

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

(See Distribution List attached)

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

City Chambers
DUNDEE
DD1 3BY

17th February, 2021

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 24th February, 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, 22nd February, 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

AGENDA

1 APOLOGIES/SUBSTITUTIONS

2 DECLARATIONS OF INTEREST

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

3 MINUTE OF PREVIOUS MEETING - Page 1

The minute of previous meeting of the Integration Joint Board held on 15th December, 2020, copy attached.

4 PERFORMANCE AND AUDIT COMMITTEE

(a) MINUTE OF PREVIOUS MEETING OF 3RD FEBRUARY, 2021 - Page 9

(b) CHAIR'S ASSURANCE REPORT - Page 15

(Report No DIJB8-2021 by the Chairperson of the Performance and Audit Committee, copy attached).

5 ADULT SUPPORT AND PROTECTION COMMITTEE - INDEPENDENT CONVENOR'S BIENNIAL REPORT 2018/2020 - Page 17

(Report No DIJB1-2021 by the Chief Officer, copy attached).

6 ARRANGEMENTS FOR MANAGING HIGH RISK OFFENDERS - Page 81

(Report No DIJB2-2021 by the Chief Officer, copy attached).

7 COVID-19 RECOVERY PLAN (DIJB3-2021)

In August 2020, the Integration Joint Board considered and approved the Partnership's COVID-19 recovery plan (Article XVI of the minute of the Dundee Integration Joint Board held on 25th 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 15th December, 2020.

The second wave of the COVID-19 pandemic and associated escalation of operational responses began in November 2020 guided by the plans that had been established and approved through the recovery plan document. At this time there was a decisive shift from a focus on recovery to a short-term focus on response. This context meant that it was not appropriate, given the escalating pandemic situation, or possible, due to the need to prioritise all available resources to the escalating operational response to undertake a comprehensive review of the recovery plan for submission to the IJB in December 2020.

All NHS Boards, Local Authorities and Integration Joint Boards have recently received a request from the Scottish Government to revise their remobilisation plans (also known as recovery plans) for the period until March 2022 and to submit these in early February 2021. A review of the Dundee recovery plan is being progressed in response to this request and will be submitted in line with this timescale with the caveat it is subject to formal approval by the IJB.

A report detailing the Partnership's response to the second wave of the pandemic and providing an update on progress with recovery, including presenting the revised recovery plan for approval will now be submitted to the IJB on the 21st April, 2021.

8 CARERS ACT FUNDING 2020/2021 - Page 97

(Report No DIJB4-2021 by the Chief Finance Officer, copy attached).

9 FINANCIAL MONITORING POSITION AS AT DECEMBER 2020 - Page 103

(Report No DIJB5-2021 by the Chief Finance Officer, copy attached).

10 DUNDEE INTEGRATION JOINT BOARD 2021/2022 BUDGET DEVELOPMENT UPDATE - Page 119

(Report No DIJB6-2021 by the Chief Finance Officer, copy attached).

11 MEETINGS OF THE INTEGRATION JOINT BOARD 2020 – ATTENDANCES - Page 125

(A copy of the Attendance Return DIJB7-2021 for meetings of the Integration Joint Board held over 2020 is attached for information and record purposes).

12 DATE OF NEXT MEETING

The next meeting of the Integration Joint Board will be the Budget Meeting to be held remotely on Friday 26th March, 2021 at 10.00am.

DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD
DISTRIBUTION LIST

(a) DISTRIBUTION - INTEGRATION JOINT BOARD MEMBERS

<u>Role</u>	<u>Recipient</u>
VOTING MEMBERS	
Elected Member (Chair)	Councillor Ken Lynn
Non Executive Member (Vice Chair)	Trudy McLeay
Elected Member	Councillor Roisin Smith
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

<u>Organisation</u>	<u>Recipient</u>
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 Lynne Short
Proxy Member (DCC Appointment for Voting Member)	Councillor Margaret Richardson



At a MEETING of the **DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** held remotely on 15th December, 2020.

Present:-

<u>Members</u>	<u>Role</u>
Ken LYNN (<i>Chairperson</i>)	Nominated by Dundee City Council (Elected Member)
Trudy McLEAY (<i>Vice Chairperson</i>)	Nominated by Health Board (Non-Executive Member)
Roisin SMITH	Nominated by Dundee City Council (Elected Member)
Helen WRIGHT	Nominated by Dundee City Council (Elected Member)
Donald McPHERSON	Nominated by Health Board (Non-Executive Member)
Vicky IRONS	Chief Officer
Dave BERRY	Chief Finance Officer
James COTTON	Registered Medical Practitioner (not providing primary medical services)
Wendy REID	Registered Nurse
Diane McCULLOCH	Chief Social Work Officer
Andrew RADLEY	For Director of Public Health
Raymond MARSHALL	Staff Partnership Representative
Jim McFARLANE	Trade Union Representative
Eric KNOX	Third Sector Representative
Linda GRAY	Service User Representative
Martyn SLOAN	Carer Representative

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

Dr David SHAW	Dundee Health and Social Care Partnership
Kathryn SHARP	Dundee Health and Social Care Partnership
Kenny McKAIG	Legal Manager (For Clerk and Standards Officer)
Kevin GRUBB	Dundee Health and Social Care Partnership
Sheila ALLAN	Dundee Health and Social Care Partnership

Trudy McLEAY, Chairperson, in the Chair.

I APOLOGIES FOR ABSENCE

Apologies for absence were submitted on behalf of:-

<u>Members</u>	<u>Role</u>
Jenny ALEXANDER	Nominated by Health Board (Non-Executive Member)
Emma FLETCHER	Director of Public Health

II DECLARATIONS OF INTEREST

Donald McPherson declared a non-financial interest in relation to the item of business at Article IX of this minute by virtue of holding the position of Chair of the Circle Scotland CIC.

III MINUTE OF PREVIOUS MEETING

The minute of meeting of the Integration Joint Board held on 27th October, 2020 was submitted and approved.

IV PERFORMANCE AND AUDIT COMMITTEE**(a) MINUTE OF PREVIOUS MEETING OF 24TH NOVEMBER, 2020**

The minute of the previous meeting of the Performance and Audit Committee held on 22nd September, 2020 was submitted and noted for information and record purposes.

(b) CHAIR'S ASSURANCE REPORT

There was submitted Report No DIJB56-2020 by Trudy McLeay, Chairperson of the Performance and Audit Committee, providing an Assurance Report to the Integration Joint Board on the work of the Performance and Audit Committee.

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

V MEMBERSHIP - DIRECTOR OF PUBLIC HEALTH

It was reported that, following the retirement of Dr Drew Walker on 18th October, 2020 from his position as Director of Public Health, that NHS Tayside had appointed Dr Emma Fletcher to that position. Dr Walker had previously been appointed by the Integration Joint Board to serve as a non-voting member in his capacity as Director of Public Health. The Integration Joint Board agreed to note the position and that his replacement on the Integration Joint Board was Dr Emma Fletcher.

VI IMPACT OF COVID-19 PANDEMIC ON DELIVERY OF THE STRATEGIC AND COMMISSIONING PLAN

Prior to consideration of this item of business Vicky Irons took the opportunity to appraise the Integration Joint Board of the current position in relation to the ongoing health emergency and operational management of this including commencement of the vaccination programme in Care Homes and the considerable efforts made by staff and partner organisations over the period. There had been significant changes to the level of restrictions over the period and services were continually being adapted to meet and respond to these. The pandemic was impacting on the wellbeing of individuals with an increase in people suffering from anxiety and the rise in referrals to mental health services. Efforts were continuing to support people in their own homes.

Reference was made to Article VII of the minute of meeting of this Integration Joint Board of 29th March, 2019 wherein the Strategic and Commissioning Plan 2019/2022 was approved.

Reference was also made to Article VI of the minute of meeting of this Integration Joint Board held on 25th August, 2020 wherein a report outlining the anticipated impact of the COVID-19 pandemic on strategic planning arrangements including response and recovery planning, and their impact on delivery of the Partnership's Strategic and Commissioning Plan 2019/2022 was approved.

There was submitted Report No DIJB50-2020 by the Chief Officer outlining the anticipated high-level impact of the COVID-19 pandemic on the Partnership's ability to deliver the Strategic and Commissioning Plan 2019/2022; providing an update regarding discussion at the Strategic Planning Advisory Group regarding the full assessment of this impact and communication with stakeholders regarding that impact; and, informing of early planning for the revision of the current Strategic and Commissioning Plan.

Sheila Allan gave a presentation in supplement to the report

The Integration Joint Board agreed:-

- (i) to note the content of the presentation and the verbal briefing provided by Vicky Irons;
- (ii) to note the content of the report and Appendix 1 of the report;
- (iii) to instruct the Chief Finance Officer, working in collaboration with the Strategic Planning Advisory Group, to draft a statement summarising the impact of the

pandemic on their ability to deliver the strategic plan to the scale originally envisaged (as described in section 4.8 of the report) and submit this to a meeting of the Integration Joint Board for approval;

- (iv) to instruct the Chief Finance Officer, working in collaboration with the Strategic Planning Advisory Group, to produce a detailed workplan to support the revision of the Strategic and Commissioning Plan 2019/2022 (as described at section 4.12 of the report), to implement this workplan and to provide a further update to the Integration Joint Board no later than 30th April, 2021; and
- (v) to note the priority that had been given to work to revise the Strategic Needs Assessment and the planned approach and timescale for completion of this work (as described in sections 4.13 to 4.17 of the report).

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

- (vi) to note as suggested by Trudy McLeay that there may be benefit of working with Universities to establish if a city wide approach to Social Prescribing could be a dissertation project for Social Work Students; and
- (vii) to note as indicated by Kathryn Sharp that reference to limited progress on work to align the Partnerships services with the Children and Families Service to similar service delivery areas not being due to the impact of the pandemic was due to alignment of schools and integration within the partnership areas and alignment of localities.

VII FINDINGS FROM SURVEYS TO EXPLORE THE EXPERIENCE OF DUNDEE'S CITIZENS DURING THE COVID-19 PANDEMIC

There was submitted Report No DIJB51-2020 by the Chief Officer informing of findings from a range of surveys undertaken in recent months 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.

The Integration Joint Board agreed:-

- (i) to note the findings from the research undertaken across Dundee into the impact of Covid-19 as set out in the report;
- (ii) to remit to the Integrated Strategic Planning Group to explore the implications of these findings for Dundee Health and Social Care Partnership; and
- (iii) to instruct the Chief Officer to use the findings where appropriate in the further development and implementation of Dundee Health and Social Care Partnership's remobilisation plan;

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

- (iv) to note that there was an online service directory to sign post people to the variety of supports available; and
- (v) to note as indicated by Vicky Irons that the survey would be repeated to establish progress against the changes put in place in the report.

VIII WINTER PLAN 2020/2021 – NHS TAYSIDE AND PARTNER ORGANISATIONS

There was submitted Report No DIJB46-2020 by the Chief Officer informing of the Winter Plan (2020/2021) – NHS Tayside and Partner Organisations (the Winter Plan) to be submitted on behalf of NHS Tayside and its partner organisations to the Scottish Government. It was reported that the

Winter Plan set out the arrangements across Tayside to support seasonal variations across health and social care services and described the level of preparedness.

The Integration Joint Board agreed:-

- (i) to approve the Winter Plan as presented at Appendix 1 of the report and the submission of the Winter Plan to Scottish Government; and
- (ii) to note the detailed actions for the Dundee Health and Social Care Partnership as detailed in Section 4.6 of the report and Section 6.2 of the Winter Plan.

Following questions and answers the Integration Joint Board further agreed to note as indicated by Diane McCulloch that communication of the plan to staff within the partnership would be made using established practices.

IX CHIEF SOCIAL WORK OFFICER ANNUAL REPORT 2019/2020

There was submitted Report No DIJB47-2020 by the Chief Social Work Officer bringing forward for information the Chief Social Work Officer's Annual Report for 2019/2020.

The Integration Joint Board agreed:-

- (i) to note the content of the Chief Social Work Officer's Annual Report for 2019/2020, which was attached to the report as Appendix 1; and
- (ii) to note the key developments and achievements across social Work functions achieved during 2019/2020 as outlined in section 4.3 of the report and priorities for future development during 2020/2021 as outlined in section 4.5 of the report.

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

- (iii) to note that Diane McCulloch would provide Trudy McLeay with information in relation to the indicator for service provided for respite care at Gillburn Road outwith the meeting; and
- (iv) to note the explanation from Diane McCulloch in relation to Dundee showing a the higher readmission rate to hospital across Scotland and that this was due to the way this was recorded in Tayside over 28 day periods and with Ninewells Hospital being central to the Dundee area and that reports had been submitted to the Performance and Audit Committee on this issue previously and these would be made available to Trudy McLeay.

X DUNDEE HEALTH AND SOCIAL CARE INTEGRATION SCHEME STATUTORY REVIEW

There was submitted Report No DIJB48-2020 by the Chief Officer informing that NHS Tayside and Dundee City Council had completed the statutory review of the Dundee Health and Social Care Integration Scheme and had agreed that a revised scheme be prepared.

The Integration Joint Board agreed:-

- (i) to note the contents of the report, including that Dundee City Council and NHS Tayside had completed the statutory review of the Dundee Health and Social Care Integration Scheme and agreed that a revised scheme would now be prepared; and
- (ii) to instruct the Chief Officer to make arrangements for the full participation of the Dundee Health and Social Care Partnership in the preparation of a revised scheme and to report progress to the Integration Joint Board no later than 31st March, 2021.

XI DELEGATED BUDGET DEVELOPMENT 2021/2022

There was submitted Report No DIJB52-2020 by the Chief Finance Officer providing an update in relation the development of the IJB's delegated budget 2021/2022. This paper formed phase one of a series of budget development reports to be presented to each meeting of the Integration Joint Board leading up to the meeting of the Integration Joint Board in March, 2021 when the delegated budget would be laid before the Integration Joint Board for approval.

The Integration Joint Board agreed:-

- (i) to note the content of the report including the range of potential budget pressures which would need to be addressed through the budget development process; and
- (ii) to remit to the Chief Finance Officer to bring updated reports to each of the remaining meetings of the Integration Joint Board to the end of this financial year culminating in the presentation of a proposed budget for 2021/2022 for consideration by the Integration Joint Board at its special budget meeting in March, 2021.

XII FINANCIAL MONITORING POSITION AS AT OCTOBER 2020

There was submitted Report No DIJB53-2020 by the Chief Finance Officer providing an update of the projected financial monitoring position for delegated health and social care services for 2020/2021 including an overview of the costs and financial risks associated with Dundee Health and Social Care Partnership's response to the COVID-19 crisis.

The Integration Joint Board agreed:-

- (i) to note the content of the report including the overall projected financial position for delegated services to the 2020/2021 financial year end as at 31st October, 2020 as outlined in Appendices 1, 2, 3 and 4 of the report;
- (ii) to note the costs and financial risks associated with Dundee Health and Social Care Partnership's response to the COVID-19 crisis as set out in section 4.5 of the report; and
- (iii) to note that officers within the Health and Social Care Partnership would continue to carefully monitor expenditure and develop a range of actions to mitigate any overspend.

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

- (iv) to note as indicated by Dave Berry that should any significant issues arise that these would be raised at the Performance and Audit Committee.

XIII RESHAPING NON-ACUTE CARE IN DUNDEE - UPDATE

There was submitted Report No DIJB54-2020 by the Chief Officer providing an update in relation to the work of the Reshaping Non-Acute Care Programme in Dundee, including progress in implementing plans for non-acute care and residential care in Dundee previously approved by the Integration Joint Board as outlined in the report.

The Integration Joint Board agreed:-

- (i) to note the progress towards developing models of care as described in sections 4.1.3 to 4.1.7 of the report;
- (ii) to note the delay in the development of the proposed replacement premises and the associated initial agreement, outline business case and full business case to be submitted to the Scottish Government as outlined in section 4.2 of the report;

- (iii) to instruct the Chief Finance Officer to submit a reinvestment plan for the development of the Home First model as outlined in section 4.1.8 of the report to the Integration Joint Board no later than 31st March, 2021; and
- (iv) to instruct the Chair of the Reshaping Non-Acute Care Board to commission project support to enable the project to progress further.

XIV TAYSIDE DRAFT MENTAL HEALTH AND WELLBEING STRATEGY

There was submitted Report No DIJB55-2020 by the Chief Officer providing a briefing about the progress that had been made to co-create, co-design and co-produce a draft Tayside Mental Health and Wellbeing Strategy (the Strategy).

Kate Bell, Interim Director of Mental Health, NHS Tayside gave a presentation in supplement to the report.

The Integration Joint Board agreed:-

- (i) to note the content of the presentation;
- (ii) to acknowledge the considerable work that had been undertaken since March, 2020 to co-produce the final Strategy which was attached to the report as Appendix 1;
- (iii) to approve the direction of travel outlined within the final Strategy;
- (iv) to acknowledge that the production of a Tayside Mental Health and Wellbeing Strategy would meet one of the main recommendations arising from the Independent Inquiry into Mental Health Services in Tayside "Trust and Respect"; and
- (v) to instruct the Chief Officer to submit to a future meeting of the Integration Joint Board for consideration and approval a detailed implementation/delivery plan with accompanying sustainable financial framework.

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

- (vi) to note as advised by Kate Bell that each of the other Integration Joint Boards in Tayside had agreed to the report;
- (vii) to note as indicated by Martyn Sloan that the Carers Group would be happy to provide representation on any of the Groups to take forward this matter should they be needed; and
- (viii) to note as indicated by Dave Berry that there was ongoing work with NHS Tayside and each of the Chief Finance Officers in Tayside on the financial framework to accompany the delivery plan and that this would be reported to a future meeting of the Integration Joint Board.

XV MEETINGS OF THE INTEGRATION JOINT BOARD 2020 - ATTENDANCES

There was submitted a copy of the Attendance Return for meetings of the Integration Joint Board held over 2020.

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

XVI PROGRAMME OF MEETINGS – INTEGRATION JOINT BOARD AND PERFORMANCE AND AUDIT COMMITTEE – 2021

It was proposed that the programme of meetings for the Integration Joint Board and the Performance and Audit Committee over 2021 be as follows:-

(a) INTEGRATION JOINT BOARD

Wednesday 24th February, 2021 - 10.00am
Friday 26th March, 2021 – 10.00am (Budget Meeting)
Wednesday 21st April, 2021 – 10.00am
Wednesday 23rd June, 2021 – 10.00am
Wednesday 25th August, 2021 – 10.00am
Wednesday 27th October, 2021 - 10.00am
Wednesday 15th December, 2021 – 10.00am

(b) PERFORMANCE AND AUDIT COMMITTEE

Wednesday 3rd February, 2021 – 10.00am
Wednesday 24th March, 2021 – 10.00am
Wednesday 26th May, 2021 – 10.00am
Wednesday 15th September, 2021 – 10.00am
Wednesday 24th November, 2021 – 10.00am

The Integration Joint Board agreed:-

- (i) to the programme of meetings for both the Integration Joint Board and the Performance and Audit Committee over 2021 subject to the meeting of the Performance and Audit Committee to be held in September being moved from the 15th September to the 29th September; and
- (ii) to note that all meetings would be held remotely unless otherwise advised by the Clerk.

XVII DATE OF NEXT MEETING

The Integration Joint Board noted that the next meeting of the Integration Joint Board would remotely on Wednesday 24th February, 2021 at 10.00am.

Ken LYNN, Chairperson.

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At a MEETING of the **PERFORMANCE AND AUDIT COMMITTEE OF THE DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** held remotely on 3rd February, 2021.

Present:-

<u>Members</u>	<u>Role</u>
Trudy MCLEAY (Chairperson)	Nominated by Dundee City Council (Elected Member)
Roisin SMITH	Nominated by Dundee City Council (Elected Member)
Helen WRIGHT	Nominated by Dundee City Council (Elected Member)
Donald MCPHERSON	Nominated by Health Board (Non Executive Member)
Dave BERRY	Chief Finance Officer
Tony GASKIN	Chief Internal Auditor
Vicky IRONS	Chief Officer
Diane MCCULLOCH	Chief Social Work Officer
Martyn SLOAN	Carer Representative

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

Christine JONES	Health and Social Care Partnership
Matthew KENDALL	Health and Social Care Partnership
Clare LEWIS-ROBERTSON	Health and Social Care Partnership
Anne Marie MACHAN	Audit Scotland
Brian GILLESPIE	Audit Scotland
Kathryn SHARP	Health and Social Care Partnership
Lynsey WEBSTER	Health and Social Care Partnership
Sheila WEIR	Health and Social Care Partnership

Trudy MCLEAY, Chairperson, in the Chair.

I APOLOGIES FOR ABSENCE

Apologies for absence were submitted on behalf of:-

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

II DECLARATION OF INTEREST

No declarations of interest were made.

III MINUTE OF PREVIOUS MEETING

The minute of meeting of the Committee held on 24th November, 2020 was submitted and approved.

IV DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP PERFORMANCE REPORT – 2020/2021 QUARTER 2 SUMMARY

There was submitted Report No PAC1-2021 by the Chief Finance Officer updating the Performance and Audit Committee on the 2020/2021 Quarter 2 performance against the National Health and Wellbeing Indicators and 'Measuring Performance Under Integration' indicators.

The Performance and Audit Committee:-

- (i) noted the content of the summary report;
- (ii) noted the performance of Dundee Health and Social Care Partnership, at both Dundee and locality levels, against the National Health and Wellbeing Indicators as summarised in Appendix 1 of the report; and
- (iii) noted the performance of Dundee Health and Social Care Partnership against the 'Measuring Performance Under Integration' indicators as summarised in Appendix 1 (table 2) of the report.

Following questions and answers the Performance and Audit Committee further agreed:-

- (iv) to note that Kathryn Sharp would arrange for previous reports on analysis of Discharge Rates from Hospital setting in Dundee to be re-issued to the membership for their reference and to provide them with assurance that people were being discharged from hospital appropriately in light of the re-admission rates to hospital which were highlighted in the report;
- (v) to note as advised by Dr Mathew Kendall that the Partnership were working closely with a range of services in relation to online exercise classes for the over 65 age group to help improve their fitness levels which may help curb the rise in the number of elderly people injuring themselves after a fall and that the Royal Voluntary Service had produced a DVD and an online media clip via You Tube and that work had been undertaken in the community to provide access to laptops and Tablets in this respect;
- (vi) to note as indicated by Dr Mathew Kendall that data on injury resulting from falls and conditions relating to that continued to be collected by hospitals;
- (vii) to note as indicated by Bailie Wright that it may be useful to publish details of Dundee Voluntary Action exercise groups on the Partnership website; and
- (viii) to note as advised by Kathryn Sharp that the performance figures in relation to Maryfield, North East and Coldside Wards would be looked at further in the Discharge Management report for submission to next meeting of the Committee with particular focus on the position in the North East Ward to establish if anything can be learned for the benefit of other areas.

V HEALTH AND CARE EXPERIENCE SURVEY 2019/2020 ANALYSIS

There was submitted Report No PAC2-2021 by the Chief Finance Officer updating the Performance and Audit Committee on the responses from the 2019/2020 Health and Care Experience Survey, which was used to provide measurement for National Health and Wellbeing Indicators 1 to 9.

The Performance and Audit Committee:-

- (i) noted the changes to the methodology used to filter responses and report against the National Health and Wellbeing Indicators as outlined in section 5 of the report;
- (ii) noted the performance of Dundee Health and Social Care Partnership against the Scottish average and 8 Local Government Benchmarking Framework (LGBF) family group partnerships as outlined in section 6 and Appendix 1 of the report; and
- (iii) noted that the survey results would be further considered as part of the ongoing revision of the Partnership's Strategic Needs Assessment and by the Operational Management Team with a view to identifying any further actions required to supplement ongoing improvement activity as outlined in section 7 of the report.

Following questions and answers the Performance and Audit Committee further agreed:-

- (iv) to note that as indicated by Lynsey Webster that the Partnership were performing better than the Scottish average.

VI GOVERNANCE ACTION PLAN PROGRESS REPORT

There was submitted Report No PAC3-2021 by the Chief Finance Officer providing the Performance and Audit Committee with an update on the progress of the actions set out in the Governance Action Plan.

The Performance and Audit Committee noted the content of the report and the progress made in relation to the actions set out in the Governance Action Plan as outlined in Appendix 1 and supplemented in Appendices 2 and 3 of the report.

Following questions and answers the Performance and Audit Committee further agreed:-

- (i) to note as indicated by Donald McPherson that there would be benefit to carry out an exercise with Internal Audit on overarching themes and to establish works that needed to be undertaken and to outline realistic completion dates for those works;
- (ii) to note as indicated by Tony Gaskin that the Risk profile had changed due to the current health pandemic and the need to re-examine actions as a result of this; and
- (iii) to note that Dave Berry would give consideration to whether or not a shortlife Working Group be established to look at Risk areas as suggested by Trudy McLeay.

VII DUNDEE INTEGRATION JOINT BOARD INTERNAL AUDIT PLAN PROGRESS REPORT

There was submitted Report No PAC4-2021 by the Chief Finance Officer providing the Performance and Audit Committee with a progress update in relation to the current Internal Audit Plan.

The Performance and Audit Committee noted the continuing delivery of the audit plan and related reviews as outlined in the report.

VIII INTERNAL AUDIT REVIEW – FINANCE

There was submitted Report No PAC5-2021 by the Chief Finance Officer presenting the Performance and Audit Committee with the findings of the Internal Audit Review of Finance.

The Performance and Audit Committee:-

- (i) noted the content of the report and the findings of the Internal Audit Review of Finance as in Appendix 1 of the report;
- (ii) noted and agreed the action plan associated with the report as the management response to the findings; and
- (iii) instructed the Chief Finance Officer to report progress in delivering the actions set out in the action plan through the Governance Action Plan presented to each Performance and Audit Committee meeting.

Following questions and answers the Performance and Audit Committee further agreed:-

- (iv) to note that Dave Berry and the Clerk were in discussion in relation to the Audit recommendation on the recording of action points from meetings.

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

There was submitted Report No PAC6-2021 by the Clinical Director to provide the Performance and Audit Committee with assurance on the clinical and care governance activities and arrangements across the Partnership as outlined in the Getting It Right For Everyone (GIRFE) Framework in accordance with the Partnership Integration Scheme.

The Performance and Audit Committee:-

- (i) noted the Exception Report for the Dundee Health & Social Care Partnership Clinical, Care & Professional Governance Group as detailed in Section 4 of the report; and
- (ii) noted that this report was being presented for assurance and the Committee noted that the level of assurance provided was Moderate.

Following questions and answers the Performance and Audit Committee further agreed:-

- (iii) to note that Dr Mathew Kendall would further liaise with NHS Tayside on the content of the Risk Management section of the report in relation to the recording of inherent risk; and
- (iv) to note as indicated by Tony Gaskin that it may be worthwhile to examine the role of the Committee in relation to Integration Joint Board Strategic Risks.

X QUARTERLY COMPLAINTS PERFORMANCE – 2ND QUARTER 2020/2021

There was submitted Report No PAC7-2021 by the Chief Finance Officer summarising the complaints performance for the Health and Social Care Partnership (HSCP) in the second quarter of 2020/2021. The complaints included complaints handled using the Dundee Health and Social Care Partnership Social Work Complaint Handling Procedure, the NHS Complaint Procedure and the Dundee City Integration Joint Board Complaint Handling Procedure.

The Performance and Audit Committee:

- (i) noted the content of the report;
- (i) noted the complaints handling performance for health and social work complaints set out within the report; and
- (iii) noted the work which had been undertaken to address outstanding complaints within the Health and Social Care Partnership and to improve complaints handling, monitoring and reporting as outlined in sections 4.6 and 4.13 of the report.

XI DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP STRATEGIC RISK REGISTER UPDATE

There was submitted Report No PAC8-2021 by the Chief Finance Officer providing the Performance and Audit Committee with an update report in relation to Dundee Health and Social Care Partnership's Strategic Risk Register and strategic risk management activities in the Partnership.

The Performance and Audit Committee:-

- (i) noted the work ongoing around risk management across Dundee Health and Social Care Partnership and partner organisations; and
- (ii) noted the updated risks around Finance, EU UK Transition and Governance arrangements.

XII MEETINGS OF THE PERFORMANCE AND AUDIT COMMITTEE - ATTENDANCE LIST

There was submitted a copy of the Attendance Return PAC9-2021 for meetings of the Performance and Audit Committee held over 2020.

The Performance and Audit Committee noted the position as outlined.

XIII PROGRAMME OF MEETINGS – PERFORMANCE AND AUDIT COMMITTEE – 2021

The Committee noted that the programme of meetings for the Performance and Audit Committee over the remainder of 2021 would be as follows:-

- Wednesday 24th March 2021 – 10.00am
- Wednesday 26th May 2021 – 10.00am
- Wednesday 29th September 2021 – 10.00am
- Wednesday 24th November 2021 – 10.00am

XIV DATE OF NEXT MEETING

The Committee noted that the next meeting of the Performance and Audit Committee would be held on Wednesday, 24th March, 2021 at 10.00 am (unless otherwise advised by the Chief Officer).

Trudy MCLEAY, Chairperson.

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



REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD -
24th FEBRUARY 2021

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

REPORT BY: CHAIR, PERFORMANCE AND AUDIT COMMITTEE

REPORT NO: DIJB8-2021

This assurance report relates to the meeting of the Performance and Audit Committee of the 3rd February 2021.

Instructions Issued by the Committee

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

- Item VIII – instructed the Chief Finance Officer to report progress in delivering the actions of the internal audit report on Finance through the Governance Action Plan presented to each Performance and Audit Committee meeting.

Issues to highlight to the Board

- The committee had a good discussion around the Health and Social Care Partnership's Quarter 2 performance report which led to a focus on good discharge from hospital performance but relatively high readmission rates. Members were assured that earlier reports on this issue noted no concerns around whether discharges from hospital were inappropriate. The committee also heard about developments in online exercise classes to prevent falls, particularly due to the effect the lockdown is having on elderly people and asked that these be published on the partnership's website.
- The committee also heard more detail of the content of the national Health and Care Experience Survey for 2019/20 and how it reflects the experience of Dundee citizens. The survey showed a mixed picture for Dundee with some responses better than other areas in the same benchmarking group with others not as good. While the committee was advised that some caution should be taken in interpreting the results of the survey given it is a general questionnaire of how people feel at a specific time, nevertheless the information is helpful to inform the revised strategic needs assessment for the IJB.
- As part of the Governance Action plan progress report the committee discussed the slow progress in relation to a number of outstanding items and sought assurances on the action being taken to bring these to a conclusion. This tied in with the Finance Internal Audit report where it is recommended that all the outstanding actions are pulled under a themed, holistic action plan to support completion of these actions. It was noted that the action plan had now been enhanced to include recommendations from the Transformation Programme Audit and Audit Scotland's recent annual report. It was also acknowledged that due to the Covid pandemic the risk profile of a number of elements will have changed. It was agreed that further discussions outwith the meeting would take place to determine whether a short life working group on risk was required.
- The Chief Internal Auditor, Tony Gaskin, took the committee through the outcome of the internal audit review of finance. This followed a similar theme to other recent reviews where limited assurance was provided, largely due to the lack of progress with a number of previous audit recommendations. Out of the 3 action points identified, one of these has progressed in relation to recording of actions arising at IJB and PAC meetings.
- A report was tabled providing moderate assurance to the committee in relation to Clinical and Care Governance. It was noted that some of the inherent risks and residual risks

looked out of balance in that actions taken to reduce risk appeared to be increasing risk. It was explained that this is largely due to system recording of risk in that the inherent risk can never be adjusted to reflect a change in circumstances (e.g. Covid19) and this would be explored further.

- The committee was pleased to see performance in relation to both the number of complaints and in responding to complaints about health and social care services had continued to show good improvement although acknowledged that the number of complaints received have been partly impacted by the Covid19 pandemic.
- An updated report on the IJB's Strategic Risk Register was also discussed with "newer" risks relating to Covid19 and the UK's exit from the EU added to the register for further monitoring.

Trudy McLeay
Chair

17 February 2021

ITEM No ...5.....



REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD –
24 FEBRUARY 2021

REPORT ON: ADULT SUPPORT AND PROTECTION COMMITTEE –
INDEPENDENT CONVENOR'S BIENNIAL REPORT 2018-2020

REPORT BY: CHIEF OFFICER

REPORT NO: DIJB1-2021

1.0 PURPOSE OF REPORT

1.1 The purpose of this report is to advise the Integration Joint Board that the Independent Convenor of the Dundee Adult Support and Protection Committee (ASPC) has produced their Biennial Report for the period April 2018 to March 2020. The report includes a summary of the work undertaken during the reporting period and the priorities recommended for the coming year (2020/21).

2.0 RECOMMENDATIONS

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

- 2.1 Note the contents of the Independent Convenor's Biennial Report (attached as Appendix 1).
- 2.2 Note the progress achieved in response to the recommendation made by the Independent Convenor in the Biennial Report 2016-18 and the mid-term report 2019 -20 (section 4.4).
- 2.3 Note the development of the Adult Support and Protection Committee 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 In response to serious shortcomings in the protection and safeguarding of adults at risk of harm in Scotland, the Scottish Government introduced the Adult Support and Protection (Scotland) Act 2007. In line with the requirements of the Act, the Dundee Adult Support and Protection Committee was established in July 2008. Elaine Torrance was appointed as Independent Convenor in April 2018.

The main aim of the Adult Support and Protection (Scotland) Act 2007 is to keep adults safe and protect them from harm. The Act defines an adult at risk as people aged 16 years or over who are unable to safeguard their own well-being, property, rights or other interests:

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

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

- 4.2 The Dundee Health and Social Care Integration Scheme (available on the Partnerships website at https://www.dundeehscp.com/publications/all?field_publication_type_tid%5B0%5D=20&page=2) includes the delegation of a range of operational functions and functions relating to the operation of Adult Support and Protection Committees from Dundee City Council to the Integration Joint Board. The Partnership maintains a specific Adult Support and Protection Team who have responsibility for the co-ordination of multi-agency adult protection activities (such as adult support and protection case conferences), with screening of adult at risk concerns being led by the First Contact Team and a range of other operational teams managing the assessment and planning for adults at risk on an ongoing basis.
- 4.3 Section 46 of the Act requires the Independent Convenor to prepare a Biennial Report outlining the activities of the Adult Support and Protection Committee and more widely the progress made in Dundee in protecting adults at-risk of harm. The report is organised around a number of themes agreed by the Adult Support and Protection (Scotland) Act 2007 Code of Practice (Revised April 2014). The last Biennial Report was published in 2018 (Article III of the minute of the Community Safety and Public Protection Committee held on 7 January 2019 refers).
- 4.4 The biennial report, attached as Appendix 1, contains updates on the commitment to ensure that the protection of people of all ages is a key strategic priority, as well as wider developments to strengthen multi-agency responses to Protecting People concerns. It outlines how the Adult Support and Protection Committee has continued to work closely with all relevant partners, including the Dundee Health and Social Care Partnership, the Community Safety Partnership and relevant Strategic Planning Groups, to ensure strategies and priorities are aligned and co-ordinated.

4.4 Progress on Previous Recommendations in Biennial Report 2018-2020

- 4.4.1 Progress made in relation to recommendations made in the previous Biennial Report is reported in detail in the full report. Key areas of progress include:
- significant improvement in the collation and use of data by Dundee Adult Support and Protection Committee and Chief Officers Group, as well as establishment of arrangements for regular quality assurance of duty to inquire activity;
 - completion of a case file audit focused on transitions that identified strengths in relation to multi-agency communication, assessment, recording of case conference activity, completion of core processes and involvement and consultation with adults at risk. Areas for improvement were identified as chronologies, quality of risk assessment, recording of core processes, enabling access to independent advocacy and assessment of capacity, and management oversight. A number of these areas are being progressed through the Transforming Public Protection Programme and those that are not have been incorporated in the Committee's delivery plan for 2020/21;
 - collaborative work with the Improvement Service to undertake a variety of self-evaluation activities focused on the core business on the Adult Support and Protection Committee leading to the development of thematic agendas and a revision of the terms of reference for the committee;
 - continued progression of the Transforming Public Protection Programme, with a focus on improving risk assessment practice and recording within adult support and protection;
 - continued contribution of people with lived experience to the Adult Support and Protection Committee and its activities;
 - the active participation of frontline practitioners through the Council Officer Forum in the development of learning and workforce development approaches and policy development;
 - the continued delivery of a range of learning and development opportunities, including in collaboration with Tayside partners, and the launch of a new rolling programme of adult support and protection learning programmes in August 2019; and,
 - integration of the lead professional approach for vulnerable adults who do not meet the three-point test into the Housing First programme.

4.4.2 This biennial report covers the period from 1st April 2018 to 31st March 2020 and therefore does not reflect the adult support and protection response to the COVID-19 pandemic in any level of detail. The Independent Convenor's mid-term report for 2020/21 will report on the response provided and the impact that this had on adults at risk, their families and communities. This will include an overview of the wide range of adaptations that have been made to support continued delivery of adult support and protection processes and supports, the rapid redesign of service delivery models to protect the health and wellbeing of both adults at risk and the workforce in-line with public health guidance, and the commitment and flexibility of the multi-agency adult support and protection workforce throughout the pandemic response.

4.5 Conclusions, Recommendations and Future Plans.

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

4.5.2 The Independent Convenor has identified the following as priority areas for further development and inclusion in the Adult Support and Protection Committee's (ASPC) delivery plan for 2020/21:

- Further development of multi-agency datasets, the identification of priority indicators for reporting the ASPC on a quarterly basis and developing enhanced arrangements for the analysis of data, focus on outcomes data and use of data to inform service improvements.
- Further development of the role of the stakeholder group in representing the views of people and groups at risk and further review of advocacy services for people and carers subject to adult support and protection activity.
- Implementing approaches to support consistent recording of outcomes as part of core adult protection activities.
- Further audit activity focused on individuals who do not meet the three-point test, evaluation of Early Screening Group activity and developing mechanisms to embed learning from significant case reviews published by other ASPCs within the Dundee context.
- Ensuring that the findings of self-evaluation activities inform the review and development of policies, procedures, instructions and guidance.
- Further strengthening the ASPC by adoption of a shared vision, continuing to implement improvements identified in work undertaken with the Improvement Service, developing the Protecting People Strategic Risk Register and implementing the Transforming Public Protection Programme.

4.5.3 Work has already progressed to address a number of these recommendations, including through collaboration with the other Adult Support and Protection Committees across Tayside. The full participation of the Dundee Health and Social Care Partnership in multi-agency working is critical to the full implementation of the Independent Convenor's recommendations over the forthcoming two-year period. Officers from the Partnership are active participants in multi-agency Adult Support and Protection governance and strategic planning structures, provide leadership of single and multi-agency operational arrangements for the protection of adults at risk and the Chief Social Work Officers provides professional oversight and advice regarding the protection of adults at risk.

5.0 POLICY IMPLICATIONS

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

6.0 RISK ASSESSMENT

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

7.0 CONSULTATIONS

7.1 The Chief Finance Officer, Head of Service – Health and Community Care / Chief Social Work Officer, members of the Dundee Adult Support and 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: 12 January 2021

Andrew Beckett
Lead Officer, Protecting People

Kathryn Sharp
Service Manager, Strategy and Performance

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Adult Support & Protection
Committee Dundee



**Independent Convenor's
Biennial Report**

April 2018 - March 2020

www.dundeeprotects.co.uk



Adult Support
& Protection
Committee Dundee

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Independent Convener of Dundee Adult Support and Protection Committee

This report summarises the work of the Adult Support and Protection Committee (ASPC) for the year 2018-2020.

It has been a particularly busy and productive period for the Committee and the report details the significant progress that has been made with many of the key actions set out in the last biennial report. This has included a self-evaluation exercise of the core activity of the Committee which resulted in a refocus on the role of the Committee, audit and risk assessment and this has informed our delivery plan for the coming year.

The collation and analysis of regular statistical data is now considered by the Committee and is informing key areas for future work and focus. An induction framework for new members of the Committee has been developed and a comprehensive training programme continues with the introduction of a Council Forum being particularly well received.

There remains more to be done and a robust delivery plan has been agreed for the coming year. This includes the work underway on leadership, risk assessment and chronologies being undertaken as part of the Joint Transformation programme between the Care Inspectorate and Dundee Chief Officers Group. The delivery plan will continue to be progressed and monitored by the members of the Committee.

I would like to take this opportunity to thank all the members of the Committee and other key stakeholders for their dedication and commitment to continue to support and protect all adults across the City of Dundee.

The next 2 years will also require a continuing focus on managing the response to the impact of COVID 19 which has resulted in loneliness, social isolation for many people some of whom have been struggling with their mental health. The Committee has met more regularly to manage any identified risks, share information and solutions across agencies always with a focus to identify and provide appropriate support for adults who may be at risk and their families. I would like to add my thanks to all the staff who continue to work in challenging circumstances

With thanks.



Elaine Torrance
Independent Convener
Dundee Adult Support and Protection Committee

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Introduction and Context 1

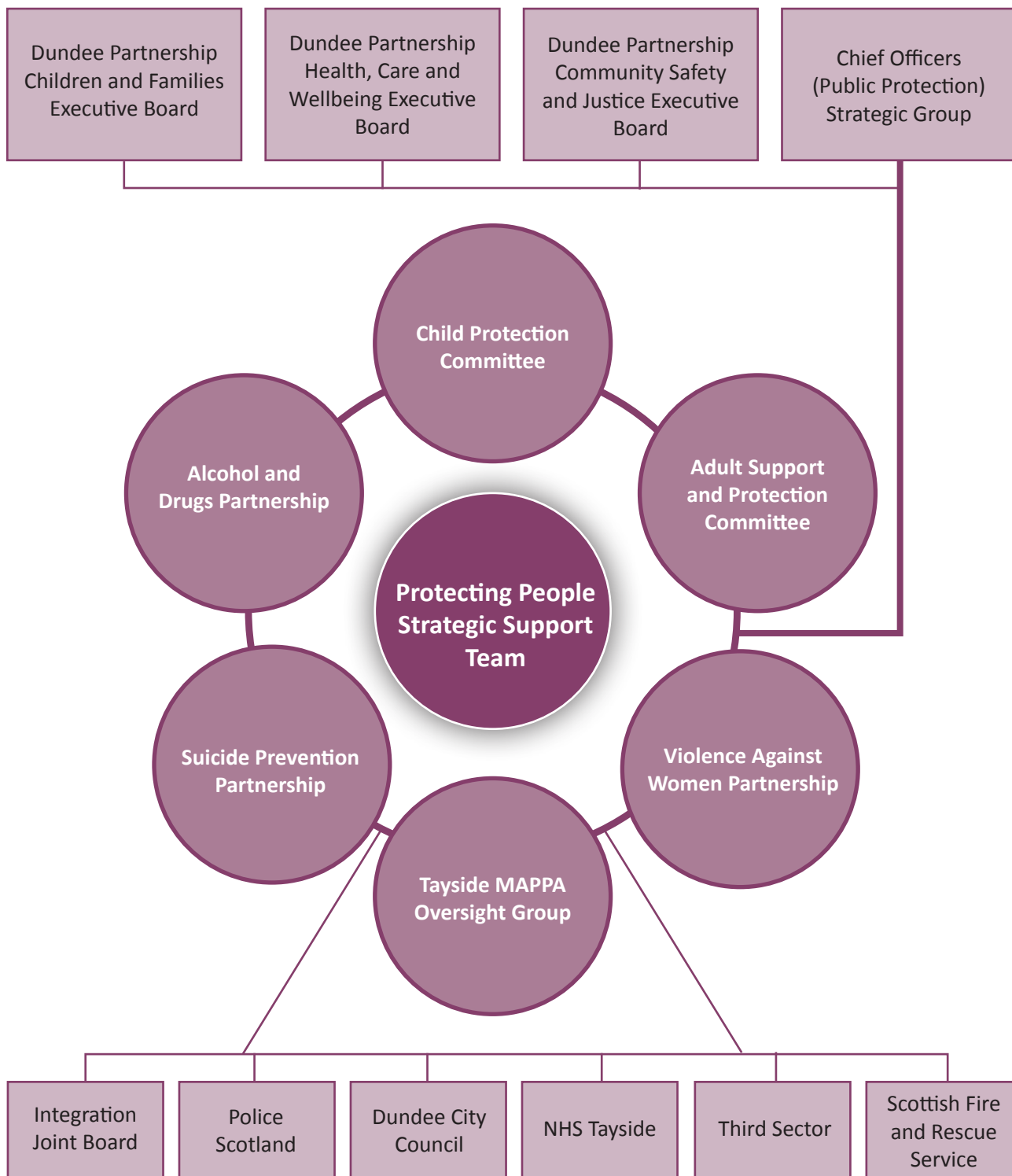


The Adult Support and Protection Committee sits within the work of Protecting People which covers Adult Protection, Child Protection, Violence Against Women, Alcohol and Drugs and Multi Agency Public Protection Arrangements (MAPPA). There are three Protecting People groups which consider Self Evaluation,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

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



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



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

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

The structure of the new Partnership, the role of the Integrated Joint Board and the role of staff within the joint services has been the focus of much work in respect of Adult Support and Protection. The Chief Officers Group are committed to ensuring that the protection of people of all ages continues to be a key Strategic Priority, as are the Strategic Priorities of Early Intervention/Prevention, Person Centred Care and Support, Models of Support, Pathways of Care, Health Inequalities and Managing our Resources Effectively, all of which will strengthen multi-agency responses to Protecting People concerns. The Adult Support and Protection Committee will continue to work closely with all relevant partners to ensure our strategies and priorities are aligned and coordinated.

In response to this the Committee conducted a number of improvement related activities during the period covered by this report.

“At a local level the protection of the adult population in Dundee from financial harm, and from the many other forms of adult abuse, is one of the priority areas which the Health and Social Care Partnership, in support of the work of the Adult Support and Protection Committee, will increasingly require to address in the coming years”. (Dundee Health and Social Care Strategic and Commissioning Plan, 2016)

The changes to Policing in Scotland in recent years has presented opportunities and challenges as eight forces have been united into one – Police Scotland. Alongside the national changes there have been local changes with the development of the Risk and Concern Hub and the consolidation of the role of Police, Health and Social Work in the Early Screening Group. This has been managed positively locally, with good continuity of staffing, which has helped sustain this model of working. Adult Concern Reports are ‘triaged’ by a Detective Sergeant, before going forward to the Early Screening Group, and referral pathways, other than health and social work. This has led to a reduction in the number of adults being referred for statutory adult protection procedures such as Initial Referral Discussion but has contributed to an increase in risks identified and individuals being proportionately supported by the right services at the right time.

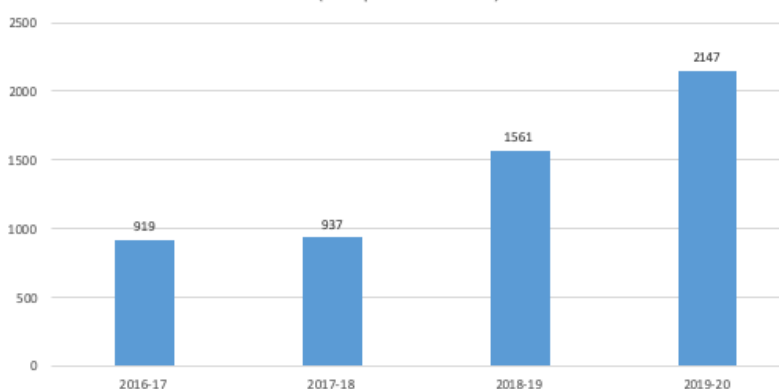
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ASP Key Performance Data 2



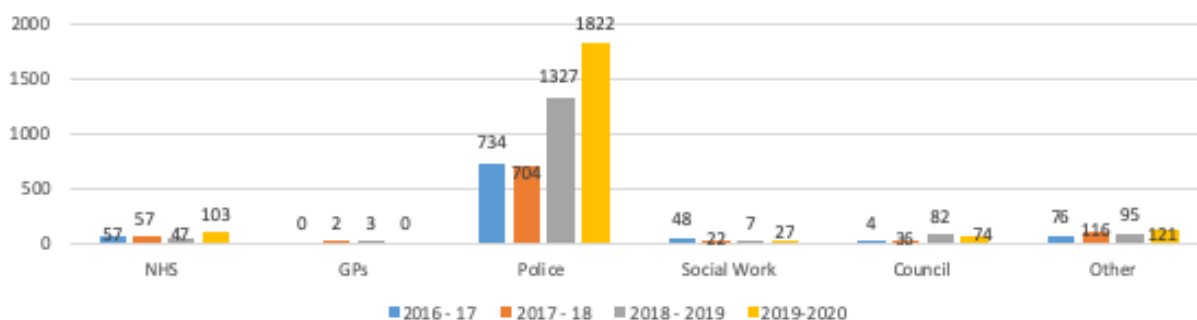
The following section outlines key performance data relating to Adult Support and Protection.

Number of Concerns Received for Year (01 April - 31 March)



During the period covered by this report there has been a significant rise in concerns reported an increase of 621 / 40% in 2019 and a further increase of 586 / 27% in 2020. The vast majority of these concerns are reported by Police Scotland. It is acknowledged that this is influenced by operational practice and the ASP pathway being the only agreed means of reporting concerns. This is identified as an area for development in the coming year.

Source of Concerns by Year (01 April - 31 March)



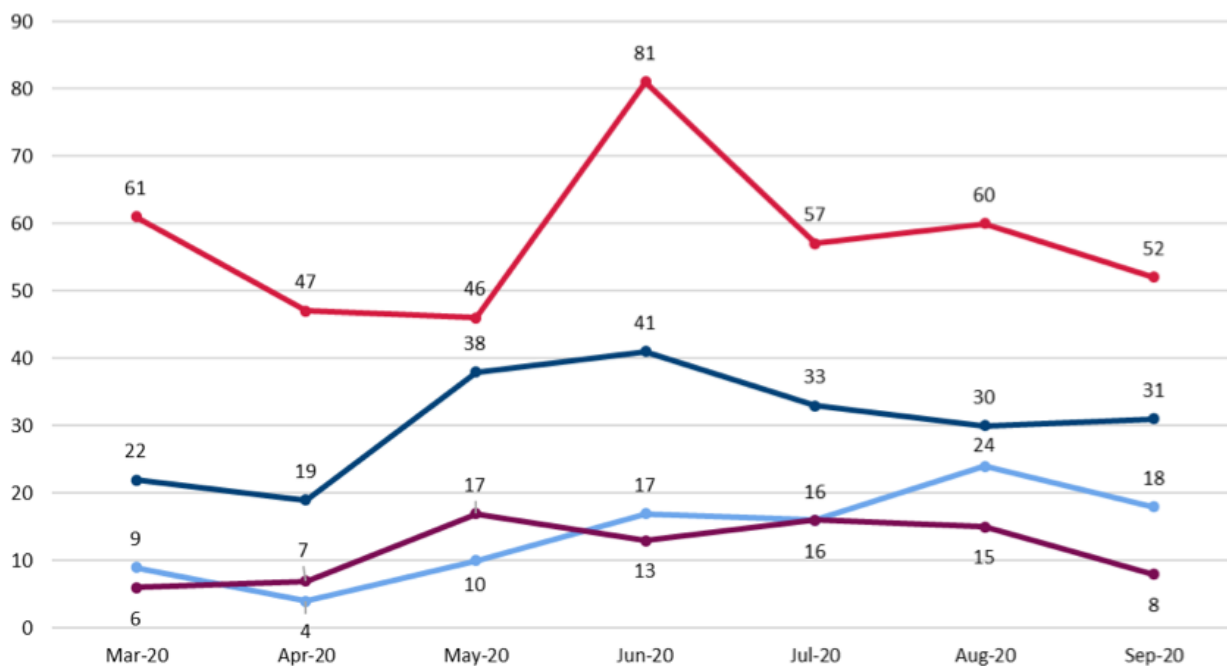
OTHERS	2016 - 17	2017 - 18	2018 - 2019	2019-2020
Scottish Ambulance Service	1	0	0	1
Scottish Fire & Rescue Service	20	5	8	29
Office of Public Guardian	0	0	2	2
Mental Welfare Commission	0	0	0	0
Healthcare Improvement Scotland	0	1	0	0
Care Inspectorate	18	10	13	9
Other organisation	20	56	39	33
Other Local Authority	0	0	3	0
Self (Adult at risk of harm)	5	5	2	3
Family	4	15	9	11
Friend/Neighbour	1	7	1	1
Unpaid carer	0	0	0	1
Other member of public	0	2	1	0
Anonymous	4	1	2	3
Nursing / Care Home	3	14	6	6
Others	0	0	9	22
Total Others	76	116	95	121

Police Scotland continue to be the main referrer of concerns with the number significantly increasing from 704 in 2017-18 to 1327 in 2018 -19 and then again to 1822 in 2019-20 Referrals from other parts of the council have increased significantly during this period as have concerns noted by NHS Tayside and Scottish Fire and Rescue. This is considered to be indicative of focused joint working, awareness raising and training across the partnership.

All concerns reported will be subject to the statutory duty to inquire undertaken by a designated council officer, only a very small minority will progress beyond this stage as they do not meet the criteria for further Adult Support and Protection Activity as described in the act. Many are either offered direct support or are referred to a partnership agency whereas some are subject to multi-agency screening by way of the Early Screening Group (ESG).

Since March 2020 the outcome of all duties to inquire have been monitored with dip sampling undertaken of follow up actions. A summary of this activity is detailed on the next page.

Outcomes of concerns not progressing beyond Duty to Inquire from March 2020



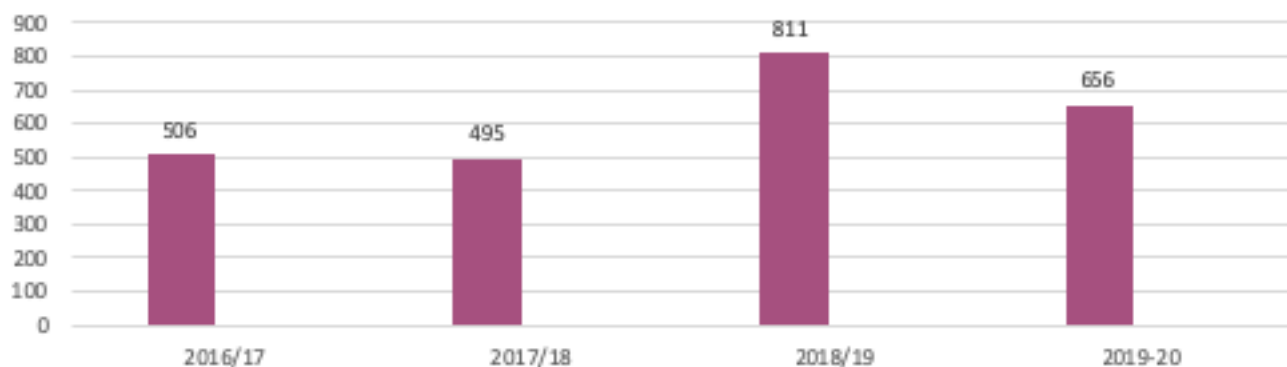
Screening outcome key

- Existing support services have been informed of the concern and will manage appropriately (Least restrictive approach)
- NFA Required - Inappropriate Referral to ASP
- Conduct appropriate follow-up for community care needs (Social Work)
- Advice and information given and signposted to appropriate services /support

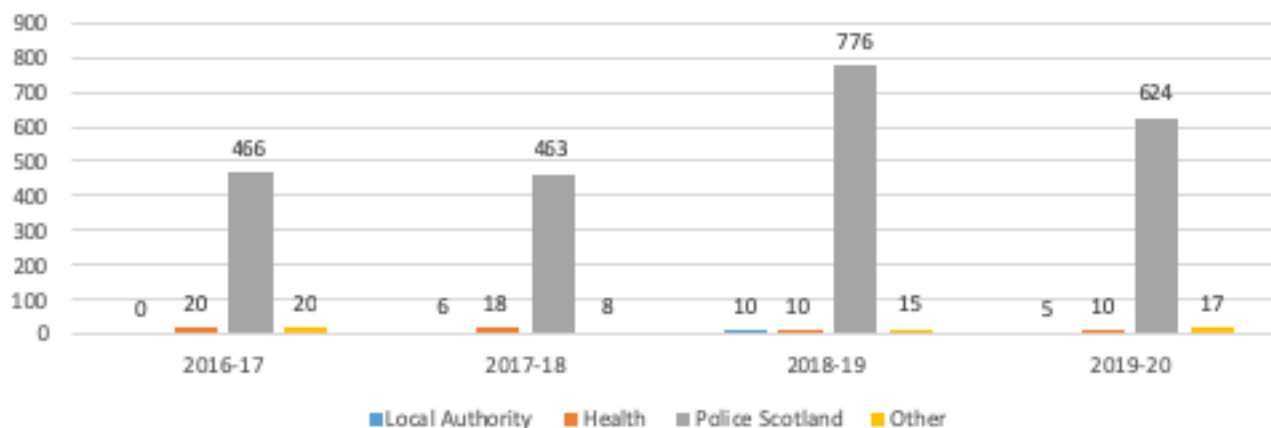
Regular analysis takes place of the screening undertaken by both the Risk and Concern Hub and First Contact Team. Whilst this is considered proportionate to the level of risk the follow up activity associated with the outcome key (left) is identified as an area for development over the coming year.

Concerns that cannot be addressed effectively at the Duty to Inquire stage may be subject to multi-agency screening by way of the Early Screening Group (ESG). The percentage of all concerns considered by the ESG had been consistent up until the past year. The decrease in cases considered by ESG is due partly in to an increase in number in the previous year and the development of robust screening processes within both the Risk and Concern Hub and First Contact Team detailed above.

Number of Concerns Discussed by ESG for year (01 April - 31 March)



Source of Concerns Discussed by the ESG for Year (01 April - 31 March)

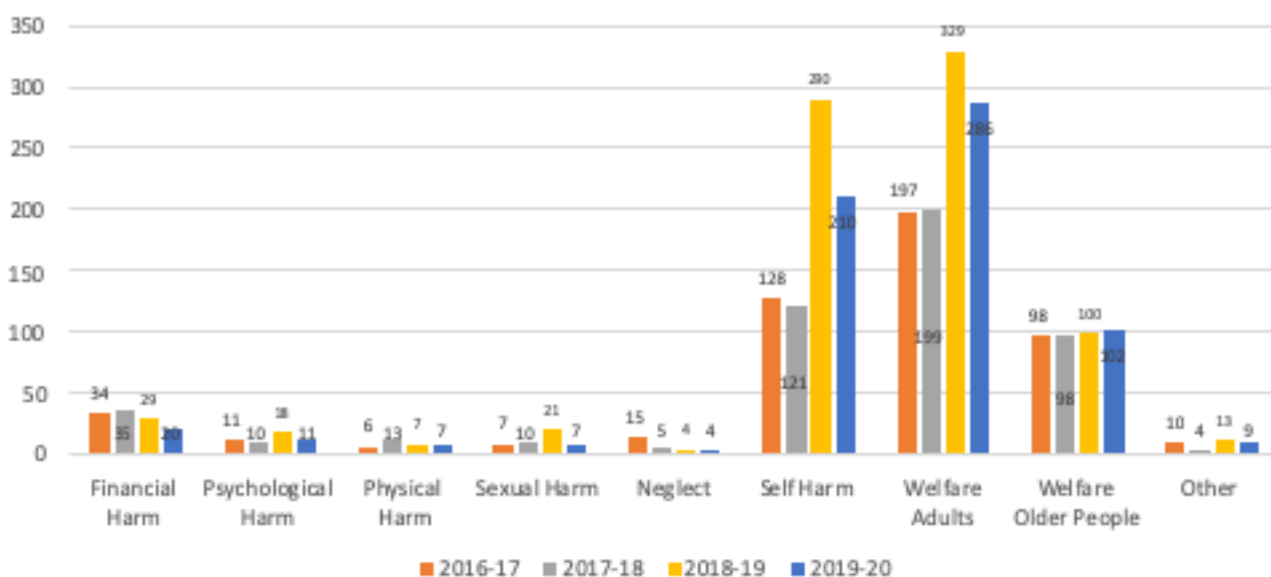


Other Sources of ACR's Discussed by the ESG

	Scottish Fire & Rescue Services	Public/ Other family member	Ambulance Service Organisation	Other	Self-Referral
2016-17	15	0	1	4	0
2017-18	5	0	0	3	0
2018-19	8	4	3	7	0
2019-20	13	1	0	3	0

As previously noted, there is evidence to support that the rise in referrals from Fire & Rescue Services is indicative of closer partnership working and awareness raising.

Type of Harm for ACR's Discussed by the ESG for Year (01 April -31 March)



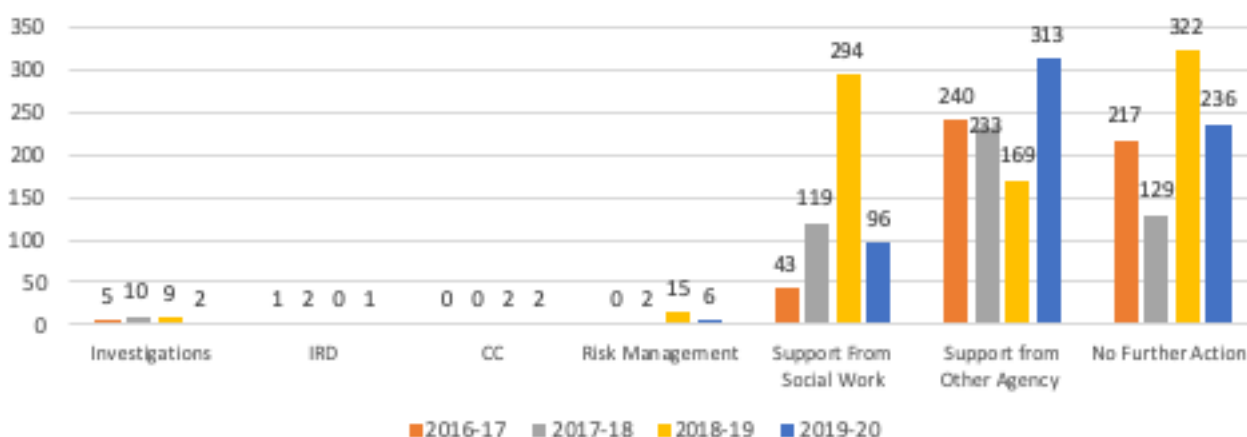
Although reducing in number, self-harm and adult welfare remain the most prevalent type of harm discussed by the early screening group.

Other types of harm

Other	Discrimination/ Harassment	Domestic Abuse	Fire Safety Risk
2016-17	2	4	4
2017-18	0	2	2
2018-19	3	3	7
2019-20	2	0	7

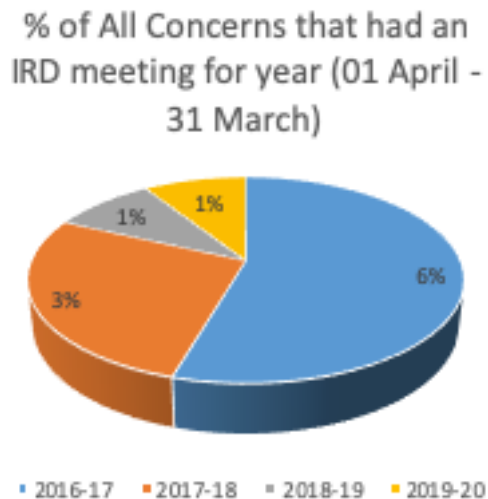
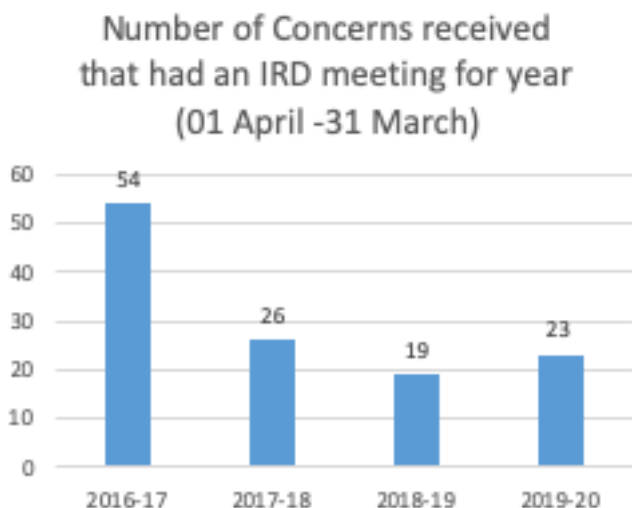
The reduction in domestic abuse discussions and increase in Fire Safety Risk is attributed to better awareness raising and signposting. i.e. Domestic Abuse concerns may not be referred as an adult concern or directed to an appropriate service / support. at an earlier stage.

Outcome fo ACR's Discussed by the ESG for Year (01 April - 31 March)



Inter-agency Referral Discussions (IRD)

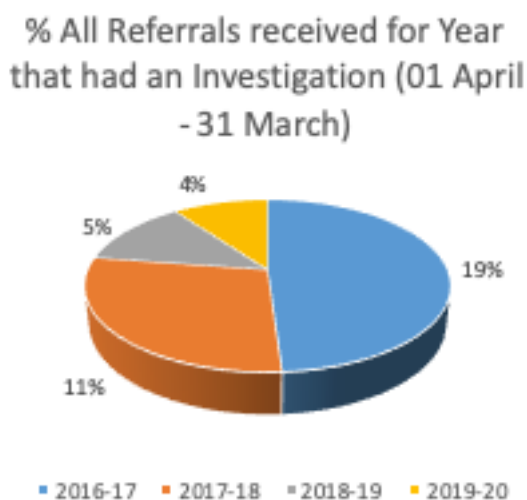
Adult concerns that are not effectively addressed by earlier screening processes may be subject an Inter-agency referral discussion to determine how best to proceed in terms of investigation. Not all concerns that proceed to an ASP investigation will be subject to an IRD.



The relatively small number of inter-agency referral discussions convened have been identified as an area for further development over the coming year.

ASP Investigation

In order to establish how best to keep people safe it may be necessary to undertake an Adult Support and Protection Investigation.



In 2018 – 19 there were **71** investigations (5%) under Adult Support and Protection procedures (**31 males and 40 females**). In 2019-20 there were **81** investigations (4%) under Adult Support and Protection procedures (**30 males and 51 females**).

The conversion rate of concerns to investigations continues to decrease in spite of the number of concerns increasing significantly.

Data relating to age, gender, type and location of harm is detailed in [Section 8](#) of this report?

2019- 2020 saw a significant increase in females under the age of 40 being investigated under Adult Support and Protection procedures. This prompted greater analysis of the data summarised in the next section of this report.

People with learning disabilities, mental health issues and physical disabilities continue to be the client groups that make up the majority of investigations.

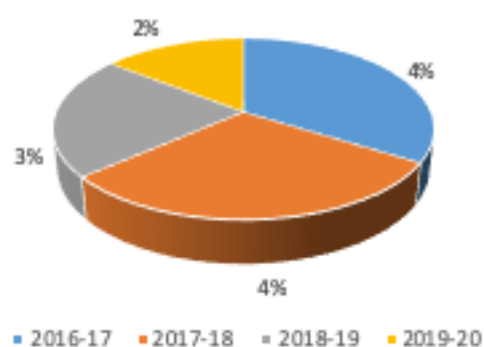
Financial harm and welfare issues continue to be the primary types of harm resulting in investigations. There has been a sharp rise in investigations relating to self-harm. 80% of harm investigated occurred in the persons home.

Case Conferences

Number of Concerns that had a Case Conference by Year (01 April -31 March)



% of All Concerns that had a Case Conference by Year (01 April - 31 March)



The number of concerns that resulted in a Case Conference has remained consistent over the past four years despite the significant increase in Adult Concern Reports. The ASP Committee has sought re-assurance from the partnership that the concerns addressed at earlier stages of the screening process effectively recognise and respond to risks identified without formal statutory intervention.

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Scrutiny of Multi-Agency Data, Quality Assurance and Evaluation Activity, Service Review and Identified Learning 3



A number of factors have contributed to the better use of data, quality assurance and evaluation activity in respect of ASP in Dundee.

The appointment of an Interim Lead for Adult Protection for NHS Tayside in June 2017 coupled with the creation of the post Senior Officer (Information), Dundee Protecting People, towards the end of 2018 has built upon the already established partnership working with the Adult Support and Protection Team, Health and Social Care Partnership, Police Scotland Risk and Concern Hub and wider partnership.

The Dundee ASP Business Plan 2019-20 made commitment to improve the quality and scrutiny of data available to Committee on Quarterly Basis commencing 1st June 2019.

This has been the driving force for an increase in quality assurance and evaluation activity which, in turn has identified areas for development for the coming year.

Vulnerable Person, Adult Concerns and Screening Activity

Dundee ASP Committee queried the figures that indicated Adult Concerns reported as part of the Vulnerable Persons Database demonstrated an increase of 621 / 40% in 2019 and a further increase of 586 / 27% in 2020. However, the number of concerns being discussed by the Early Screening Group was decreasing both in number and percentage. Moreover, figures relating to further ASP actions were broadly the same, Investigations 4-5% and Case Conferences 2-3% of all concerns reported.

Scrutiny and investigation of the practice and processes behind these figures acknowledges that Police Scotland recognise that the vast majority of adults subject to vulnerable person reporting would not be considered “at risk” in terms of Adult Support and Protection legislation. However, in Dundee there is currently only one pathway for recording such concerns, hence a figure of around 95% of all concerns do not warrant further action in terms of the legislation.

The Committee then sought assurances that those being “screened out” for statutory intervention were receiving a response in keeping with their needs and outcomes commensurate to the assessed risk.

In early 2020 an analysis was undertaken of the screening by both the Risk and Concern Hub and First Contact Team which concluded that, whilst this was considered proportionate to the level of risk the follow up activity associated with supporting these individuals was somewhat inconsistent. This is an area identified for development in the coming year with a focus upon community supports as opposed to statutory intervention.

Actions arising from this activity include:

- Proposed standardisation of Interagency Referral Discussion (IRD) process across Tayside taking into account the national review of IRD processes.
- Further review of Early Screening Processes.
- Consultation on a multi-agency Protecting People /Adult Protection Hub
- Follow up activity relating to non-statutory responses to reported concerns.

Transforming Public Protection

The scrutiny process undertaken during the Joint Thematic Inspection of Adult Support and Protection resulted in three ‘recommendations for improvement’:

- The partnership should make sure that full implementation of its ICT system is achieved in order to meet the user needs of council officers and other users to record all adult protection information clearly and effectively;
- The partnership should make sure that its key processes for adult support and protection follow a clearly defined path, which council officers and other staff fully understand; and,
- The partnership should make sure that it prepares risk assessments and risk management plans for adults at risk of harm who require them.

The Dundee partnership has embarked upon a focused programme of improvement and transformation across operational and strategic public protection processes to ensure that recurring areas for improvement are effectively addressed and that this improvement is sustained over the long-term.

The three main areas for development were identified as

1. Driving culture change within operational services towards continuous improvement and quality assurance, including embedding a culture of expectation of excellence across all protection services
2. Significantly enhancing leadership support and scrutiny for public protection issues
3. Transformative re-design of 'front-end' protection processes to ensure streamlined and co-ordinate processes that respond flexibly to the complex and inter-linked needs of vulnerable individuals and families

Nine workstreams have been progressing different aspects of this with the Learning Disabilities Service of the Health and Social Care Partnership leading on the development and delivery of a risk assessment tool for all adults.

ASP Multi-Agency Casefile Audit January 2020

Available data noted a significant increase in younger adults being the subject of concern reports. Following discussion with Health and Social Care Partnership colleagues, the Adult Support and Protection Committee commissioned a focus on transitions case file audit. This provided an opportunity to learn about transitions in Dundee using a structured approach which focused on practice. Transitions had been the focus of previous Chief Officer learning events and was identified as an area for further development.

The audit focused on transitions both from children to adult support services (ages 16–24) and from adult services to older adult services (ages 63-75). The sample consisted of those within these age categories who have had a Duty to Inquire, IRD or Case Conference occur within the last 2 years.

The audit accessed a random sample of cases based on principles of best practice.

The audit included case files from social work, health and police.

Children and families and community justice records were accessed where necessary.

Casefile Readers

The audit had thirteen case-file readers, who were all staff members from NHS, Health and Social Care Partnership, Children & Families Services, Community Justice Services, Police Scotland, and Education. Readers worked in pairs to audit files, and submitted a single joint assessment for each case file.

Summary of Key Findings

Areas of Strength

Communication

Key Findings indicate that information sharing was a strength and that across the partnership there was evidence maintained in the documents of all partners of appropriate communication. Correspondence from NHS and Police were present in all Social Work files.

Assessment

The majority of cases contained a Person-Centred Care Needs outcome focused assessment where the level of recording was appropriate and in keeping with the needs of the individual. In 9 of the 16 cases, the primary care and support plan followed was SMART (Specific, Measurable, Achievable, Reliable and Time-bound).

Case Conference Notes

Where a case conference was held all the recordings were considered to be “good” or better.

Core Processes

There was evidence that core processes were completed within agreed operational timescales and in keeping with the supported person’s needs.

Involvement and Consultation

In the majority of cases there was evidence that partners sought to take into account the individuals views and there was evidence that all dealings with the adult at risk of harm had adequately addressed all potential barriers.

Areas for Development

Chronologies

The audit process highlighted inconsistencies in practice regarding where chronologies are recorded within social work records and what they contain. From the 16 cases, 5 cases were reported to have an identifiable chronology in an expected location and in 11 cases they did not. When assessing the quality of chronologies, the following issues were highlighted:

Risk Protection

There was significant variation of the identification and assessment of risk recorded in the files. Risk assessments were found in just over half of the casefiles audited. Of these, most were rated good or better. However, an equal number were considered to be weak, unsatisfactory or could not be located.

Recording of Core Processes

A number of inconsistencies were identified in how certain core processes were recorded within MOSAIC including chronologies, assessments, and plans.

Capacity and Independent Advocacy

In 7 of the 16 cases there was evidence that the client was offered independent support or advocacy. In 9 there was not. Although capacity issues were identified in 11 cases a formal assessment of capacity was applied in 7. The pathway to assessing capacity varied widely as did both the outcome and recording of the assessment.

Management Oversight

The majority of files did not evidence management oversight of the case. In 13 instances there was no evidence in the case file that the line manager had periodically read the records. There was 1 case where this had been evidenced and regarding the remaining 2 cases, the answer was left blank.

Actions arising from this activity include:

- Development and delivery of chronologies standards for Adult Protection (roll out December 2020)
- Roll out of risk assessment tool developed by LD service (commencing October 2020)
- Development and delivery of core processes guidance (commencing October 2020)
- Consultation on development of Capacity Pathway (commencing August 2020)

The improvement activities identified by the audit are at various stages of completion. These form the basis of the ASP delivery plan 2020-21.

Case Reviews

There were no ASP case reviews undertaken during the period of time covered by this report.

In 2019 NHS Tayside hosted a learning event in respect of a Significant Case Review (SCR) undertaken in Glasgow in respect of "Mrs Ash". This led to an improvement plan being developed across Tayside.

In addition, the national ASP guidance on SCR's has been implemented in Dundee and has been used to inform recent ICR activity in the City.

7 minute briefings outlining learning from reviews undertaken in other authority areas are regularly shared across the partnership and these, in turn, contribute to service improvement.

Actions arising from this activity include:

Significant Case Review training planned for Senior Management Team.

ASP Council Officer Forum

In 2018 and 2019 development work was carried out with practitioners who have specific functions under Adult Support and Protection. This included consultation and engagement activity which has led to the development of an Adult Support and Protection Practitioner Forum and new learning and development opportunities for the wider workforce.

Consultation and engagement activity included focus groups in November and December 2018 and a practitioner survey. In total 69 practitioners were involved, of which, 5 were Mental Health Officers and 10 Team Managers.

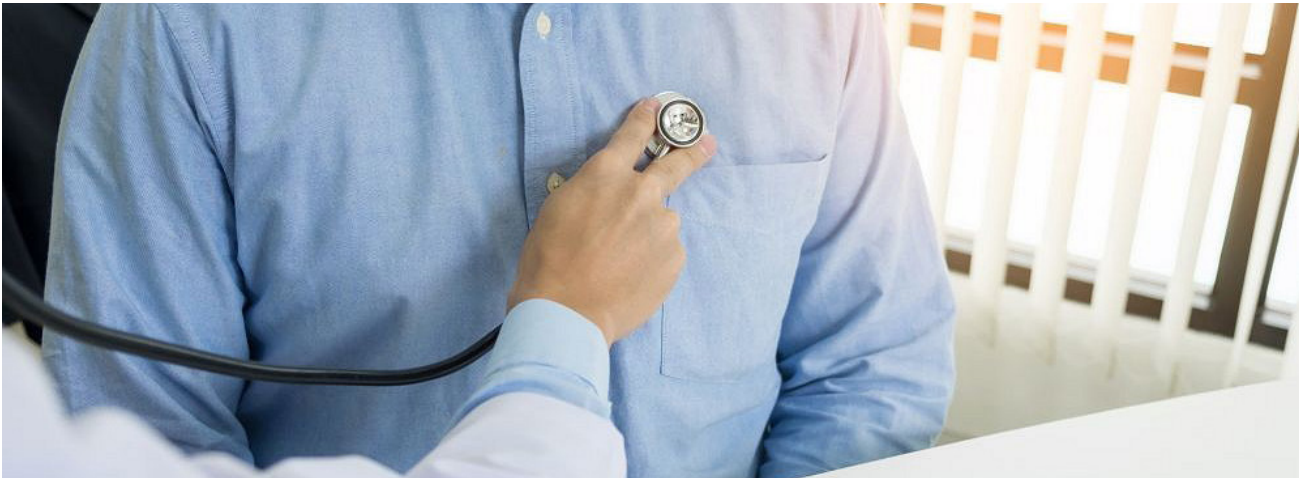
The Forum was launched in March 2019, and runs on a monthly basis with representation from all service areas within Dundee Health and Social Care Partnership as well as Out of Hours practitioners and Community Justice.

Practitioners from the Forum have been involved in re-designing Council Officer Training for practitioners with Council Officer duties, designing an ASP open learn resource and piloting other learning opportunities. Since the launch, the forum has gone from strength to strength, enabling practitioners the opportunity for peer mentoring, Action Learning Sets, bespoke training and information sessions and shadowing.

The forum has adapted to the challenges of COVID-19, with the first digital forum taking place digitally via MS Teams in September 2020. The forum continues to meet on a monthly basis, with a newly developed monthly digital bulletin to support managers and practitioners who are unable to attend.

Actions arising from this activity include:

- Increased involvement in front line practitioners in the development and delivery of services.
- Monthly digital bulletin to support managers and practitioners



The appointment of an Interim Lead for Adult Protection in June 2017 has made a positive impact on developing a public protection approach within NHS Tayside and the links with our key partners to continue to establish a safeguarding culture across NHS Tayside which supports all staff to be alert and responsive to the potential risks of harm for our patients. NHS Tayside is developing a public protection approach under the leadership of the Nurse Director and this will include developing the Adult Protection infrastructure whereby funding for 2 Adult Protection Advisors has been agreed.

Over the last 2 years, areas of development have included:

An increase in both referrals and engagement across NHS services in relation to adult protection.

The Lead role provides strategic, professional and clinical leadership across the organisation working in collaboration with locality leads on all aspects of NHS Tayside's contribution to protecting adults.

Increase in completion of the NHST ASP Learnpro course as well as providing a regular programme of face to face briefing sessions along with advice and consultancy.

First NHST single agency ASP audit undertaken with plans to undertake a further audit in 2020.

This lead role supports adverse incident reporting in adult protection at all levels and in all areas across NHS Tayside and works with service leads to ensure appropriate action plans are developed to reduce reoccurrence and inform learning and best practice.

The Lead for Adult protection role supports the broader adult protection agenda including MAPPA, Violence Against Women (VAW), Human Trafficking, Missing patients and Appropriate Adults

Review of NHS Tayside Missing Patient Policy completed and a range of improvement actions to support this including introduction of Return Discussions and briefing sessions within acute hospitals led by Police Scotland.

Mrs Ash SCR Learning Opportunity was held on 25 January 2019

NHS ASP Leads network established across Scotland with the first meeting held on 29 November 2018 and the group has continued to develop and represented at national meetings.

In collaboration with Tayside Locality ASP Leads, a range of work to develop good practice guides, learning from ICRs and SCRs, Minimum Learning Standards for ASP, IRDs and Capacity Assessments have been progressed.

Consistent NHS representation on the ASPC.

Development of a Quality Assurance and performance framework for Adult Protection within NHST.

All of the above have led to an increase in the number of adult concern referrals from NHS, including acute services as well as increased engagement on this agenda with multiagency partners. Input from acute staff into various protection processes has increased as a result and includes Inter-Agency Referral Discussions and case conferences.

NHS Tayside has also contributed to developing a Minimum Learning Standard Framework for ASP across the multiagency partnership as well as a variety of other locality and Tayside wide improvements.

Adult Support and Protection Learning and Development Activity

April 2018 - 31 March 2020



Over the period covered by this report there has been a significant increase in Adult Support and Protection learning and development opportunities available to the workforce on a single, multi-agency and Tayside partnership basis.

In 2018 and 2019 development work was carried out with practitioners who have specific functions under Adult Support and Protection. This included consultation and engagement activity which has led to the development of an Adult Support and Protection Practitioner Forum and new learning and development opportunities for the wider workforce.

Consultation and engagement activity included focus groups in November and December 2018 and a practitioner survey. In total 69 practitioners were involved, of which, 5 were Mental Health Officers and 10 Team Managers.

The Forum was launched in March 2019, and runs on a monthly basis with representation from all service areas within Dundee Health and Social Care Partnership as well as Out of Hours practitioners and Community Justice.

Practitioners from the Forum have been involved in re-designing Council Officer Training for practitioners with Council Officer duties, designing an ASP open learn resource and piloting other learning opportunities.

ASP Council Officer Consultation and Engagement		
	Participant no.	Role
Focus Group 1	11	1 MHO, 1 Team Manager, 9 Designated Council Officers
Focus Group 2	25	4 MHOs, 3 Team Managers, 14 Designated Council Officers, 4 Home Care assessors
Completed Survey Responses	33	7 Team Managers, 26 designated council officers/ social workers

Post Graduate Certificates/MHO Award		
	2018/19	2019/20
ASP PG certificate	3 completed (academic year September 18 to June 19)	4 candidates currently undertaking the award
MHO Award	1 completed (award November 18 – July 19)	<ul style="list-style-type: none"> • 1 full time applicant • 2 conversion award from Approved Mental Health Practitioner (England)

E-learning (Dundee City Council Only)		
Course	No. completed 1 April 18 – 31 March 19	No. completed 1 April 19 – 31 March 20
Protecting People Awareness	174	220
Adult Support and Protection Introduction	74	91
Human Trafficking	77	110
Prevent (Protect Against Terrorism)	43	94

TurasLearn – Tayside Protecting People E-learning resources

All Dundee, Angus and Perth & Kinross Council protection e-learning modules (including child protection) have been uploaded to the Turas platform. This will enable access to all protection e-learning across the wider multi-agency workforce. This includes e-learning access to voluntary and private sectors, carers and supported people in Dundee. The Dundee Turas Platform is currently (November 2019) ready to go live by end of December 2019.

ASP/Protecting People Multi-agency Workshops				
Course	1 April 2018 – 31 March 2019		1 April 2019 – 31 August 2019	
	No. of workshops	No. of participants	No. of workshops	No. of participants
Protecting People Awareness	11	167	2	41
ASP Roles and Responsibilities	9	144	5	146
ASP Protecting Adults at Risk of Fire	3	46	4	62

New ASP Learning and development opportunities	
(Rolling programmes launched August 2019)	
What	Learning Outcomes/content
ASP Defensible Decision Making	This is a full day multi-agency workshop developed and delivered on a Tayside Partnership basis covering; <ul style="list-style-type: none"> • ASP legislation • Risk Assessment and Management • Chronologies • Learning from Significant Case Reviews
ASP 2nd Interviewer Training	This is a full day multi-agency workshop developed and delivered on a Dundee and Angus partnership basis.
Dundee and Angus Council Officer Programme	The programme includes two days of investigative interviewing and council officer training, agreed shadowing and the completion of an Open Learn resource.
Tayside Crossing the Acts Workshop	This is a full day programme delivered on a Tayside partnership basis by Mental Health Officers.

Single Agency Workshops/Events

- Council Officer Training —14 New Designated Council Officers (29 & 30 October 2018)
- Dundee Carer Centre Protecting People Awareness Session - 11 February 2019
- Dundee and Angus Foster Carer Event (25 September 2019) - half day training event co-delivered by a Dundee Mental Health Officer covering adult legislation from Self-directed Support to ASP, Mental Health Care and Treatment & Adults with Incapacity Acts
- Protecting People; Homecare Service - Training plan to deliver 6 bespoke sessions, training 70 workers, from November 2019 - January 2020

Face to face workshops

Since March 2019, a number of new Tayside wide ASP full day learning workshops were developed and piloted. After evaluation, these became part of an ongoing rolling ASP programme launched in August 2019.

In October 2020, access to new digital technology enabled many of the ASP workshops to be adapted and delivered as blended learning programmes, this has supported the workforce to continue to connect and embed their learning to current practice.

Current available programmes include the following;

ASP face to face workshops		
Course/Programme	Learning Outcomes/Content	How has this been adapted post-COVID-19?
ASP Defensible Decision Making	<p>This is a full day multi-agency workshop developed and delivered on a Tayside Partnership basis covering;</p> <ul style="list-style-type: none"> • ASP legislation • Risk assessment, enablement and management • Chronologies and significant events • Learning from SCR's 	<p>This programme has been adapted to be delivered as a blended learning programme over a three week period.</p> <p>Participants will have face to face digital learning sessions for 2 ½ hours each week facilitated on MS Teams. The blended learning programme includes some self-directed reading, MS Teams group work and direct delivery of learning.</p>
Crossing the Acts	<p>This is a full day case study based programme delivered on a Tayside partnership basis by Mental Health Officers. It covers the following;</p> <ul style="list-style-type: none"> • Human Rights and Convention on the Rights of Persons with Disability • Adults with Incapacity (S) Act 2000 • Mental Health (Care and Treatment) (S) Act 2003 • Adult Support and Protection (S) Act 2007 	<p>This programme has been adapted to be delivered as a blended learning programme over a three week period.</p> <p>Participants will have face to face digital learning sessions for 2 ½ hours, each session will be delivered by Tayside Mental Health Officers.</p> <p>The blended learning programme includes the completion of an open learn resource and case study based reflective practice.</p>

ASP Second Interviewer Training	<p>This is a full day multi-agency workshop developed and delivered on a Dundee and Angus partnership basis covering;</p> <ul style="list-style-type: none"> • key stages of ASP Inquiry and investigation • ASP legislation • Introduction to investigative interviewing <p>Roles and responsibilities of first and second interviewer</p>	<p>A digital open learn resource is currently being developed to reflect the key roles and responsibilities of the Second Interviewer. Participants will have the opportunity to work through this resource and meet over a 2 sessions on MS Teams.</p> <p>This training involves practical skills based elements of conducting a mock investigative interview, this is currently being considered for delivery on MS Teams in the interim.</p>
ASP Council Officer Programme (Angus and Dundee City Council)	<p>The programme of for practitioners with council officer functions under the ASP Act, it includes two days of investigative interviewing and council officer training, agreed shadowing and the completion of an Open Learn resource.</p>	<p>An adapted council officer programme will be delivered over a six week period in February 2021. This will include weekly MS Teams sessions and a recall day in August 2021.</p> <p>Dundee is currently sharing the council officer open learn resource with the National Adult Protection Coordinator, a short life working group has been set up to share this with other local authorities and adapt the resource at a national level.</p> <p>Newly Qualified Social Worker will be supported through a Newly Qualified Social Worker CP and ASP programme in partnership with Angus Council.</p>

Throughout 2019 work progressed on the revision of the Tayside Multi-Agency Adult Support and Protection Protocol. This was launched in February 2020.



New multi-agency blended learning courses available from November 2020

Protecting People Overview Programme

This is a three week multi-agency programme underpinned by Trauma Informed Practice across the lifespan. This course is grounded in values and principles of Human Rights, impact of trauma, individual, organisational and community and role of protection. Following themes are covered;

- Trauma Informed Practice
- Human Rights
- Rights vs Protection dilemmas
- Protection across the lifespan
- Key protection themes such as Child Protection, ASP, Violence Against Women, Suicide Prevention, Public Protection
- Roles and responsibilities in protection

Multi-agency Introduction to ASP

This is a 2.5 hour MS Teams briefing, participants will complete an open learn resource before attending the face to face workshop. This course focuses on the following

- Background of ASP
- Key definitions of 'unable to safeguard', and 'more vulnerable'
- Understanding Harm and Abuse
- Case dilemmas
- Multi-agency roles and responsibility

Introduction to Hoarding and Self-Neglect Learning from Evidence Based Practice

This work shop will run over sessions on consecutive days. Each session will be two hours. The course is based on the evidence and presentation from the National ASP Coordinator, Paul Comley. It will cover the following;

- Different types of hoarding
- Multi-agency approaches
- Hoarding and assessing risk
- Research and best practice

If not
you?
...who!

Progress with Recommendations from Biennial Report 2016-18



The **Independent Convenor's Biennial Report 2016-18** outlined the priority areas identified by Dundee Adult Support and Protection Committee for development.

The following section considers these recommendations and progress relating to these.

Recommendation 1

We will improve the integrity, collation and presentation of data to the Adult Support and Protection Committee and Chief Officers Group to better inform decision making and monitor progress.

There has been a significant improvement in the collation and use of data by Dundee Adult Support & Protection Committee and Chief Officers Group, some of which is summarised in this report.

The appointment of a Senior Officer – Information, to the Protecting People Team has complimented the work already progressed across the partnership. NHS colleagues have developed a reporting framework and partners across Dundee continue to contribute to both the collation and analysis of data.

The delivery plan for the coming year outlines the areas for quality and performance improvement that will form the basis of quarterly reporting to the Committee.

Recommendation 2

We will undertake a review of roles, core functions and membership of the Adult Support and Protection Committee.

In partnership with the Improvement Service, Transformation, Performance and Improvement Team Dundee Adult Support and Protection Committee undertook a variety self-evaluation activity of core business. This has led to the development of thematic agenda revision of terms of reference. Work is ongoing in the development of a corporate risk register in respect of Protecting People which reflects Adult Support and Protection needs.

Other actions from this activity are incorporated in the ASPC delivery plan.

Recommendation 3

We will implement the Recommendations from The Thematic Joint Inspection of Adult Support and Protection through the Public Protection programme and monitor and evaluate progress with regular reports to the Committee. Specifically: The partnership should make sure that full implementation of its Information and Communication Technology (ICT) system is achieved in order to meet the user needs of council officers and other users to record all adult protection information clearly and effectively. The partnership should make sure that its key processes for adult support and protection follow a clearly defined path, which council officers and other staff fully understand and implement. The partnership should make sure that it prepares valid chronologies, risk assessments and risk management plans for adults at risk of harm who require them.

In partnership with the Care Inspectorate the Chief Officers Group (Public Protection) has embarked upon an ambitious two year transformation programme. The Adult Support and Protection Committee is an integral partner in this. A summary of this work is detailed in this report.

In addition, the continued development of the council officer's forum ensures that practitioners make a significant contribution to this recommendation.

Recommendation 4

We will further develop effective ways to ensure that the views of supported people and their carers are collated and heard and contribute to the evaluation and development of core Adult Support and Protection processes.

Dundee Adult Support and Protection Committee commissioned a review of advocacy services across the city which is due to report later this year. Three people with lived experience are represented on the Committee are supported to contribute and meet regularly with the chair and lead officer. In addition, consistent recording of outcomes is to be included in key ASP activities alongside the coproduction of ASPC carers strategy with carers organisations.

Recommendation 5

We will undertake a review of multi-agency Learning and Organisational Development activity relating to adult protection to ensure it meets the needs of the workforce and people in need of protection. Initial focus in respect of council officer role, broadening out to the wider workforce.

Progress relating to this is detailed in the Learning and development Activity section of this report.

Recommendation 6

We will ensure that learning from Initial and Significant Case Reviews are applied in the context of Adult Support and Protection across Dundee.

This continues to be a key area of development now being progressed by the Chief Officers Group.

Recommendation 7

We will evaluate the impact of the Adult at Risk lead professional model on individuals who do not meet the three point test and ensure that learning from this contributes to the development and delivery of practice across the city.

Evaluation is due to report later this year.

Recommendation 8

We will evaluate early Screening Activity across the partnership to be assured that the recognition of and response to adults at risk is consistent and proportionate.

Evaluation is due to report later this year.



What I
need!
from you!

Dundee Adult Support & Protection Delivery Plan 2020-2021



Dundee Adult Support and Protection Committee is committed to reviewing and improving its activity in relation to keeping people safe.

To this end, a delivery plan has been developed for the coming year.

An analysis has been undertaken identifying key issues, strengths and areas for improvement from the following sources;

- Former Balanced Scorecard and associated Adult Protection datasets
- Preventative work undertaken across the partnership including those not generally considered to be Adult Support and Protection.
- Case file audit outcomes and action plans
- Learning and workforce development activity
- Work carried out by the Improvement Service
- Areas of development identified from the Thematic Inspection.
- The findings of SCRs and ICRs
- Protecting People Transformation Programme.
- Council Officers Forum.

The plan compliments improvement work being undertaken elsewhere across the partnership.

Five priority areas have been identified, namely;

1. What key outcomes has Dundee Adult Support and Protection Committee achieved?
2. How well does Dundee Adult Support and Protection Committee meet the needs of our stakeholders?
3. How good is Dundee Adult Support and Protection Committee's delivery of services for adults, carers and their families?
4. How good is Dundee Adult Support and Protection Committee's operational management?
5. How good is Dundee Adult Support and Protection Committee's leadership?

Each section considers a priority area, considering the extent which Dundee Child Protection Committee can demonstrate key outcomes, what evidence may be used and proposed actions to support the plan before detailing objectives, actions, leads, timescales success criteria and measures / indicators.

As summary of the priority areas is included in the following section.

1. What key outcomes has Dundee Adult Support and Protection Committee achieved?

This section is about the real difference and benefits that services are making to the lives of vulnerable adults. It focuses on the tangible results partners are achieving in relation to making and keeping adults safe.

To what extent can we demonstrate:

- Adults 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 adults, their carers and families
- Dundee ASPC 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.

Evidence to support plan.

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.

Data to Committee on Quarterly Basis commenced 1st June 2019

Proposed Action(s): 2021

Further develop multi-agency data set.

Committee to agree on priority indicators. Committee will be provided with data on a quarterly basis and analysis of scrutiny questions.

Further development of multi-agency analysis of data, focus on outcomes and inform development and delivery of services.

2. How well does Dundee Adult Support and Protection Committee meet the needs of our stakeholders?

This section is about the experience and feelings of adults in need of care and protection and their carers. It relates to the differences services are making to their lives and their life chances. It includes the impact of services in optimising the wellbeing of individual adults... It considers how vulnerable adults are helped through compassionate, supportive and empathic engagement with staff. It focuses on the extent to which individuals and families are helped to build resilience and meet their own needs.

To what extent can we demonstrate:

- Adults feel listened to and that their views are taken seriously when decisions are being made.
- Adults feel that staff have taken the time to get to know them, the impact of their previous experiences and understand their strengths and needs.
- Adults enjoy good relationships, built up over time, with consistent individuals who they trust enough to talk to when they need help.
- Adults feel that they are in the right place to experience the care and support that they need.
- Adult's wellbeing is improving across and risk is effectively managed.

Evidence to support plan:

- Feedback from adults in all forms, including digital communication.
- Focus groups.
- Recording of adults views in case records.
- Contributions from Adult Support and Protection case conferences.
- Use of independent advocacy services.

Proposed Action(s): 2021

Further develop role of stakeholder group in representing views of people and groups at risk.

Review of advocacy services for people and carers subject to adult support and protection activity.

Consistent recording of outcomes to be included in key ASP activities.

3. How good is Dundee Adult Support and Protection Committee's delivery of services for Adults at risk?

This section is about processes for service delivery. It considers the effectiveness recognition and initial response to adults at risk when there are concerns about their safety. It considers the quality of plans to reduce risk, meet needs and improve wellbeing. It takes account of the effectiveness of arrangements for reviewing progress, looks at timely and effective intervention and considers the extent to which adults, carers and families are informed, included and enabled to take part meaningfully in assessment, planning and intervention according to individual needs / life experience.

To what extent can we demonstrate:

- Systems are in place for receiving and recording information from anybody who is concerned about the safety or wellbeing of an adult (including outside office hours).
- Staff, including those who work with children, are alert to and recognise the signs that Adults at risk may need help or protection from harm. This includes patterns of concern over time and cumulative harm.
- If a concern is raised about an adult at risk which requires further exploration, staff have the skills to gather relevant information, know what the other sources of information are and how to get them.
- Staff confidently analyse the information gathered to reach an initial assessment.
- Appropriate consideration is always given to arranging initial referral discussions involving the minimum of police, health and social work.
- Initial referral discussions (IRDs) always take place in response to Adult Support and Protection concerns including when new concerns arise for people already receiving a service.
- A clear system for recording IRDs is used by partners and clearly outlines the rationale for decision making.
- Staff take appropriate action to ensure that no adult at risk is exposed to continued risk of harm.

Evidence to support plan:

- Feedback from adults at risk.
- Results of previous scrutiny.
- Relevant plans and policies.
- Information sharing guidance and protocols.
- Adult Support and Protection procedures.
- Public information.
- Relevant performance management data.
- Review of records for individual adults at risk.
- Audit of initial referral discussion minutes.

Proposed Action(s): 2021

Audit activity to be undertaken to focus upon individuals who do not meet the three point test.

Evaluation of Early Screening Activity across the partnership.

Develop and apply mechanism by which learning from SCR's (out with Dundee) can be demonstrably considered and applied in a Dundee context.

4. How good is Dundee Adult Support and Protection Committee's operational management?

This section is about operational and strategic management of services for adults at risk. It considers the extent to which Adult Support and Protection and corporate parenting policies, procedures and the use of legal measures link to the vision, values and aims and support effective joint working. It looks at the effectiveness of Adult's services planning, the Adult Support and Protection Committee, in improving outcomes for children and young people. It focuses on how well adults, carers, families and other stakeholders are involved in service planning and development. It gives attention to how well Adult's rights are promoted. It relates to the effectiveness of performance management and quality assurance to ensure high standards of service delivery. It takes account of how well self-evaluation is informing improvement and service development.

To what extent can we demonstrate:

- Policies and procedures are consistent with the strategic vision.
- Policies and procedures carefully consider and reflect local partnership arrangements to ensure cohesion across structural boundaries.
- Policies and procedures are equality impact assessed, effectively implemented and regularly evaluated and reviewed.
- A cohesive suite of policies are in place to ensure we have no significant gaps.
- Policies and procedures reflect a focus on outcomes.
- Effective communication and management systems are in place to ensure that employees understand and implement policies and procedures.
- Single and multi-agency policies and procedures fit well together and enhance partnership working.
- Best practice is promoted through the development of new policies and procedures.
- Legal measures are always appropriately considered when making decisions about the care of adults at risk.

Evidence to support plan:

- Strategic and operational plans.
- Committee reports and board papers.
- Procedure manuals.
- Guidance for employees.
- Guidance or handbooks for carers.
- Employee newsletters, bulletins and other communications.
- Individual records of adults at risk subject to legal measures.
- Minutes of case conferences, reviews and other decision-making meetings for adults at risk.
- Equality impact assessments.
- Disability equality duty policy.
- Other equality policies.

Proposed Action(s): 2021

Ensure that single and multi-agency self-evaluation activity informs the review and development of policies, procedures, instructions and guidance. Develop regular seven minute briefings relating to development activity

5. How good is Dundee Adult Support and Protection Committee's leadership?

This section is about the commitment and effectiveness of leaders in striving for excellence in the quality of services to keep children safe and achieve sustained improvements in the lives of adults at risk in need of care and protection. It focuses on collaborative leadership to plan and direct the delivery of services for adults at risk linked to the shared vision, values and aims. It also examines how well leaders are driving forward improvement and change. It takes account of how well leaders are adapting to new environments and negotiating complex partnerships.

To what extent can we demonstrate:

- Partners place improving outcomes for people using services at the heart of their vision.
- There is a shared vision for protecting adults at risk which is ambitious and challenging.
- There is collective ownership of the ambitions and aspirations of the partnership.
- Partners understand and demonstrate their commitment to equality and diversity.
- Partnerships include all the right people to meet the identified objectives of protecting children and meeting corporate parenting responsibilities.
- Working in partnership with others is actively considered where this could add value to existing or planned services.
- Leaders have a clear understanding of the local and national priorities that drive Adult Support and Protection and corporate parenting services.
- Leaders take a long-term view in setting the strategic direction.
- There has been wide enough consultation about future options and risks and the best way forward for Adult Support and Protection and corporate parenting services.
- Plans contain a proper analysis of needs and gaps and what needs to change.
- There is purposeful leadership of strategy and commissioning with sound implementation and monitoring arrangements.
- There is clarity about the resource contribution that each partner makes to the partnership and about governance.

Evidence to support plan:

- Plans including the local outcome improvement plan, Adult's services plan, HSCP
- Senior managers' communication with the workforce about professional standards.
- Examples of how senior managers have communicated their vision for Adults at risk
- Employee surveys that demonstrate employees understand the vision.
- Communication from adults demonstrating that they have been involved in developing the vision, values and aims.
- Feedback from engagement with adults at risk, families, staff and community members.

Proposed Action(s): 2021

Dundee ASP adopts a shared vision.

Further develop actions identified from Improvement Service Activity.

Further develop Corporate Risk Register for Protecting People.

Further progress Transforming Public Protection



What I
need!
from you!

Appendices

8

Adult Support and Protection Statistical Report Reporting Period 1st April - 31st March 2016-17, 2017-18, 2018-19, 2019-20

1. Introduction and Summary

Chart 1

Dundee Single Outcome Agreement (Annual Report) - Indicators: Number of Referrals to Social Work, considered under ASP which proceeded to:

a) Initial Management Discussion (IMD – all concerns reported have an IMD so this is also the total number of referrals received)

Scottish Government National Data Collection – How many ASP referrals were received?

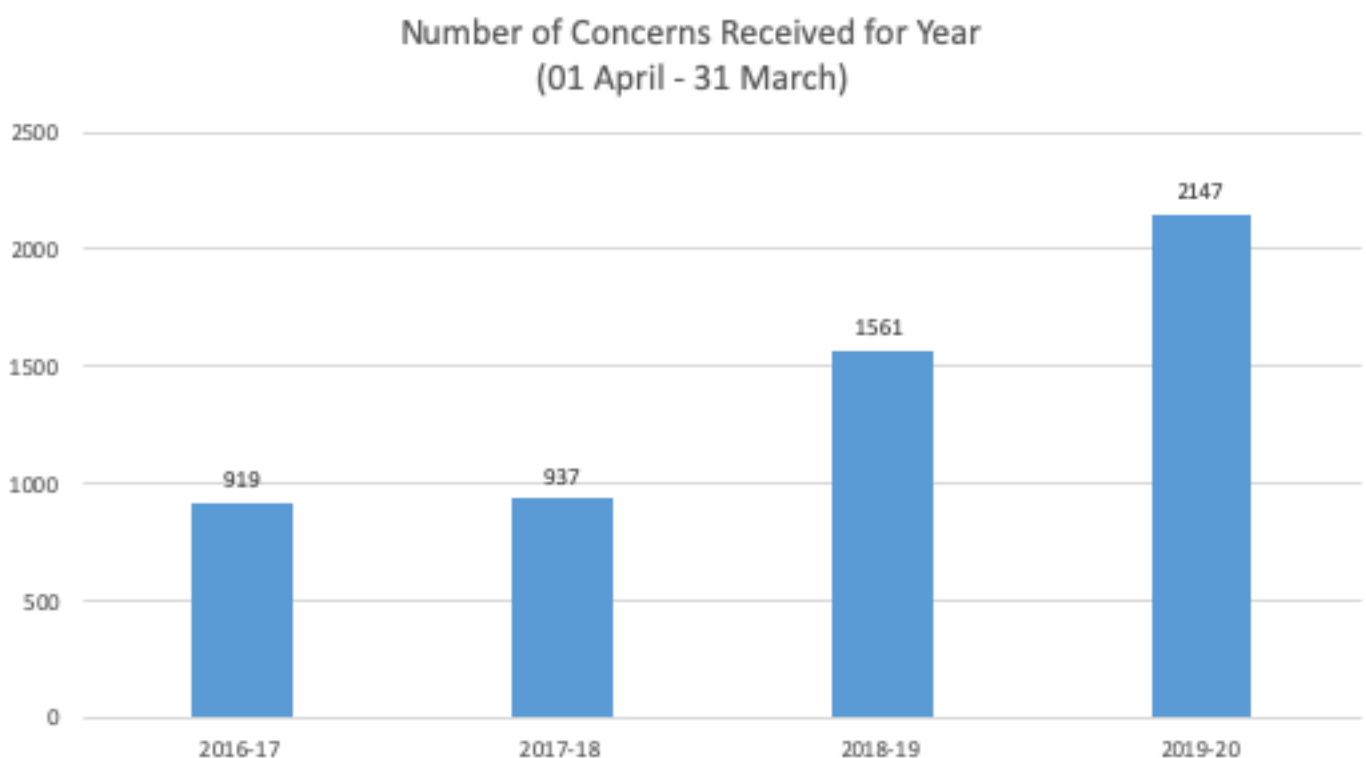


Chart 2

Dundee Single Outcome Agreement (Annual Report) - Indicators: Number of Referrals to Social Work, considered under ASP which proceeded to:

b) Initial Referral Discussion (IRD)

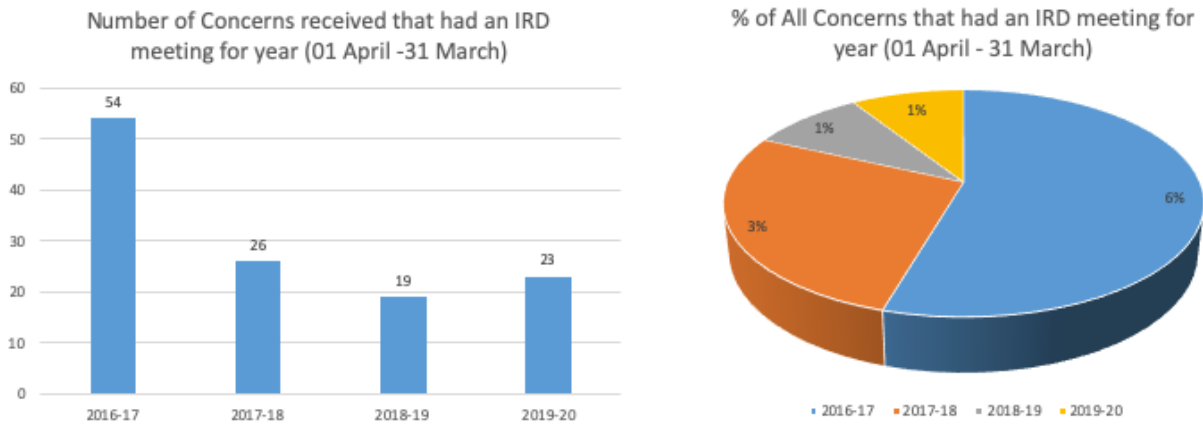


Chart 3

Dundee Single Outcome Agreement (Annual Report) - Indicators: Number of Referrals to Social Work, considered under ASP which proceeded to:

c) Case Conference (CC)

Scottish Government National Data Collection – How many cases were subject to an ASP Case Conference?

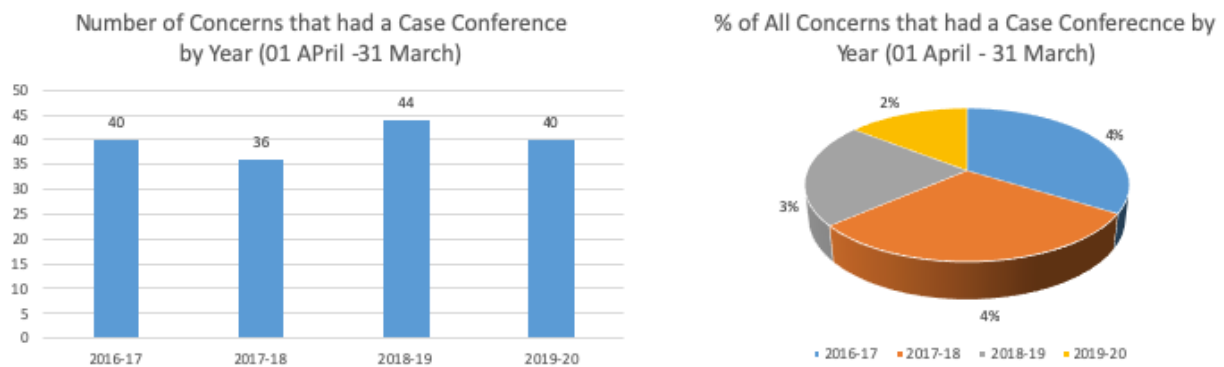
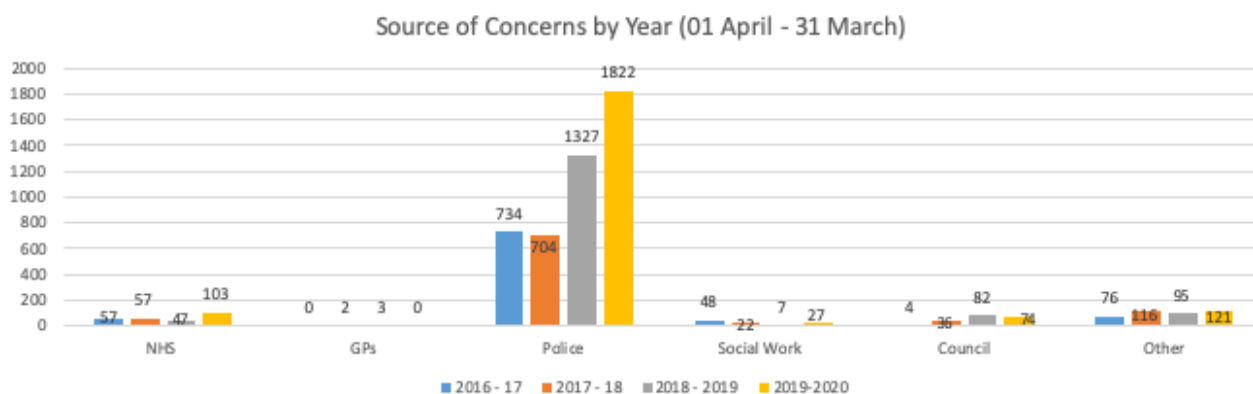


Chart 4

Scottish Government National Data Collection - Source of Principal Referral - Dundee Adult Protection Committee Balance Scorecard



OTHERS	2016 - 17	2017 - 18	2018 - 2019	2019-2020
Scottish Ambulance Service	1	0	0	1
Scottish Fire & Rescue Service	20	5	8	29
Office of Public Guardian	0	0	2	2
Mental Welfare Commission	0	0	0	0
Healthcare Improvement Scotland	0	1	0	0
Care Inspectorate	18	10	13	9
Other organisation	20	56	39	33
Other Local Authority	0	0	3	0
Self (Adult at risk of harm)	5	5	2	3
Family	4	15	9	11
Friend/Neighbour	1	7	1	1
Unpaid carer	0	0	0	1
Other member of public	0	2	1	0
Anonymous	4	1	2	3
Nursing / Care Home	3	14	6	6
Others	0	0	9	22
Total Others	76	116	95	121

Chart 5

Scottish Government National Data Collection – Number of Investigations commenced under the ASP Act

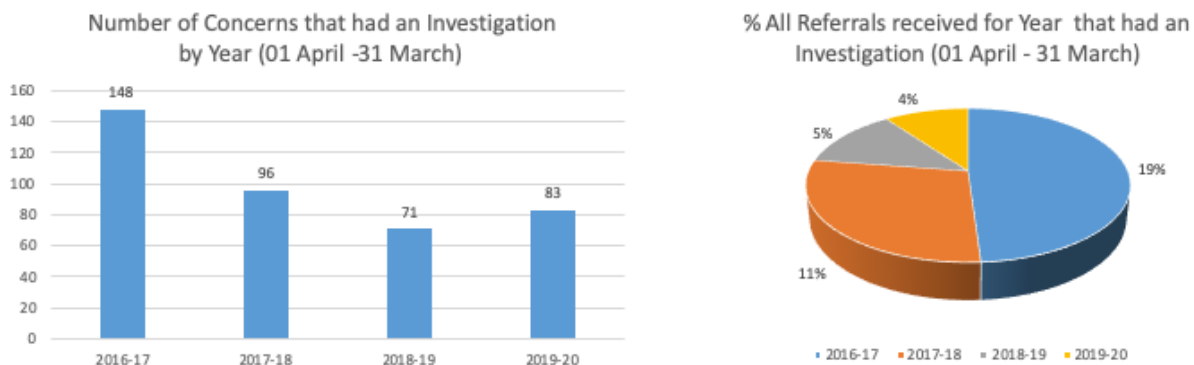


Chart 6a Males

Scottish Government National Data Collection – How many investigations commenced for people by gender and age group.

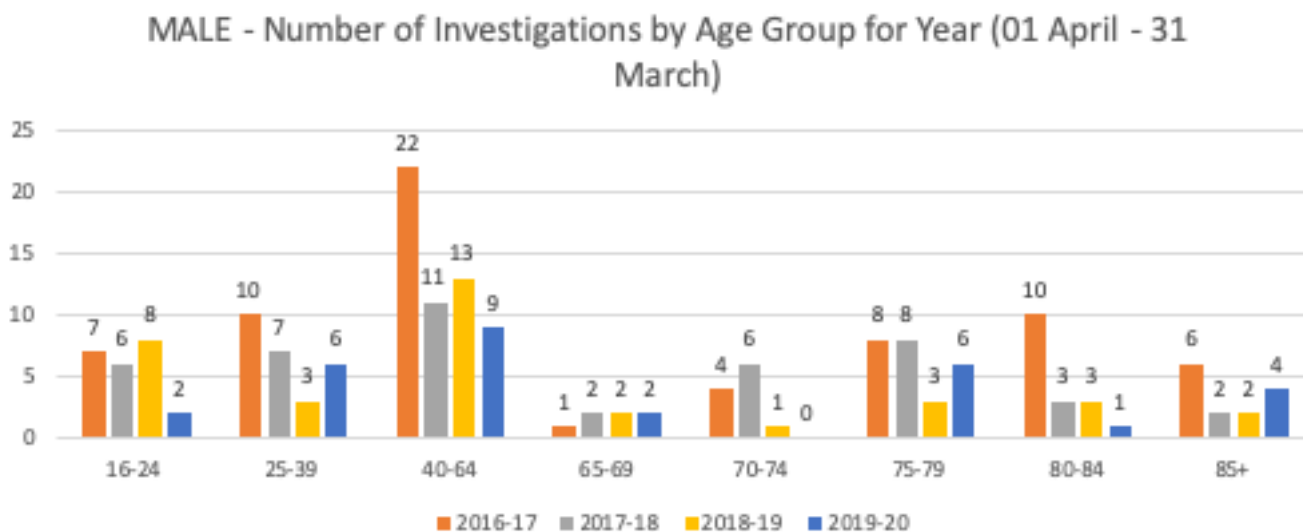


Chart 6b Females

FEMALE - Number of Investigations by Age Group for Year (01 April - 31 March)

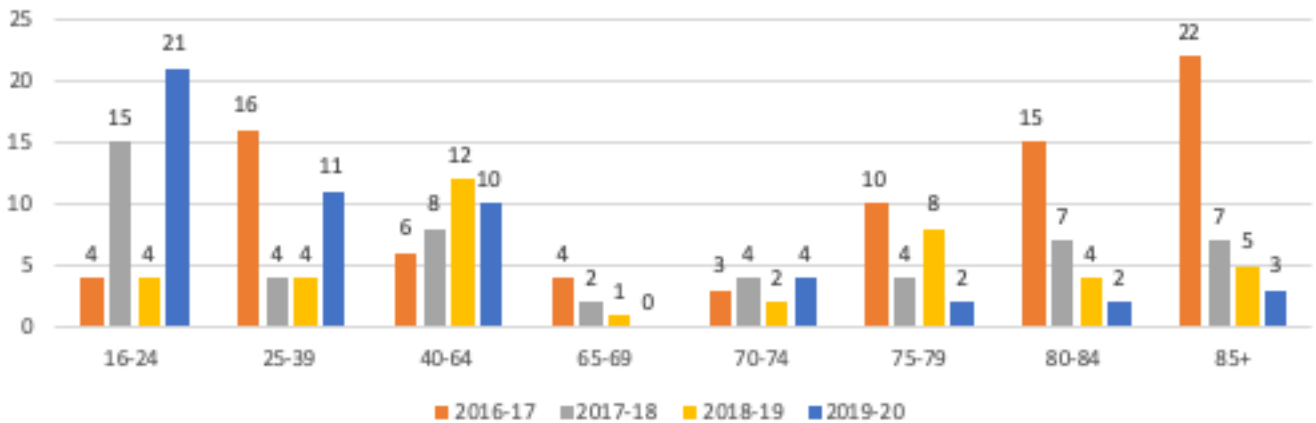


Chart 7

Scottish Government National Data Collection – Number of Investigations commenced for people by Ethnicity Group.

Ethnicity for Investigations by year (01 April - 31 March)

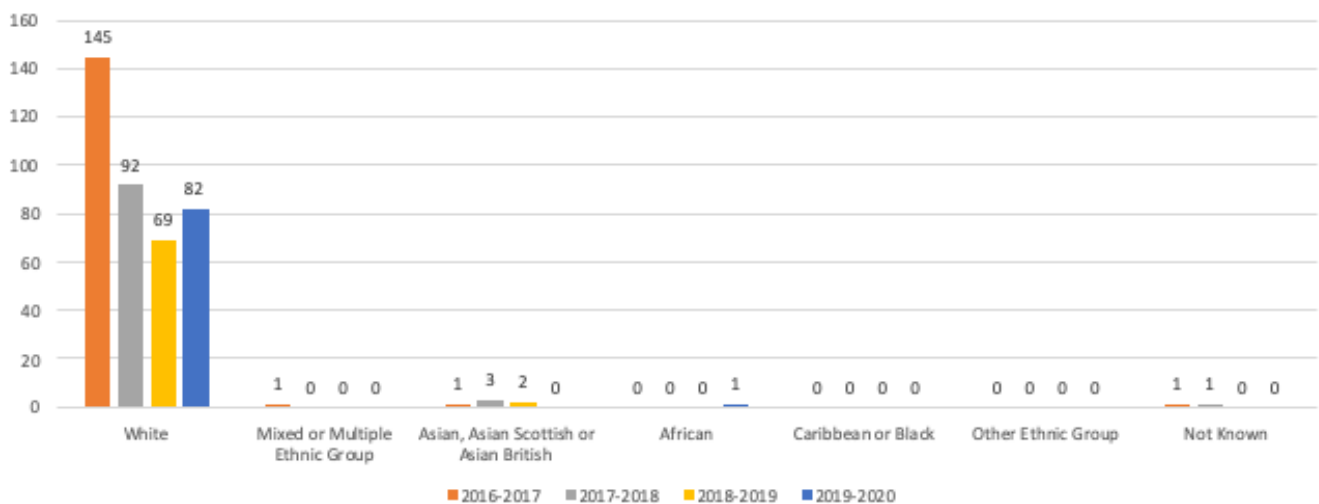


Chart 8a

Scottish Government National Data Collection – How many investigations were commenced for clients by primary main client group?

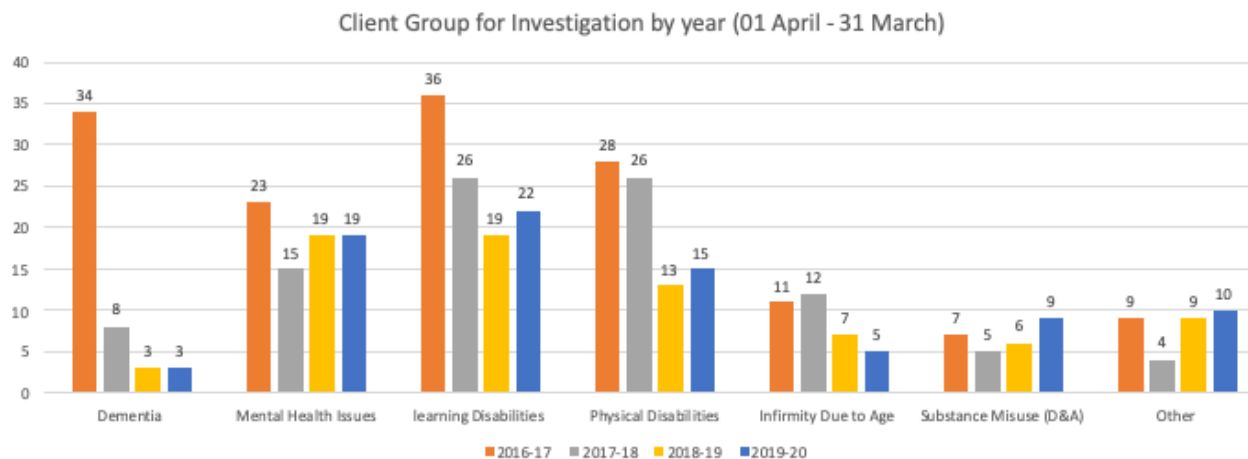


Chart 8b. Other client groups:

Other	Acquired Brain Injury	Palliative Care/ Progressive Illness	Visual/ Hearing Impairment	No Client Group
2016-2017	2	4	0	3
2017-2018	0	0	0	4
2018-2019	0	0	0	9
2019-2020	0	0	0	10

Chart 9a

Scottish Government National Data Collection – Type of principle harm which resulted in an Investigation.

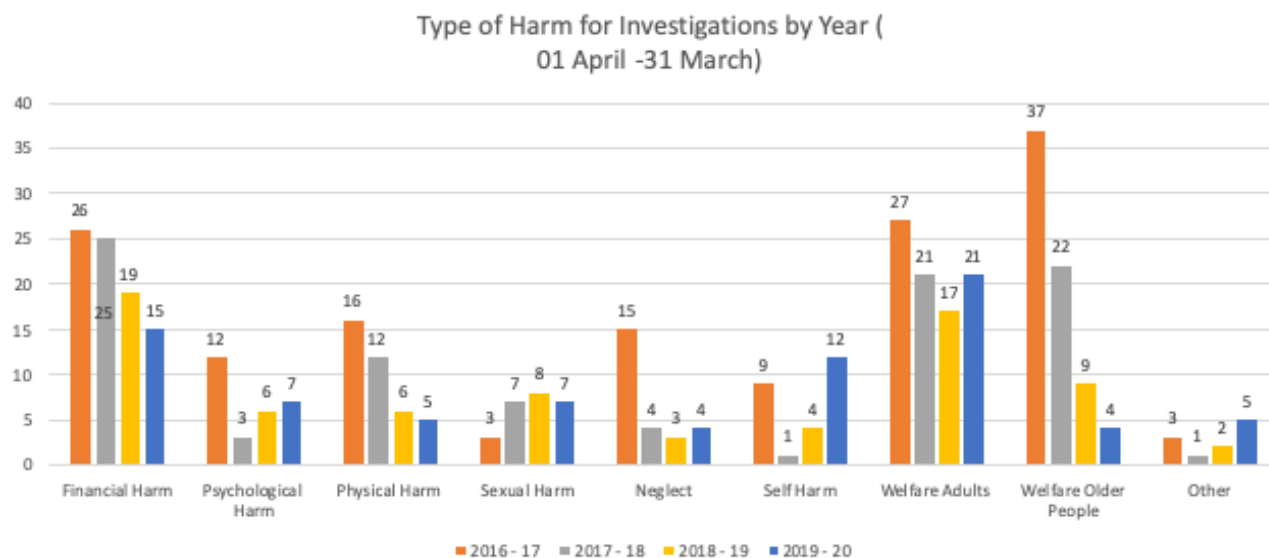
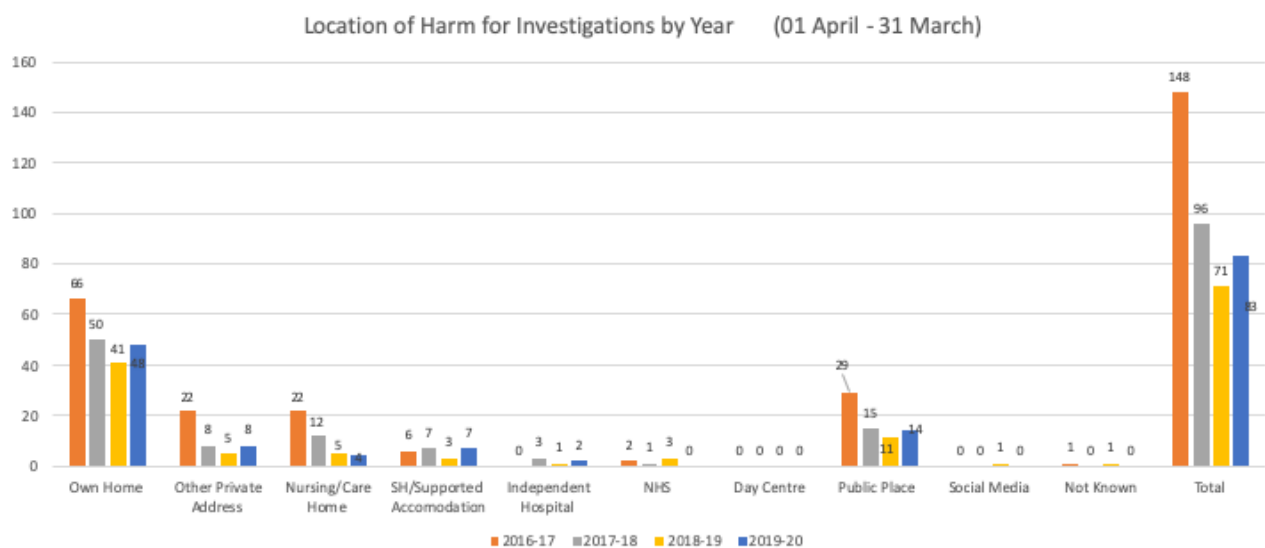


Chart 9b

	Fire Safety Risk	Harassment	Domestic Abuse	Exploitation
2016 - 17	1	1	1	0
2017 - 18	1	0	0	0
2018 - 19	0	0	1	1
2019 - 20	0	0	5	0

Chart 10

Scottish Government National Data Collection – Where did the principle harm take place which resulted in an investigation?



Public Place Includes:

- Public Buildings such as Shops and Libraries
- Business Premises such as Banks/Post offices
- Public Parks
- Bridges
- On public Streets and Roads

11

Scottish Government National Data Collection – How many Protection Orders were granted? 1 renewed

Dundee Adult Protection Committee Balance Scorecard – No of Protection orders that are currently in effect? 1

12

Scottish Government National Data Collection - Number of large scale investigations commenced - 1

Early Screening Group (ESG) Report for

Chart 1

Number of Adult Concern Reports (ACR's) discussed by the ESG by Financial Year 01 April – 31 March 2016-2020

% of All ACR's discussed by the ESG
For Year (01 April - 31 March)

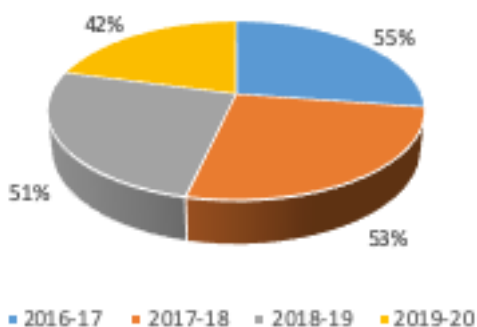
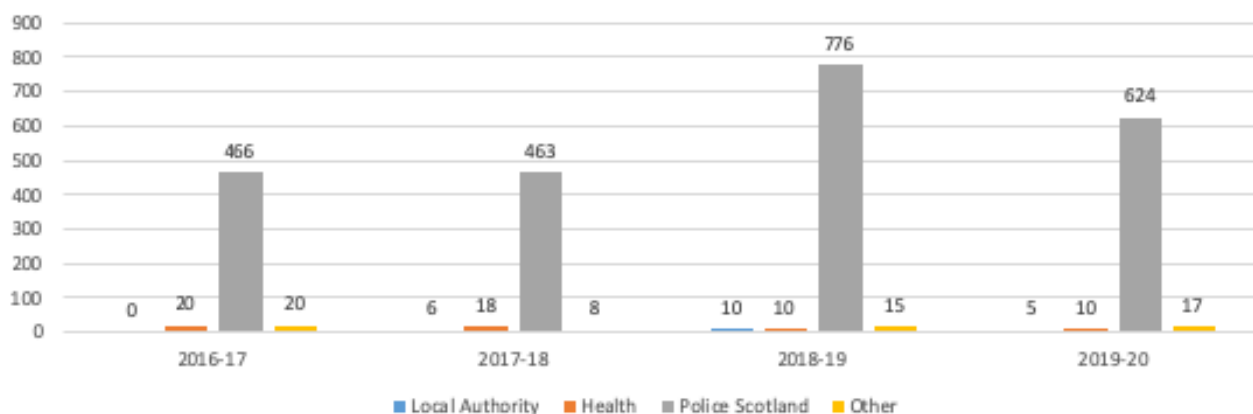


Chart 2

The source of the ACR's discussed by the ESG.

Source of Concerns Discussed by the ESG for Year (01 April - 31 March)

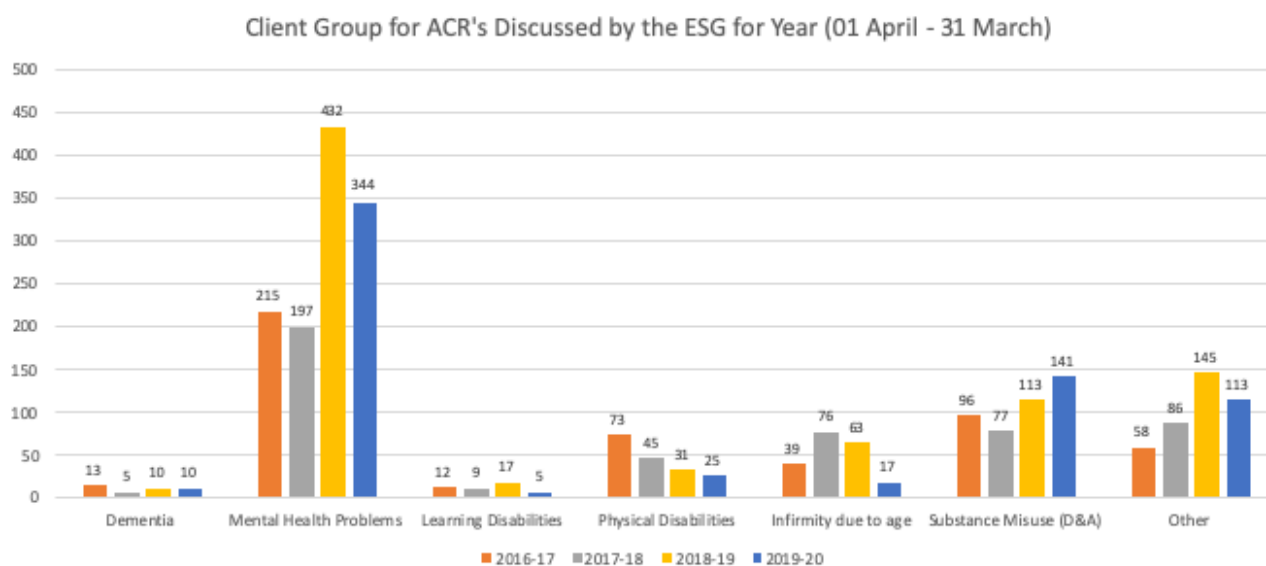


Other Sources of ACR's Discussed by the ESG

	Scottish Fire & Rescue Services	Member of the Public/Other family member	Ambulance Service	Other Organisation	Self-Referral
2016-17	15	0	1	4	0
2017-18	5	0	0	3	0
2018-19	8	4	3	7	0
2019-20	13	1	0	3	0

Chart 3

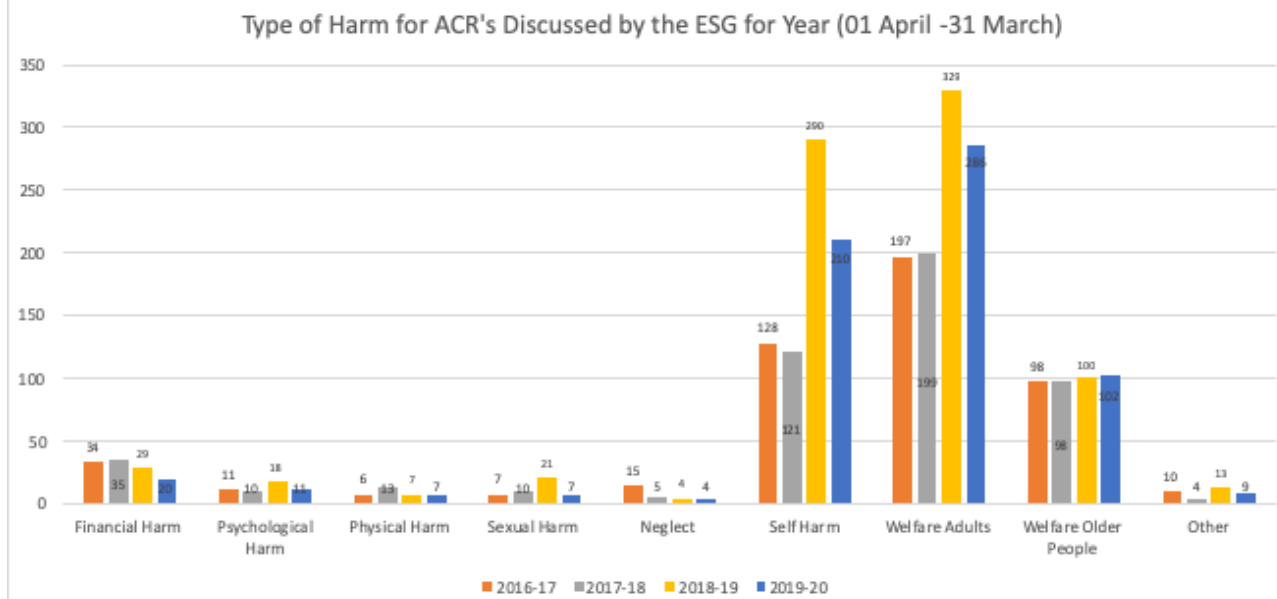
The Client Group for the ACR's discussed by the ESG



Other	No H&D Characteristic
2016-17	54
2017-18	85
2018-19	145
2019-20	114

Chart 4

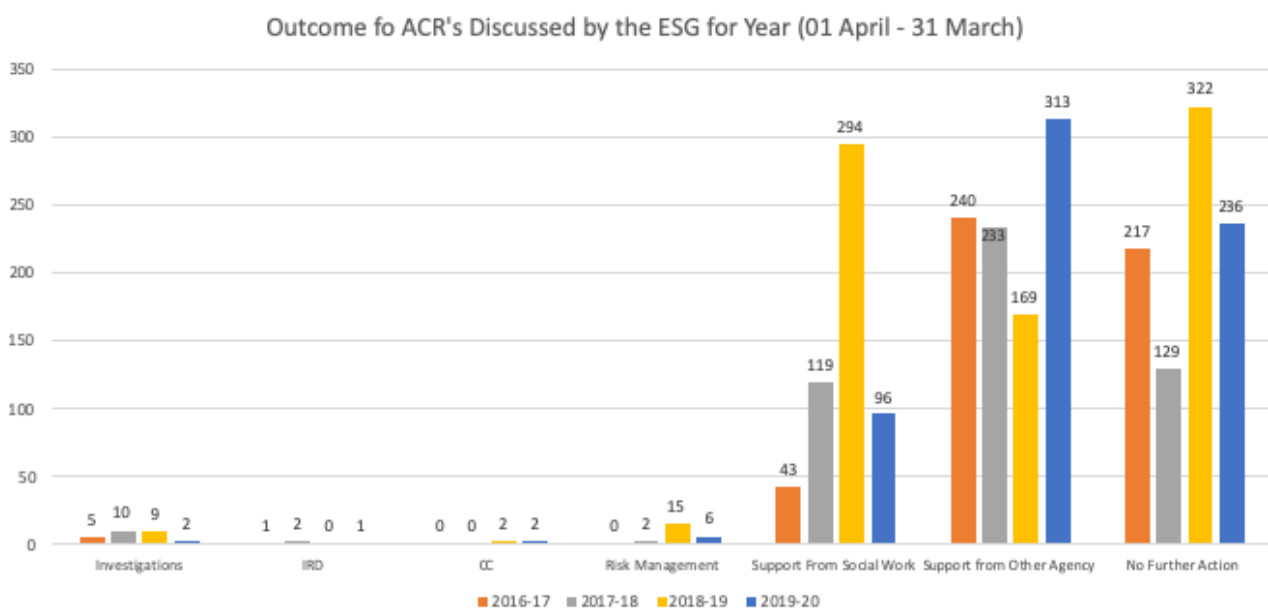
The Principle Type of Harm for the ACR's discussed by the ESG.



Other	Discrimination/ Harassment	Domestic Abuse	Fire Safety Risk
2016-17	2	4	4
2017-18	0	2	2
2018-19	3	3	7
2019-20	2	0	7

Chart 5

The outcomes for ACR's discussed by the ESG.



Reasons for No Further Action:

- No Further Action – Inappropriate Referral to ASP
- Adult Lives out with Dundee area – Concern passed to Appropriate Local Authority
- After initial inquiry by a Designated Council Officer the adult declined support.
- Advice and information given and signposted to appropriate services / support.
- Concern passed onto GP for information and support.
- Concerns are being investigated by Police Scotland.

What I
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Adult Support and Protection Committee Dundee

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

www.dundeeprotects.co.uk



Adult Support
& Protection
Committee Dundee

ITEM No ...6.....



REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD –
24 FEBRUARY 2021

REPORT ON: ARRANGEMENTS FOR MANAGING HIGH RISK OFFENDERS

REPORT BY: CHIEF OFFICER

REPORT NO: DIJB2-2021

1.0 PURPOSE OF REPORT

- 1.1 This report summarises the eleventh annual report on arrangements for managing high risk offenders across Tayside and covers the period 1 April 2019 - 31 March 2020. A copy of the report is attached as Appendix 1.

2.0 RECOMMENDATIONS

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

- 2.1 Note the content of this report and of the MAPPA Annual report 2019-20, including developments in relation to the risk assessment and risk management of high risk of harm offenders (attached as Appendix 1) (section 4.2).
- 2.2 Note the areas for further improvement during 2019-20 identified within the Annual report (section 4.4 and appendix 1).

3.0 FINANCIAL IMPLICATIONS

- 3.1 None.

4.0 MAIN TEXT

- 4.1 The Management of Offenders etc. (Scotland) Act 2005 introduced a statutory duty on Responsible Authorities - Local Authorities, Scottish Prison Service (SPS), Police and Health - to establish joint arrangements for the assessment and management of the risk of harm posed by certain offenders. The Act also placed a duty on agencies who come into regular contact with high risk of harm offenders to co-operate in risk assessment and risk management processes. These 'Duty to Co-operate' agencies include, for example, Third Sector partners and suppliers of Electronic Monitoring. The Responsible Authorities are required to keep the arrangements under review and publish an annual report.
- 4.2 The introduction of Multi Agency Public Protection Arrangements (MAPPA) in 2007 created a consistent national approach towards the implementation of the Act and initially focused on Registered Sex Offenders (RSOs). In 2008, arrangements were extended to include Restricted Patients who are persons who, by virtue of their mental health, are confined for treatment under current Mental Health legislation and present a risk of harm to the public. In 2016, arrangements were further extended to include so-called 'Category 3' persons, defined as anyone who has been convicted of an offence; who by reason of that conviction is considered to be a high or very high risk of serious harm to the public; and who therefore requires multi-agency management.

4.3 In Tayside, a MAPPA Strategic Oversight Group (SOG) oversees developments and consists of the Responsible Authorities and local Duty to Cooperate agencies. Whilst the Integration Joint Board are neither a Responsible Authority or Duty to Co-operate body under the Act, the Health and Social Care Partnership has an important contribution to make to the management of offenders both in relation to operational responses to individuals who are being managed and as part of wider Protecting People strategic planning arrangements. This includes responding to emerging challenges in meeting the health and social care needs of individuals as the age profile of the population of managed individuals increases, largely due to increases in reporting of historical abuse.

4.2 **Developments in MAPPA in 2019-20**

4.2.1 In 2019-20, the responsible authorities continued to work together to maintain and strengthen arrangements for managing offenders in the Tayside area. Key developments during the year include:

- Two MAPPA Significant Case Reviews were published during 2019-20, both carried out by external reviewers. Since publication all agencies have accepted and reviewed the recommendations and progressed the agreed actions as required in each action plan. As a result a range of operational improvements have been implemented including in relation to the operation of MAPPA Level 1, training for MAPPA chairs and newly appointed Offender Management Officers in Police Scotland D Division, the use of alerts on all managed individuals within NHS Tayside. The actions from these reports have been reviewed and scrutinised as part of the MAPPA SOG assurance processes and reviews of Risk Management and Temporary Release Guidance for the Scottish Prison Service.
- A newly devised national audit assessment tool was used to audit a number of cases examining relevant risk assessments and risk management plans and the multi-agency arrangements for each individual, as well as the impact of MAPPA processes and outcomes for individuals. This audit highlighted good information sharing between agencies and also instances of proactive policing with new internet offences being discovered through examination of devices. Similar audits will be carried out 4 times a year and the findings will be reported to the MAPPA SOG.
- Data collection has been improved with an enhanced range of statistical information being provided at each SOG meeting. This provides management information to help analyse trends and examine practice.
- During this year training has taken place for all MAPPA Chairs (15 people) with a particular focus of defensible decision making and preparation of risk management plans. Training will continue to be a priority in the coming year and will be adapted due to the impact of the current restrictions on face to face meetings due to the pandemic.
- A review of the management of reported further offending was undertaken to clarify the process for submission of a notification for consideration by the SOG chair for progression to an Initial Case Review or Significant Case Review. A revised process has been agreed and implemented, including the establishment of an ICR Panel. This panel will then consider whether the case needs to progress to a SCR and if there are any areas of good practice or areas for learning, before making proposals to the chair.

4.3 **Key Data**

4.3.1 As of 31 March 2020, there were 407 Registered Sex Offenders (RSO) within Tayside, an increase of 27 since March 2019. There has been an increase of 113 more RSOs managed in the community within Tayside over the last ten years. A significant proportion relates to an increase in individuals convicted for downloading indecent images of children.

4.3.2 144 RSOs are managed jointly by Police Scotland and Social Work, an increase of 14 from the previous report.

4.3.3 35% of RSOs are on statutory supervision involving a Community Payback Order with supervision requirements or License Conditions from custody.

4.3.4 The distribution of RSOs across the 3 authorities is 167 in Dundee, 116 in Angus and 124 in Perth and Kinross

4.4 Areas for Further Improvement 2019/2020

4.4.1 The following priorities have been identified for the coming year, 2020-2021:

- Further development of Risk Register for SOG following impact of COVID-19.
- Implementation of the MAPPA Strategic Plan.
- Training plan to be developed and agreed.
- Communication plan to be agreed and implemented.
- Further progress with data collection and analysis.

4.5 Operation of MAPPA during COVID-19 Pandemic

4.5.1 This report relates to 2019-20 and the public health arrangements required to address the pandemic came into operation during the final month of this reporting year. The operation of MAPPA under COVID will be reported within next year's annual report but it is relevant to state that all multi-agency MAPPA meetings from Level 1 to 3 continued via teleconference. Arrangements were also put in place to ensure that initial meetings, for new community-based referrals, were held after conviction rather than sentencing, to counteract the delays in sentencing resulting from reduced court sittings. As a co-ordinating body, the MAPPA SOG continued to meet virtually on a regular basis to ensure that the multi-agency management of risk continued during the pandemic. Operationally, the key agencies undertook a prioritisation exercise to ensure that highest risk individuals were subject to a proportionate and risk assessed level of face to face contact. Friarfield House, which hosts the Police Offender Management Unit, the CJS Public Protection Team, the MAPPA co-ordinator and the multiagency ViSOR database was retained as an essential hub during the whole COVID period. These measures emphasise the ongoing importance of effective MAPPA management.

5.0 POLICY IMPLICATIONS

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

6.0 RISK ASSESSMENT

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

7.0 CONSULTATIONS

7.1 The Chief Finance Officer, Head of Service – Health and Community Care / Chief Social Work Officer, members of the MAPPA Tayside Strategic Oversight 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: 12 January 2021

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

Kathryn Sharp
Service Manager, Strategy and Performance

ANNUAL REPORT

2019-2020



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ANNUAL REPORT 2019 -2020

Welcome to the 2019/2020 annual report on Tayside's Multi Agency Public Protection Arrangements (MAPPA). Protecting the most vulnerable in our communities is the priority of all agencies working in partnership within MAPPA. The agencies are committed to working together to prevent people becoming victims of serious harm and to support and monitor offenders to manage the risk of further offending. Whilst it is never possible to totally eliminate risk entirely, all reasonable steps need to be taken to reduce the risk of serious harm to the public from known offenders.

This year has seen the publication of two Significant Case Reviews and a range of actions have been identified to improve MAPPA processes at both national and local level and many of which these have already been implemented. This coming year a priority of the MAPPA Strategic Oversight Group will be to ensure these are fully implemented and strengthen our local arrangements.

The agencies within Tayside have continued to work effectively together and place the protection of the public as their highest priority. This report sets out the work undertaken by MAPPA and reflects the determination of all involved to ensure that this important area of work remains at the forefront. I acknowledge this and wish to thank all partner agencies for their continued support and commitment to the work of MAPPA in Tayside.

Elaine Torrance
Independent Chair
Tayside MAPPA Strategic Oversight Group (SOG)

MAPPA In Tayside

The foundation of MAPPA is the partnership work between a range of agencies. By sharing information, joint management, assessing risk and co-ordinated activity, we are in a better position to protect the public from harm.

In Tayside while Community Justice Social Work (CJSW), Police, Scottish Prison Service (SPS) and Health (NHS Tayside) hold the prime responsibility for the effectiveness of MAPPA they are actively supported by a diverse group of organisations and services which have a duty to co-operate, including Children's Services, Housing, third sector agencies and electronic monitoring providers. The aim is always to get the right agencies around the table for each individual case to assess risk and provide appropriate monitoring and support.

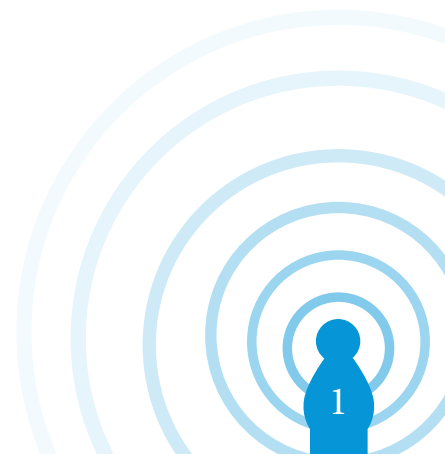
The MAPPA process often commences when the offender is still in prison or detained in hospital. When release/discharge conditions are being considered public safety is of the highest priority.

The MAPPA process becomes vitally important when the offender is released into the community and the management of risk is continually assessed and regularly reviewed at formal multiagency meetings.

It is recognised that no system can provide an absolute guarantee that an offender assessed as dangerous will not reoffend. However, last year more than 99% of MAPPA offenders who were being supported and monitored did not commit a serious further offence and we will continue our efforts to reduce the risk posed by high risk of serious harm offenders in Tayside.

The responsible authorities of Tayside are:

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



Violent and Sex Offender Register (ViSOR)

The Violent and Sex Offender Register is a UK-wide IT system to assist the multi-agency management of people who pose a serious risk of harm to the public. Since implementation of ViSOR, the responsible authorities, Police, Social Work, Health and SPS, are able to share risk assessments, risk management plans and risk information on individuals in a timely way.

In Tayside ViSOR is used by Police, CJSW, Health and SPS. The system can be accessed 24/7 by Police Scotland so if a Police officer on patrol wishes to know anything about an offender all the information they require is at hand, for example licence conditions or Sexual Offences Prevention Order (SOPO) conditions.

Managing dangerous offenders is all about identifying risks, making decisions and putting plans together to deal with the risk. ViSOR is at the heart of this and contributes to the reduction of further offending and protection of the public.

WHAT WE SAID WE WOULD DO in 2019/2020

In our last annual report the following priority action were agreed and a summary of progress is provided for each below

- Examine and action recommendations from the Significant Case Reviews that are currently on going
- Progress audits across the 3 local authorities
- Improve data collection and reporting to the Strategic Oversight Group
- Continue to deliver training across the Tayside Partnership with a focus on learning from audits and significant reviews to improve our practice
- Review and streamline the arrangements for undertaking Initial Case Reviews



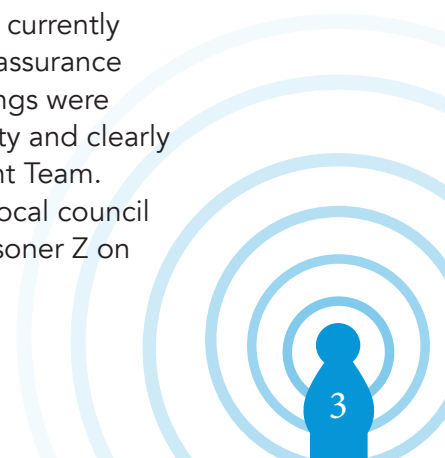
Examine and action recommendations from the Significant Case Reviews that are currently on going

Within this year we saw the publication of 2 Significant Case Reviews, both carried out by external reviewers who closely examined each case and the management of the individuals involved to inform the reports, Person X and Prisoner Z. The actions from these reports have been regularly reviewed and scrutinised as part of the MAPPA SOG assurance processes.

1 May 2019 saw the publication date of SCR – Person X, which included 14 recommendations, with 5 for the MAPPA Strategic Oversight Group (SOG), 3 for NHS and 6 for Police Scotland. Since publication all agencies have accepted and reviewed the recommendations and progressed the agreed actions as required in the action plan. As a result of this SCR the practices of MAPPA Level 1 have been reviewed and additional MAPPA chair training has been carried out. Police Scotland has also ensured that training for newly appointed Offender Management Officers in Tayside is completed as soon as possible after appointment. Police Scotland ViSOR Unit has introduced a new information sharing process with Home Office Immigration in relation to foreign nationals' subject to Sex Offender Notification Requirements. The NHS now have alerts on all managed individuals and are progressing a Public Protection framework. 26 November 2019 saw the publication of SCR – Prisoner Z, which included 10 recommendations, with 5 for SPS, 2 for Scottish Government, 1 for Tayside MAPPA SOG, 1 for National SOG and 1 for Police Scotland. All the agencies have accepted and reviewed the recommendations and changes have been made to policy and practice at both local and national level.

SPS have implemented a new Risk Management Progression and Temporary Release Guidance which incorporates a revised Community Access Risk Assessment (CARA). The CARA provides details of risk factors, early warning signs, protective factors and the risk management plan. The SPS have also held an external review of the processes and the findings all of which will be shared with MAPPA partners. Scottish Government along with partner agencies are continuing with a review of national MAPPA Guidance which will be consulted on in the coming months.

Locally, in Tayside we have ensured that all MAPPA relevant prisoners, with community access, are subject to a MAPPA Level 2 meeting with all appropriate agencies attending. The minutes of these meetings are shared with the SPS Risk Management Team. An audit of MAPPA minutes for individuals currently in prison but with community access was undertaken as part of the assurance process for Prisoner Z SCR. The audit confirmed that MAPPA meetings were appropriately analysing risk relating to the offender in the community and clearly communicating their recommendations to the SPS Risk Management Team. The published reports and recommendations can be found on the local council websites. Person X can be found on Dundeeprotects.co.uk and Prisoner Z on Angus Council website.



Progress audits across the 3 local authorities

In this year a national audit assessment tool was devised so that data collected in each MAPPA area of Scotland can be scrutinised. We in Tayside have examined a number of cases examining relevant risk assessments and risk management plans and the multi-agency arrangements with each individual. In each case we also examined the impact of the MAPPA process and evidenced any positive outcome for the individual. This process highlighted the good information sharing between agencies and also proactive policing with new offences being discovered. Similar audits will be carried out 4 times a year and the findings will be reported to the SOG.

Improve data collection and reporting to the SOG

Data collection has been improved with an enhanced range of statistical information being provided at each SOG meeting. This provides management information to help analyse trends and examine practice. Of particular interest to the SOG are further offending, warnings and breaches of orders, number of meetings held, prison releases and recalls to custody.

It should be noted that all sexual re-offending by a MAPPA managed individual requires an Initial Notification to be sent to the chair of the MAPPA SOG to determine if a fuller SCR is needed and a process is in place to review cases further where required. If a MAPPA SCR is judged not to be required and the individual is subject to a Community Justice Order, then an Initial Analysis of the circumstances must be compiled by a manager independent of the practice and submitted to the Care Inspectorate. This highlights that there are built-in mechanisms to continually examine practice, particularly in the small number of cases where re-offending has occurred.



Continue to deliver training across the Tayside Partnership with a focus on learning from audits and significant reviews to improve our practice

During this year training has taken place for all MAPPA Chairs with a particular focus of defensible decision making and preparation of risk management plans. This training is given to all persons who will chair a MAPPA meeting at Level 1, 2 or 3. This year 15 staff members were trained and continue to chair the MAPPA meetings. Training will continue to be a priority in the coming year and will need to be adapted due to the impact of the current restrictions on face to face meetings due to the pandemic.

Review and streamline the arrangements for undertaking ICR's

A further key focus for the SOG this year was a review of the management of reported further offending and to clarify the process for submission of a notification for consideration by the SOG chair for progression to an Initial Case Review or Significant Case Review. A revised process has been agreed and implemented. When a notification is submitted to the SOG chair and if further information is required an ICR Panel will be called to consider the circumstances. This panel will be made up of a representative from CJSW, Police, NHS, the MAPPA Co-ordinator and SOG chair. This panel will then consider whether the case needs to progress to a SCR and if there are any areas of good practice or areas for learning, before making proposals to the chair.



STATISTICAL INFORMATION

As of 31 March 2020, there were 407 Registered Sex Offenders managed in the community in Tayside, an increase of 27 offenders on the previous year. Of these, 144 (35%) were subject to a statutory supervision requirement with Community Justice Social Work and managed jointly with Police Scotland Offender Management officers.

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

ANGUS – 116 - an increase of 14 on the previous year

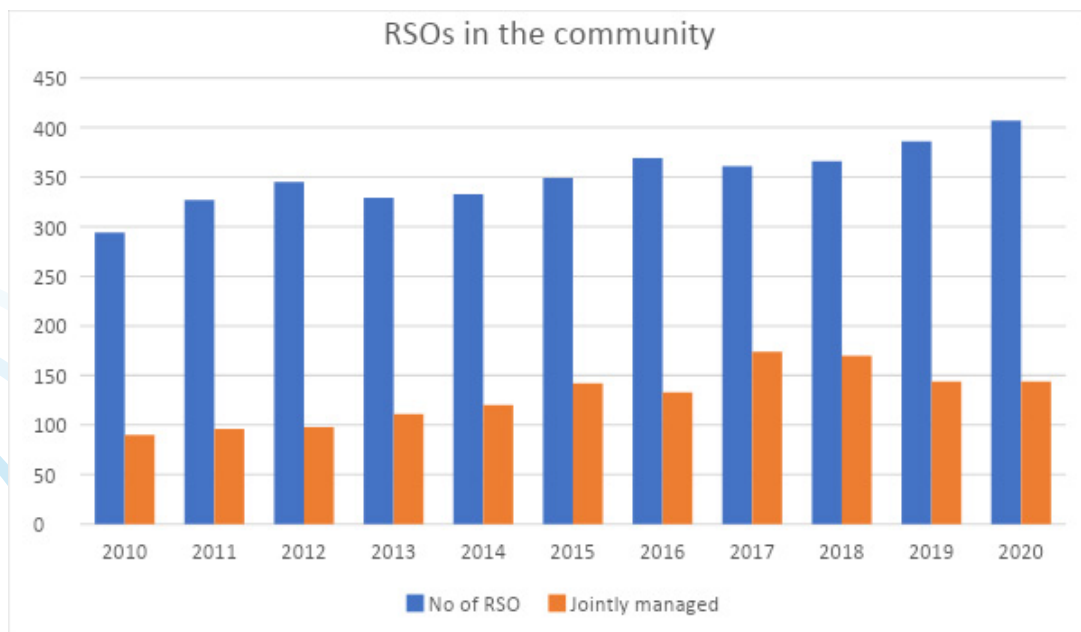
DUNDEE – 167 – an increase of 11 on the previous year

PERTH & KINROSS – 124 – an increase of 2 on the previous year

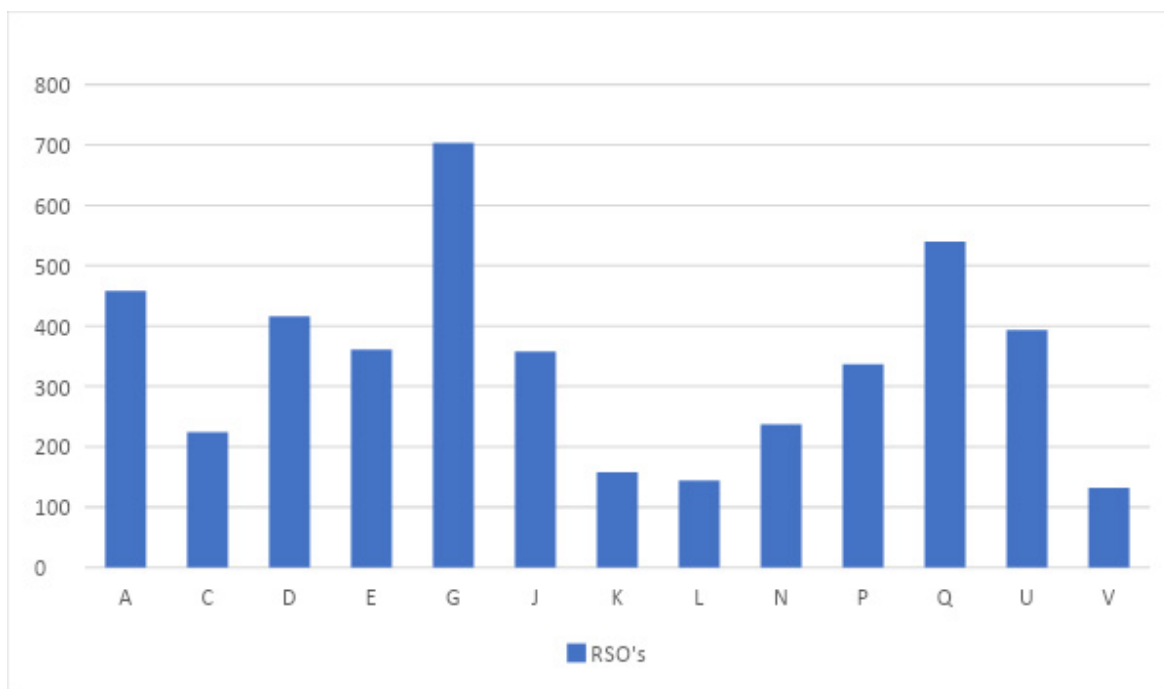
In March 2016 MAPPA was extended to include Category 3 offenders, who are certain high-risk individuals subject to a statutory order and require multi-agency management. This year 4 individuals have been considered under the Category 3 process.

If an offender is convicted of a sexual offence overseas and thereafter moves to the UK or is deported back to the UK then the police can apply to the courts for a Notification Order. This order then makes that individual a registered offender and subject to Sex Offender Notification Order requirements as if convicted in this country. At this time there are 6 offenders managed by such an order in Tayside.

Over the past 10 years there has been an increase of 113 offenders in the community and to accommodate this increase the Offender Management Units and Social Work Public Protection teams have added to their staff numbers. The following graph shows that increase and also included is the number of offenders who are jointly managed, by Community Justice Social Work by means of an order eg licence or Community Payback Order and are Registered Sex Offenders.



The following graph provides a comparison between the areas of Scotland. The information was drawn from ViSOR.



A Aberdeen, Aberdeenshire & Moray	J Lothians & Scottish Borders	Q Lanarkshire
B Forth Valley	K Renfrewshire & Inverclyde	U Ayrshire
D Tayside	L Argyll & West Dumbartonshire	V Dumfries & Galloway
E Edinburgh	N Highlands & Islands	
G Glasgow	P Fife	



FORWARD PLANS

The following priorities have been identified for the coming year 2020/2021

- Further development of Risk Register for SOG following impact of Covid 19
- Implement the Strategic Plan including outstanding actions identified from Significant case Reviews
- Training plan to be developed and agreed
- Communication plan to be agreed and implemented
- Further progress with data collection and analysis

As the year 2019/2020 ended, the Pandemic Covid 19 necessarily caused a change in the way we operated both as a MAPPA SOG and at an operational level. As we went into lock down all our MAPPA meetings at Level 1,2 and 3 changed from being face to face and are now conducted using teleconference technology. This has meant that all required MAPPA meetings have been held in required timescales with all partners able to engage in the meetings and contribute.

The Offender Management Unit and Community Justice Social Work workforce have continued to contact their clients by telephone and offer secure office appointments and home visits where required all acknowledging social distancing and the use of personal protective equipment. At HMP Castle Huntly home leave prisoners were unable to access the wider community and this restriction remains.

The MAPPA SOG has continued to meet by teleconference more regularly to monitor the arrangements and has made a priority of establishing a Risk Register to share information and analysis of the evolving risks as the management of the Pandemic progressed. MAPPA figures and analysis were also part of a wider Protecting People dataset managed by each Chief Officer's Group in Angus, Dundee and Perth & Kinross. Although the vast majority of these actions took place in the 20-21 reporting period it is important to explain the arrangements that were put in place in late March 2020 to respond to the Public Health crisis and will be further developed over the coming year.



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MAPPA
Tayside Multi Agency
Public Protection Arrangements





REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD –
24 FEBRUARY 2021

REPORT ON: CARERS ACT FUNDING 2020/21

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: DIJB4-2021

1.0 PURPOSE OF REPORT

1.1 To seek approval from the Integration Joint Board (IJB) to release resources from additional Carers Act funding 2020/21 within the IJB's delegated budget to projects and services following recommendations from the Dundee Carers' Partnership.

2.0 RECOMMENDATIONS

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

2.1 Approves the recommendations from the Dundee Carers' Partnership to fund projects and services in relation to additional Carers Act funding 2020/21 contained within the IJB's delegated budget as set out in section 4.3 of this report.

2.2 Remits the Chief Officer to issue direction to Dundee City Council as indicated in section 8 of the report.

3.0 FINANCIAL IMPLICATIONS

3.1 These recommendations will cost £18,500 and will be funded from the additional funding received from Scottish Government for implementation of the Carers Act 2014 in 2020/21 and approved within the IJB's delegated budget of £148,000.

4.0 MAIN TEXT

4.1 As a result of the impact of COVID on operational services planning and delivery, some of the Carer's Act funding within the IJB's delegated budget for 2020/21 remains unspent. The Carers Partnership agreed to put out a request for bids for this unallocated funding and established an assessment panel to make recommendations to the Partnership in relation to received bids. The Carers Partnership identified 2 priority areas where they would particularly welcome bids in line with the Carers Act: Addressing needs of carers post COVID and supporting the local implementation of Adult Carer Support Plans. Although the focus was to recommend allocations for 2020/21 it was agreed that bids would also be considered for 2021/22, dependent on the outcome of evaluations of existing projects being funded on a year to year basis.

4.2 A request for bids was circulated by Carers of Dundee, shared through social media and e-mailed to those who may be interested in applying. A total of 7 bids were received within the requested timescale. Further proposals for this funding for 2021/22 will be sought during the next financial year.

- 4.3 Following consideration of recommendations of the assessment panel the Carers Partnership have put forward the following recommendations for approval from this funding:

Applicant	Project/work	Recommendation	Recommended Funding	
			2020/21 £	2021/22 £
Dundee Carers Partnership	Adult Carer Support Plans development	Fully Supported	8,000	
NHS Tayside CAMHS	Family Feeling	Partially supported	500	For further discussion
Dundee Health & Social Care Partnership – the Corner	You Got This	Partially supported - further discussion required to access further funding	10,000	n/a
Total			18,500	

5.0 POLICY IMPLICATIONS

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

6.0 RISK ASSESSMENT

Risk 1 Description	There is a risk that the statutory obligations of the Carers Act are not met
Risk Category	Legal / Operational
Inherent Risk Level	Likelihood 3 x Impact 3 = Risk Scoring 9 (which is High Risk Level)
Mitigating Actions (including timescales and resources)	Provision of sufficient funding from Scottish Government to meet implications of implementation of Carers Act over a 5 year period from 2018/19
Residual Risk Level	Likelihood 2 x Impact 3 = Risk Scoring 6 (which is a Moderate Risk Level)
Planned Risk Level	Likelihood 1 x Impact 2 = Risk Scoring 2 (which is a Low Risk Level)
Approval recommendation	Given the low level of risk associated with this assessment, 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	X
	3. NHS Tayside	
	4. Dundee City Council and NHS Tayside	

9.0 BACKGROUND PAPERS

9.1 None.

Dave Berry
Chief Finance Officer

DATE: 15th February 2021

Jenny Hill, co-chair Carers' Partnership
Lucinda Godfrey, co-chair Carers' Partnership

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DIRECTION FROM DUNDEE CITY INTEGRATION JOINT BOARD

1	Reference	
2	Date Direction issued by Integration Joint Board	24 February 2021
3	Date from which direction takes effect	24 February 2021
4	Direction to:	Dundee City Council
5	Does this direction supersede, amend or cancel a previous direction – if yes, include the reference number(s)	No
6	Functions covered by direction	Support to Carers
7	Full text of direction	Dundee Integration Joint Board directs Dundee City Council to provide Carers Funding support to the organisations set out in Section 4.3 of this report.
8	Budget allocated by Integration Joint Board to carry out direction	£18,500
9	Performance monitoring arrangements	Through regular monitoring reports to Dundee Carers Partnership and financial monitoring reports to Dundee Integrated Joint Board
10	Date direction will be reviewed	31 st March 2021

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REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD –
24 FEBRUARY 2021

REPORT ON: FINANCIAL MONITORING POSITION AS AT DECEMBER 2020

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: DIJB5-2021

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 31st December 2020 as outlined in Appendices 1, 2, 3 and 4 of this report.
- 2.2 Notes the costs and financial risks associated with Dundee Health and Social Care Partnership's response to the COVID-19 crisis as set out in section 4.5 of this report.
- 2.3 Notes that officers within the Health and Social Care Partnership will continue to carefully monitor expenditure and develop a range of actions to mitigate any overspend.

3.0 FINANCIAL IMPLICATIONS

- 3.1 The underlying financial monitoring position for Dundee Health and Social Care Partnership based on expenditure to 31st December 2020 (excluding any implications of additional COVID-19 spend) shows a net projected underspend position at the year-end of £773k. 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 are submitted to the Scottish Government regularly and at this stage include 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 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. Further detail is provided in 4.5.5 of this report.

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 £2,675k 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 (£1,342k) and overall prescribing is projected to be underspend by (£1,115k). A further underspend of (£207k) is projected as a result of the net effect of hosted services risk sharing.

4.3.2 Service underspends are reported within Community Based Psychiatry of Old Age (£800k), Physiotherapy (£170k), Keep Well (£140k), Public Health (£130k) hosted services such as Psychology (£340k), Tayside Dietetics (£10k), Learning Disability (Tayside AHP) (£100k) and Sexual & Reproductive Health (£420k) mainly as a result of staff vacancies.

4.3.3 Service overspends are anticipated in Enhanced Community Support £630k, Medicine for the Elderly £670k and Psychiatry of Old Age In-Patients £610k. Occupational Therapy budgets are projected to be overspent by £220k with further overspends arising in Community Nursing of £250k, Substance Misuse Services of £280k and General Adult Psychiatry of £220k. 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 £207k.
- 4.3.5 GP Prescribing budgets are projecting an underspend of £1,115k 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 than 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 £1,902k which is a significant improvement from the 2019/20 year end position where an overspend of £5.6m 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 £2.1m at this stage of the financial year. Care home placements for adults are projected to be overspent by £287k offset by an underspend in respite care of £296k. Staff costs are projected to be £287k 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 to 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. The allocation of this funding is based on a number of different factors, including actual spend based on the first quarter financial return and the application of national formulae (NRAC). Given the level of uncertainty around different aspects of projected costs, funding had initially been confirmed on the basis of actual spend for quarter 1 for health and social care costs (health capped at the NRAC share) with quarters 2-4 confirmed at 70% of projected health costs and 50% of projected social care costs. Other costs such as family health services will be funded separately. A further allocation has been received in January 2021, following submission of Q3 financial returns. Under this formula, Dundee IJB's confirmed allocation to date has been calculated at £11.9m which has now been received and this is anticipated to cover all projected additional COVID-19 expenditure during 2020/21. Therefore, there is no longer any residual funding shortfall risk to the IJB for 2020/21.
- 4.5.5 During November 2020 and January 2021, the Scottish Government released funding for health and social care totalling £232m. This includes £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.
- 4.5.6 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.
- 4.5.7 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.
- 4.5.8 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. The final actual additional expenditure is not known at this stage however payments of around £1.5m have been made to date.

- 4.5.9 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.
- 4.5.10 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 and represents the required funding on the three programmes to meet the full commitments as set out previously by the Scottish Government. 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 4.5.5 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 part of this funding may be unspent at 31st March 2021 and will be identified as a new earmarked reserve at that point.

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 at this stage of the financial year it is considered that the risk of these not being delivered are generally low. This assessment is set out in Appendix 4.

5.0 POLICY IMPLICATIONS

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

6.0 RISK ASSESSMENT

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

7.0 CONSULTATIONS

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

8.0 DIRECTIONS

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

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

9.0 BACKGROUND PAPERS

9.1 None.

Dave Berry
Chief Finance Officer

Date: 15th February 2021

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Appendix 1						
DUNDEE INTEGRATED JOINT BOARD - HEALTH & SOCIAL CARE PARTNERSHIP - FINANCE REPORT 2020/21						
Dec-20						
	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	1,574	16,369	1,245	56,795	2,818
Mental Health	4,796	399	3,669	220	8,465	619
Learning Disability	26,262	268	1,458	(33)	27,720	236
Physical Disabilities	5,492	350	0	0	5,492	350
Substance Misuse	2,061	(143)	2,637	280	4,698	137
Community Nurse Services/AHP/Other Adult	969	(655)	13,191	304	14,160	(351)
Hosted Services	0	0	21,091	(259)	21,091	(259)
Other Dundee Services / Support / Mgmt	171	110	37,183	(290)	37,354	(180)
Centrally Managed Budgets	0		2,700	(484)	2,700	(484)
Less: Covid 19 Spend			0	(2,325)	0	(2,325)
Total Health and Community Care Services	80,178	1,902	98,298	(1,342)	178,476	560
Prescribing (FHS)	0	0	31,901	(962)	31,901	(962)
Other FHS Prescribing	0	0	301	(153)	301	(153)
General Medical Services	0	0	27,803	76	27,803	76
FHS - Cash Limited & Non Cash Limited	0	0	21,954	(87)	21,954	(87)
Large Hospital Set Aside			18,172	0	18,172	0
Total	80,178	1,902	198,429	(2,468)	278,607	(566)
Net Effect of Hosted Services*			(3,535)	(207)	(3,535)	(207)
Grand Total	80,178	1,902	194,894	(2,675)	275,072	(773)
*Hosted Services - Net Impact of Risk Sharing Adjustment						

- AHP – Allied Health Professionals
- FHS – Family Health Services

Dundee City Integration Joint Board – Health and Social Care Partnership – Finance Report December 2020

	Dundee City Council Delegated Services		NHST Dundee Delegated Services		Partnership Total	
	Annual Budget	Projected Over / (Under)	Annual Budget	Projected Over / (Under)	Annual Budget	Projected Over / (Under)
	£,000	£,000	£,000	£,000	£,000	£,000
Psychiatry of Old Age (POA) (In Patient)			4,457	610	4,457	610
Older People Serv. – Ecs			1,093	630	1,093	630
Older Peoples Services -Community			674	-15	674	-15
Continuing Care			0	60	0	60
Medicine for the Elderly			5,455	670	5,455	670
Medical (POA)			716	61	716	61
Psychiatry Of Old Age (POA) – Community			2,295	-800	2,295	-800
Intermediate Care			26	-21	26	-21
Medical (Medicine for the Elderly)			1,653	50	1,653	50
Older People Services	40,426	1,574			40,426	1,574
Older Peoples Services	40,426	1,574	16,369	1,245	56,795	2,818
General Adult Psychiatry			3,669	220	3,669	220
Mental Health Services	4,796	399			4,796	399
Mental Health	4,796	399	3,669	220	8,465	619
Learning Disability (Dundee)	26,262	268	1,458	-33	27,720	236
Learning Disability	26,262	268	1,458	-33	27,720	236

		Dundee City Council Delegated Services		NHST Dundee Delegated Services		Partnership Total	
		Annual Budget	Projected Over / (Under)	Annual Budget	Projected Over / (Under)	Annual Budget	Projected Over / (Under)
		£,000	£,000	£,000	£,000	£,000	£,000
Physical Disabilities		5,492	350			5,492	350
	Physical Disabilities	5,492	350	0	0	5,492	350
Substance Misuse		2,061	-143	2,637	280	4,698	137
	Substance Misuse	2,061	-143	2,637	280	4,698	137
A.H.P. Admin				422	-21	422	-21
Physiotherapy				3,941	-170	3,941	-170
Occupational Therapy				1,500	220	1,500	220
Nursing Services (Adult)				6,587	250	6,587	250
Community Supplies - Adult				315	70	315	70
Anticoagulation				426	-45	426	-45
Intake/Other Adult Services		969	-655			969	-655
	Community Nurse Services / AHP / Intake / Other Adult Services	969	-655	13,191	304	14,160	-351

	Dundee City Council Delegated Services		NHST Dundee Delegated Services		Partnership Total	
	Annual Budget	Projected Over / (Under)	Annual Budget	Projected Over / (Under)	Annual Budget	Projected Over / (Under)
	£,000	£,000	£,000	£,000	£,000	£,000
Palliative Care – Dundee			2,841	40	2,841	40
Palliative Care – Medical			1,236	200	1,236	200
Palliative Care – Angus			358	20	358	20
Palliative Care – Perth			1,796	120	1,796	120
Brain Injury			1,786	200	1,786	200
Dietetics (Tayside)			3,123	-10	3,123	-10
Sexual and Reproductive Health			2,260	-420	2,260	-420
Medical Advisory Service			105	-45	105	-45
Homeopathy			29	6	29	6
Tayside Health Arts Trust			100	-10	100	-10
Psychology			5,622	-340	5,622	-340
Psychotherapy (Tayside)			984	80	984	80
Learning Disability (Tayside AHP)			852	-100	852	-100
Hosted Services	0	0	21,091	-259	21,091	-259
Working Health Services			0	0	0	0
The Corner			428	-35	428	-35
Grants Voluntary Bodies Dundee			2	0	2	0
IJB Management			546	75	546	75
Partnership Funding			34,542	0	34,542	0
Urgent Care			0	0	0	0
Public Health			440	-130	440	-130
Keep Well			619	-140	619	-140
Primary Care			606	-60	606	-60
Support Services/Management Costs	171	110			171	110
Other Dundee Services / Support / Mgmt	171	110	37,183	-290	37,354	-180

	Dundee City Council Delegated Services		NHST Dundee Delegated Services		Partnership Total	
	Annual Budget	Projected Over / (Under)	Annual Budget	Projected Over / (Under)	Annual Budget	Projected Over / (Under)
	£,000	£,000	£,000	£,000	£,000	£,000
Centrally Managed Budgets			2,700	-484	2,700	-484
Less: Covid Identified Spend			0	-2,325	0	-2,325
Total Health and Community Care Services	80,178	1,902	98,298	-1,342	178,476	560
Other Contractors						
Prescribing (FHS)			31,901	-962	31,901	-962
Other FHS Prescribing			301	-153	301	-153
General Medical Services			27,803	76	27,803	76
FHS - Cash Limited and Non Cash Limited			21,954	-87	21,954	-87
Large Hospital Set Aside			18,172	0	18,172	0
Grand Total HSCP	80,178	1,902	198,429	-2,468	278,607	-566
Hosted Recharges Out			-12,472	-197	-12,472	-197
Hosted Recharges In			8,936	-9	8,936	-9
Hosted Services - Net Impact of Risk Sharing Adjustment			-3,535	-207	-3,535	-207
Total	80,178	1,902	194,894	-2,675	275,072	-773

**NHS Tayside - Services Hosted by Integrated Joint Boards - Charge to Dundee
Integration Joint Board
Risk Sharing Agreement - December 2020**

Appendix 3

Services Hosted in Angus	Annual Bud	Forecast Over or (Underspend)	Dundee Allocation
Forensic Service	1,017,253	205,000	80,800
Out of Hours	8,031,342	270,000	106,400
Locality Pharmacy	1,801,900	0	0
Tayside Continence Service	1,502,839	-43,000	-16,900
Speech Therapy (Tayside)	1,199,794	-127,000	-50,000
Hosted Services	13,553,128	305,000	120,200
Apprenticeship Levy	46,000	1,100	400
Baseline Uplift surplus / (gap)	0	0	0
Balance of Savings Target	-28,734	28,700	11,300
Grand Total Hosted Services	13,570,394	334,800	131,900

Services Hosted in Perth

Prison Health Services	3,924,573	-205,000	-80,800
Public Dental Service	2,177,448	-171,000	-67,400
Podiatry (Tayside)	3,201,515	-286,500	-112,900
Hosted Services	9,303,536	-662,500	-261,000
Apprenticeship Levy	41,700	-2,356	-900
Baseline Uplift surplus / (gap)	72,000	0	0
Balance of Savings Target	-306,208	306,208	120,600
Grand Total Hosted Services	9,111,028	-358,648	-141,300

Total Hosted Services

22,681,422	-23,848	-9,400
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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	
<i>New Savings for 2020/21</i>		
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	

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**REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD –
24 FEBRUARY 2021**

REPORT ON: DUNDEE IJB 2021/22 BUDGET DEVELOPMENT UPDATE

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: DIJB6-2021

1.0 PURPOSE OF REPORT

- 1.1 The purpose of this paper is to provide the Integration Joint Board (IJB) with an overview of the potential implications of the Scottish Government's Draft Budget 2021/22 and anticipated cost pressures on the IJB's Delegated Budget 2021/22.

2.0 RECOMMENDATIONS

It is recommended that the IJB:

- 2.1 Notes the content of this report including the potential implications to the delegated budget of the impact of the Scottish Government's Draft Budget on Dundee City Council and NHS Tayside's financial settlements as set out in sections 4.2 and 4.3 of this report;
- 2.2 Notes the potential implications of these in relation to funding settlements to Dundee Integration Joint Board's delegated budget against the range of increased costs and cost pressures anticipated in 2021/22 as set out in section 4.3 and Appendix 1 to this report.
- 2.3 Remits to the Chief Finance Officer to present a proposed budget for 2021/22 for consideration by the IJB at its meeting on 26th March 2021.

3.0 FINANCIAL IMPLICATIONS

- 3.1 The net anticipated financial shortfall within the IJB's delegated budget 21/22 is around £5.062m prior to the identification and application of any financial savings. This position will continue to be refined as the Scottish Government's budget passes through the parliamentary process and Dundee City Council and NHS Tayside set their respective budgets.
- 3.2 The Chief Finance Officer will present a proposed budget to the IJB at its meeting on 26th March 2021 for consideration.

4.0 MAIN TEXT

- 4.1.1 Dundee Integration Joint Board was presented with an update on the development of the delegated budget 2021/22 at its meeting of the 15th December 2020 (Article XI of the Minute refers). This was the first in a series of budget development reports to ensure the IJB was fully informed of the financial environment impacting on Dundee City Council, NHS Tayside and ultimately the IJB's delegated budget.
- 4.1.2 Given the current response to the Covid-19 pandemic, the UK Government delayed the announcement of the budget statement for 2021/22 with the Scottish Government subsequently delaying the publication of its own draft budget. Therefore the budget processes of Dundee City Council and NHS Tayside have also been delayed. The Scottish Government issued its Draft Budget on the 28th January 2021. The draft 2021/22 Scottish Budget will be debated by the Scottish Parliament in late February / early March 2021, with the Local Government Finance (Scotland) Order 2021 due to be presented to the Scottish Parliament on

10 March 2021. Given these timescales and the legislative requirement that local authorities must set their budgets for council tax purposes by the 11th March. Dundee City Council plans to set its budget on the 4th March 2021. The Director of Finance of NHS Tayside has provided indicative figures based on the budget announcement with confirmation to be provided once NHST Tayside sets out its financial plan to a future Board meeting.

- 4.1.3 Given at this stage the Scottish Government's Budget is still in draft, there remains the possibility that there could be changes to the budget settlements to local authorities and NHS Boards as the Budget Bill is passed in the Scottish Parliament. Therefore the figures noted below are subject to change.

4.2 Draft Scottish Budget Implications

Dundee City Council

- 4.2.1 The Local Government Finance Settlement figures have been confirmed in Local Government Finance Circular 1/2021, issued by the Scottish Government on 1 February 2021. The figures are provisional at this stage and are subject to consultation between the Scottish Government and COSLA prior to being laid before the Scottish Parliament on 10th March 2021.
- 4.2.2 The local government settlement at a national level includes a cash increase of £335m however COSLA has highlighted that this includes Scottish Government commitments of £241m which local authorities are expected to deliver on therefore the position is a real terms cash increase of £94m.
- 4.2.3 Based on current assumptions, Dundee City Council will require to identify budget savings totalling around £5.7million in order to achieve a balanced budget in 2021/22. This figure assumes that the Council Tax will be frozen and the Council can therefore access additional grant funding of £2.123 million to be made available by the Scottish Government as part of the Local Government Settlement to freeze Council Tax. If, however, the Council Tax is increased then this additional grant funding will not be available. These figures continue to be reviewed as more information is understood about the range of pressures and funding contained in the settlement.

NHS Tayside

- 4.2.4 All Territorial Health Boards in Scotland will receive a baseline uplift of 1.5% with some Boards receiving a further increase as part of arrangements to ensure all Boards funding is maintained within 0.8% of NRAC parity (the national allocation formula). NHS Tayside will not receive any additional funding for NRAC parity in 2021/22 therefore its share of the 1.5% uplift is an additional £12.1m of baseline funding. The total increase to baseline funding to NHS Boards will be £186.2m in 2021/22. NHS Boards have been instructed by the Scottish Government to deliver an uplift of at least 1.5% over 2020/21 agreed recurring budgets to Integration Authorities in relation to delegated health functions. A further £869m is being provided to support the ongoing response to the pandemic for Health and Social Care with the expectation of further funding provided by the UK Government. The approach to distributing of this funding will be developed following receipt of remobilisation plans at the end of February 2021.
- 4.2.5 In addition to this uplift, further investment in reform in the following areas will see an additional £123.9m available to NHS Boards:

Improving Patient Outcomes	2020/21 Investment in Reform (£m)	2021/22 Investment in Reform (£m)	Increase for 2020/21 (£m)
Primary Care	205	250	45
Waiting Times	136	136	-
Mental Health and CAMHS	89	111.1	22.1
Trauma Networks	31	37.8	6.8
Drug Deaths	11	61	50
Total	472	595.9	123.9

Within these allocations, Primary Care and Action 15 Mental Health funding (as part of the Mental Health and CAMHS additional investment) will flow through to Integration Joint Boards and are at the level anticipated.

4.2.6 Health and Social Care Integration

The Scottish Government's budget makes further provision for the transfer of resources from the Health Portfolio to Local Authorities for investment in social care and integration to the value of £72.6m. This funding includes a contribution to the continued delivery of the living wage to all adult social care staff of £34m, uprating for free personal and nursing care payments (£10.1m) and implementation of the Carers Act in line with the Financial Memorandum of the Carers Bill of £28.5m.

The funding allocated to Integration Authorities should be additional and not substitutional to each Council's 2020-21 recurring budgets for social care services that are delegated. This means that, when taken together, Local Authority social care budgets for allocation to Integration Authorities must be £72.6 million greater than 2020-21 recurring budgets.

4.3 Potential Impact on Dundee Integration Joint Board Delegated Budget

4.3.1 The previous report presented to the IJB at its meeting of 15 December 2020 set out a range of additional costs which are likely to result in pressures to the IJB's delegated budget in 2020/21. These have continued to be costed based on a range of assumptions and will continue to be updated as clearer information is received around the nature and scale of these pressures. These pressures are set out in Appendix 1. In particular, assumptions around demographic growth across services and consideration of emerging current year cost pressures likely to be recurring have been adjusted for. These additional commitments total £10.368m and exclude any cost implications of responding to the Covid-19 pandemic.

4.3.2 Following the publication of the Draft Scottish Budget, the potential changes to funding allocations to the IJB's Delegated Budget from Dundee City Council and NHS Tayside have now been included in the IJB's financial planning framework and are set out as funding sources to contribute to the cost pressures in Appendix 1. These are subject to further discussion, clarification and agreement with the partner bodies and Scottish Government.

4.3.3 The Scottish Government's funding allocations for additional investment in Health and Social Care Integration to support cost pressures such as the living wage and increases to free personal and nursing care payments in addition to the implementation of the Carers Act is welcome given these would have become pressures the IJB would be required to meet from savings elsewhere. However, unlike in previous years, there is no additional funding provided to offset inflationary and other cost pressures within the delegated budget such as the increase in the National Care Home. Furthermore, initial estimates suggest the funding for living wage and free personal care will be insufficient to meet the cost implications of the policy. The 1.5% funding uplift for delegated NHS budgets which Boards have been instructed to pass on to IJB's will also present challenges albeit this assumes a 1% pay policy increase with further funding to be provided should the actual pay award be in excess of this.

4.3.4 A range of savings options required to meet the funding gap will be presented to the IJB at its meeting of the 26th March 2021 for consideration as part of the IJB's budget setting process.

5.0 POLICY IMPLICATIONS

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

6.0 RISK ASSESSMENT

Risk 1 Description	There is a risk that the IJB will not be able to balance its resources and achieve its strategic objectives should the combination of the level of funding provided through the delegated budget and the impact of the IJB's Transformation Efficiency Programme be insufficient.
Risk Category	Financial
Inherent Risk Level	Likelihood 4 x Impact 4 = 16 (Extreme)
Mitigating Actions (including timescales and resources)	Developing a robust and deliverable Transformation Programme Negotiations with Dundee City Council and NHS Tayside to agree the most advantageous funding package as part of the development of the IJB's delegated budget.
Residual Risk Level	Likelihood 3 x Impact 4 = 12 (High)
Planned Risk Level	Likelihood 3 x Impact 4 = 12 (High)
Approval recommendation	Despite the high level of risk, it is recommended that this should be accepted at this stage of the budget process with a reviewed position set out as the proposed budget is set out to the IJB in March 2021.

7.0 CONSULTATION

7.1 The Chief Officer, Director of Finance of NHS Tayside, Executive Director (Corporate Services) of Dundee City Council and the Clerk have been consulted on the content of this paper.

8.0 DIRECTIONS

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

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

9.0 BACKGROUND PAPERS

9.1 None.

Dave Berry
Chief Finance Officer

DATE: 08 February 2021

DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP		
REVENUE BUDGET 2021/22		
Anticipated Cost Pressures:		2021/22 Total Delegated Budget Cost Pressures
		£000
Non-Recurring Savings 2020/21		148
Current Year Budget Pressures		1,500
Total Current Years Funding Requirements		1,648
New Pressures 2021/22 - Inflationary Pressures		
Staff Pay Increases		1,537
Increased Costs of Externally Provided Services (incl living wage)		2,161
Prescribing Growth		1,156
Total Inflationary Pressures		4,854
National Policy Costs		
Carers Act Implementation - Year 4		794
Free Personal & Nursing Care Rate Increases		259
Primary Care Improvement Funding		1,333
Action 15 Mental Health Funding		237
Total National Policy Costs		2,623
Demographic Pressures		1,243
Total Anticipated Cost Pressures 2021/22		10,368
Less: Scottish Government Specific Funding Previously Announced		
Primary Care		(1,333)
Action 15 Mental Health		(237)

Less: Implications of Scottish Draft Budget 2021/22			
NHS Tayside Assumed Uplift @1.5%		(1,779)	
Share of Additional £96m:			
Living Wage		(1,010)	
Carers Act		(794)	
Free Personal Care		(153)	
Net Anticipated Funding Shortfall 2021/22		5,062	

DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD - ATTENDANCES - JANUARY 2020 TO DECEMBER 2020

Organisation	Member	Meeting Dates January 2020 to December 2020						
		25/2	27/3*	28/4*	23/6*	25/8	27/10	15/12
Dundee City Council (Elected Member)	Cllr Ken Lynn	A				✓	✓	✓
Dundee City Council (Elected Member)	Cllr Roisin Smith	✓				✓	✓	✓
Dundee City Council (Elected Member)	Bailie Helen Wright	✓				✓	✓	✓
NHS Tayside (Non Executive Member)	Trudy McLeay	✓				✓	✓	✓
NHS Tayside (Non Executive Member)	Jenny Alexander	✓				A	A	A
NHS Tayside (Non Executive Member)	Professor Rory McCrimmon							
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)	Kathryn Brechin	✓				A		
NHS Tayside (Registered Nurse)	Wendy Reid					A	A	✓
NHS Tayside (Registered Medical Practitioner (not providing primary medical services))	Dr James Cotton	A				✓	A	✓
Trade Union Representative	Jim McFarlane	✓				✓	✓	✓
NHS Tayside (Staff Partnership Representative)	Raymond Marshall	✓				A	✓	✓
Voluntary Sector Representative	Eric Knox	✓				✓	✓	✓
Service User Representative	Linda Gray	✓				A	✓	✓
Carer Representative	Martyn Sloan	✓				✓	✓	✓
NHS Tayside (Director of Public Health)	Dr Drew Walker	✓				A		
NHS Tayside (Director of Public Health)	Dr Emma Fletcher					A	A	A/S

- ✓ Attended
- A Submitted Apologies
- A/S Submitted Apologies and was Substituted
- ☐ No Longer a Member and has been replaced / Was not a Member at the Time
- * These meetings were not held due to health emergency

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