would be responsible for its employee under the Standards.

Example 2: 'away' NHS Board employee blows the whistle on practices of 'home' NHS board

Reversing the example 1 scenario, say an employee of Board B (the 'away' board) working with Board A blows the whistle regarding a Board A working practice.

- The Board B **employee** must raise the issue with Board B (their **employer**) to be afforded the protection of the Standards.
    - They will **not** be protected by the Standards if they raise the issue with Board A.
- Board B could **investigate**; or it could invite Board A to investigate; or it could agree to a joint investigation.
- Board B and/or Board A would act to **resolve** the issue.

Contractors' employees

The same principles and general approach apply to contracted/outsourced services as to the 'home' and 'away' examples above.

NHS Boards are required to gain assurance that everyone providing a service to it is covered by the Standards and able to access them.

Example 3: contractor's employee blows the whistle about the contractor's working practices in its provision to services to an NHS Board

Let us assume that an NHS Board contracts out part of its service. An employee of the contractor is concerned about one of the contractor's working practices in the NHS Board setting. They want to blow the whistle.

- The **employer** in this example is the contractor.
    - The contractor's employee can blow the whistle under the Standards **but** must do so under the contractor's Whistleblowing Policy, which must incorporate the Standards.
    - As the whistleblower's **employer**, the contractor is responsible for affording its employee the protections conferred by the Standards.
    - The NHS Board would not be entitled to know the identity of the contractor's employee who has blown the whistle.
- The contractor would need to discharge its responsibility, under the Standards, to investigate.
    - It could **investigate** the matter itself; or it could ask the NHS Board to investigate; or it could agree to a joint investigation.
    - See comments below.
- The contractor and/or the NHS Board would act to **resolve** the issue.

Example 4: contractor's employee blows the whistle about an NHS Board's working practices

This is to example 3 as example 2 is to example 1.

An employee of the contractor is concerned about one of the NHS Board's working practices in the NHS Board setting in which they work for the contractor. They want to blow the whistle.

- As in example 3, the **employer** is the contractor.
    - The contractor's employee can blow the whistle under the Standards **but** must do so under the contractor's Whistleblowing Policy, which must incorporate the Standards.
    - The contractor, as the whistleblower's **employer**, is responsible for affording its employee the protections conferred by the Standards.
    - The NHS Board would not be entitled to know the identity of the contractor's employee who has blown the whistle.
- The contractor, as employer, has the primary responsibility to investigate.
    - Although it *could* choose to **investigate** the matter itself, it would probably need to ask the NHS Board to investigate or agree to a joint investigation.
- The contractor and/or the NHS Board would act to **resolve** the issue. (Most likely the NHS Board in this instance.)

Who should investigate if a contractor's employee blows the whistle?

Under the Standards, the primary responsibility for investigating a whistleblowing complaint is on the **employer**. They need to ensure they discharge that responsibility effectively.

How might this work in practice?

Taking the 4 examples above in turn:

1. Board employee blows the whistle on their own Board:
    - matter will invariably be investigated by that Board.
2. Board employee blows the whistle on the practices of another Board:
    - 'home' board (employer) should agree with 'away' board who will lead the investigation.
3. Contractor's employee blows the whistle on the contractor's practices in provision of NHS service:
    - Contractor will investigate; but
    - may require input from NHS Board.
4. Contractor's employee blows the whistle on the NHS board's practices:
    - contractor should agree with the NHS board will investigate.

In examples 3 & 4 above, NHS boards will likely have greater expertise than contractors in investigating. They may also have access to the people/data required to resolve the issue. **Therefore, there seems a logic in the default position - particularly for Stage 2 cases - being that NHS Boards should lead on the investigation of any whistleblowing issues relating to the service they provide even if the concern is raised by a contractors' employees.**

NHS boards could incorporate such an approach into new contracts as a condition.

Some smaller contractors are unlikely to have expertise or capacity to investigate Stage 2 cases, so escalating those to the relevant NHS Board may be the **only** way in which they can comply with the Standards. A requirement to escalate Stage 2 cases may be seen as a blessing rather than as a curse.

That is not to say that NHS Boards should ALWAYS investigate whistleblowing issues raised by contractors' employees. There may be instances in which an alternative approach makes more sense, in which case that is the approach that should be pursued.

Keith Charters

3 March 2020

The National Whistleblowing Standards

Part 8

Information for health and social care partnerships

JANUARY 2020

Final draft – shared for information by the SPSO, ahead of publication in Summer 2020 – exact date to be confirmed

Promoting raising concerns

1. The Standards set out how the Independent National Whistleblowing Officer (INWO) expects all NHS service providers to respond when staff raise concerns, including supporting the person raising a concern. This document reviews the expectations and options for health and social care partnerships (HSCPs) in implementing the Standards.

2. Listening and responding to concerns raised by staff about the way services are provided is a vital way in which organisations can improve their services. HSCPs are in an unusual position in having employees from two organisations delivering services together. The challenges this creates in governance arrangements must not get in the way of staff raising concerns when they see working practices which are unsafe or risky, or where they believe there has been improper conduct, mismanagement or fraud.

3. People working in joint teams may feel reluctant or uneasy in raising concerns relating to staff with different lines of management, or where employers have different arrangements in place for whistleblowing. It is, therefore, more important than ever that senior managers in HSCPs and the integration joint board (IJB) itself promote a culture that encourages staff to raise issues or concerns at the earliest opportunity.

4. Senior managers play a critical role in promoting a culture that encourages staff to raise issues or concerns. Their leadership and behaviour sets the tone for the way other staff behave. All NHS services must strive for a culture that welcomes concerns from people working within their services, whoever they are, and whatever their concern, with the focus on good governance and delivering safe and effective services.

Requirement to meet the Standards

5. All those working in HSCPs **must** be able to raise concerns about NHS services, and **must** have access to the support they need to do so, whoever their employer is. Any concerns about the delivery of NHS services must be handled in line with the requirements of these Standards, and anyone raising a concern through these Standards will have access to the INWO, whoever their employer is.

6. IJBs must ensure that all HSCP staff, across both the local authority and the NHS, as well as any students, trainees, agency staff or volunteers, must be able to raise a concern through this procedure.

7. This includes:

   7.1. providing clear information about who staff and other workers can raise concerns with, either within their service or at a more senior level;

   7.2. ensuring access to the 2 stage procedure (see Part 3 of the National Whistleblowing Standards), where the worker has agreed to use this procedure;

   7.3. the availability of support (see Part 2) for those involved in raising a concern;

   7.4. the ability to raise concerns about senior staff (see Part 4);

   7.5. a requirement to record all concerns (see Part 5);

   7.6. a requirement to report all concerns to the IJB and the NHS board on a quarterly basis (see Part 5); and

   7.7. a requirement to share information about how services have improved as a result of concerns, taking care not to identify who raised the concern.

8. Anyone raising a concern about a service provided by NHS Scotland must be signposted to the INWO at the end of this process. More information about this is available in Part 3 of the Standards.

9. It may be that in considering concerns about NHS services, issues are identified which relate to local authority services. If that is the case, the whistleblower should be signposted to the INWO in respect of issues that relate to NHS services and the Care Inspectorate or other appropriate regulatory or oversight body for issues that relate to local authority services.

10. An agreement by the IJB may be required to ensure support and protection for all those working within the HSCP, in raising concerns about its NHS services.

Ensuring equity for staff

11. The requirement to have the Standards in place for all NHS services and not for local authority services could lead to disparity between those working for HSCPs. It could also lead to some confusion around which procedure to use, these Standards or the local authority's procedure for raising concerns. This could be particularly difficult where these services are closely integrated.

12. While this procedure must be available to all those working within NHS services, it is also important for those working in any of the HSCP's other services to also feel able to raise concerns. This is critical to:

    12.1. effective governance arrangements;

    12.2. enable safe and efficient delivery of services;

    12.3. ensure equity for staff whoever they work for;

    12.4. assist senior managers in sharing a consistent message in encouraging staff to raise concerns through a simple and straightforward procedure; and

    12.5. enable a joined up approach to raising concerns, where lessons can be learnt across the organisation.

13. With this in mind, and particularly where services have been effectively integrated, the INWO recommends that HSCPs adopt the same approach to handling concerns raised about local authority services as they do in relation to NHS services. This would extend any agreement in place in relation to the raising of concerns for NHS services, and would ensure that all those working within the HSCP have equal access to a procedure in line with these Standards. The only variation would need to be at the review stage, when concerns about different services would need to be signposted as appropriate, to the INWO, the Care Inspectorate or in some cases, Audit Scotland.

14. The details of any extended agreement are for each IJB and their HSCP to consider; each HSCP have different arrangements in place for the delivery of their services, and it will be for them to consider whether such an agreement should cover all of their services or only the NHS services. This may depend to some extent on how differentiated the HSCP's services are from other local authority services; it would not be appropriate to create confusion for local authority staff in how to raise concerns about their services.

15. Chief officers are responsible for ensuring that systems and procedures are in place for raising concerns within these Standards, in relation to NHS services. They must also take a leading role in reviewing arrangements in relation to local authority services, and taking forward any changes to ensure the Standards can be met, as well as any other changes to ensure equity of access across the HSCP.

How to raise concerns

16. Those working in HSCPs must be able to raise concerns in several ways, including:

    16.1. with their line manager or team leader (whether they are employed by the NHS or the local authority);

    16.2. a more senior manager from either employer if circumstances mean this is more appropriate; or

    16.3. a confidential contact for raising concerns (in some places there may also be speak up ambassadors or advocates); this may be someone within the board.

17. A key element of the Standards is for those people who raise concerns to be advised of their right, and agree to access this procedure. This can be done in the initial conversation about the concern, or following receipt of an email.

18. Within HSCPs, the confidential contact will need to be familiar with the way concerns are handled across its services, as well as the board's expectations around handling concerns.

19. The board's whistleblowing champion will have a role in ensuring that appropriate arrangements are in place to ensure delivery of the Standards. (Further information about this role is available in Part 2 of the Standards.) They will be able to provide guidance for HSCP managers on how concerns raised in relation to NHS services must be handled, as well as sharing information about appropriate governance arrangements.

Recording of concerns

20. The detailed information about recording concerns (Part 5 of the Standards) is also applicable to concerns raised within HSCPs in relation to their NHS services.

21. Each HSCP needs to consider how they hold information about concerns that have been raised through this procedure. In particular, there need to be systems in place to ensure that personal information is only shared with individuals as agreed or explained to the person raising the concern. The details of the concern itself, and how it has been handled, need to be stored in a way that will enable reporting and monitoring of concerns and concerns handling.

22. This may mean that concerns about local authority services are recorded separately from those relating to NHS services. Any joint systems that are developed will need to be able to separate out concerns about NHS services from those about the local authority services, so the NHS board can carry out appropriate monitoring of these concerns.

Monitoring, reporting and learning from concerns

23. The detailed information about monitoring, reporting and learning from concerns (Part 5 of the Standards) is also applicable to concerns raised within HSCPs in relation to their NHS services.

24. It is important for all services to listen to staff concerns, and, where appropriate, for this to lead to organisational learning and service improvements. Learning can be identified from individual cases closed at stage 2 and through statistical analysis of concerns resolved at stage 1 of the procedure. This may include the potential for improvements across other areas of the service. Any learning that is identified from concerns must be recorded within the case record, including any action planning.

25. NHS boards are responsible for collating reports of concerns raised in relation to the services they deliver, including those raised within the HSCPs in its area. In this way, boards will be able to identify areas for specific attention, based on the themes and trends across these HSCPs. Feedback from this process provides the opportunity to demonstrate the benefits of raising concerns.

26. Each HSCP is also expected to show their staff that they value the concerns that are raised by staff and other workers. All IJBs must ensure that information is published and promoted about the concerns that have been raised about their services, unless this is likely to identify individuals. High-level information (with very limited information about what was investigated) may still be appropriate, and will provide the opportunity to show staff that managers will listen and respond to concerns.

INWO
Bridgeside House
99 McDonald Road
Edinburgh
EH7 4NS

Web **www.inwo.org.uk**

INDEPENDENT NATIONAL WHISTLEBLOWING OFFICER

People Centred | Improvement Focused

Whistleblowing Agreement

Between

[Angus Health and Social Care Partnership], [Dundee Health and Social Care Partnership] and [Perth and Kinross Health and Social Care Partnership] and NHS Tayside Board

1 INTRODUCTION

1.1 The purpose of this agreement is to ensure support and protection for all those working within the Health and Social Care Partnership,(hereinafter referred to as the "HSCP") in raising concerns across the services they deliver.

1.2 This agreement applies to all those that work for the HSPC including students, volunteers, trainees and agency staff.

1.3 For partner organisations who work within a Health and Social Care Partnership (hereinafter referred to as "the Partners") this agreement will mean that those that work for the HSPC can raise concerns about services which are the responsibility of either the NHS Health Board or the Local Authority.

1.4 Any concerns about the delivery of NHS services will be handled in accordance with the National Whistleblowing Standards.

1.5 The Partners will adopt the same approach to handling concerns raised about local authority services as they do in relation to NHS services.

1.6 The Partners shall ensure that the principles of public interest disclosure are sustained.

Roles

The Chief Executive, NHS Tayside

The Chief Executive will:

- be responsible for ensuring that there is an effective whistleblowing procedure in place with a robust investigation process which demonstrates how the organisation learns from the concerns they receive.

- work with board members to decide how oversight of the implementation of these Standards will be achieved, and who will have responsibility for this.

Executive directors, NHS Tayside

Executive directors will be responsible on the Chief Executive's behalf for:

- managing whistleblowing concerns and the way the organisation learns from them
- overseeing the implementation of actions required as a result of a concern being raised
- investigating concerns, and/or deputising for the chief executive on occasion.
- signing off stage 2 decision letters. They may also be responsible for preparing decision letters, though this may be delegated to other senior staff

Chief Officers

Chief Officers must:

- ensure that systems and procedures are in place for raising concerns within the Standards in relation to NHS services.
- ensure that systems and procedures are in place for raising concerns in line with the Standards in relation to local authority services.
- take a leading role in reviewing arrangements in relation to local authority services, taking forward any changes to ensure the Standards can be met,
- ensure equity of access across the HSCP.

HR or Workforce Directors

HR or Workforce directors are responsible for:

- ensuring all staff have access to this procedure, as well as the support they need if they raise a concern.
- ensuring that anything raised within HR procedures which could amount to a whistleblowing concern is appropriately signposted to this procedure for full consideration.
- ensuring that all staff are made aware of the Standards and how to access them, including the channels available to them for raising concerns.
- that managers have the training they need to identify concerns that might be appropriate for the Standards/or the equivalent procedure adopter by the Partners and have the skills to handle stage 1 concerns.

HR teams will also be involved in assisting managers and confidential contacts to identify HR issues that are raised within concerns, and to provide appropriate signposting in relation to these HR issues. HR functions should not be involved in investigating whistleblowing concerns, unless the concern directly relates to staff conduct issues.

Investigators

Senior staff must welcome concerns and make sure they are investigated by people who have the appropriate skills and knowledge to investigate the concern and are authorised to take action. The investigator will:

- be trained in what their role involves and how to carry it out.
- take full account of the sensitivities of the case, and have strong inter-personal skills, including skills in supportive conversations.
- be able to separate out the HR from the whistleblowing concerns, and to focus on the issues which are appropriate for this procedure.
- listen to those who have raised the concern or are involved in the service, to judge what is appropriate and reasonable, and how the service improvements can be taken forward.
- gather relevant facts and confirm these in an objective, confidential and sensitive way.
- be impartial, independent and accountable.
- must not be involved in investigations where they have a conflict of interest, or may be seen to have a conflict of interest.
- communicate the procedures for raising concerns clearly.
- take account of the National Whistleblowing Principles
  have time set aside to carry out the investigation.

Decision-makers

Decision-makers must

- take account of the National Whistleblowing Principles
- be trained in what their role involves and how to carry it out
- give everyone involved the right to be heard
- not have a personal interest in the situation or the outcome
- act only on the evidence
- make decisions in good faith and without bias
- consider any person whose interests will be affected by the decision

Managers

All managers must be:

- aware of the whistleblowing procedure and how to handle and record concerns that are raised with them.
- trained and empowered to make decisions on concerns at stage 1 of this procedure.

NHS Whistleblowing Champion

The NHS Board's Whistleblowing Champion will:

- ensure that appropriate arrangements are in place to ensure delivery of the Standards within Health and Social Care Partnerships.

- provide guidance for HSCP managers on how concerns raised in relation to NHS Services must be handled, as well as sharing information about appropriate governance arrangements.
- Will produce a regular report for the Staff Governance Committee on concerns which have been raised within Health and Social Care Partnerships.

Confidential Contact

The Partners and NHS will appoint a Confidential Contact as an initial point of contact for staff who want to raise a concern.

Whistle blowing policy

The Partners will adopt the same approach to handling concerns raised about local authority services as they do in relation to NHS services to ensure that all those working within the HSCP have equal access to a procedure in line with these Standards. The only variation will be at the review stage, when concerns about different services would need to be signposted as appropriate, to the INWO, the Care Inspectorate or in some cases, Audit Scotland.

Raising a Concern

Procedures for raising concerns should accord with the National Whistleblowing Standards. Those working within a HSCP whether they work for the NHS or the Local Authority will be able to raise a concern in the following ways;

- With their line manager or team leader
- With a more senior manager
- With a confidential contact

Investigation

Where a whistleblowing concern has been raised regarding either services which are jointly managed or the concern relates to both health and local authority services then both partner organisations will identify an officer or officers who can resolve the situation. If it is not possible to resolve the situation, or the matter is of such a serious nature, then both partner organisations will identify investigating officers from each partner organisation who can investigate the matter in accordance with the Standards.

If a concern includes issues of fraud, the Integrated Joint Board 's fraud liaison officer should be contacted for advice.

Recording and Monitoring

Concerns which are raised in relation to NHS services will be notified to the INWO Liaison Officer. These concerns will be recorded, and form part of the regular report made by the Whistleblowing Champion to the Staff Governance Committee in accordance with the Standards.

Concerns relating to Local Authority services will record separately from NHS services.

Data Protection

The Partners will put in place systems to ensure that personal information is only shared with individuals as agreed or explained to the person raising the concern. The details of the concern itself, and how it has been handled, will be stored in a way that will enable reporting and monitoring of concerns and concerns handling.

Governance

The Partners must:

- have clear governance arrangements to ensure that someone is accountable for putting in place the procedure for raising concerns, and for monitoring and reviewing that procedure.
- following an investigation, make sure that any lessons learned are shared locally and more widely across the organisation and inform people what improvements have been made as a result of the investigation.
- use the outcomes of concerns to identify and demonstrate learning and improvement and share best practice, both in providing services and in the procedure itself.
- ensure that procedures for raising concerns are fair to the person raising the concern, people investigating concerns, and anyone else involved in the investigation.
- ensure that procedures for raising concerns are accessible to the person raising the concern.
- Ensure that procedures for raising concerns should be objective, based on evidence and driven by the facts and circumstances.
- Ensure that procedures for raising concerns should keep to the National Whistleblowing Standards.
- have systems in place to make sure all reported whistleblowing concerns are investigated quickly and appropriately, and to monitor how they are handled.
- show those that work for them that they value the concerns that are raised by staff and other workers.
- All IJBs must ensure that information is published and promoted about the concerns that have been raised about their services, unless this is likely to identify individuals.

Review

This agreement will be subject to annual review by both partner organisations.

Title	Whistleblowing Policy
Purpose	To encourage and assist employees to report any concerns they have about possible fraud or other wrongdoing in connection with Council operations or activities and to ensure that all concerns reported are dealt with thoroughly and consistently.
Scope	The policy applies to all those directly employed by the Council and to agency, casual and supply workers and contractors who are working for or on behalf of the Council. For the purposes of this policy, all these groups are 'employees'.
Author	Head of Human Resources and Business Support.

WHISTLEBLOWING POLICY

1. Introduction

The Council aims to deliver the best possible services it can to the people of Dundee. One of the ways it does this is by operating to the highest standards of conduct. It will always try to act openly, honestly and ethically and it expects that everyone who works for or with the Council will do the same.

The Council needs to know where these standards are not being met - where fraud, misconduct or other wrongdoing may be taking place. Actions like these can have a negative impact on those who depend on us for services, including the many vulnerable groups we serve. They also damage the Council's reputation and reduce people's trust in us. If we are made aware of wrongdoing we can investigate and stop it. In addition, work will be done with services to tighten the internal control environment so that the risk of these issues happening again is reduced.

Those who work for or with the Council will usually be in the best position to become aware of possible wrongdoing. Where they do, it is essential that they report their concerns to the correct people in the Council. The purpose of this policy is to encourage employees to report suspicions of wrongdoing and to ensure that such reports will be taken seriously and dealt with thoroughly, appropriately and in a consistent way.

The reporting of suspected wrongdoing at work is often described as 'whistleblowing'. Employees who 'blow the whistle' are, subject to certain conditions, regarded by law as making a 'protected disclosure'. The terms of the Public Interest Disclosure Act 1998 (PIDA) give employees protection against suffering harm for having made such a disclosure. This policy and its supporting procedures incorporate the protection given by the Act.

2. Policy Statement

The Council will encourage and assist employees to 'blow the whistle' - to report any reasonable concern they have about possible wrongdoing at or in connection with its work. The Council will support those who 'blow the whistle' and ensure that they suffer no harm as a result of reporting or trying to report a concern. It will consider every report and act appropriately on the findings of investigations.

The Council will act openly and transparently in dealing with concerns. Whilst it will try to address issues through its own processes, it will invite the involvement of external agencies immediately if this is required.

The remainder of this policy and its supporting procedures describe the principles the Council will observe and the actions it will take to meet these commitments.

Scope

This policy is about dealing with issues which are in the 'public interest'. The matters that it will address are described immediately below.

The policy is not for dealing with employees' personal issues e.g. complaints about contracts of employment. These should be raised and will be dealt with under the terms of the Council's Grievance Procedure or another appropriate procedure.

However, the overriding priority is that genuine concerns about wrongdoing are reported and reported promptly. It is preferable that a concern is reported under a procedure which is not applicable to the particular case rather than not reported at all.

'Employees'

Those who become aware of/or witness wrongdoing in relation to Council work may be directly employed by the Council, may be agency, casual or supply workers or may be contractors. Consequently, for the purposes of this policy, the term 'employee' includes all of these categories.

3. What Should Be Reported?

An employee should report their concerns where they believe that any of the following has happened, is happening or is likely to happen:-

- a criminal offence e.g. fraud, stealing from the Council or its service users, abuse of service users
- the improper use of Council or other public funds or any other financial irregularity
- the improper use of Council assets e.g. information, equipment (including IT), vehicles or buildings
- bribery i.e. payment for favours or to influence decisions or behaviour or any other corrupt activity
- a failure to comply with a legal obligation e.g. a statutory duty to provide a certain level of care
- an action or a failure to act which endangers the health or safety of an individual(s) e.g. failure to comply with a safety policy or procedure or a safe system of work.
- an action damaging the environment
- a miscarriage of justice
- the concealment of information about any of the above

4. Principles

In implementing this policy, the Council will:-

- make it as simple and straightforward as possible to report a concern - offering a range of methods and enabling 24/7 and anonymous reporting
- protect employees who report genuine concerns from any form of harm or disadvantage because they have reported or intend to report a concern
- take disciplinary action against any employee who is found to have bullied, victimised, harassed or in any way acted against an employee because they have reported a concern or intended to do so
- treat all reported concerns seriously and deal with them thoroughly and in a consistent way
- treat all reports confidentially and protect, as far as possible, the identity of an employee who makes a report and does not wish their identity to be known
- deal with anonymous reports on their merits and investigate these as far as is appropriate and possible
- where possible, acknowledge the receipt of all reports and inform the reporting employee of the progress of any investigation and its outcome
- ensure that employees who are thinking about reporting a concern or who have already done so are aware of the internal and external sources of advice and support available to them
- deal with suspected wrongdoing through its internal processes as far as is possible but involve external agencies immediately if it becomes necessary to do so
- ensure that all supervisors and managers are enabled, through induction, information and other support, to promote this policy and to respond appropriately where an employee reports a concern to them

5. Reporting Concerns

Employees will be able to report concerns in a variety of ways.

Preferably, they will speak to their supervisor/ manager. However, they may not feel able to do that e.g. their supervisor may be involved in the suspected wrongdoing or the individual may just want to make an anonymous report. Whatever the reason, if an employee wants to take another route, they can:-

- speak to a senior manager in their service
- report online
    - on the Council's internet site: Click on **Council Services; A – Z** then go to Fraud Reporting or Whistleblowing, or
    - on the Council's intranet, One Dundee: Click on **Do It Online**; Report Fraud or Whistleblowing

- e-mail to whistleblowing@dundeecity.gov.uk

- telephone 01382 431250 or 0300 123 5829

- Send a letter to: Dundee City Council, Corporate Services Department, Corporate Fraud Team, 50 North Lindsay Street, DUNDEE, DD1 1NZ.

- seek the help of their Trade Union

Employees should report their concerns to the Council in the first instance, but are entitled to raise their concerns with external bodies - ‘prescribed persons’ - which in Scotland are principally the Secretary to the Accounts Commission for Scotland and the Auditor General for Scotland.

Employees will be told about this option but it will be stressed that they should use internal processes first.

6. Protecting Employees who Report Wrongdoing

The Council will ensure that no employee suffers harm or disadvantage because they have reported or intended to report a concern about suspected wrongdoing provided that they:-

i. have reasonable grounds to suspect the wrongdoing, and

ii. are not acting maliciously or for personal gain

An employee who reports a concern on this basis is automatically protected by law against dismissal for having done so. The Council will protect the employee from suffering any detriment e.g. harassment, victimisation or discrimination because they have made or intend to make a report.

Any employee suspected of bullying, harassing, discriminating against or taking any other action against an employee because they have reported suspected wrongdoing or in order to deter them from doing so will be subject to the terms of the Disciplinary Procedure.

The Council recognises that reporting a concern about wrongdoing may be difficult and stressful. It will therefore offer the employee support and assistance e.g. confirm the various protections to which they are entitled and, where appropriate, offer counselling and advise them of the various sources of information, advice and support which are available, internally and externally.

7. Dealing with Reports

All reports, however they are received, will be shared with the Head of Human Resources and Business Support, the Senior Manager – Internal Audit and the Head of Democratic and Legal Services. They or their delegated officer will determine how to respond e.g. whether an investigation or other action is required and how this should be progressed.

It is likely that an employee who reports a concern will be asked to a meeting to discuss it. If that happens they will have the right to be accompanied by a work colleague or a trade union representative.

The action taken in response to a reported concern will depend on the nature of the concern. The Council may:-

- carry out an internal investigation (HR, Internal Audit and / or Corporate Fraud Team)

- deal with the matter through an internal procedure
- refer the issue to the Police and/or to external auditors,
- refer the issue to an external public or regulatory authority
- bring in external specialists to investigate where required

It may be that no investigation is required.

It is impossible to be prescriptive about how a concern will be dealt with. All reports will be considered seriously, on their merits and as quickly as is reasonably possible. The nature of a concern will determine the nature, type and extent of any investigation required and the reasonable length of any such investigation. However, as soon as it is clear that this is to exceed three months, there should be a review meeting involving the Head of Human Resources and Business Support, and/or the Senior Manager - Internal Audit and/or the Head of Democratic and Legal Services.

8. Confidentiality

The Council will, as far as is reasonably possible, protect the identity of an employee who makes a disclosure and does not wish their identity to be known.

However, identifying the employee may be unavoidable in the course of investigations or formal proceedings e.g. where a statement is required or if the issue has to be referred to an external agency.

9. Anonymous Reporting

A key aim of this policy is to give employees the confidence to report concerns 'openly'. However the Council recognises that it may receive anonymous reports of wrongdoing. Where this happens it will take action after considering the seriousness of the alleged wrongdoing, the credibility of the report and the availability of alternative and attributable sources to support, or not, what has been reported.

Anonymous reports are not the preferred option. However, the Council would prefer to be told about wrongdoing anonymously, rather than not hearing about it at all.

10. Feedback to Employees who Raise Concerns

Unless they request otherwise, the Council will write to an employee who submits a concern, acknowledging its receipt, within five working days. It will maintain contact with the employee, telling them as much of the following as possible:

- how the report will be dealt with
- how long this is likely to take
- whether their further involvement is required and, if so, how
- how the matter has been dealt with
- the name and details of a person they can contact if they wish to discuss anything relating to the concern

If the employee wishes, and subject to any legal and/or confidentiality constraints, the Council will let the employee know the outcome of their report. Where they cannot be given any or full details, the Council will tell them as much as it can and explain why there are matters that it cannot tell them about.

Where an employee's report of suspected wrongdoing proves to be unfounded they will not be subject to any action against them provided that they had reasonable grounds to suspect wrongdoing and were not acting maliciously or for personal gain.

However, an employee who is found to have reported wrongdoing without reasonable cause, for personal gain or with malicious or other inappropriate intent will be subject to the terms of the Disciplinary Procedure.

11. Supporting Employees

Employees with questions or concerns about whistleblowing and/or this policy can contact the Human Resources, Internal Audit or Legal teams or their trade union. They can get general information at the ACAS website at:-

http://www.acas.org.uk/index.aspx?articleid=1919 or specific help from the independent charity Protect http://www.pcaw.co.uk/

12. Communication and Training

The terms of this policy will be communicated to all employees following its approval and then be the subject to regular 'refresher' publicity campaigns. Supervisors and managers will be given information and support to carry out their responsibilities and the policy will be included in all induction training.

13. Recording and Reporting

The Head of Human Resources and Business Support, the Senior Manager – Internal Audit and the Head of Democratic and Legal Services will be responsible for recording all reports received and the action taken in response. The Executive Director of Corporate Services will report on activity to the Scrutiny Committee annually.

Downloading documents

All the documents on the Our People pages are kept under continuous review. They will be amended from time to time to reflect changes in Council policy or procedures and in the law. Clearly, any copy which you download to your own files or to print cannot be updated.

Whilst you may need to use a paper copy of a document for reference at a meeting etc. please do not rely on a downloaded copy as an accurate statement of the policy or procedure. Always refer to the Our People pages so that you have an up-to-date and accurate version of any human resources document.

Implementation of original policy		August 2017
Planned Review Date	**Actual Review Date**	**Summary of Changes**
August 2019		
	June 2019	"Public Concern at Work" changed to "Protect"

ITEM No …18………..

DIJB25-2021

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					
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 Medical Practitioner (not providing primary medical services)	Dr James Cotton	✓	✓					
Trade Union Representative	Jim McFarlane	✓	✓					
NHS Tayside (Staff Partnership Representative)	Raymond Marshall	✓	A					
Voluntary Sector Representative	Eric Knox	A	✓					
Service User Representative	Linda Gray	✓	✓					
Carer Representative	Martyn Sloan	✓	✓					
NHS Tayside (Director of Public Health)	Dr Emma Fletcher	A	A					

✓ Attended
A Submitted Apologies
A/S Submitted Apologies and was Substituted
(shaded) No Longer a Member and has been replaced / Was not a Member at the Time