



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

Assistant to Clerk:  
Willie Waddell  
Committee Services Officer  
Dundee City Council

City Chambers  
DUNDEE  
DD1 3BY

27th April, 2016

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

Dear Sir or Madam

**DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD**

I would like to invite you to attend a meeting of the above Integration Joint Board which is to be held in Committee Room 1, 14 City Square, Dundee on Wednesday, 4th May, 2016 at 4.00pm.

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

Yours faithfully

DAVID W LYNCH  
Chief Officer



## **AGENDA**

### **1 APOLOGIES FOR ABSENCE**

### **2 DECLARATIONS OF INTEREST**

Members are reminded that, in terms of The Councillors Code, it is their responsibility to make decisions about whether to declare an interest in any item on this Agenda and whether to take part in any discussions or voting.

### **3 MINUTES OF PREVIOUS MEETINGS - Pages 1 and 11**

- (a) The minute of the meeting of the Integration Joint Board held on 23rd February, 2016 is submitted for approval, copy attached.
- (b) The minute of the Special meeting of the Integration Joint Board held on 15th March, 2016 is submitted for approval, copy attached.

### **4 INTEGRATED CARE FUND SHOWCASE – HOME FROM HOSPITAL SERVICE (ROYAL VOLUNTARY SERVICE)**

Presentation by Christina Cooper, Project Co-Ordinator, Dundee Voluntary Action.

### **5 PLANNING FOR ADDITIONAL RESOURCES - Page 15**

(Report No DIJB15-2016 by Chief Officer, attached).

### **6 INTEGRATION JOINT BOARD FINANCIAL REGULATIONS - Page 31**

(Report DIJB3-2016 by Chief Finance Officer, attached).

### **7 INTERNAL AUDIT ARRANGEMENTS 2016/17 - Page 53**

(Report No DIJB9-2016 by Chief Finance Officer, attached).

### **8 DUNDEE REGISTERED SERVICES FOR ADULTS (EXCLUDING CARE HOMES) - Page 55**

(Report No DIJB17-2016 by Chief Officer, attached).

### **9 OUTCOME OF CARE INSPECTORATE INSPECTION – HOME CARE EAST SERVICE - Page 77**

(Report No DIJB18-2016 by Chief Officer, attached).

### **10 OUTCOME OF CARE INSPECTORATE INSPECTION – HOME CARE WEST SERVICE - Page 119**

(Report No DIJB19-2016 BY Chief Officer, attached).

### **11 NATIONAL CARE HOME CONTRACT FEE SETTLEMENT 2016/17 - Page 161**

(Report No DIJB20-2016 by Chief Finance Officer, attached).

### **12 HEALTH AND SOCIAL CARE GOVERNANCE - Page 171**

(Report No DIJB21-2016 by Chief Officer, attached).

### **13 RISK MANAGEMENT POLICY AND STRATEGY - Page 175**

(Report No DIJB22-2016 by Chief Finance Officer, attached).

### **14 EQUALITY OUTCOMES AND MAINSTREAMING EQUALITIES REPORT - Page 189**

(Report No DIJB23-2016 by Chief Officer, attached).

## **15      STANDING ORDERS, CODE OF CONDUCT AND APPOINTMENT OF A STANDARDS OFFICER(ANDIJB1-2016)**

Reference is made to the Integration Joint Board's Standing Orders.

By virtue of The Public Bodies (Joint Working) (Integration Joint Boards and Integration Joint Monitoring Committees) (Scotland) Amendment (No 2) Order 2015 (Scottish Statutory Instrument 432/2015) Integration Joint Boards must update their Standing Orders to take account of changes to the procedure to be used where a Board Member has a conflict of interest in relation to an item of business.

The Clerk has revised paragraphs 7.3 and 7.4 of the Board's Standing Orders accordingly and a copy has been issued to all Members separately for information.

In addition, the Scottish Government has now produced a Template Code of Conduct for adoption by all Integration Joint Boards. The Clerk has prepared a draft Code of Conduct based on the Template which it is recommended the Integration Joint Board should agree to submit to the Scottish Government for approval. Again, a copy of the draft has been issued to all Members separately for information. In the event that the Scottish Government approve the draft Code of Conduct, the Integration Joint Board must then publish the Code as well as a Register of Members' Interests and the Clerk will report further in due course.

Finally, the Integration Joint Board have been asked by the Standards Commission for Scotland to nominate a Standards Officer. The Chief Officer has written to the Commission to nominate the Clerk to carry out this role and approval of this nomination has now been received.

## **16      DATE OF NEXT MEETING**

The next meeting of the Integration Joint Board will be held in Committee Room 1, 14 City Square on Tuesday 28th June, 2016 at 4.00pm

**The Integration Joint Board may resolve under Section 50(A)(4) of the Local Government (Scotland) Act 1973 that the press and public be excluded from the meeting for the undernoted item of business on the grounds that it involves the likely disclosure of exempt information as defined in paragraph (3, 6 and 9) of Part I of Schedule 7A of the Act.**

## **17      INTERMEDIATE CARE UNIT - EXTENSION OF CONTRACT**



At a MEETING of the **DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** held at Dundee on 23rd February, 2016.

Present:-

**Members**

**Role**

Doug Cross (Chairperson)	Nominated by Health Board
Munwar Hussain	Nominated by Health Board
Ken Lynn (Vice Chairperson)	Councillor Nominated by Dundee City Council
Stewart Hunter	Councillor Nominated by Dundee City Council
David Bowes	Councillor Nominated by Dundee City Council
David W Lynch	Chief Officer
Dave Berry	Chief Finance Officer
Jane Martin	Chief Social Work Officer
Drew Walker	Director of Public Health, NHS Tayside
Eileen McKenna	Registered nurse
Cesar Rodriguez	Registered medical practitioner not providing primary medical services
Jim McFarlane	Staff of the constituent authorities engaged in the provision of services provided under integration functions
Christine Lowden	Third sector bodies

Also attending:-

Bill Nicoll, Director of Primary and Community Services, NHS Tayside

Anne Robb NHS Tayside (CHP Interim Lead)

Diane McCulloch, Dundee City Council

Ruth Brown, Dundee Voluntary Action

Lynsey Webster, Dundee City Council

Marion Logan, Dundee City Council

Frances Greig, Dundee City Council

Debbie Booth, Dundee City Council

Laura Bannerman, Dundee City Council

Doug CROSS, Chairperson.

**The Integration Joint Board noted that the information provided was not for publication in terms of paragraphs 3.14 and 3.15 of the Code of Conduct for Councillors.**

## **I APOLOGIES FOR ABSENCE**

Apologies for absence were submitted on behalf of Judith Golden, Nominated by Health Board, David Dorward, registered medical practitioner whose name is included in the list of primary medical performers and Barbara Tucker, staff of the constituent authorities engaged in the provision of services provided under integration functions.

## **II DECLARATION OF INTEREST**

No declarations of interest were made.

## **III MINUTES OF PREVIOUS MEETINGS**

The minutes of meetings of the Integration Joint Board held on 24th November, 2015 and 7th January, 2016 were submitted and approved.

## **IV ACTION POINTS/REPORT PLANNER**

There was submitted the Action Points/Report Planner.

The Integration Joint Board agreed:-

- (i) to note the content of the action sheet report plan as submitted; and
- (ii) to note that in relation to action point 5 relating to Article XI of meeting of the Integration Joint Board held on 24th November, 2015 on internal audit arrangements 2015/2016, that proposals regarding the longer term appointment of the Integration Joint Board's internal auditor and future internal audit arrangements, would be brought back to the Integration Joint Board meeting to be held in April, 2016 and not February, 2016, as indicated.

## **V UPDATE ON THE STRATEGIC AND COMMISSIONING PLAN**

- (a) **CONSULTATION ON THE DRAFT STRATEGIC AND COMMISSIONING PLAN**  
Laura Bannerman, Chair of the Integrated Strategic Planning Group gave a presentation on consultation in relation to the draft Strategic and Commissioning Plan.

The presentation covered:

- the suite of strategic commissioning documents,
- consultation and engagement to date,
- feedback from consultation,
- outcomes from consultation,
- next steps

In terms of consultation engagement to date it was highlighted that this was built on 18 months of consultation and engagement which had included stakeholder events, care groups, strategic planning groups, public consultation and engagement with staff. An invitation to take part in the consultation had been extended to all 76 partners in addition to local authority, the NHS and the public.

Responses had helped to strengthen the emphasis of the plan in specific areas.

The next steps in relation to the implementation planning including the Integrated Strategic Planning Group and other Strategic Planning Groups, and Care Groups, were highlighted. Locality planning and developing of locality model was highlighted together with further engagement with public and staff. Financial framework and performance framework would also be completed and there would be a stakeholder event on 3rd March, 2016.

The Integration Joint Board agreed:-

- (i) to note the presentation;
- (ii) to note that this plan would create a foundation which could be built on and Doctor Drew Walker welcomed the closer link this would provide with the public health department of NHS Tayside; and
- (iii) to note that the outcome of consultation on the national public health strategy may require a review of the plan.

(b) THE DUNDEE WORKFORCE AND ORGANISATIONAL DEVELOPMENT  
STRATEGY - UPDATE

There was submitted Report No DIJB2-2016 by the Chief Officer providing a background to and proposes key messages of the Workforce and Organisational Development Strategy (the Strategy) to support the implementation of the Strategic and Commissioning Plan. The Strategy built on the Organisational Plan, the outline of which was approved by the Shadow Board in May 2014, with the most recent update presented at the meeting of the Integration Joint Board held in November 2015.

There was also provided a presentation in supplement to the report.

The Integration Joint Board agreed:

- (i) to note the background to the development of the Strategy which was attached to the report as Appendix 1;
- (ii) to support the proposed Guiding Principles and Strategic Priorities in relation to achieving the desired outcome of a skilled, confident, competent and engaged workforce; and.
- (iii) to note the content of the presentation.

The Integration Joint Board further agreed:-

- (iv) that information on the links into various professional networks within the documentation would be reviewed and strengthened as necessary;
- (v) that graphical information within the document would be reviewed with a view to emphasising mutuality of approach; and
- (vi) to note the wish to provide an environment where staff felt empowered to make a difference against a background of policies and procedures in terms of governance arrangements to allow for them to carry out their jobs effectively.



(c) PARTICIPATION AND ENGAGEMENT STRATEGY UPDATE

There was submitted Report No DIJB5-2016 by the Chief Officer seeking to inform the Integration Joint Board (IJB) of the progress made in relation to the Development of Dundee Health and Social Care Partnership's Participation and Engagement Strategy.

The Integration Joint Board agreed:-

- (i) to the final strategy as submitted;
- (ii) to the accompanying implementation plan;
- (iii) to remit the implementation plan to the Participation and Engagement sub group of the Communications Group, including broadening out of membership;
- (iv) to the production of an Easy Read version of the Strategy, to sit alongside that of the Strategic and Commissioning Plan; and
- (v) to remit the group to report back on progress made by April 2017.

**VI DUE DILIGENCE UPDATE**

Dave Berry, Chief Finance Officer, gave a verbal update on due diligence. The implications of the Scottish Government Settlement announcements in relation to the provision of £250,000,000 for integration and the timing for local authority budget settings exercises were highlighted. Progress was being made in relation to NHS budget setting. A paper would be submitted to the meeting of the NHS Tayside Board on 10th March, 2016, defining their position in relation to the financial matters and the Chief Finance Officer would continue to liaise with his counterparts within NHS Tayside as appropriate with a view to bringing back a paper to the meeting of the Integration Joint Board to be held on 15th March, 2016 on due diligence and that some resources may still be the subject of discussions with the Scottish Government towards concluding a final decision in this regard.

The Integration Joint Board agreed:-

- (i) to note the complex situation of financial detailing due to the lateness of the UK's spending position; and
- (ii) to note that engagement was taking place with NHS finance officers; and
- (iii) to note that a paper on due diligence may be submitted to the meeting of the Integration Joint Board on 15th March, 2016 and that subject to the further discussions with the Scottish Government some resource matters may be established after 1st April, 2016.

## **VII AUDIT SCOTLAND REPORT - HEALTH AND SOCIAL CARE INTEGRATION**

There was submitted Report No DIJB8-2016 by the Chief Finance Officer setting out the findings and recommendations of the recent Audit Scotland review of Health and Social Care Integration and outlining the implications of this for Dundee Health and Social Care Partnership with an action plan proposed to mitigate the risks identified.

The Integration Joint Board agreed:-

- (i) to note the content of the Audit Scotland Report on Health and Social Care Integration which was attached to the report as Appendix 2;
- (ii) to note the key messages and recommendations from Audit Scotland report highlighted at Section 4.4 of the report; and
- (iii) to note the progress and development of key actions for the Integration Joint Board to consider in order to mitigate the risks highlighted which was attached to the report as Appendix 1

The Integration Joint Board further noted that consultation was being undertaken with all 27 General Practices within Dundee and the way the partnership could further support general practices within integration and that this may be subject to a further report to a future meeting to the Integration Joint Board.

## **VIII TAYSIDE HOSTING ARRANGEMENTS DRAFT MEMORANDUM OF UNDERSTANDING**

There was submitted Report No DIJB4-2016 by the Chief Officer providing an update on progress on the draft Memorandum of Understanding prepared to underpin hosting arrangements for the Integration Joint Board across Tayside.

The Integration Joint Board agreed:-

- (i) to note progress on the draft Memorandum of Understanding;
- (ii) to endorse the content of the Memorandum of Understanding and the hosting arrangements set out in the Dundee Integration Scheme; and
- (iii) to delegate authority to the Chief Officer to conclude the relevant leadership and operational frameworks required with other Tayside Integration Joint Board Chief Officers and relevant service leads.

## **IX DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP OUTCOMES AND PERFORMANCE FRAMEWORK**

There was submitted Report No DIJB10-2016 by the Chief Officer updating the Integration Joint Board on the proposals being developed to establish an Outcomes and Performance Framework (the Framework) for the Dundee Health and Social Care Partnership. This Framework would provide assurance to the Integration Joint Board that appropriate outcomes and performance reporting arrangements were in place within the Partnership and would allow the Integration Joint Board to drive and track progress towards the delivery of the Partnership's vision, strategic shifts and planned outcomes for the people of Dundee.

The Integration Joint Board agreed:-

- (i) to note the progress made to date in the development of the Outcomes and Performance Framework for Dundee;
- (ii) to approve the outline Framework and the proposed reporting cycles described within the report;
- (iii) to approve the collaboration with Angus and Perth & Kinross Partnerships in developing a common reporting platform with an agreed suite of indicators for adoption at a Tayside wide and local level;
- (iv) that the Partnership would develop a Health and Social Care Experience Survey to be undertaken bi-annually on alternate years to the national survey;
- (v) to the establishment of a Senior Officer led Performance Management Group to be convened, whose role it would be to provide advice and assurance on performance for the Integration Joint Board;
- (vi) that in the short term the current resourcing arrangements for outcomes and performance reporting should continue to operate as at present;
- (vii) that an Outcomes and Performance Reporting Coordination Group be established to coordinate data reporting activities across the Partnership;
- (viii) that proposals should be brought forward regarding the future resource requirements of the Social Work Information Team and the Business Support Unit to ensure there was sufficient capacity to manage the additional workload demands outlined in the report; and
- (ix) that the Council's Corporate Performance Management Tool be used as the tool with which progress against agreed health and social care outcomes and indicators was recorded.

## **X WINTER PLANNING UPDATE**

David W Lynch, Chief Officer, provided a verbal update on winter planning. It was highlighted that there had been collaboration between all three Integration Joint Boards within the Tayside area and NHS Tayside to meet objectives as agreed. Positive feedback had been received from medical wards in relation to programmes of work which had been implemented and planned for over this period of time and it was highlighted that work would continue on this basis throughout the year and not simply for the winter period. Work was continuing within Dundee towards supporting people into nursing care and residential settings and that positive outcomes had been achieved within the Dundee area which had significantly increased capacity to allow people to return to their home environment with supported care.

The Integration Joint Board noted the update.

## **XI CARER AND PUBLIC MEMBERSHIP OF THE INTEGRATION JOINT BOARD**

There was submitted Report No DIJB11-2016 by the Chief Officer considering the local arrangements to enable stakeholder appointments of carers and service users to the Health and Social Care Integration Joint Board. It advised the Integration Joint Board of the arrangements for appointing and supporting Integration Joint Board members to represent the views of service users and carers. The proposals sought to build upon existing stakeholder engagement mechanisms and to ensure transparency around appointments.

The Integration Joint Board agreed:-

- (i) to the arrangements to identify Integration Joint Board members to represent the service users and carers;
- (ii) to the requirements for the Integration Joint Board to support best practice in involving stakeholders as Integration Joint Board members and to seek further advice as to how service user representatives and carer representatives be supported; and
- (iii) to instruct the Chief Officer to seek service user and carer representation on the basis of one representative each.

**XII                    DATE OF NEXT MEETING**

The Integration Joint Board noted that the next meeting of the Integration Joint Board would be held in Committee Room 1, 14 City Square, Dundee on Tuesday, 15th March, 2016 at 4.00pm.

Doug CROSS, Chairperson.



At a SPECIAL MEETING of the **DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** held at Dundee on 15th March, 2016.

Present:-

**Members**

**Role**

Doug Cross (Chairperson)	Nominated by Health Board
Munwar Hussain	Nominated by Health Board
Ken Lynn (Vice Chairperson)	Councillor Nominated by Dundee City Council
Stewart Hunter	Councillor Nominated by Dundee City Council
David Bowes	Councillor Nominated by Dundee City Council
David W Lynch	Chief Officer
Dave Berry	Chief Finance Officer
Jane Martin	Chief Social Work Officer
Jim McFarlane	Staff of the constituent authorities engaged in the provision of services provided under integration functions

Also attending:-

Laura Bannerman, Dundee City Council  
 Anne Robb, NHS Tayside (Community Health Partnership Interim Lead)  
 Arlene Hay, Health and Social Care Partnership

Doug CROSS, Chairperson, in the Chair.

**The Integration Joint Board noted that the information provided was not for publication in terms of paragraphs 3.14 and 3.15 of the Code of Conduct for Councillors.**

**I APOLOGIES FOR ABSENCE**

Apologies for absence were submitted on behalf of Judith Golden, (nominated by Health Board), David Dorward, (registered medical practitioner whose name was included in the list of primary medical performers), Eileen McKenna, (registered nurse), Cesar Rodriguez, (registered medical practitioner not providing primary medical services), Barbara Tucker, (staff of the constituent authorities engaged in the provision of services provided under integration functions), and Christina Lowden, (third sector bodies).

**II DECLARATION OF INTEREST**

No declarations of interest were made.

**III DUE DILIGENCE**

There was submitted Report No DIJB13-2016 by the Chief Finance Officer advising the Integration Joint Board of the outcome of the due diligence assessment in relation to the financial resources to be delegated by Dundee City Council and NHS Tayside to the Integration Joint Board for 2016/17.

The Integration Joint Board agreed:-

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

- (ii) to note the opinion of the Chief Finance Officer as to the transparency, proportionality and adequacy of the financial resources proposed to be delegated by Dundee City Council to the Integration Joint Board for 2016/17 including any remaining risks associated with these resources;
- (iii) to note the opinion of the Chief Finance Officer as to the transparency, proportionality and adequacy of the financial resource proposed to be delegated by NHS Tayside to the Integration Joint Board for 2016/17 including any remaining risks associated with these resources;
- (iv) to note the opinion of the Chief Finance Officer as to the appropriateness of the level of resources described as the Large Hospital Set Aside;
- (v) to accept the level of budgeted resources calculated by Dundee City Council as relating to delegated services for 2016/17, subject to the caveats noted in section 4.13 of the report and based on the risk sharing agreement as set out in the Integration Scheme;
- (vi) to note and adopt the savings proposals associated with resources to be delegated to the Integration Joint Board for 2016/17 as agreed by Dundee City Council;
- (vii) to note the challenges and risks associated with the resources proposed to be delegated to the Integration Joint Board within the NHS Tayside 2016/17 budget framework as agreed by NHS Tayside Board to be taken into the NHS local delivery plan, subject to the caveats noted in section 4.17 of the report and based on the risk sharing agreement as set out in the Integration Scheme and accepted this on an interim basis pending further development of the NHS Tayside Budget;
- (viii) to note that in addition to a 5.5% efficiency target applied to budgeted resources by NHS Tayside, a further equivalent 1% reduction in actual expenditure was required by delegated services to alter spend patterns on supplementary pay costs; and
- (ix) to instruct the Chief Officer and Chief Finance Officer to work closely with NHS Tayside to develop and present a robust service redesign and cost reduction plan to the Integration Joint Board by June 2016 in relation to the resources delegated by NHS Tayside.

#### **IV DUNDEE STRATEGIC AND COMMISSIONING PLAN**

There was submitted Report No DIJB12-2016 by the Chief Officer bringing forward for approval by the Integration Joint Board the Strategic and Commissioning Plan for the Dundee Health and Social Care Partnership. The Plan had been developed in line with statutory requirements and had been approved by Dundee's Integrated Strategic Planning Group.

The Integration Joint Board agreed:-

- (i) to adopt the Dundee Strategic and Commissioning Plan (2016-2021) and supporting documents for implementation from 1st April, 2016 which were attached to the report as Appendices 1, 2 and 3; and
- (ii) to note that the Plan would be reviewed in three years' time.

The Integration Joint Board further agreed to record their thanks to those officers involved in producing the content of the plan and the extensive contribution they had made in preparing and drafting this body of work which reflected a significant part of the business and aims of the Integration Joint Board.

#### **V INTEGRATION JOINT BOARD SUPPORT SERVICES REQUIREMENTS**

There was submitted Report No DIJB14-2016 by the Chief Officer advising members of the Integration Joint Board of the arrangements that had been agreed for the provision of support to the operation of the functions of the Integration Joint Board.



The Integration Joint Board agreed:-

- (i) to note the support services requirements identified at Appendix 1 of the report;
- (ii) to note that these were the services that would be drawn upon by agreement with Dundee City Council and NHS Tayside to support the operation of the Integration Joint Board in line with the terms of the Dundee Integration Scheme; and
- (iii) to review the support services requirements through regular reports from the Chief Officer.

## **VI DIRECTIONS TO NHS TAYSIDE AND DUNDEE CITY COUNCIL**

There was submitted an agenda note reporting that in order to comply with the requirements of Section 26(1) of the Public Bodies (Joint Working) (Scotland) Act 2014 it was recommended that the Integration Joint Board directed, with effect from 1st April 2016, (a) that the functions specified in Annex 1 to the Dundee Health and Social Care Integration Scheme (other than those hosted by Angus Integration Joint Board or Perth and Kinross Integration Joint Board) be carried out by NHS Tayside and (b) that the functions specified in Annex 2 to the Dundee Health and Social Care Integration Scheme be carried out by Dundee City Council; and in respect of these matters agreed to make available to NHS Tayside and Dundee City Council the sums determined in accordance with the method set out in the Integration Scheme.

The Integration Joint Board agreed to the terms of the note.

## **VII DATE OF NEXT MEETING**

The Integration Joint Board noted that the next meeting of the Integration Joint Board would be held in Committee Room 1, 14 City Square, Dundee on Wednesday, 4th May, 2016 at 4.00 pm.

Doug CROSS, Chairperson.





**REPORT TO:** HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 4 MAY 2016

**REPORT ON:** PLANNING FOR ADDITIONAL RESOURCES

**REPORT BY:** CHIEF OFFICER

**REPORT NO:** DIJB15-2016

## **1.0 PURPOSE OF REPORT**

The purpose of the report is to advise the Integration Joint Board of the available additional resources and how these will be allocated to take forward the key priorities.

## **2.0 RECOMMENDATIONS**

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

- 2.1 Note the confirmed Dundee partnership allocation of the Integrated Care Fund, the Delayed Discharge Fund and the Integration Fund;
- 2.2 Approve the proposed approach to the allocation of the resources against four work areas (as at Appendix 1);
- 2.3 Approve the proposed governance arrangements for the management of the resources as at paragraph 4.4.2;
- 2.4 Approve the proposed funding recommendations for years two and three of the Integrated Care Fund (as at Appendix 3);
- 2.5 Instructs the Chief Officer to issue directions to Dundee City Council and NHS Tayside in respect of these matters;
- 2.6 Instruct the Chief Officer to seek new proposals for the balance of the Integrated Care Fund to meet the priorities of the Dundee Strategic and Commissioning Plan.

## **3.0 FINANCIAL IMPLICATIONS**

- 3.1 The additional resources total £7.76m in 2016/17 and 2017/18 and is anticipated to reduce to £4.66m from 2018/19 following the cessation of the Integrated Care Fund. The Financial Plan for the allocation of these funds is detailed in Appendix 1 and this shows these resources, supplemented by carry forward of uncommitted funding from previous years, will be sufficient to meet the planned spend over the majority of the Strategic Planning period. Resource release from other services will be required midway through the plan in order to sustain the strategic shifts in later years.

## **4.0 MAIN TEXT**

### **4.1 Background**

- 4.1.1 Over the last five years, the Scottish Government has invested in partnership arrangements to tackle a range of demographic pressures and organisational change. These resources were aligned to specific work streams and most required to be approved by the four sectors within the partnership (NHS Tayside, Dundee City Council, Third Sector Interface, Scottish Care). While the monies were identified as time limited (Reshaping Care Change Fund 2011 - 2014,

Integrated Care Fund 2015 - 2017), the Scottish Government have recently confirmed that both the Delayed Discharge Fund (2015 – 2017) and the Integration Fund (2016) will be included within the mainstream resources available to the partnership.

- 4.1.2 Reshaping Care for Older People was launched in 2011 and was aimed at improving services for older people by shifting care towards anticipatory care and prevention. To support this programme of redesign, a Change Fund was introduced by the Scottish Government which spanned the period 2011 – 2014. The Dundee partnership proposed an ambitious programme of change which included the development of new models of working. In developing the Change Plan, assumptions were made as to potential resource release to support the sustainability of the projects. This included a reduction in inpatient facilities and care home placements. The final year of the Change Fund was 2014/15, however as a result of slippage, Change Fund monies were carried forward into 2015/16. The anticipated resource release was not realised to the extent originally projected and to fully fund the projects will require a redistribution of other resources available to the partnership.
- 4.1.3 The Scottish Government announced that an additional £100 million was to be made available to integrated authorities to support the delivery of improved outcomes (Integrated Care Fund, 2015). In March 2015, the Scottish Government confirmed that the Integrated Care Fund would continue to be available through 2016/17 & 2017/18 and reiterated the change focus of this resource. Of the £100m national resource, the allocation to the Dundee partnership is £3.1m per annum. The fund was to be used as a lever to facilitate change, by supporting a wider set of innovative and preventative approaches to reduce future demand, support adults with multi-morbidity and address issues related to the inverse care law. Building on the strategic stakeholder events, the Dundee partnership developed an Integrated Care Plan which was signed off by the partners in January 2015. The first six monthly report was submitted to the Scottish Government in October 2015.
- 4.1.4 The Integrated Care Fund was used in Dundee for two purposes:
- To support the expansion and further testing of projects initially developed through the use of the Reshaping Care Change Fund to include adults;
  - To test new change programmes.

This program of change has completed its first year and project evaluations were submitted to the Change Fund/Integrated Care Fund Monitoring Group for consideration. A range of projects were recommended for further funding into year two and in some cases, for year three. The full resource was not committed moving into years two and three.

- 4.1.5 Tackling delayed discharge remains a priority for the Scottish Government and in January 2015, the Scottish Government announced funding to increase social care capacity, help reduce the number of people waiting to be discharged from hospital and help prevent admission and attendances at A&E. The additional annual resource for the Dundee partnership is £930k. The partnership Delayed Discharge Fund plan was aligned to the priorities set out within the Dundee Delayed Discharge Improvement Plan. This included a resource to support winter planning and seasonal pressures within hospital settings.
- 4.1.6 As part of the 2016/17 Finance Settlement, the Scottish Government announced a package of funding of £250m nationally to be provided from the Health Budget to integration authorities for social care. Of the £250 million, £125 million (first tranche) is provided to support additional spend on expanding social care to deliver the objectives of integration. This additionality reflects the need to expand capacity to accommodate growth in demand for services as a consequence of demographic change. The balance of £125 million (second tranche) is provided to help meet a range of existing costs faced by local authorities in the delivery of effective and high quality health and social care services in the context of reducing budgets.
- 4.1.7 The allocation of the national £250m additional resources for the Dundee partnership is £7.65m. Of this, £3.8m is available to invest in services to meet demographic pressures and advance the priorities for the Strategic Plan while amending charging thresholds as required to reduce the burden of social care charges for those on low incomes (anticipated to cost around £100k).

## 4.2 Planning for Additional Resources

- 4.2.1 This report brings together the additional resources allocated to the partnership to effect change and propose a governance framework for the different funding priorities. In streamlining the funding distributions, the IJB will be able to clearly demonstrate the true allocation of resources, for both reporting requirements to partner agencies and to monitor progress against the Strategic and Commissioning Plan. It also supports the IJB to consider the fund as a total resource and shift the balance of spend across the work streams in line with change/pressures.
- 4.2.2 The partnership has successfully planned for the use of new monies by drawing on the strategic information available to support decision making. This has resulted in the production of plans which are recognised and endorsed by partners and which provide a base for further development. As the additional resources were introduced, the priorities included within each plan reflected this developing position and as a result, expanded projects were resourced from a range of funding streams. In taking forward this next stage of planning the funding was aligned as follows:
- Mainstreamed projects – primarily projects developed through the Reshaping Care Change Fund (CF) which have moved from tests of change to mainstream services and which should now be monitored through normal management/contractual arrangements. This will be a permanent arrangement.
  - Delayed Discharge – this includes committed resources for current tests of change originally funded through all funding streams but which have a specific focus on services and infrastructures to support discharge from hospital and/or to reduce unscheduled admissions. This will also include an uncommitted resource to support the planning for winter pressures. These projects will reflect the priorities of the new Dundee Delayed Discharge Improvement plan.
  - Innovation and Development - this will include the resources committed for current tests of change (ICF) and an uncommitted resource for further tests of change. It is anticipated that future projects will be aligned to the strategic shifts and priorities identified through the Dundee Health and Social Care Strategic and Commissioning Plan.
  - Demographic Growth and Short Term Strategic Plan Bridging Finance – this will be modelled in line with anticipated pressures arising from demographic changes and in supporting services through the transition to new models of service provision as part of the Strategic Planning process.
- 4.2.3 Appendix 1 provides details of how the three current funding streams plus the residual balance from Reshaping Care for Older People Change Fund will be allocated to the above areas over a five year period. As the planned spend progresses, we would anticipate that the balance of spend across the four areas will shift to take into account the ending of specific funding sources, the shift from building based care to community based support, a shift to preventive care and the profile of demographic growth.

## 4.3 Managing the Strategic Shifts

- 4.3.1 The Dundee Health and Social Care Strategic and Commissioning Plan identified the strategic shifts required to deliver the priorities. The financial framework identified within the plan included the deployment of the additional resources to effect change. To develop our understanding of current commitments, the allocated additional resources were mapped against the strategic priorities (Appendix 2). This table demonstrates where current investment is focused and where there is a lack of future investment in taking forward change.
- 4.3.2 The Dundee Integrated Strategic Planning Group (ISPG) is developing an implementation plan to progress the actions contained in the Strategic and Commissioning Plan. Part of the SPG's considerations will be the prioritisation of the additional resources against the strategic priorities over the period of the plan. This information will shape the decision making process for the uncommitted innovation and development fund.

#### **4.4 Governance Arrangements**

- 4.4.1 The Dundee partnership has an established governance framework which supports both decision making and monitoring of resources.
- 4.4.2 The Integrated Care Fund Monitoring Group manages the Integrated Care Fund and the carried forward balance of the Change Fund. This multi-agency/representative group monitors both the progress of projects and the evaluation of outcomes against the available resources. The group has the devolved responsibility for agreeing changes to current projects, including investment/disinvestment and makes recommendations for the continuation funding of projects and allocation of funding to new projects. The group considered and made proposals for those projects which should be made a permanent service. It is proposed that this group continues to manage the Innovation and Development Fund. The Monitoring Group is required to prepare annual reports for agreement by the IJB as part of its reporting arrangements for the Scottish Government.
- 4.4.3 The Delayed Discharge Management Group developed the Delayed Discharge Improvement Plan (2013 – 2016). The group maintains a watching brief on the performance against delayed discharge targets and has historically managed the proposals for winter pressures monies and was responsible for developing the partnership plan to release the Delayed Discharge fund for Dundee (2015/16). The Management Group membership includes statutory partners only. A review of the membership of this group would further strengthen both the links to acute services and to community services. It is proposed that this group manages the Delayed Discharge resources and assumes similar devolved responsibility for the investment/disinvestment in current projects and makes recommendations for the allocation of additional/winter pressure resources. This improvement plan will be presented annually to the IJB.
- 4.4.4 The care group Strategic Planning Groups (SPG) are developing strategic commissioning statements which address service redesign. These statements will describe the strategic shifts from building based care to community care and are based on needs assessments. The strategic planning groups will hold lead responsibility for changes to manage demographic growth and to address the gap between service demand and capacity. For this work, the SPG's will report to the Integrated Management Team and indirectly to the ISPG. The monitoring of demographic pressures will be a feature of the financial and performance reporting frameworks to the IJB.
- 4.4.5 Through the development of the implementation plan, the Integrated Strategic Planning Group will identify and agree the leads for priority workstreams and/or actions. While a number of the specific actions will overlap with the four areas described in section 4.2, there may be strategic priorities which will sit outwith the current arrangements in the early stages of development (locality working). The programme lead for each strategic priority will take direct responsibility for managing any allocated resources and report to either the Integrated Care Fund Monitoring Group, if this includes tests of change and/or the ISPG. The ISPG will take overall responsibility for reporting on the performance against the Strategic and Commissioning Plan to the IJB.

#### **4.5 Funding Recommendations**

- 4.5.1 The Integrated Care Funding Monitoring group considered the funding allocated to projects over 2015/16. This included the projects which continued to be funded through the Change Fund and those new projects funded through the ICF. The project leads confirmed to the Monitoring Group whether or not additional funding was requested for 2016/17. The projects provided a self evaluation and were assessed against achieved project outcomes, proposals for continued funding and the delivery against strategic priorities. Where a project lead submitted a request which was considered a 'new' bid, this was deferred to allow the completion of the Strategic and Commissioning Plan and the identification of priority spend for the first two years of the plan. The Monitoring Group also made recommendation for permanent funding of projects.
- 4.5.2 The recommendations of the Monitoring Group are included in Appendix 3. The IJB is asked to consider these recommendations and instruct the Chief Officer to confirm their decisions as

to the continuation of funding to project leads. In addition, the Chief Officer will seek to deploy the remaining ICF resource to progress the priorities contained within the Strategic and Commissioning Plan.

## **5.0 POLICY IMPLICATIONS**

This report has been screened for any policy implications in respect of Equality Impact Assessment and Risk Management. An EQIA is attached.

## **6.0 CONSULTATIONS**

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

## **7.0 BACKGROUND PAPERS**

None.

David W Lynch  
Chief Officer

DATE: 4 April 2016





	2016/17 £'000s	2017/18 £'000s	2018/19 £'000s	2019/20 £'000s	2020/21 £'000s
<b>Funding</b>					
Health & Social Care Integration Fund :					
First Tranche	3,730	3,730	3,730	3,730	3,730
Integrated Care Fund	3,100	3,100			
CF & ICF Brought forward funding	1,554				
Delayed Discharge Fund	930	930	930	930	930
Brought forward from previous year		2,520	2,668	1,444	370
Total	9,314	10,280	7,328	6,104	5,030
<b>Planned Expenditure</b>					
<b>Mainstream</b>					
Housing with Care	348	348	348	348	348
Mental Health Officer	15	15	15	15	15
Nursing	376	376	376	376	376
Social Care	180	180	180	180	180
Homecare	725	725	725	725	725
Pharmacy	33	33	33	33	33
Private & Voluntary Sector	264	267	267	267	267
Carers	238	240	240	240	240
Inequalities	50	520	520	520	520
Sub-total	2,229	2,704	2,704	2,704	2,704
<b>Delayed Discharge</b>					
Delayed Discharge - Mainstream	304	304	304	304	304
Delayed Discharge - Test of Change	429	166	166	166	166
Provisional allocation - additional Test of Change	0	260	260	260	260
Seasonal Pressures Contingency	200	200	200	200	200
Sub-total	933	930	930	930	930
<b>Innovation &amp; Development Plan</b>					
Nursing	10	0	0	0	0
Telehealth	41	54	0	0	0
Private & Voluntary Sector	695	491	0	0	0
OD / Integration	105	83	0	0	0
Enhanced Community Support	840	840	0	0	0
Physical Disability / Centre for Brain Injury Rehabilitation	104	0	0	0	0
Welfare Rights	72	68	0	0	0
Pharmacy	99	99	0	0	0
Social Care	272	195	0	0	0
Allied Health Professionals	28	13	0	0	0
Provisional allocation / contingency	117	536	0	0	0
Provisional allocation - additional Strategic projects	500	600	1,000	600	200
Sub-total	2,882	2,978	1,000	600	200
Demographic Growth - Provisional allocation	500	750	1,000	1,250	1,500
Short Term Strategic Plan Bridging Finance	250	250	250	250	0
Sub-total	750	1,000	1,250	1,500	1,500
Total planned expenditure	6,794	7,612	5,884	5,734	5,334
Carry forward / (Resource Release to be identified)	2,520	2,668	1,444	370	-305

\* Spend against Innovation & Development Plan projects to be reconsidered from 2018/19, depending on availability of adequate funding (including Resource Release) and progress against Strategic and Commissioning Plan

	2016/17 £'000s	2017/18 £'000s	2018/19 £'000s	2019/20 £'000s	2020/21 £'000s
<b>Funding</b>					
Health & Social Care Integration Fund :					
First Tranche	3,730	3,730	3,730	3,730	3,730
Integrated Care Fund	3,100	3,100			
CF & ICF Brought forward funding	1,554				
Delayed Discharge Fund	930	930	930	930	930
Brought forward from previous year		2,520	2,668	1,444	370
Total	9,314	10,280	7,328	6,104	5,030
<b>Strategic Plan Priorities</b>					
1. Health Inequalities	63	523	520	520	520
2. Early Intervention/Prevention	2,110	1,907	648	648	648
3. Person Centred Care & Support	46	0	0	0	0
4. Carers	245	249	240	240	240
5. Localities & Engaging with Communities	278	283	225	225	225
6. Building Capacity	401	361	0	0	0
7. Models of Support, Pathways of Care	2,035	1,669	1,541	1,541	1,541
8. Managing Our Resources Effectively	50	25	0	0	0
Provisional Allocation for further Project and Delayed Discharge funding	617	1,396	1,260	860	460
Sub-total	5,844	6,412	4,434	4,034	3,634
Seasonal Pressures Contingency	200	200	200	200	200
Demographic Growth - Provisional allocation	500	750	1,000	1,250	1,500
Short Term Strategic Plan Bridging Finance	250	250	250	250	0
Total planned expenditure	6,794	7,612	5,884	5,734	5,334
Carry forward / (Resource Release to be identified)	2,520	2,668	1,444	370	-305

	2016/17 Proposed Allocation	2017/18 Proposed Allocation	Comments
<b>SERVICES TO BE MAINSTREAMED</b>			
Housing With Care	348	348	
MHO Resources / Guardianship	15	15	
Nursing Input - Peripatetic Team	66	66	
Nursing Input - POA Liaison Team	122	122	
Nursing Input - Discharge Team	25	25	
SW Input to CMHTOP	112	112	
Additional Homecare Hours	500	500	
Nursing Input - Community Nursing	163	163	
Dundee CHP Enablement	85	85	
Community care and Assessment Co-ordinators	68	68	
Pharmacy Technician (Enablement)	33	33	
Early Intervention Service / Virtual Wards	41	42	
Third sector capacity building (DVA RC team)	98	98	
Third sector capacity building (Volunteer Centre RC team)	125	127	
Short Breaks Service	238	240	
Reducing Health Inequalities	50	520	2017/18 subject to report detailing breakdown of increased funding
Increase Commissioned Homecare hours	140	140	
<b>PROJECTS TO BE CONTINUED / APPROVED</b>			
Community Treatment Centre (Leg Ulcer Clinic)	10	0	3mth funding in 2016/17 to allow evaluation report
Community Treatment Centre (Leg Ulcer Clinic) - expansion (provisional allocation)	29	0	Provisional allocation for remaining 9mths 2016/17, subject to review of outcomes
Telehealth/Equipment - Dev officer	34	45	
			Final period of 18 month fixed term project (commenced 2015/16)
Integrated OT Service & Equipment Service (Community Integration Project)	15	0	
Moving & handling & Telecare For Carers	7	9	
Capacity Building Fund	95	95	
Safe Zone	40	40	
Organisational Development Localities	55	58	
Community Hubs for Older People (HOPE)	74	74	2017/18 subject to review of outcomes
Community Companion	38	38	
Small Grants Fund	130	130	
Sources of Support - Volunteer Project	44	44	
Early Intervention and Enhanced Community Support	840	840	
Supported and Rehabilitative Transitions from CBIR into the Community via the Mackinnon Centre	104	104	2017/18 subject to review of outcomes
New Opportunities: Scoping the Contribution of Independent Sector Home Care and Care Homes	43	43	
Parish Nursing Project	3	3	
Healthy Organisation Awards	46	46	2017/18 subject to review of outcomes
Hospital Ward Volunteering	17	0	6 month funding to allow evaluation report
Hospital Ward Volunteering - continuation (provisional allocation)	17	34	2nd half 2016/17 & 2017/18 - Subject to review of outcomes
Organisational Development - Sensory Services	47	24	18 month post through 2016/17 & part 2017/18
Welfare Rights in Primary Care	72	68	
Pharmacy Technician (Enablement) - expansion	99	99	
Administration of Medication by Social Care Workforce	116	39	Additional set up costs to be incurred in 2016/17
The development of a resource to support the management of malnutrition in the community	40	40	
Implementing Community Falls Prevention Exercise Classes	13	13	
Alcohol & Older People	17	0	Project anticipated to be self-sustaining with no further need for funding in 2017/18
Prevention of Homelessness for Young Adults	91	40	2017/18 subject to review of outcomes
Dundee Recovery Partnership Co-ordinator	10		6mth funding to 30/9/16 only to allow project evaluation
			2nd half 2016/17 and provisional allocation 2017/18 subject to evaluation report
Dundee Recovery Partnership Co-ordinator - continuation (provisional allocation)	23	46	Proposed reduction in Transition events
Organisational Development / Integration	50	25	
Contingency	48	76	
Total Spend	4,495	4,776	



## EQUALITY IMPACT ASSESSMENT TOOL

### Part 1: Description/Consultation

Is this a Rapid Equality Impact Assessment (RIAT)?		Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Is this a Full Equality Impact Assessment (EQIA)?		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Date of Assessment:	22/04/16	Committee Report Number:	DIJB15-2016
Title of document being assessed:		Planning for Additional Resources	
1. This is a new policy, procedure, strategy or practice being assessed (If yes please check box) <input type="checkbox"/>		This is an existing policy, procedure, strategy or practice being assessed? (If yes please check box) <input checked="" type="checkbox"/>	
2. Please give a brief description of the policy, procedure, strategy or practice being assessed.		The report seeks agreement from the IJB to progress the current and future spend proposals for the new monies made available to the integrated authority.	
3. What is the intended outcome of this policy, procedure, strategy or practice?		The new monies will be used to implement the Integrated Strategic Commissioning Plan, address any demographic needs, tackle delayed discharge and support tests of change and innovation. It is anticipated that these changes will improve health and social care outcomes for individuals.	
4. Please list any existing documents which have been used to inform this Equality and Diversity Impact Assessment.		<p>The Scottish Government has produced guidance to accompany most of the new monies and this sets out the requirement to support proposals which address inequalities and preventive approaches.</p> <p>In planning the Integrated Plan and the use of the ICF monies, reference was made to the city wide needs assessments prepared by NHS Tayside and Dundee city Council to support targeted use of monies to address inequalities.</p>	
5. Has any consultation, involvement or research with protected characteristic communities informed this assessment? If yes please give details.		The proposals were developed through a process of wide consultation with a range of stakeholders and users of services. The financial planning is lead by three working groups which contain stakeholder and service user involvement.	
6. Please give details of council officer involvement in this assessment.  (e.g. names of officers consulted, dates of meetings etc)		In addition to the officers involved with the groups above, the report writers were:  Diane McCulloch Christine Jones Dave Berry	

<p><b>7. Is there a need to collect further evidence or to involve or consult protected characteristics communities on the impact of the proposed policy?</b></p> <p>(Example: if the impact on a community is not known what will you do to gather the information needed and when will you do this?)</p>	No
--	----

## Part 2: Protected Characteristics

**Which protected characteristics communities will be positively or negatively affected by this policy, procedure or strategy?**

**NB Please place an X in the box which best describes the "overall" impact. It is possible for an assessment to identify that a positive policy can have some negative impacts and visa versa. When this is the case please identify both positive and negative impacts in Part 3 of this form.**

**If the impact on a protected characteristic communities are not known please state how you will gather evidence of any potential negative impacts in box Part 1 section 7 above.**

	Positively	Negatively	No Impact	Not Known
Ethnic Minority Communities including Gypsies and Travellers	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Gender	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Gender Reassignment	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Religion or Belief	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
People with a disability	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Age	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lesbian, Gay and Bisexual	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Socio-economic	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pregnancy & Maternity	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other (please state)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Part 3: Impacts/Monitoring

<p><b>1. Have any positive impacts been identified?</b></p> <p>(We must ensure at this stage that we are not achieving equality for one strand of equality at the expense of another)</p>	<p>The monies were used/will be used to support a range of developments which include the following. Local supports were developed through the use of the ICF monies which have improved the level and range of options at a community level. The ICF and Delayed Discharge resources have improved both the health and social care supports for adults and older people leading to improved health and wellbeing, interventions at an earlier stage and more community support. A portion of the resource has been used to directly tackle health improvements and supports for cares.</p>
<p><b>2. Have any negative impacts been identified?</b></p> <p>(Based on direct knowledge, published research, community involvement, customer feedback etc. If unsure seek advice from your departmental Equality Champion.)</p>	<p>None</p>
<p><b>3. What action is proposed to overcome any negative impacts?</b></p> <p>(e.g. involving community groups in the development or delivery of the policy or practice, providing information in community languages etc. See Good Practice on DCC equalities web page)</p>	<p>N/A</p>
<p><b>4. Is there a justification for continuing with this policy even if it cannot be amended or changed to end or reduce inequality without compromising its intended outcome?</b></p> <p>(If the policy that shows actual or potential unlawful discrimination you must stop and seek legal advice)</p>	<p>N/A</p>
<p><b>5. Has a 'Full' Equality Impact Assessment been recommended?</b></p> <p>(If the policy is a major one or is likely to have a major impact on protected characteristics communities a Full Equality Impact Assessment may be required. Seek advice from your departmental Equality lead.)</p>	<p>No</p>

<p><b>6. How will the policy be monitored?</b></p> <p>(How will you know it is doing what it is intended to do? e.g. data collection, customer survey etc.)</p>	<p>The impact of the use of the resource will be monitored through three multiagency/ stakeholder groups:</p> <p>ICF Monitoring Group Home from Hospital Transition Group Integrated Strategic Planning Group</p>
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## Part 4: Contact Information

<b>Name of Department or Partnership</b>	Health and Social Care Partnership
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<b>Type of Document</b>	
Human Resource Policy	<input type="checkbox"/>
General Policy	<input type="checkbox"/>
Strategy/Service	<input type="checkbox"/>
Change Papers/Local Procedure	<input type="checkbox"/>
Guidelines and Protocols	<input type="checkbox"/>
Other	<input checked="" type="checkbox"/>

<b>Manager Responsible</b>	<b>Author Responsible</b>
<b>Name:</b> Diane McCulloch	<b>Name:</b> Diane McCulloch
<b>Designation:</b> Head of Service – Health and Community Care	<b>Designation:</b> Head of Service – Health and Community Care
<b>Base:</b> Claverhouse	<b>Base:</b> Claverhouse
<b>Telephone:</b> 01382 438302	<b>Telephone:</b> 01382 438302
<b>Email:</b> diane.mcculloch@dundeecity.gov.uk	<b>Email:</b> diane.mcculloch@dundeecity.gov.uk

<b>Signature of author of the policy:</b>	Diane McCulloch	<b>Date:</b> 22/04/16
<b>Signature of Director/Head of Service:</b>	David W Lynch	<b>Date:</b> 22/04/16
<b>Name of Director/Head of Service:</b>	David W Lynch	
<b>Date of Next Policy Review:</b>	April 2017	





**REPORT TO:** HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 4 MAY 2016

**REPORT ON:** INTEGRATION JOINT BOARD FINANCIAL REGULATIONS

**REPORT BY:** CHIEF FINANCE OFFICER

**REPORT NO:** DIJB3-2016

## **1.0 PURPOSE OF REPORT**

The purpose of this report is to present the Integrated Joint Board with a set of Financial Regulations for consideration and requests that these are adopted as a key element of the Integration Joint Board's governance arrangements.

## **2.0 RECOMMENDATIONS**

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

- 2.1 Notes and adopts the Financial Regulations which are detailed in Appendix 1.

## **3.0 FINANCIAL IMPLICATIONS**

There are no direct financial implications arising from this report.

## **4.0 MAIN TEXT**

- 4.1 The Public Bodies (Joint Working) (Scotland) Bill was enacted in April 2014. The Public Bodies (Joint Working) (Scotland) Act 2014 (the Act) establishes the framework for the integration of health and social care in Scotland. The Scottish Government established the Integrated Resources Advisory Group (IRAG) to consider the financial implications of integrating health and social care, and to help develop professional guidance.
- 4.2 The IRAG guidance requires IJBs to establish good governance arrangements by producing Financial Regulations. These Financial Regulations are intended to provide the financial governance framework within which the IJB will operate. The Chief Officer, supported by the Chief Finance Officer must ensure there are adequate systems and controls in place for the proper management of its financial affairs.
- 4.3 The purpose of Financial Regulations is to assist organisations in fulfilling their obligations in respect of corporate governance, ensuring that stakeholders have an understanding of their responsibilities and a framework within which to discharge them.
- 4.4 Both Dundee City Council (DCC) and NHS Tayside (NHST) operate under Financial Regulations/Standing Orders for the operational delivery of services. As this direct service delivery will continue to be carried out within NHST and DCC, these Financial Regulations relate specifically to the affairs of the IJB, and, therefore are more limited and focused in scope. All operational and transactional finance matters for the delivery of the IJB will comply with DCC Financial Regulations and NHST Standing Financial Instructions.
- 4.5 The Financial Regulations reflect and are consistent with a number of specific provisions made within the Integration Scheme in relation to financial governance issues.

- 4.6 The IJB may revise the Financial Regulations at any time but any changes to the Regulations must be approved by the IJB and an updated version encompassing such amendments must be issued.

## **5.0 POLICY IMPLICATIONS**

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

## **6.0 CONSULTATIONS**

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

## **7.0 BACKGROUND PAPERS**

None.

Dave Berry  
Chief Finance Officer

DATE: 1 April 2016

# **Dundee Integration Joint Board**

## **Financial Regulations**

**(30/03/16)**

## PREFACE

The Integration Scheme for Dundee was approved by Cabinet Secretary for Health, Wellbeing and Sport on 31 August 2015. An Order to establish the Integration Joint Board was laid before the Scottish Parliament on 4 September 2015 (The Public Bodies (Joint Working) (Integration Joint Board Establishment) (Scotland) Amendment (No.3) Order 2015). The Integration Joint Board was established on 3 October 2015.

Both NHS Tayside (NHST) and Dundee City Council (DCC) have delegated functions and resources to the Dundee Health and Social Care Partnership (The Dundee Integrated Joint Board (IJB)). The IJB will direct the Council and the Health Board on how resources will be spent in line with the approved Strategic plan, and allocate resources back to them in accordance with this direction.

Both DCC and NHST operate under Financial Regulations/Standing Orders for the operational delivery of services. As this service delivery will continue to be carried out within NHST and DCC, these Financial Regulations relate specifically to the affairs of the IJB, and, therefore are more limited and focused in scope. All operational and transactional finance matters for the delivery of the IJB will comply with the respective DCC Financial Regulations and NHST Standing Financial Instructions.

The IJB is accountable for the stewardship of public funds and is expected to operate under public sector best practice governance arrangements, proportionate to its transactions and responsibilities.

Under the Scottish Government Regulations, for all IJB's in Scotland, the Chief Officer, supported by the Chief Financial Officer must ensure that there are adequate systems and controls in place for the proper management of its financial affairs.

These Financial Regulations detail the responsibilities of the IJB and serving members for its own financial affairs. The Chief Officer and the Chief Financial Officer and other officers supporting the IJB will follow these Regulations at all times in relation to the conduct of the IJB's own financial affairs.

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## 1 GENERAL

- 1.1 The preparation and circulation of Financial Regulations assists organisations in fulfilling their obligations in respect of corporate governance, ensuring that stakeholders have an understanding of their responsibilities and a framework within which to discharge them. For this reason, Financial Regulations must be relevant to the needs of users, kept up-to-date and allow for controlled flexibility. A process of ongoing review and monitoring will be maintained to ensure this (See 1.3). Clarification on the interpretation of the Financial Regulations will be issued as required and identified for inclusion in a subsequent review. Clarification of any matter concerning the Financial Regulations shall be undertaken in conjunction with the Integration Joint Board (IJB), Chief Officer (IJBCO) and Chief Finance Officer (IJBCFO).
- 1.2 Aspects of the operation of the IJB have been set out in an Integration Scheme, some of which is pertinent to the Financial Regulations. Wording in “quotations” within the Financial Regulations is taken from the Integration Scheme.
- 1.3 The IJBCFO will regularly review the IJB Financial Regulations, in consultation with NHS Tayside’s Director of Finance and the Chief Financial Officer (Section 95 Officer) of the Council, and where necessary submit recommendations to the IJB for amendments to the Financial Regulations. The IJB will review and consider any amendments considered necessary to these Financial Regulations as recommended and approve the periodic revisions and issue an updated version encompassing such amendments.

## 2. SCOPE AND OBSERVANCE

- 2.1 Voting members of the IJB together with non-voting members of the IJB have a duty to abide by the highest standards of probity in dealing with financial issues. This is achieved by ensuring everybody is clear about the standards to which they are working and the controls in place to ensure these standards are met.
- 2.2 The key controls and control objectives for financial management standards are:-
- the promotion of the highest standards of financial management by the IJB;
  - a monitoring system to review compliance with the financial regulations;
  - comparisons of actual and forward projection of financial performance with planned/budgeted performance that are reported to the IJB;
  - preparation and approval of an annual budget;



- preparation of annual accounts which will be submitted for external audit; and
- provision for performance monitoring and scrutiny of the IJB to fulfil its duties under its Terms of Reference.

2.3 In all matters to do with the management and administration of the Integrated Budget by the IJB and its officers exercising such delegated powers as the IJB has agreed in this regard, these Financial Regulations will apply in all circumstances.

2.4 Prior to any funding being passed by one of the Parties to the IJB as part of the Integrated Budget, the Financial Regulations or Standing Financial Instructions of the relevant Party will apply. Similarly, once funding has been approved from the Integrated Budget by the IJB and directed by it to the Council or the NHS for the purposes of service delivery, the Standing Financial Instructions or Financial Regulations of the relevant Party will then apply to the directed sum, which will be utilised in accordance with the priorities determined by the IJB in its Strategic Plan.

### **3 INTEGRATION JOINT BOARD MEMBERS RESPONSIBILITY**

3.1 The responsibility of the IJB in relation to the conduct of the IJB's financial affairs are defined in the IJB's Integration scheme.

### **4 CHIEF OFFICER (IJB CO)/ FINANCE OFFICER (IJB CFO) RESPONSIBILITIES**

#### Joint Responsibilities

4.1 The IJB CO and IJB CFO shall comply with the internal control procedures prevailing within the host organisation responsible for Service Delivery with regard to their operational activities e.g. segregation of duties, procurement of goods / services, control of assets, etc.

4.2 The IJB CO and IJB CFO shall comply with the internal control procedures prevailing within their host organisation with regard to their personal work related activities e.g. travel and subsistence, codes of conduct, declarations, etc.

4.3 Where the IJB CO or IJB CFO delegate any of their responsibilities, the nature and extent of this should be set out in a Scheme of Delegation.

## Chief Officer Responsibilities

- 4.4 The IJBCO will ensure that the decisions of the IJB are carried out and has a direct line of accountability to the Chief Executive of the NHS and the Chief Executive of the Council for the delivery of integrated services. The IJBCO is responsible for ensuring that service delivery is in accordance with the Strategic Plan to support the national outcomes, any locally delegated responsibilities for health and wellbeing and for measuring, monitoring and reporting on the underpinning measures and indicators (including financial) that will demonstrate progress.
- 4.5 The IJBCO is the accountable officer of the IJB in all matters except finance. The IJBCO will discharge his/her duties in respect of the delegated resources by:-
- ensuring that the Strategic Plan meets the requirement for economy, efficiency and effectiveness in the use of the IJB resources; and
  - giving directions to the NHS and the Council that are designed to ensure resources are spent according to the Strategic Plan. It is the responsibility of the IJBCO to ensure that the provisions of the directions enable the Parties to discharge their responsibilities with regard to the provisions of the directions.
- 4.6 In his/her operational role within the NHS and the Council, the IJBCO has no “accountable officer” status but is:-
- accountable to the Chief Executive of the Council and Chief Executive of the NHS for the operational performance of the services managed by the IJBCO.
  - accountable to the Chief Executive of the NHS for the proper financial management of the operational budget, and is advised by the NHS Director of Finance;
  - accountable to the Chief Financial Officer (Section 95 Officer) of the Council for the proper financial management of the operational budget, and is advised by the Chief Financial Officer of the Council

## Chief Finance Officer Responsibilities

- 4.7 The Integration Scheme notes that the IJBCFO “will be accountable to the Integration Joint Board for the proper administration of its financial affairs including the preparation of the Annual Accounts and Financial Plan (including the Annual Financial Statement as required under Section 39 of the Act) and will provide financial advice and support to the Chief Officer and IJB on the financial resources used for operational delivery.” The IJBCFO will be responsible for preparing the IJB’s medium term financial plan to be incorporated into the Strategic Plan.

The IJBCFO is responsible for the administration of the financial resources delegated to the IJB and will discharge this duty by:

- establishing and maintaining financial governance systems for the proper use of the delegated resources
- ensuring that the Strategic Plan meets the requirement for best value in the use of the IJB’s financial resources
- ensuring that financial resources are utilised in accordance with the Strategic Plan

- 4.8 At the point when the IJB provides Direction to the Parties, for the operational delivery of services, the Director of Finance (NHS) and Council’s Section 95 Officer are responsible for ensuring governance of these resources in accordance with their own organisation’s financial governance documents.

## **5 BUDGET PREPARATION**

### The Integrated Budget

- 5.1 The resources within scope of the IJB’s Integrated Budget are those local authority social care services, health IJB primary, community healthcare and hospital services delegated in accordance with the Integration Scheme. The Integrated Budget will be the aggregate of payments to the IJB for services delegated by DCC and NHST.

### The Strategic Budget

- 5.2 The resources within scope of the IJB’s Strategic Budget are those within the Integrated Budget together with those in respect of large hospitals set aside in accordance with the

Integration Scheme, termed “Large Hospital Services”. The NHS budget for Large Hospital services is included within the IJB’s Integrated Budget for direction via the Strategic Plan. Future changes agreed by the IJB and NHST will determine the movement between the Integrated Budget and the Large Hospital “Set Aside”.

### The Strategic Plan

- 5.3 The IJB is responsible for the production of a Strategic Plan - setting out proposals for the delivery of services within the remit of the IJB over the medium term. This will include a medium term financial plan for the resources within scope of the strategic plan, incorporating the integrated budget and the notional budget for directed hospital services.

### Budget Preparation / Requisitions

- 5.4 In accordance with the Integration Scheme the IJBCFO “will make annual budget Requisitions to the Parties in the format reflected within their respective budget guidance and to align with their respective budget setting timetables. The budget Requisitions will be calculated with initial reference to the pertinent year of the latest Strategic Plan agreed by the IJB”.
- 5.5 “Thereafter, the IJBCFO will give consideration to areas of adjustment of budget requisitions in light of actual or projected performance (where applicable for each Party) and taking into account the Parties Corporate Financial Plans. Where any adjustments are made from the proposals/assumptions contained in the Strategic plan this will be made clear in the budget requisition made by the IJBCFO to the Parties”.
- 5.6 “The IJBCO and IJBCFO will meet with DCC and NHST senior finance officers to review and, if necessary, revise the budget Requisition in line with locally agreed budget setting timetables”.
- 5.7 “The Partners (DCC and NHST) will consider these proposed budget Requisitions through their respective budget setting processes and will confirm the actual budget Requisition to the IJB by the day after the Council Tax legally requires to be set each year”.

### Directions

- 5.8 Following agreement of the Strategic Plan by the IJB, and confirmation of the requisitions from the Parties, in accordance with the Integration Scheme the IJB “will approve and

provide Direction to the Parties before the start of the IJB financial year, in the relevant year, regarding the functions that are being directed, how they are to be delivered and the resources to be used in delivery”. This direction is with a view to ensuring that resources are utilised in accordance with the objectives of the Strategic Plan.

- 5.9 The Integration Scheme notes that in “the event that a material calculation error in the spending Directions provided by the IJB to the Parties is discovered this will be adjusted for and revised Directions issued to the Parties”.

## **6 BUDGET MONITORING AND CONTROL**

### Budget Monitoring

- 6.1 In accordance with the Integration Scheme the IJBCFO will “ensure routine financial reports are available to the IJBCO and the IJB on a timely basis and include as a minimum, annual budget, full year outturn projection and commentary on material variances. All IJB reports will be shared with the Parties simultaneously”. The frequency, form and content of reports will be agreed by the IJB. These reports will cover the financial performance of the Integrated Budget and the Strategic Budget together with projections for the full financial year and any implications for the following financial years.
- 6.2 “Where a year end overspend in the IJB’s budget is projected the IJBCO and the IJBCFO must present a recovery plan to the Parties and the IJB to address in year overspends and any recurring overspends for future financial years”.

In the event that the recovery plan is unsuccessful, and an overspend is evident at the year-end, uncommitted Reserves held by the IJB would firstly be used to address any overspend. If after the application of reserves there remains a forecast overspend, a revised Strategic Plan must be developed and agreed by the Parties to enable the overspend to be managed in subsequent years.

In the event that an overspend is evident following the application of a recovery plan, use of reserves or where the Strategic Plan cannot be adjusted, the following arrangements will apply:

- 1<sup>st</sup> and 2<sup>nd</sup> financial year of the IJB – the overspend will be met by the Party with operational responsibility for service delivery, unless agreed otherwise through a tripartite agreement between the IJB and the Parties;
- 3<sup>rd</sup> financial year of the IJB onwards – the overspend will be allocated based on each Parties' proportionate contribution to the IJB's budget Requisition for that financial year on a like for like basis.

In the event that further services and their associated budgets are added to the initial scope of the IJB the above timelines will not be adjusted unless the Parties agree otherwise.

6.3 In the event that an underspend is evident within the IJB's year end position, this will be retained by the IJB unless the following conditions apply:

- Where a clear error has been made in calculating the budget Requisition;  
or
- In other circumstances agreed through a tripartite agreement between the Parties and the IJB

If these conditions apply, the underspend will be returned to each of the Parties as follows:

- 1<sup>st</sup> and 2<sup>nd</sup> financial year of the IJB – the underspend will be returned to the Party with operational responsibility for service delivery, unless agreed otherwise through a tripartite agreement between the IJB and the Parties;
- 3<sup>rd</sup> financial year of the IJB onwards – the underspend will be allocated based on each Parties' proportionate contribution to the IJB's budget Requisition for that financial year on a like for like basis unless agreed otherwise through a tripartite agreement between the IJB and the Parties.

#### IJB Reports

6.4 The IJBCFO will be consulted on all reports being submitted to the IJB to ensure that any financial implications arising have been considered. Each IJB report should include a Financial Implications section.

- 6.5 It is a requirement of the Public Bodies (Joint Working) (Scotland) Act 2014 that an Annual Performance Report is presented to the IJB and the financial contents therein should comply with the requirements as set out in the Act.
- 6.6 It will be the responsibility of the IJBCO and IJBCFO to provide relevant information and reports to ensure the DCC and NHST performance reporting arrangements are complied with.

#### Virement (Between Financial Years)

- 6.7 The Strategic Plan and budget Requisitions will detail the budget virement that is proposed to be undertaken between each financial year in respect of both the Integrated Budget and large hospital services set aside. The extent of virements will be confirmed following completion of the IJB annual accounts.

#### Virement (In Year) – Integrated Budget

- 6.8 The IJBCO, in consultation with the IJBCFO, can undertake budget virement of up to and including £1,000,000 under delegated authority subject to this virement not impacting upon current IJB, Council or NHS policies and must be consistent with the aims of the Strategic Plan. Individual virements in excess of £100,000 must subsequently be reported to the IJB for noting through the budget monitoring reports. Budget virement in excess of this sum requires approval of the IJB.
- 6.9 It will be necessary for the IJBCO to issue a revised direction to the Parties in light of in-year budget virement.

#### Virement (In Year) – Large Hospital Services

- 6.10 All budget virement in respect of Large Hospital services will require approval of the IJB and the NHST and the reasons for this virement will be detailed in such a request e.g. changes in the timing of planned capacity changes from that outlined in the Strategic Plan.

## Year End Budget Variances

- 6.11 Any surplus or deficit arising at the financial year end on the Strategic Budget will be addressed in accordance with the provisions for this detailed within the Integration Scheme as follows:-

### **Deficit**

- Uncommitted Reserves held by the IJB would firstly be used to address any overspend;
- Via the risk sharing provisions between the Parties as set out in the Integration Scheme.

### **Surplus**

- Retained in Reserves unless either a clear error has been made in calculating the budget Requisition or in other circumstances agreed through a tripartite agreement between the Parties and the IJB.

## Reserves

- 6.12 The IJB is able to retain Reserves albeit these will be notional as the IJB will not hold cash balances. The IJB is required to set out and agree, therefore, a Reserves policy and strategy in the Strategic Plan.

## **7 ANNUAL ACCOUNTS**

- 7.1 The annual accounts for the IJB are required to be prepared subject to the provisions of Section 106 of the Local Government (Scotland) Act 1973. As such the annual accounts – including a Governance Statement and Best Value Statement will be undertaken in accordance with the Code of Practice on Local Authority Accounting in the United Kingdom.
- 7.2 The IJBCFO will arrange for the preparation and submission of the IJBs annual accounts by the statutory deadline and sign the annual accounts.
- 7.3 The draft annual accounts and final accounts should be submitted to the IJB and Audit Committee (if applicable) for their scrutiny and review.



## **8 EXTERNAL AUDIT**

- 8.1 The IJB will be subject of external audit by auditors appointed by the Accounts Commission. The IJB, IJBCO and IJBCFO are required to comply with all reasonable requests made by the auditors in completion of their external audit.
- 8.2 The IJBCFO will be the initial point of contact with external auditors for all matters in relation of the IJB's annual accounts.

## **9 TREASURY MANAGEMENT**

- 9.1 Legislation, under Section 106 of the Local Government (Scotland) Act 1973 empowers the IJB to hold reserves, which should be accounted for in the financial accounts and records of the IJB.
- 9.2 The IJB will not undertake any cash transactions but rather these will be on a notional basis through the direction of expenditure undertaken by the Parties. Any cash correction arising as a result of variance between the Requisitions from and Directions to the Parties will be undertaken directly between the Parties without any adjustment for interest.
- 9.3 In light of the above the IJB will not operate a bank account.

## **10 PROCUREMENT**

- 10.1 The Public Bodies (Joint Working) (Scotland) Act 2014 provides that the IJB may be empowered to contract itself to carry out the functions delegated to it. The IJBCO shall consult with the IJBCFO and both Parties' senior finance officers prior to seeking IJB approval for such contracting.
- 10.2 Until such agreement is achieved, procurement activity will be undertaken by the respective Parties and in accordance with the guidance prevailing in the organisation to which the IJB has given operational direction for the use of financial resources. The IJBCO and IJBCFO will give ongoing consideration to whether there are financial or other benefits for either of the Parties to be directed to undertake particular areas of spend.

## **11 CHARGES FOR SERVICES**

- 11.1 The IJB will not charge for services as any charging will be undertaken by the organisation to which the IJB has given operational Direction to deliver the services for which a charge is made in accordance with local policy and national guidance.

## **12 VALUE ADDED TAX (VAT)**

- 12.1 There is no requirement for a separate VAT registration for the IJB as the IJB will not be delivering any services within the scope of VAT.
- 12.2 The IJBCO and IJBCFO must remain cognisant of possible VAT implications arising from the delivery of the Strategic Plan. The Parties will be consulted in early course on proposals which may have VAT related implications.

## **13 INSURANCE AND RISK MANAGEMENT**

- 13.1 The IJB must establish a system of risk management for the functions delegated to it and maintain a Risk Register. This will ensure that risks faced by the IJB are identified and quantified and that effective measures are taken to reduce, eliminate or insure against them.
- 13.2 The IJB must make appropriate provision for insurance according to the extent of risk exposure of the IJB itself and in light of the risk management strategy applied by the IJB. These should be reviewed periodically.
- 13.3 The IJBCO will notify the IJB as soon as reasonably possible of any incidents of loss, damage or injury, which may give rise to a claim by or against the IJB.

## **14 INTERNAL AUDIT**

- 14.1 The IJB shall establish adequate and proportionate internal audit arrangements for review of the adequacy of the arrangements for risk management, governance and control of the allocated resources, but not the amount or sufficiency of the allocated resources. This will

include determining who will provide the internal audit service for the IJB and nominating a Chief Internal Auditor.

- 14.2 The operational delivery of internal audit services within the NHS and the Council will be contained within their respective and established arrangements.
- 14.3 The Internal Audit Service will undertake its work in compliance with the Public Sector Internal Audit Standards.
- 14.4 On or before the start of each financial year, the IJB's Chief Internal Auditor will prepare and submit a strategic risk based audit plan to the IJB (or appropriate Sub-Committee, if established) for approval. It is recommended this is shared for information with the relevant committee of the NHS and the Council.
- 14.5 The IJB's Chief Internal Auditor will submit an annual audit report of the Internal Audit function to the Chief Officer and the IJB (or appropriate Sub-Committee) indicating the extent of audit cover achieved and providing a summary of audit activity during the year. As a minimum the annual audit report and IJB Chief Internal Auditor's opinion will also be reported to the audit committee of the NHS Board and the Scrutiny Committee of the Council.
- 14.6 The IJB, IJB CO and IJB CFO have a duty to inform DCC's Chief Internal Auditor and the NHS Counter Fraud Service of any suspicion of fraud, irregularity or any other matter concerning the contravention of the Financial Regulations affecting assets of the IJB or the Parties.

## **15 BREACH OF FINANCIAL REGULATIONS**

- 15.1 A breach of these Financial Regulations must be reported immediately to the Chief Officer, who may then discuss the matter with the NHS's Chief Executive, the Council's Chief Executive or another nominated or authorised person as appropriate to decide what action to take.

## **16 BOARD MEMBERS' ALLOWANCES AND EXPENSES**

- 16.1 Payment of IJB Board Members' allowances, travel and subsistence expenses will be the responsibility of the Members' individual Council or NHST or employing organisation, and will be made in accordance with their own Schemes as required to reflect the capacity of the role being discharged e.g. Lead Clinician, third sector representative.

## **17 AUTHORISATION OF COMMUNITY CARE PACKAGES**

- 17.1 The IJBCFO will have delegated authority to authorise expenditure on community care packages for adults as detailed below:
- For individuals who present a significant risk to themselves or to others (including people who have forensic needs or severe challenging behaviour), the IJBCFO will have delegated authority to agree the cost of care packages for these individuals up to £2,200 per week
  - For individuals requiring twenty-four hour care and support from a specialist provider, the IJBCFO will have delegated authority to agree the cost of care packages for these individuals up to £1,400 per week
  - For individuals who can be supported in their own home with interval support and care packages, the IJBCFO will have delegated authority to agree the cost of care packages for these individuals at a rate equating to the national care home rate for nursing care plus 15%.
- 17.2 Should a proposed package of care exceed these levels, the proposal will be referred to the IJBCO for consideration in consultation with the Chair and Vice Chair of the IJB. The outcome of the decision will be reported to the next available IJB meeting for information.

## GLOSSARY

**“The Act”** means the Public Bodies (Joint Working) (Scotland) Act 2014;

**Integration Scheme** – this is a document agreed jointly by Dundee City Council and NHS Tayside which details the joint working procedures to be followed by Integrated Joint IJB

**Parties** – these are Dundee City Council and NHS Tayside

**“Integrated Functions”** means those functions and services delegated to the IJB by virtue of this Scheme;

**“Integration Joint Board Order”** means the Public Bodies (Joint Working) (Proceedings, Membership and General Powers of Integration Joint IJBs) (Scotland) Order 2014;

**“IJB”** means the Integration Joint IJB to be established by Order under section 9 of the Act, abbreviated to **“IJB”**

**IJB Chief Officer (IJBCO)** – that individual appointed by the Integrated Joint IJB to ensure delivery of the IJB’s Strategic Plan

**IJB Finance Officer (IJBCFO)** – that individual appointed by the Integrated Joint IJB to ensure governance of the IJB’s financial resources and provide financial advice to the IJBCO and IJB

**Local Authority Section 95 Officer** – this is the individual occupying the post within the local authority with responsibility for governance of financial resources in accordance with Section 95 of the Local Government (Scotland) Act 1973

**Health Director Of Finance** – that individual occupying the post within NHS Tayside with accountability for governance of financial resources

**Requisition** – this is the financial resources devolved by each of the Parties to the Integrated Joint IJB

**Direction** – this is the instruction from the IJB to each of the Parties to undertaken operational provision of services and the related financial resource level to undertake this (issued under section 26 of the Act)

**“Payment”** Term used in the legislation to describe the Integrated Budget contribution to the Integration Joint Board and does not require that a bank transaction is made. In addition the term used to describe the resources paid by the Integration Joint Board to the Health Board and the Local Authority for carrying out the directed functions.

**Integrated Budget:** Budget for the delegated resources for the functions set out in the Integration Scheme as specified in legislation (See “notional budget”).

**Notional Budget:** Activity based budget for commissioned hospital services used by the IJB population as set out in the Strategic Plan. This is the amount required to be set aside by the Health Board for use by the IJB.

**Strategic Plan** – means the plan which the IJB is required to prepare and implement in relation to the delegated provision of health and social care services to adults in accordance with section 29 of the Act.

**Virement** – the transfer of an under spend on one budget head to finance additional spending on another budget head. For the purposes of the IJB, represents the transfer of budget one are of “subjective” spend to another, i.e. staff costs, employee costs, property costs, etc. or the transfer of budget between Parties.

**“Acute services”** means those services set out in Part 2 of Annex 1 to the Scheme which are delivered within Ninewells Hospital and Perth Royal Infirmary, except medicine for the elderly services delivered at Perth Royal Infirmary (for which the Integration joint IJB will have operational delivery responsibility);

**“Large Hospitals”** means those hospitals which fall within the definition set out in section 1(14) of the Act; Means the functions that a Health Board proposes to delegate under an integration scheme which are carried out in the area of the Health Board and are provided for the areas of two or more local authorities. **(Section 1 (14))**. Note that it is possible that this definition could be interpreted as referring to community hospitals that provide care to people from more than local authority but this is not the intention of the legislation and will be clarified in the explanatory notes.

**“Outcomes”** means the Health and Wellbeing Outcomes prescribed by the Scottish Ministers in Regulations under section 5(1) of the Act;

**“Dundee City Council”** means the local government area of Dundee City as defined in the Local Government Etc. (Scotland) Act 1994;

**VAT:** Health Boards and Local Authorities have a different VAT status under the VAT Act 1994. Local Authorities have Section 33 status whereby they can recover VAT on non-business activities; and Health Boards have Section 41 status, whereby they can typically only recover VAT incurred on services (in accordance with contracted out services regulations). Local Authorities typically recover a greater proportion of VAT than Health Boards.







**REPORT TO:** HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 4 MAY 2016

**REPORT ON:** INTERNAL AUDIT ARRANGEMENTS 2016/17

**REPORT BY:** CHIEF FINANCE OFFICER

**REPORT NO:** DIJB9 - 2016

## **1.0 PURPOSE OF REPORT**

The purpose of this report is to set out proposed arrangements for the provision of Internal Audit services to the Integration Joint Board (IJB) for 2016/17 and to request that the IJB considers the creation of a Performance and Audit Committee.

## **2.0 RECOMMENDATIONS**

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

- 2.1 Notes the requirement to ensure adequate and proportionate internal audit arrangements are in place for the IJB;
- 2.2 Provides delegated authority to the Chief Officer and Chief Finance Officer to conclude discussions with Fife, Tayside and Forth Valley Management Services (FTF) and Dundee City Council for the provision of internal audit services for 2016/17;
- 2.3 Agrees to establish a Performance and Audit Committee to enable appropriate scrutiny of performance and audit issues and instruct the Chief Officer to bring back a report to the IJB outlining the proposed membership of the Committee and proposed governance arrangements.

## **3.0 FINANCIAL IMPLICATIONS**

There are no direct financial implications arising from this report as under corporate support service arrangements both NHS Tayside and Dundee City Council will provide proportionate internal audit activity in relation to Health and Social Care Integration. Any requirement by the IJB to access additional internal audit support over and above that which would reasonably be expected to be provided would be subject to negotiation and potential additional cost to the IJB.

## **4.0 MAIN TEXT**

- 4.1 The requirement for the IJB to establish internal audit arrangements was set out in a report to the IJB on 24 November 2015 where the arrangements for such services were agreed for 2015/16. The report noted that the Financial Guidance for Integration Joint Boards developed by the Integrated Resources Advisory Group (IRAG) and issued by the Scottish Government stated:

“It is the responsibility of the Integration Joint Board to establish adequate and proportionate internal audit arrangements for review of the adequacy of the arrangements for risk management, governance and control of the delegated resources. This will include determining who will provide the internal audit service for the Integration Joint Board and nominating a Chief Internal Auditor.”

- 4.2 The IJB is also required to comply with the article 7 of the Local Authority Accounts (Scotland) regulations 2014 which state:-

“A local authority must operate a professional and objective auditing service in accordance with recognised standards and practices in relation to internal auditing.”

- 4.3 The IJB agreed in November 2015 to appoint the Chief Internal Auditor of NHS Tayside to the role of Chief Internal Auditor and Fife, Tayside and Forth Valley Audit and Management Services (FTF) as the IJB's lead internal auditors for 2015/16. This role has been supported by Dundee City Council's Internal Audit service. The main focus of internal audit activity for 2015/16 has been an assessment of the Due Diligence process and Governance arrangements which is subject to a separate report however this joint arrangement has worked well and it is recommended that these arrangements continue for 2016/17, subject to the conclusion of more detailed discussions around these arrangements. This will result in the production of an internal audit plan for the IJB.
- 4.4 Once an annual Internal Audit plan has been agreed, the Chief Internal Auditor will report on the delivery of the plan and any recommendations to the IJB. The Chief Internal Auditor will also provide an annual Internal Audit report. The annual report will also be shared with the relevant Committees of NHS Tayside and Dundee City Council.
- 4.5 The IJB previously considered a recommendation to establish either a new Standing Committee or a Senior Officer led Performance Management Group whose role it would be to provide advice and assurance on the performance for the IJB as part of Report DIJB10-2016 (Dundee Health and Social Care Partnership Outcomes and Performance Framework) presented to the IJB in February 2016. The IJB's decision was to convene a Senior Officer group rather than set up a separate committee.
- 4.6 It has been established that the majority of IJBs have now created a separate Audit Committee in order to provide the opportunity to sufficiently scrutinise performance and consider audit related matters on a regular basis. The advantage of this approach is that it creates the time which can be devoted to such issues and is not limited to the time pressures of dealing with all the other business issues the IJB needs to consider within its main meeting structure. It is therefore requested that the IJB agrees to establish a Performance and Audit Committee as a key element of its governance structure.

## **5.0 POLICY IMPLICATIONS**

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

## **6.0 CONSULTATIONS**

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

## **7.0 BACKGROUND PAPERS**

None.

Dave Berry  
Chief Finance Officer

DATE: 1 April 2016



**REPORT TO:** HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 4 MAY 2016

**REPORT ON:** DUNDEE REGISTERED SERVICES FOR ADULTS (EXCLUDING CARE HOMES)

**REPORT BY:** CHIEF OFFICER

**REPORT NO:** DIJB17-2016

## 1.0 PURPOSE OF REPORT

The purpose of this report is to summarise for the Integration Joint Board the gradings awarded by the Care Inspectorate to Dundee registered care services for adults (excluding care homes). In order to provide a comparison, the information is based on the last two inspections for each service.

## 2.0 RECOMMENDATIONS

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

- 2.1 Notes the gradings awarded as detailed in the attached Performance Report (Appendix 1) and highlighted in paragraph 4.3 below.

## 3.0 FINANCIAL IMPLICATIONS

None.

## 4.0 MAIN TEXT

- 4.1 The Care Inspectorate is responsible for the inspection and regulation of all registered care services in Scotland. The regulatory authority ensures that care service providers meet their respective National Care Standards and that in doing so they provide quality care services. The Care Inspectorate use a six point grading scale, against which certain key themes are graded. The grades awarded are published in inspection reports and on the Inspectorate's website at [www.careinspectorate.com](http://www.careinspectorate.com).
- 4.2 Of the 63 registered services listed in the Performance Report, 119 inspections were undertaken.
- 4.3 Summary of the gradings awarded to registered care services in Dundee:
- 50.5% of inspections resulted in grades **6** 'excellent' or **5** 'very good' for each of the key themes inspected.
  - 2.5% of inspections resulted in grades **2** 'weak' or **1** 'unsatisfactory' for each of the key themes inspected.
  - One service, the White Top Adult Respite Centre, was graded **6** 'excellent' for all four quality themes in their last inspection. Rose Lodge, a Care at Home and Housing Support Service, were graded **6** 'excellent' in their last two inspections in all quality themes assessed. Another service, Gowrie Care College Support Services, was graded **6** 'excellent' for Quality of Care & Support, Quality of Staffing and Quality of Management & Leadership (Quality of Environment was not assessed). A further two Care at Home and Housing Support providers, namely Gowrie Care and Turning Point Scotland were graded **6** 'excellent' in all quality themes assessed for a number of their Dundee services at their last inspections.

- Of the 63 establishments inspected, there was a 25% improvement in grades for Quality of Care and Support, 3% improvement for Quality of Environment, 25% improvement in Quality of Staffing and 25% improvement in Quality of Management and Leadership.
- Of the 63 establishments inspected 11% of services were downgraded for Quality of Care and Support, no services downgraded for Quality of Environment, 5% downgraded for Quality of Staffing and 10% downgraded for Quality of Management and Leadership.
- One inspection, Dudhope Villa, resulted in grade **2** 'weak' for Quality of Care and Support and Quality of Environment and grade **1** 'unsatisfactory' for Quality of Management and Leadership. A full review of this service is currently being undertaken in partnership with the service provider to support improvement in the quality of services provided to service users. Partnership representatives undertaking the review are liaising closely with Care Inspectors to ensure a collaborative approach is being taken to service improvement.

4.4 The following table shows the overall percentage awarded at each grade and also for each key theme.

*Note: numbers in () refer to number of establishments inspected*

Grade	Overall (119)	Quality of Care and Support	Quality of Environment	Quality of Staffing	Quality of Management & Leadership
<b>6</b> excellent	13.5%	16% (19)	5% (6)	17% (20)	17% (20)
<b>5</b> very good	37%	51% (61)	10% (12)	46% (55)	39% (46)
<b>4</b> good	16%	24% (29)	2% (2)	19% (23)	20% (24)
<b>3</b> adequate	6%	6% (7)	-	6% (7)	13% (14)
<b>2</b> weak	2%	2% (2)	-	4% (5)	3% (4)
<b>1</b> unsatisfactory	0.5%	-	-	-	1% (1)
not assessed	25%	1% (1)	83% (99)	8% (9)	5% (10)

4.5 During the period of each service's previous two inspections, requirements were placed on 14 of the 63 services covering a range of issues relating to the health, welfare and safety of service users. Action plans were drawn up setting out the actions the services would take in response to these requirements.

4.6 During the same period, there were 11 complaints to the Care Inspectorate relating to 10 of the 63 care services in Dundee.

4.7 No enforcement action has been required to be taken in respect of services reported upon, either directly by the Care Inspectorate or by Dundee City Council taking a decision to suspend any referrals to services. In some cases a service may decide not to receive referrals themselves over a period to allow a period of improvement and consolidation to take place.

## 5.0 POLICY IMPLICATIONS

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

## 6.0 CONSULTATIONS

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

## 7.0 BACKGROUND PAPERS

None.

David W Lynch  
Chief Officer

DATE: 29 March 2016

## PERFORMANCE REPORT – CARE INSPECTORATE GRADINGS

### DUNDEE REGISTERED CARE SERVICES FOR ADULTS (EXCLUDING CARE HOMES)

#### **A summary of the gradings awarded to the Social Work Department's registered services and organisations who provide a service on behalf of the Department**

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The purpose of this report is to summarise for Committee members the findings and gradings awarded by the Care Inspectorate to the Department's internal care services and external private and voluntary organisations who are commissioned to provide a service on behalf of the Dundee City Council. The report will cover all service areas in Community Care (excluding Care Homes).

The Care Inspectorate conducts both announced and unannounced inspections which can be of low, medium or high intensity. A low intensity inspection is one where the Care Inspectorate is satisfied that a service is working hard to provide consistently high standards of care. A medium or high intensity inspection is undertaken when there are some concerns and the service therefore receives a more intense level and depth of inspection.

As of 1 April 2015 important changes in the way inspections by the Care Inspectorate were carried out came into effect. The aim was to ensure that scrutiny be targeted in the places where there are most concerns, and to be more proportionate in services which are known to be performing well. The Care Inspectorate were seeking to move away from a traditional compliance model of inspection to one that was more collaborative, placing the person receiving the service at the heart of care and support, and supporting providers to improve in challenging times. The changes were also more closely linked to a focus on outcomes which will be further strengthened when the new National Care Standards, underpinned by human rights are developed.

To date, the Care Inspectorate has developed follow-up inspections in services where concerns are such that a second inspection in the same year is due. Thematic inspections have also been tested in some Care Homes for adults with a learning disability. The intention now is to test two new proportionate inspection models in some highly performing services known as validation inspections. The plan is to pilot approximately 100 validation inspections throughout 2015/16. At the end of this pilot the aim is to have an inspection framework which will involve different types and intensity of inspections; clearer intelligence about individual services so scrutiny can be better targeted, examples of 'very good' and 'weak' practice by service type and shorter, clearer inspection reports.

### **Health and Social Care Integration**

The Public Bodies (Joint Working)(Scotland) Act 2014 requires NHS Boards and Local Authorities to integrate the planning and delivery of certain adult health and social care services. The main purpose of integration is to improve the wellbeing of people who use health and social care services, in particular those whose needs are complex and which require support from health and social care at the same time.

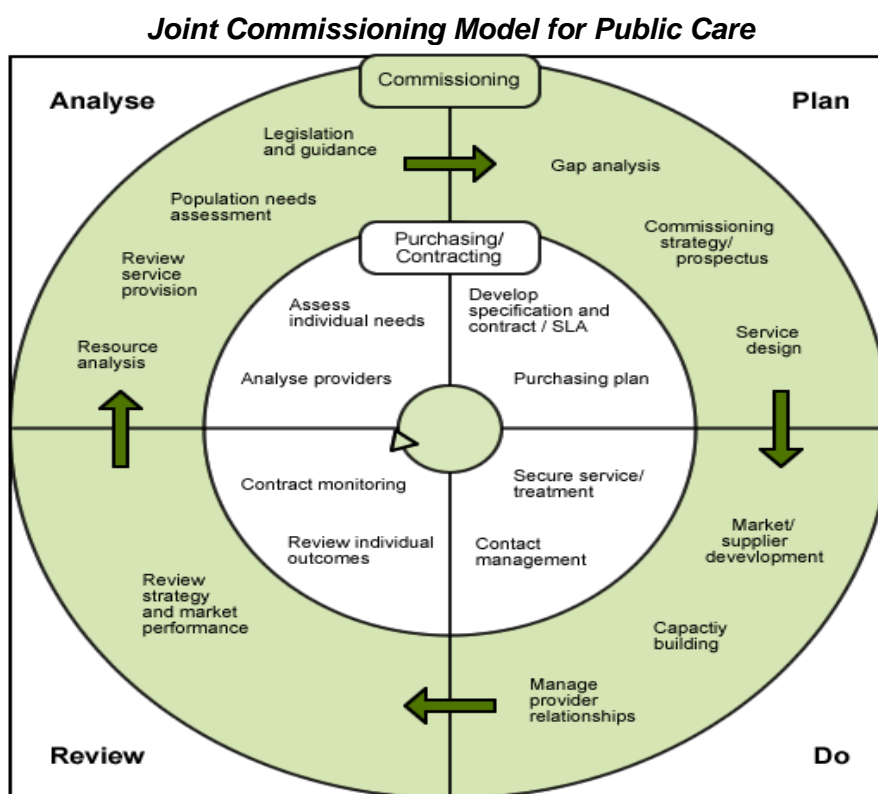
An overarching strategic plan for Dundee citizens is being developed and will be agreed by the new Integration Joint Board. In addition to this strategic and commissioning statements will be in place for specific service user groups and for some generic functions.

As commissioners, the local authority will need to work in partnership with all service providers to ensure the local social work market has the capacity and expertise to deliver services which meet the needs and desired outcomes of our most vulnerable citizens.

Building the capacity within local communities to deliver personalised supports and better access to universal services will also be a major priority.

In terms of strategic planning within some areas this is a well established process. Within each planning process there is an emphasis on co-production and an Engagement and Involvement Plan developed by the Shadow Integrated Joint Board sets out the intentions for partnership working.

The undernoted model of commissioning emphasises its cyclical nature with strategic commissioning providing the context for procurement and contracting. All four elements of the cycle are sequential and of equal importance [Analyse, Plan, Do and Review]. The key principle of the model is that the commissioning process should be equitable and transparent and open to influence from all stakeholders via an ongoing dialogue with people who use services, their carers and providers. Outcomes for people are at the centre of the model.



The local partnership approach to strategic funding decisions work towards streamlining processes to scrutinise the performance of service providers and exploring opportunities to offer in-kind support to assist with backroom and support costs to external providers and are all examples of good practice in relation to good partnership working. A streamlined accreditation process, the Healthy Organisations Award, to assess the capacity and capability of organisations to deliver services has been developed and formally launched in partnership with the Third Sector Interface.

The Care Inspectorate are also committed to working in partnership with other national scrutiny and improvement bodies to assist with the integration of health and social care, so that every person is entitled to safe, high-quality, compassionate care that meets their needs and promotes their rights.

## Self Directed Support (SDS)

The Social Care (Self-directed Support) (Scotland) Act 2013 came into force in April 2014. The aim of the Act is to ensure that people who may need support enjoy greater flexibility, choice and control over how their care is arranged and provided. Local Authorities have a duty under this Act to offer social care users the options of self directed support and to tell them about ways to get information and support so they can make informed decisions about their care. As well as bringing new opportunities for service users and carers, it also brings new challenges to providers and those commissioning and contracting for registered care and support services.

Local response to such policy drivers as Self Directed Support and specific Scottish Government investment to bring about change eg Reshaping Care for Older People, Integrated Care Fund, has encouraged creativity, flexibility and increased choice in local provision, including the introduction of social enterprise into the market.

## Care Inspections

As this is the first report of this kind and in order to provide a comparison, the information is based on the last two inspections for each service.

Care services are all registered, inspected and graded by the Care Inspectorate. The Care Inspectorate inspects services against the National Care Standards and most typically will grade services against some or all of the following quality themes:



Each theme is assessed from 1 to 6 – 1 = unsatisfactory to 6 = excellent.

Tables 1 and 2 below illustrate the frequency of inspections for different service types. The Care Inspectorate may inspect more often than shown. A proportionate approach is taken in relation to the depth of evidence to be sampled and gathered in accordance with the current risk level.

**Table 1: Services subject to statutory minimum frequency**

<b>Service Category and Type</b>	<b>Minimum frequency for better performing Services</b>	<b>Minimum frequency of Services not meeting the better performing definition</b>
Support Services – Care at Home	n/a	1 inspection each 12 months
Housing Support Service combined with Care at Home	n/a	1 inspection each 12 months

**Table 2: Risk based minimum inspection frequency**

<b>Service Category and Type</b>	<b>Minimum frequency for better performing Services</b>	<b>Minimum frequency of Services not meeting the better performing definition</b>
Housing support (not combined with Care at Home)	1 inspection each 24 months	1 inspection each 12 months
Support Services – Adult Day Care	1 inspection each 36 months	1 inspection each 12 months

This report covers a range of registered care services (see Performance Report attached) that are subject to regulation. These include:

- **Tenancy Support:** a housing support service which provides support, assistance, advice or counselling to enable a person to live in their own home in the community. Housing support may be provided to people living in, for example, sheltered housing, hostels for the homeless, accommodation for the learning disabled, women's refuges or in shared homes
- **Respite:** a service provided to permit a carer temporary relief from caring. It can be provided at home or elsewhere and may extend from a few hours to a few weeks
- **Support Services - not care at home:** a service which provides support in a setting outwith the home similar to a day opportunities service
- **Support Services – with care at home:** a service which provides support and/or personal care in your own home. This service is primarily provided to older people in Dundee within DCC Home Care Service and provided by both internal staff and externally commissioned organisations
- **Care at Home/Housing Support:** a 24/7 housing support service combined with a care at home service registration. A housing support service (see tenancy support definition above) and combined care service provided to individuals in their own home. This service is primarily provided to people with a learning disability and/or a mental health difficulty



## Summary of Grades by Service Type

Of the 63 registrations included in this report, 119 inspections were undertaken. The following table shows the overall percentage awarded at each grade and also for each key theme.

**Table 3 – Overall Gradings**

*numbers within () refer to number of establishments*

Grade	Overall (119)	Quality of Care and Support	Quality of Environment	Quality of Staffing	Quality of Management & Leadership
<b>6</b> excellent	13.5%	16% (19)	5% (6)	17% (20)	17% (20)
<b>5</b> very good	37%	51% (61)	10% (12)	46% (55)	39% (46)
<b>4</b> good	16%	24% (29)	2% (2)	19% (23)	20% (24)
<b>3</b> adequate	6%	6% (7)	-	6% (7)	13% (14)
<b>2</b> weak	2%	2% (2)	-	4% (5)	3% (4)
<b>1</b> unsatisfactory	0.5%	-	-	-	1% (1)
not assessed	25%	1% (1)	83% (99)	8% (9)	5% (10)

The gradings in the above table identify a very high quality of registered services in Dundee.

50.5% of inspections resulted in grades **6** “excellent” or **5** ‘very good’ for each of the key themes inspected.

2.5% of inspections resulted in grades **2** ‘weak’ or **1** ‘unsatisfactory’ for each of the key themes inspected.

The following tables illustrate the quality grades by theme (% of services with each grade)

### Theme 1: Quality of Care and Support

	<b>6</b>	<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>	n/a
Tenancy Support (12)	-	58.0%	33.5%	8.5%	-	-	-
Respite Services (3)	-	67.0%	33.0%	-	-	-	-
Support – not care at home (12)	25.0%	58.0%	13.0%	-	-	-	4.0%
Support – with care at home (15)	-	42.0%	46.0%	12.0%	-	-	-
Care at Home/Housing Support (21)	27.0%	46.0%	17.0%	5.0%	5.0%	-	-

### Theme 2: Quality of Environment

	<b>6</b>	<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>	n/a
Tenancy Support (12)	-	-	-	-	-	-	100.0%
Respite Services (3)	33.5%	66.5%	-	-	-	-	-
Support – not care at home (12)	8.0%	42.0%	8.0%	-	-	-	42.0%
Support – with care at home (15)	-	-	-	-	-	-	100.0%
Care at Home/Housing Support (21)	-	-	-	-	-	-	100.0%

As can be seen from the high percentage under Quality of Environment - not assessed – not all services require the environment to be assessed eg provision of service in a service user’s own home in the community.

**Theme 3: Quality of Staffing**

	6	5	4	3	2	1	n/a
Tenancy Support (12)	4.0%	55.0%	29.0%	8.0%	4.0%	-	-
Respite Services (3)	33.5%	66.5%	-	-	-	-	-
Support – not care at home (12)	12.5%	42.0%	4.0%	-	4.0%	-	37.5%
Support – with care at home (15)	-	50.0%	38.0%	8.0%	4.0%	-	-
Care at Home/Housing Support (21)	34.0%	39.0%	15.0%	7.0%	5.0%	-	-

**Theme 4: Quality of Management and Leadership**

	6	5	4	3	2	1	n/a
Tenancy Support (12)	4.0%	46.0%	25.0%	21.0%	4.0%	-	-
Respite Services (3)	33.5%	66.5%	-	-	-	-	-
Support – not care at home (12)	8.0%	33.0%	13.0%	-	4.0%	-	42.0%
Support – with care at home (15)	-	41.5%	38.0%	16.5%	4.0%	-	-
Care at Home/Housing Support (21)	36.0%	32.0%	15.0%	12.0%	2.5%	2.5%	-

**Requirements/Recommendations from Care Inspectorate**

15 establishments (18 inspections) had requirements placed on them by the Care Inspectorate in order to comply with relevant legislation. The reasons for the requirements are summarised as follows:

Staffing

- Allegations of staff misconduct be notified to Care Inspectorate
- Carry out and retain a record of the training needs of all staff and use to develop an annual training plan
- Ensure only staff registered with SSSC or other recognised regulatory body carry out work in the care service if the post requires this

Medication

- Administer medication only from container in which they are supplied
- Medications are stored securely and within the temperature range required
- Service users having their medication administered by service only be supported by people who have been trained and deemed competent

Investigations and Complaints

- Records of investigations of allegations be maintained
- Complaints receive a written response outlining outcome and any action to be taken
- All service users be given a copy of the service's complaints procedure including details of how to complain to the Care Inspectorate

Service Users

- Ensure safety of service users by implementing safe recruitment procedures
- Ensure that people who use the service have a personal plan
- Ensure personal plans are reviewed at least once every six months
- Ensure comprehensive risk assessments are completed relevant to service user need and be reviewed at least six monthly
- Keep funds of the service separate from personal funds held on behalf of service users and audit regularly

Service Quality

- Ensure appropriate quality assurance systems in place
- Develop an system for monitoring of incidents so action can be taken to improve service quality

10 establishments (12 inspections) had received complaints during their last two inspections. The reasons for the complaints are summarised as follows:

#### Environment

- Other (ensure knowledge and awareness of pests/infestations)
- Security

#### Communication

- Information about the service (include in personal plans and reviews)
- Between staff and service users/relatives/carers
- Service provision to be at agreed times, meet need and be identified in support plan
- Choice – activities

#### Staff

- Training/qualifications (consolidate learning through practice)
- Medication issues
- Protection of People – review and develop Adult Protection Policy

Eight of the organisations who received complaints had improved their grades at a subsequent inspection. One organisation remained the same. One organisation providing Care at Home/Housing Support services received a complaint in another area in Scotland however owing to their registration being region-wide, this reflected their grade reducing from 6 'excellent' in all areas inspected to 4 'good' although service provision in Dundee was not affected.

### **Partnership Improvement**

#### **Tenancy Support**

Grades, particularly in organisations providing home care to older people, have been low owing to organisations having one Care Inspectorate registration covering a large area within the country. The decision by some service providers to separate the registration into smaller, defined areas has resulted in services in Dundee services achieving higher grades. This course of action is currently being explored further with all service providers.

Homelessness is a particularly challenging service area however, working in partnership and having regular monitoring and input from Social Work, Housing and other stakeholders, service providers are gradually improving on previous grades. Over the years Homeless services have struggled to demonstrate outcomes for the individuals who use their services; many of whom lead chaotic, transient lifestyles. It is recognized that staff within the Homeless hostels work hard on a daily basis to engage with their service users and at times can deal with very harrowing situations. The hostels have acted upon feedback from the Care Inspectorate and have introduced various measures to improve the quality of their grades. For example, outcomes tools such as Outcomes Star have been introduced and have assisted the hostels to evidence the positive journeys individuals are making. In general, resettlement units can evidence outcomes more clearly as their service users are more ready to be supported towards independent living.

#### **Respite**

Respite/ short breaks may be anything from a few hours to 24/7 for a week or two at a time. Respite is provided for the benefit of both carers and service users in a number of different settings. The introduction of Self Directed Support will further enhance choice and opportunity for service users when choosing a service. In Dundee City Council both in-house respite services perform to a very high standard eg White Top Centre achieved 6s across all themes. A recent review of the external service provided by Sense Scotland has resulted in a focus on promoting choice and independence for those more able to attend other types of

respite/ short breaks and extending the service for those service users who require more complex packages of care.

### **Support Services – not Care at Home**

As part of Dundee City Council's continuous review of services, there has been a shift in model from "traditional" building based day services to day opportunities offering service users more choice in relation to employment, education and social activities. These services are more person-centred and based around the assessed needs and wishes of service users, whilst also taking account of the view of carers. The introduction of the Social Care (Self Directed Support) Act 2013 will progress personalised models of care further and meet the demand for more aspirational day supports.

### **Support Services – with Care at Home**

Service provider forums ie the Care at Home Forum, Day Care Forum, have been developed over recent years in an effort to improve, as a whole, the service provided to people in Dundee by bringing together the collective skills and knowledge of both internal and external providers of home care. Recent issues which have been on the agenda for discussion are:

- medication – definition of 'prompting'
- packages of care – providers having the autonomy to increase/ decrease
- recruitment and retention
- standardised documentation
- Health and Social Care Integration
- the living wage
- possibility of joint induction of staff and shared training

A number of provider engagement and stakeholder consultation events have been held in Dundee to help improve the quality of care in advance of the re-tender of the Home Care contract. These events assisted in moving towards more appropriate models of care and levels of flexibility. One of the events was aimed at smaller organisations and focussed on sharing information on the delivery of social care in Dundee and providing an opportunity to note interest in tendering for the contracts.

### **Care at Home/ Housing Support**

Over the last 10 years there has been a significant growth in this model of support in Dundee. The majority of the provision is delivered within the Third sector, though not exclusively. The majority of services within this category delivered by Dundee City Council are in place to support adults with a learning disability and/or autism.

The Performance Report attached illustrates the quality of these services with the majority of providers scoring consistently high grades. Where grades are of concern, reviews are already in progress to address the issues.

It is envisaged that further growth will be evidenced within this model of support in line with a drive to offer more personalised and less institutional supports. In recent years significant priority has been given to making sure there is adequate access to appropriate housing stock, tailored to specific needs of individuals, available for now and in the future.

### **Partnership Approach to Quality**

A proactive approach to improving and sustaining quality support has been taken for some years in Dundee. A partnership approach between providers, local authority representatives and the Care Inspectorate has been consolidated, this being most evident where significant

concerns arise. An established process of ensuring improvement via a multi-agency 'co-ordinating group' approach has been adopted in respect of specific support services. There have been many benefits of such an approach eg effective sharing of information, shared agreement about improvement activity required and monitoring of the same until such point concerns have been adequately addressed. In line with the move to more integrated service delivery the involvement of a range of health professionals has formed an integral part of 'co-ordinating' group efforts. This has included GPs as well as nursing and other allied health professionals (Speech and Language Therapy, Dietetics, Occupational Therapy, Psychology, Psychiatry).

No enforcement action has been required to be taken in respect of the services reported upon, either directly by the Care Inspectorate or by Dundee City Council taking a decision to suspend any referrals to services. In some cases a service may decide not to receive referrals themselves over a period to allow a period of improvement and consolidation to take place. Operational and contracts representatives have established very appropriate and productive relations with providers in Dundee. This has led to providers being more likely to feel able to positively respond at challenging times and act accordingly and make accountable decisions.

## Conclusion

Of the 63 establishments listed in the Performance Report, the significant improvement in grades highlights the importance of the partnership approach between providers, local authority representatives and the Care Inspectorate and consequently leads to better outcomes for service users.

Theme (Quality of ...)	Improvement in Grade	Number of Estabs	Reduction in Grade	Number of Estabs
Care and Support	25%	16	11%	7
Environment	3%	2	-	0
Staffing	25%	16	5%	3
Management & Leadership	25%	16	10%	6

27 January 2016



## COMMUNITY CARE (EXCLUDING CARE HOMES)

Organisation	Name of Service	Service Type	Category LA/Priv/Vol	Inspection Date	Quality of Care and Support	Quality of Environment	Quality of Staffing	Quality of Management & Leadership	Requirements	Complaints	Enforcement s
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## TENANCY SUPPORT

Caledonia Housing Association Limited		Housing Support Service	Vol	24.03.15	4	n/a	4	4↑	No	Yes	No
				28.11.13	4	n/a	4	3	No	No	No
Abertay Housing Association		Housing Support Service	Vol	06.03.14	5	n/a	5	5	No	No	No
				15.02.13	5	n/a	5	5	No	No	No
Bield Housing Association		Housing Support Service	Vol	20.03.15	3	n/a	3	3	No	No	No
				12.02.14	3	n/a	3	3	No	No	No
Sanctuary Scotland Housing Association		Housing Support Service	Vol	21.05.15	5	n/a	5	5	No	No	No
				20.03.14	5	n/a	5	5	No	No	No
Home Scotland – Home Support		Housing Support Service	Vol	17.06.15	5	n/a	5	5	No	No	No
				26.06.13	5	n/a	5	5	No	No	No
Hillcrest Housing Association	Tenancy Support / Warden Service	Housing Support Service	Vol	29.01.15	5	n/a	5	5↑	No	No	No
				29.01.14	5	n/a	5	4	No	No	No
Salvation Army	Burnside Mill	Housing Support Service	Vol	27.10.14	4	n/a	4	4↑	No	No	No
				29.11.13	4	n/a	4	3	No	No	No

Salvation Army	Strathmore Lodge	Housing Support Service	Vol	29.08.14	4	n/a	5↑	4↑	No	No	No
				29.11.13	4	n/a	4	3	Yes	No	No
The Jericho Benedictine Society	Jericho Society Care at Home	Housing Support Service	Vol	29.01.15	4	n/a	4↑	4↑	No	No	No
				29.01.14	4	n/a	2	2	Yes	No	No
The Positive Steps Partnership	Positive Steps (East)	Housing Support Service	Vol	23.01.14	5	n/a	6↑	6↑	No	Yes	No
				27.02.13	5	n/a	5	5	No	Yes	No
Dundee Survival Group		Housing Support Service	Vol	31.03.14	5	n/a	5↑	5↑	No	No	No
				04.02.13	5	n/a	4	4	No	No	No
Dundee Women's Aid		Housing Support Service	Vol	11.11.14	5	n/a	5	5	No	No	No
				13.02.14	5	n/a	5	5	No	No	No

**RESPIRE**

Dundee City Council	White Top Centre	Adult Respite	LA	22.09.14	6	6↑	6↑	6	No	No	No
				21.10.13	6	5	5	6	No	No	No
Dundee City Council	Mackinnon Centre	Adult Respite	LA	27.11.14	5	6↑	5	5	No	No	No
				13.12.13	5	5	5	5	No	No	No
Sense Scotland	Fleuchar Street	Respite/ Short Breaks	Vol	05.02.15	5	6	6↑	5	No	No	No
				11.02.14	5	6	5	5	No	No	No

**SUPPORT SERVICES – NOT CARE AT HOME**

Dundee City Council	White Top Centre	Support Services – not care at home	LA	12.12.12	6↑	5	5	6	No	No	No
				17.12.10	5	-	-	-	No	No	No



Dundee City Council	Mackinnon Skills Centre	Support Services – not care at home	LA	01.02.13	6↑	5	5	5	No	No	No
				10.09.10	5	-	5	-	No	No	No
Dundee City Council	Oakland Centre	Support Services – not care at home	LA	29.10.13	5↓	5	5	5	No	No	No
				20.10.10	6	-	-	-	No	No	No
Sense Scotland	Hillview Resource Centre	Support Services – not care at home	Vol	15.04.14	5	5	5	5	No	No	No
				17.02.12	5	5	-	-	No	No	No
Mid-Lin Day Care Limited	Mid-Lin Day Care	Support Services – not care at home	Vol	11.12.12	5↑	-	4↑	4↑	No	No	No
				17.05.12	4	4	2	2	Yes	No	No
Jean Drummond Centre	Jean Drummond Day Centre	Support Services – not care at home	Vol	04.02.15	5	5	5	5	No	No	No
				24.01.12	5	-	5	-	No	No	No
Dundee City Council	Wellgate Day Support Centre	Support Services – not care at home	LA	14.03.13	5↑	5	5	5	No	No	No
				29.06.12	4	-	-	-		No report (complaint)	
Alzheimer Scotland	Alzheimer Scotland – Action on Dementia	Support Services – not care at home	Vol	13.03.13	5	6	6	5	No	No	No
				08.12.10	-	6	-	-	No	No	No
Capability Scotland	Anton House – Ogilvie Centre	Support Services – not care at home	Vol	05.03.13	5	5	5	5	Yes	No	No
				20.02.12	5	5	-	-	No	No	No
Gowrie Care	Dundee College Support	Support Services – not care at home	Vol	07.12.12	6	n/a	6	6	No	No	No
				09.12.10	6	n/a	-	-	No	No	No

Scottish Autism	Autism Outreach Service (Dundee)	Support Services – not care at home	Vol	20.01.15	5↑	5	5	4	No	No	No
				22.03.12	4	-	-	4	No	No	No

Penumbra	Dundee Nova Project	Support Service	Vol	20.05.13	6↑	4	6	5	No	No	No
				18.10.10	5	-	-	-	No	No	No

### SUPPORT SERVICES – WITH CARE AT HOME

Scottish Association for Mental Health	Dundee Specialist Mental Health Outreach	Care at Home/ Housing Support	Vol	22.01.15	5	n/a	5	5	No	No	No
				New service		Registered 13.03.14					
Capability Scotland	Community Living & Family Support Services (Dundee)	Support services – Care at Home	Vol	07.05.15	5	n/a	5	5	No	No	No
				06.05.14	5	n/a	5	5	No	No	No
The Positive Steps Partnership	Flexi-care Service	Support services – care at home	Vol	06.08.15	3	n/a	2	2	Yes	No	No
				New service							
My Care (Tayside)		Housing support service – care at home	Private	30.10.14	4↑	n/a	4↑	4↑	No	No	No
				04.06.14	3	n/a	3	3	Yes	No	No
British Red Cross Options for Independence	Scotland East Service	Housing support service – care at home	Vol	02.09.15	3	n/a	3	3	Yes	No	No
				New service		Registered 08.09.14					

Dundee City Council – Social Care Teams	Social Care Teams – LD/MH/ D&A/ BBV	Housing Support Service – Care at Home	LA	18.02.15	4	n/a	4	4	Yes	No	No
				14.02.14	4	n/a	4	4	Yes	No	No
Dundee City Council	Homecare Social Care Response Service	Care at Home and Housing Support	LA	14.11.14	5↑	n/a	5↑	5↑	No	No	No
				15.11.13	4	n/a	4	4	No	Yes	No
Dundee City Council	Home Care Locality Teams and Housing With Care – East	Care at Home and Housing Support	LA	16.03.15	5↑	n/a	5↑	5↑	No	Yes	No
				18.03.14	4	n/a	4	4	Yes	No	No
Dundee City Council	Home Care Locality Teams and Housing With Care – West	Care at Home and Housing Support	LA	23.03.15	5↑	n/a	5↑	5↑	No	No	No
				20.03.14	4	n/a	4	4	Yes	No	No
Dundee City Council	Home Care Enablement and Support & Community MH Older People Team	Care at Home and Housing Support	LA	16.09.15	4↓	n/a	5	5	No	No	No
				24.10.14	5	n/a	5	5	No	No	No
Crossroads Caring Scotland – Dundee		Support Services – care at home	Vol	New Service		Registered 04.03.15					
ICare Scotland		Care at Home and Housing Support	Private	05.06.15	4	n/a	4	4↑	No	No	No
				19.06.14	4	n/a	4	3	Yes	No	No

Elite Care (Scotland) Ltd		Care at Home and Housing Support	Private	06.02.15	5	n/a	5	5	No	No	No
				28.03.14	5	n/a	5	5	No	No	No
Allied Healthcare Group Limited	Allied Healthcare	Housing Support	Private	15.06.15	5	n/a	5	4	No	No	No
				New service		Registered 08.07.14					
The Inclusion Group (Dundee)	The Inclusion Group	Support Services	Vol	04.03.15	4	n/a	5↑	4↑	Yes	Yes	No
				15.04.14	4	-	4	3	Yes	Yes	No

## CARE AT HOME / HOUSING SUPPORT (24/7 SERVICES)

Carr Gomm	Support Services 2	Care at Home/ Housing Support	Vol	02.09.15	4↓	n/a	4↓	4↓		No report – complaint	
				13.03.15	6	n/a	6	6	No	No	No
Richmond Fellowship Scotland (Angus and Dundee)	Various	Care at Home/ Housing Support	Vol	21.05.15	5	-	6↑	6↑	No	No	No
				09.05.14	5	n/a	5	5	No	No	No
Dundee City Council	Weavers Burn	Care at Home/ Housing Support	LA	24.08.15	4	-	3↓	3↓	Yes	No	No
				12.09.14	4	-	4	4	No	No	No
Dundee City Council	Supported Living Team	Care at Home/ Housing Support	LA	09.01.15	5	n/a	5	5	No	No	No
				17.01.14	5	n/a	5	5	No	Yes	No
Dundee City Council	Dundee Community Living	Care at Home/ Housing Support	LA	24.11.14	6↑	n/a	5	5	No	No	No
				06.12.13	5	n/a	5	5	No	No	No

Balfield Properties t/a Westlands	Westlands	Care at Home/ Housing Support	Private	07.05.15	5	-	5	5	No	No	No
				18.04.14	5	n/a	5	5	No	No	No
Caalcare Limited	Rose Lodge	Care at Home/ Housing Support	Private	08.06.15	6	n/a	6	6	No	No	No
				08.07.14	6	n/a	6	6	No	No	No
Dudhope Villa	Dudhope Villa and Sister Properties	Care at Home/ Housing Support	Private	04.06.15	2↓	n/a	2	1↓	Yes	No	No
				25.06.14	3	n/a	2	2	Yes	No	No
Scottish Autism	Balunie Avenue	Support Services – Care at Home	Vol	15.01.15	5	n/a	5↑	5↑	No	No	No
				03.03.14	5	n/a	4	4	No	No	No
Sense Scotland	Various locations	Care at Home/ Housing Support	Vol	19.11.14	6↑	n/a	6↑	6	No	No	No
				02.12.13	5	n/a	5	6	No	No	No
Gowrie Care	Dundee Central (Hillbank/ Canning Outreach)	Care at Home/ Housing Support	Vol	26.06.15	6	n/a	6	6	No	No	No
				26.06.14	6	n/a	6	6	No	No	No
Gowrie Care	Dundee West (Tullideph PI/ Milton Street)	Care at Home/ Housing Support	Vol	03.09.15	6↑	n/a	6	6	No	No	No
				06.11.14	5	n/a	6	6	No	No	No
Gowrie Care	Dundee North (Martingale/ Canning PI/ Flat 7)	Care at Home/ Housing Support	Vol	16.12.14	5↓	n/a	6	5↓	No	No	No
				21.01.14	6	n/a	6	6	No	No	No
Gowrie Care	Dundee East (Millview/ Birkdale)	Care at Home/ Housing Support	Vol	30.07.15	6↑	n/a	6	6	No	No	No
				27.05.14	5	n/a	6	6	No	Yes	No

Gowrie Care Homeless Services	Priory Court	Care at Home/ Housing Support	Vol	23.06.15	5	n/a	5	5	No	No	No
				02.09.14	5	n/a	5	5	No	No	No

Turning Point Scotland	Various locations	Care at Home/ Housing Support and Support	Vol	14.01.15	6↑	-	6↑	6	No	Yes	No
				23.01.14	5	-	5	6	No	No	No
Transform Community Development	Seagate Project	Care at Home/ Housing Support and Support	Vol	08.07.15	2↓	n/a	3	3	Yes	No	No
				12.06.14	3	n/a	3	3	Yes	No	No
Margaret Blackwood HA Ltd t/a Blackwood Care	Blackwood Support Services Charleston	Care at Home/ Housing Support	Vol	16.01.15	5↑	n/a	5	4↓	No	No	No
				10.01.14	4	n/a	5	5	No	No	No
Caledonia Housing Association Limited		Support Services – care at home	Vol	13.02.15	4	n/a	4	3	No	No	No
				28.11.13	4	n/a	4	3	No	No	No
Dundee Housing Support (Balgowan)	Bield Housing & Care	Support services – care at home	Vol	17.02.15	5	n/a	5	4	No	No	No
						Registered 01/04/14					

Cornerstone	Various locations	Care at Home/ Housing Support/ Children's Community Service/ Adult Community Service/ Domiciliary	Vol	29.10.14	4↓	n/a	4↓	4↓	No	No	No
				07.11.13	5	n/a	5	5	No	No	No

- 6 excellent
- 5 very good
- 4 good
- 3 adequate
- 2 weak
- 1 unsatisfactory

↑ signifies that the grade has improved since the previous inspection  
 ↓ signifies that the grade has fallen since the previous inspection  
 no arrow signifies the grade has stayed the same grade  
 where there is no grade this signifies that the theme was not inspected







**REPORT TO:** HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 4 MAY 2016

**REPORT ON:** OUTCOME OF CARE INSPECTORATE INSPECTION – HOME CARE EAST SERVICE

**REPORT BY:** CHIEF OFFICER

**REPORT NO:** DIJB18-2016

## **1.0 PURPOSE OF REPORT**

The purpose of this report is to advise the Integration Joint Board of the outcome of the Care Inspectorate inspection of the Home Care East Service, which was undertaken from 5 January 2016. The report outlines the findings of the Care Inspectorate and gives a summary of the grades achieved.

## **2.0 RECOMMENDATIONS**

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

- 2.1 Notes the contents of this report and the content of the inspection report (attached as Appendix 1);
- 2.2 Notes the recommendation as outlined in paragraph 4.2.1 of the report;
- 2.3 Notes the grades awarded to the service, the strengths of the service, and the very positive comments made by service users and carers.

## **3.0 FINANCIAL IMPLICATIONS**

None.

## **4.0 MAIN TEXT**

### **4.1 Background Information**

- 4.1.1 The Home Care East team consists of six teams which cover the East side of Dundee City. The teams provide a mainstream social care service for individuals requiring support to remain in their own homes, including those living within Housing with Care Sheltered Housing Complexes, across three sites. Referrals to the service are routed through the Resource Matching Unit and the scheduling of duties along with the monitoring of service quality is carried out through access to an electronic system with reporting facilities.
- 4.1.2 The annual inspection by the Care Inspectorate commenced 5th January 2016, with formal feed back provided by the Lead Care Inspector on 8th February 2016. This was an announced (short term) inspection.
- 4.1.3 The following evidence was used to assist in the grading of the service:
  - Certification of Registration
  - Policies and Procedures of the service
  - Complaints records and follow-up actions
  - Service user reviews, support plans and risk assessments
  - Service inspection evidence folders

- Minutes of involvement and liaison meetings involving service users and staff
- Training records and training plan
- Accident and Incident records
- Care Inspectorate questionnaires from service users and staff
- Interviews with service users and relatives
- Service user, staff and stakeholder surveys
- Team meeting minutes
- Discussions with Team Manager, Social Care Organisers, Social Care Workers, Home Care Organisers

4.1.4 This Care Inspectorate Annual Report outlines the findings of the inspection, and gives a summary of the grades achieved.

## 4.2 Outcome of Inspection

4.2.1 The inspection was extremely positive, and an overall Grade 5 (Very Good) was awarded to the service. There were no requirements made. One recommendation was made:

Recommendation: Support plans should contain clear guidance on what action staff must take in order to manage each service users identified risks safely. These risks along with the support plans should be reviewed and updated as often as required and at least once in each six month period as part of their care reviews. (National Care Standards: Care at Home Standard 3.)

Action Planned: Review existing audit tools to ensure robust system in place for recording and transferring risk assessment information to personal support plans and that risk assessments are updated in line with the minimum recommended timeframe and recorded as such within personal support plans. Also, to include within audit processes a previously developed Review Checklist tool to monitor the updating of risk assessments within 6-monthly review meetings.

4.2.2 The Inspection Report concluded that “Overall, we found that the service provided a high standard of care and support against the Quality Statements considered during our inspection. The service should continue to build on strengths and take forward areas for improvement. Service users and relatives spoken with felt that they received a very good quality of care and support which allowed them to maintain their independence and to remain in their own homes”.

4.2.3 The service was inspected on three quality themes; Quality of Care and Support, Quality of Staffing, and Quality of Management and Leadership.

4.2.4 The Care Inspectorate made the following comments within their report:

- “The service had a clear focus on service user involvement”.
- “Complaints, accidents and incidents were in good order which demonstrated the services commitment to the health and wellbeing of the people using the service”.
- “This is a good service that supported, respected and helped people to live fulfilled lives. The staff were enthusiastic, well supported and flexible in their approach. The service had a practical approach to development and included staff, service users and stakeholders in its improvement activity”.
- “Staff told us they felt confident that they were offered appropriate training to meet people’s health needs and specialist training was accessed for service users with specific conditions such as Dementia”.
- “We found well-trained, skilled, knowledgeable staff, able to respond to a range of health issues that affected people using the service”.
- “The service ensured the continued quality of their staff through Employee Performance and Development Review (EPDR). Annual appraisal, regular supervision and team meetings were used to monitor performance and development. It was

noted that these processes used a dynamic tool to explore performance and inform the service's Improvement plan. Staff confirmed it was a supportive experience".

- "Staff all stated that they felt that they were supported to do their job and management valued their ideas. All felt they were part of a team that was supportive".
- "We looked at staff files and spoke to staff and service users and their relatives about the quality of the staff and found that the service had an enthusiastic and well-trained workforce who were confident in their roles. Very good evidence was demonstrated in relation to this statement".
- "Staff reported that they generally felt well supported in their work and that they felt confident to seek support or guidance from the management team".
- "Service users and carers who expressed their views spoke positively of the management arrangements in the service, and they were aware of the different functions of the different staff groups".

#### 4.2.5 Views from service users about service

- "On the odd occasion when there is a delay in attending, the phone call to let me know is much appreciated".
- "I have had this service for some years and the carers are always kind and caring. They seem like trusting friends".
- "Some of the carers who come don't know my needs. I want my own carers".
- "Staff are always on time and will phone if they are going to be late in arriving - if late it means someone requires longer and this is because of frailty and vulnerability of the service users they care for".
- "I am delighted with the service I receive every day. Although the carers who come to me are strangers from another district, which must be difficult for them, they are pleasant and helpful as my own girls".
- "The homecare team have been an enormous help over the years with the most friendly and gentle kindness of the carers".
- "I think it's an excellent service".
- "What I would say is at the weekends we sometimes do not know who is coming and if anything this is where the service lets down but don't get me wrong the carers are all as good as one another".
- "Good – Excellent – Very happy with it – It's a brilliant service – Definitely ticks all the boxes for us we are happy with it".
- "Nice caring team of carers that support us – If you ask for help it's always freely given if they have the time".
- "Brilliant – Great – So Caring and Kind – All Very good to me – Friendly – Helpful with bucketful of kindness".
- "I would say they do a really good job as all are dedicated to the uniform and people they support".

#### 4.2.6 Views from carers about service

- "It's a first class service which we appreciate as we would be lost without it".
- "I like when I hear them having a chinwag with my relative as they assist my relative".

- “If we have a problem we phone and speak to the manager they happily assist us in every way possible-if it's a small niggles we will speak to the carers and they will happily help in any way they can. So I would say all wish to do their best for all under their care”.
- I can't thank the Homecare team enough for their dedication and support to my relative”.
- “At this point I need to tell you about an incident that happened back in November re my relative's bath. I can't praise the service enough for this as they went well beyond their duties that day even from the Head Manager down to the hands on staff every one of them gave their all to fix the issue. In my eyes we can't ask or receive any better it's a wonderful 1st class service for my relative as they took all the stress away from the family at that moment in time”.

### 4.3 Summary of the Grades

4.3.1 The Care Inspectorate can inspect a service against four Quality Themes: Quality of Care and Support, Quality of Environment, Quality of Staffing and Quality of Management. As the service is provided in a service users' own home, Quality of Environment does not apply. Each quality theme contains a number of quality statements as part of the inspection. Each quality statement will be awarded an individual grade, which is then aggregated up to an overall grade for each quality theme. The Care Inspectorate can award one of six grades for each Quality Theme:

- Grade 6 – Excellent
- Grade 5 – Very Good
- Grade 4 – Good
- Grade 3 – Adequate
- Grade 2 – Weak
- Grade 1 – Unsatisfactory

4.3.2 The service was inspected on three Quality Themes:

- Quality of Care and Support
- Quality of Staffing
- Quality of Leadership and Management

Table 1 shows the grades awarded to each quality statement and the overall grade awarded to each quality theme.

**Table 1**

<b>Quality of Care and Support</b>	<b>5 – Very Good</b>
Statement 1 – We ensure that service users and carers participate in assessing and improving the quality of care and support provided by the service.	5 – Very Good
Statement 3 - We ensure that service users' health and wellbeing needs are met.	5 – Very Good
<b>Quality of Staffing</b>	<b>5 – Very Good</b>
Statement 1 - We ensure that service users and carers participate in assessing and improving the quality of staffing in the service.	5 - Very Good
Statement 3 - We have a professional, trained and motivated workforce which operates to National Care Standards, legislation and best practice.	5 – Very good
<b>Quality of Management and Leadership</b>	<b>5 – Very Good</b>
Statement 1 - We ensure that service users and carers participate in assessing and improving the quality of the management	5 – Very Good

and leadership of the service.	
Statement 4 - We use quality assurance systems and processes which involve service users, carers, staff and stakeholders to assess the quality of service we provide.	5 – Very Good

4.3.3 The Service has continued to provide a high quality of service as shown in Table 2.

**Table 2**

<b>Quality Theme</b>	<b>Grade March 2014</b>	<b>Grade March 2015</b>	<b>Grade January 2016</b>
Quality of Care and Support	4	5	5
Quality of Staffing	4	5	5
Quality of Management and Leadership	4	5	5

4.4 The report shows that the Home Care East Service has continued to ensure that service users receive a high quality of care and that staff are supported to carry out their role. The Manager of the service will continue to review both process and practice to seek continual improvements.

## **5.0 POLICY IMPLICATIONS**

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

## **6.0 CONSULTATIONS**

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

## **7.0 BACKGROUND PAPERS**

None.

David W Lynch  
Chief Officer

DATE: 29 March 2016



# Care service inspection report

Full inspection

## **Dundee City Council - Home Care - Locality Teams and Housing with Care - East Housing Support Service**

Douglas House Home Care  
Jack Martin Way  
Claverhouse East  
Dundee

Service provided by: Dundee City Council

Service provider number: SP2003004034

Care service number: CS2011286187

Inspection Visit Type: Announced (Short Notice)

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and set out improvements that must be made. We also investigate complaints about care services and take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

### Contact Us

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 [@careinspect](https://twitter.com/careinspect)



## Summary

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

Grades for this care service may change after this inspection following other regulatory activity. For example, if we have to take enforcement action to make the service improve, or if we investigate and agree with a complaint someone makes about the service.

### We gave the service these grades

Quality of care and support	5	Very Good
Quality of staffing	5	Very Good
Quality of management and leadership	5	Very Good

### What the service does well

This is a very high quality service that puts service users at the heart of what it does. This inspection saw evidence of very good service user involvement, and personalised flexible support which most of the people using the service appreciated.

### What the service could do better

The service should continue with plans to introduce outcomes focussed assessments and care plans.

### **What the service has done since the last inspection**

Since the last inspection, the service had introduced a number of new developments to aid the geographical alignment with other services and improve their ability to monitor the quality of the service. These included:

- CM2000 - an electronic scheduling and monitoring tool used to increase continuity of staff attending the people using the service and maximise the staff deployment.

- Forums where service users are consulted throughout the development period.

### **Conclusion**

Overall, we found that the service provided a high standard of care and support against the Quality Statements considered during our inspection. The service should continue to build on strengths and take forward areas for improvement. Service users and relatives spoken with felt that they received a very good quality of care and support which allowed them to maintain their independence and to remain in their own homes.

# 1 About the service we inspected

Dundee City Council Home Care - Locality Teams and Housing with Care East was supporting approximately 200 people at the time of our inspection. Six teams of social care workers each led by a social care organiser provided care and support to people in their own homes, throughout the east end of the city of Dundee. The service was provided to older people and people with disabilities in a variety of settings, including sheltered housing complexes. The service state their aims and objectives as:

## Locality Teams

The objective of home care locality teams is to provide a range of care and support, carried out in an individual's own home to meet their personal and social care needs. There are a number of teams which are based in localities across the city.

## Housing with Care

The objective of the housing with care teams is to provide a range of care and support, carried out to meet individuals personal and social care needs. Teams work closely with the landlord to provide a range of services located within the premises.

## Recommendations

A recommendation is a statement that sets out actions that a care service provider should take to improve or develop the quality of the service, but where failure to do so would not directly result in enforcement.

Recommendations are based on the National Care Standards, SSSC codes of practice and recognised good practice. These must also be outcomes-based and if the provider meets the recommendation this would improve outcomes for people receiving the service.

## Requirements

A requirement is a statement which sets out what a care service must do to improve outcomes for people who use services and must be linked to a breach in the Public Services Reform (Scotland) Act 2010 (the "Act"), its regulations, or orders made under the Act, or a condition of registration. Requirements are enforceable in law.

We make requirements where (a) there is evidence of poor outcomes for people using the service or (b) there is the potential for poor outcomes which would affect people's health, safety or welfare.

Based on the findings of this inspection this service has been awarded the following grades:

**Quality of care and support - Grade 5 - Very Good**

**Quality of staffing - Grade 5 - Very Good**

**Quality of management and leadership - Grade 5 - Very Good**

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

Grades for this care service may change following other regulatory activity. You can find the most up-to-date grades for this service by visiting our website [www.careinspectorate.com](http://www.careinspectorate.com) or by calling us on 0345 600 9527 or visiting one of our offices.

## 2 How we inspected this service

### The level of inspection we carried out

In this service we carried out a low intensity inspection. We carry out these inspections when we are satisfied that services are working hard to provide consistently high standards of care.

### What we did during the inspection

We wrote this report following a short notice announced inspection. The inspection was carried out by two Care Inspectors took place over 2 weeks.

As part of the inspection, we went to the following housing complexes - Baluniefield, Powrie Place, and Brington Place.

Feedback was given to the manager on 8 February 2016 at the Dundee office.

As part of the inspection, we took account the annual return and self assessment forms that we asked the provider to complete and submit to us.

We sent out 100 care standard questionnaires and 52 were completed and returned to us before the inspection.

During this inspection we gathered evidence from various sources, including the following:

We spoke with:

- People using the service and their relatives
- The manager
- Home care organisers
- Social care organisers
- Social care workers

We looked at:

- minutes of Involvement and liaison meetings involving service users and staff
- accident and Incident records
- complaint records and follow-up actions
- service user support plans and risk assessments
- training records and training plan
- policies and procedures of the service
- registration certificate

The service provided inspection evidence folders which were helpful in providing a range of information about the service.

All the above information was taken into account during the inspection process and was used to assess the performance of the service in relation to a number of Quality Statements.

## **Grading the service against quality themes and statements**

We inspect and grade elements of care that we call 'quality themes'. For example, one of the quality themes we might look at is 'Quality of care and support'. Under each quality theme are 'quality statements' which describe what a service should be doing well for that theme. We grade how the service performs against the quality themes and statements.

Details of what we found are in Section 3: The inspection

## **Inspection Focus Areas (IFAs)**

In any year we may decide on specific aspects of care to focus on during our inspections. These are extra checks we make on top of all the normal ones we make during inspection. We do this to gather information about the quality of these aspects of care on a national basis. Where we have examined an inspection focus area we will clearly identify it under the relevant quality statement.

## **Fire safety issues**

We do not regulate fire safety. Local fire and rescue services are responsible for checking services. However, where significant fire safety issues become apparent, we will alert the relevant fire and rescue services so they may consider what action to take. You can find out more about care services' responsibilities for fire safety at [www.firescotland.gov.uk](http://www.firescotland.gov.uk)

### **The annual return**

Every year all care services must complete an 'annual return' form to make sure the information we hold is up to date. We also use annual returns to decide how we will inspect the service.

**Annual Return Received:** Yes – Electronic

### **Comments on Self Assessment**

Every year all care services must complete a 'self assessment' form telling us how their service is performing. We check to make sure this assessment is accurate.

The Care Inspectorate received a fully completed self-assessment document from the provider. We were satisfied with the way the provider completed this and with the relevant information included for each heading that we grade services under.

The provider identified what it thought the service did well, some areas for development and any changes it had planned. The provider told us how the people who used the care service had taken part in the self-assessment process.

### **Taking the views of people using the care service into account**

Prior to the inspection we received 52 CSQs from service users and relatives. Of these 41 strongly agreed that they were overall happy with the level of care and support provided, 10 agreed.

Some comments included:

"On the odd occasion when there is delay in attending the phone call to let me know is much appreciated."

"Some of the carers who come don't know my needs. I want my own carers."

"I have had this service for some years and the carers are always kind and caring. They seem like trusting friends."

"I am really happy with the team that come in to assist me. They are all lovely and importantly to me, they are patient and encouraging."



"The homecare team have been an enormous help over the years with the most friendly and gentle kindness of the carers."

"I am delighted with the service I receive every day. Although the carers who come to me are strangers from another district, which must be difficult for them, they are pleasant and helpful as my own girls."

During this inspection, we visited three sheltered housing complexes and spoke formally with four people in their own homes and informally to service users who were having lunch. Everyone we spoke with was very happy with the level of support they received.

An Inspection Volunteer accompanied us at this inspection. This is a lay person who has experience of using care services. This is her report about the people she visited.

I met with Service Users in their own homes and phoned others.

Questions for Service Users and Relatives;-

**Did you receive an Induction pack when you began the service?**

One Service User said;-

"It's in the Big Yellow Folder I have here in my home tells myself and family all we need to know re the service."

"We have what I call the Big Yellow Folder and the pack is in it so I would say we did receive it"

"Yes there is in the Yellow Folder the pack we have had since day one"

"Yes I did its here in its folder I find The Induction Pack good to refer at times"

**Do you have a Care Plan and how often is this reviewed?**

"This Care Plan is also in the Folder the carers complete their sheets after each visit and from time to time the Manager will come out and go over this with my relative and myself."

"Yes the Care Plan is kept in the Yellow folder and from time to time they check all well with us and ask is there anymore help you require from us."

"This is kept in a big folder we have in the house the Manager was out just recently to update it."

"Its in the folder and they were just out not that long ago to update it I would say this is done about every 6months in my relatives home."

### **Does anyone else ask you what or how you feel about the service?**

If yes how do they do this and how often do they do it?

"I'm asked this at my 6monthly review." Others said similar.

"The Manager does this when carrying out the reviews about 6monthly - from time to time we also receive a phone call from the Carers office asking us how things are going."

"From time to time they phone us to ask how things are going or ask us what do you think of so and so."

"We are asked this I would say in a yearly basis by visiting us."

### **What do you think of the Quality of the Service?**

Service Users comments were;-

"I think it's an excellent service."

"The girls are all lovely people who will do anything for me."

"I am not afraid to call for help as I know someone will come I pull my alarm for help."

"I feel safe when they are with me."

"Good - Excellent - Very happy with it - It's a brilliant service - Definitely ticks all the boxes for us we are happy with it."

### **What do you think about the Staff?**

Service Users shared those words with me to describe the staff;-

Brilliant - Great - So Caring and Kind - All Very good to me - Friendly - Helpful with bucketful of kindness.

"Friendly people - treat my relative with respect and lovely with it."

"Have a good rapport with all who comes here and vice versa."

"Nice caring team of carers that support us - If you ask for help it's always freely given if they have the time."

"I would say they definitely have a very good handle to their jug of care and compassion."

"I would say they do a really good job as all are dedicated to the uniform and people they support."

"Joy to us is what they bring and all are very good at their job."

**Does staff arrive at the time you expect? Have you ever been let down and no-one has come?**

"Timekeeping is good I could set my clock by them on the whole and they always let us know if they have been held up somewhere."

"At the beginning there was a problem with the time but as soon as they were aware and at the earliest they could do it the timings were changed and we are all very happy with the way this was handled."

"Most of the time we do."

"I would say we know them on first name terms and vice versa."

"What I would say is at the weekends we sometimes do not know who is coming and if anything this is where the service lets down but don't get me wrong the carers are all as good as one another."

**Is there anything else you would like to add or think we should be made aware off?**

One service user informed the Inspection Volunteer;-

"They complete the Paperwork in the folder each visit they make to me and their Senior pops in about every 6months to ask if things are alright and do I require any more help, so I know I just need to ask if I think I'm struggling and someone will ensure the support is there if I need it." Two others said similar.

"The staff do get taken away to cover other areas so you may be getting used to one and they are off to a new patch as they call this I'm not too keen on this."

"Staff are always on time and will phone if they are going to be late in arriving if late it means someone requires longer and this is because of frailty and vulnerability of the service users they care for."

### Taking carers' views into account

Comments from some of the relatives we spoke with included:

"We do get what I call a survey sheet sent out from the office I would say on a yearly basis but also when they are carrying out a review of my relatives care package."

"I would say the timekeeping is really good but depends also whether it's a walker or a driver that is coming as the carers do not get very much travelling time between clients its obvious walkers are going to take longer to travel than drivers, this is not a complaint just stating the obvious. I will also add if they are going to more than 15mins late they do phone to make my relative aware that they are delayed and will be with them as soon as they can."

"I would say they may not know the names if you ask them but will most certainly know their faces as there's a small team of carers that visit my relative."

"Just to add I don't know where we would be without them as I know I could not look after my relative at home on my own."

"The best thing is they allow my relative to keep their dignity by helping them with their Personal Care and visiting us when they do."

"It's a first class service which we appreciate as we would be lost without it."

"I like when I hear them having a chinwag with my relative as they assist my relative."

"If we have a problem we phone and speak to the Manager they happily assist us in every way possible-if it's a small niggle we will speak to the carers and they will happily help in any way they can. So I would say all wish to do their best for all under their care."

"I will say if they think the GP is required they will say and they are happy to phone the GP for us."

"Just to say I don't know where I would be without them as I really do appreciate all that they do for me."

"They visit my relative twice a day and I would not be able to do what they do so for this the family is very grateful."

"I can't thank the Homecare team enough for their dedication and Support to my relative."

"At this point I need to tell you about an incident that happened back in November re my relative's bath. I can't praise the service enough for this as they went well beyond their duties that day even from the Head Manager down to the hands on staff every one of them gave there all to fix the issue. In my eyes we can't ask or receive any better it's a wonderful 1st class service for my relative as they took all the stress away from the family at that moment in time."

### 3 The inspection

We looked at how the service performs against the following quality themes and statements. Here are the details of what we found.

#### Quality Theme 1: Quality of Care and Support

Grade awarded for this theme: 5 - Very Good

##### Statement 1

"We ensure that service users and carers participate in assessing and improving the quality of the care and support provided by the service."

##### Service Strengths

The service's self assessment told us about most of the ways they supported people to participate in assessing and improving quality. When asked to grade themselves on this statement, the service told us they were excellent in this area.

The service identified some of their strengths as: "Within Home Care East we recognise the importance of stake holder participation, including service user involvement. We actively promote the organisations User Involvement Policy to ensure that stake holders views are listened to. This personalised approach to planning, delivery, review and evaluation of services ensures that we stay focused on the service user, who is central to all we do and provide."

We sampled some of the evidence provided, looked at the information in the self assessment and found that the service had a very good level of performance. These strengths had a positive impact on people using the service.

The service had a clear focus on service user involvement including:

- The service had in place a User Involvement policy that outlined the range of methods available to support people to give their views. The strategy acknowledges the rights of service users and their families to be involved in assessing all aspects of the quality of the care and support provided. This meant that people felt confident and supported in sharing their views and we saw many examples of this throughout the inspection.
- A 'Guide to Social Work services in Dundee' to all new service users and provided a range of information including the standard of service people can expect which helps people to understand the service they are considering signing up to. This booklet also explains how to make a complaint either to the service or to the Care Inspectorate and encourages people to do that. The booklet is also available in larger print for people with visual impairment.
- Focus groups had been developed to look at how the service could continue to improve. The service recognised that some people might not be able to attend groups so were considering other ways to help people express their views such as face-to-face consultation. This allowed people the opportunity to discuss things of interest of them and to have their say on the running of the service.
- The people who receive planned care had their case reviewed every six months by the service. These were important opportunities for service users and families to have their say on what worked well and what could be improved in relation to the care and support provided by the service.
- The service includes service users in their recruitment process. Feedback was gathered by the service and used to inform recruitment decisions based on the attributes service users valued in a worker and some questions. We saw the service was looking at other ways to increase service user involvement.

- The service had questionnaires 'Your Homecare Service' that had been distributed to service users. These gave people the opportunity to provide feedback on things like the staff and the support they provided. Feedback was giving to service users about their suggestions.
- Questionnaires had also been sent to relatives and other stakeholders asking them for their views on the service and any suggestions for improvement.
- Outcomes and suggestions from service users and staff were included in the service's development action plan.
- Complaints accidents and incidents were in good order which demonstrated the services commitment to the health and wellbeing of the people using the service.

This is a very good service that supported, respected, and helped people to live fulfilled lives. The staff were enthusiastic, well supported and flexible in their approach. The service had a practical approach to development and included staff, service users and stakeholders in its improvement activity.

### **Areas for improvement**

In the self assessment submitted by the service, the manager had identified the following areas for improvement: "Outcome Focused Framework developments will continue with the service participating in planned reviews of this process and key personnel developing their knowledge, skills and understanding of the framework through development sessions scheduled for September 2015.

We will continue to utilise outcomes focused approaches in relation to carrying out initial assessments, re-assessments and reviews."

The manager of the service is committed to provide person centred care. The service should continue to develop the Outcome Focused Framework which will provide evidence about their person centred approach in providing a quality service.



**Grade**

5 - Very Good

**Number of requirements - 0****Number of recommendations - 0**

### Statement 3

"We ensure that service users' health and wellbeing needs are met."

#### Service Strengths

We ensure that service users' health and wellbeing needs are met.

The service's self assessment told us about most of the ways they supported people to participate in assessing and improving quality. When asked to grade themselves on this statement, the service told us they were excellent in this area.

The service identified some of their strengths as: "We have a key worker system in place with staff working closely with health professionals to ensure there is an understanding of the health and wellbeing for each service user, and this will be detailed in the personal plan. Staff continuously monitor service users and respond timeously to changes in their health and well-being, calling on GP's and community nurses, CPN's, dentist, optician etc. We continue to have strong working relationships with local community and specialist staff within our partnership working arrangements and response to the integration agenda.

To this end we are working in close partnership with our health colleagues (including District Nurses and Pharmacy Technicians) to train, assess and support our staff in this task, whilst respecting the ability of some service users to administer their own medication."

We found the service had a very good level of evidence in relation to this quality statement. These are some examples of the strengths:-

- Support plans showed that these contained detailed and important information about each individual and their support needs.
- Service users had care summaries which included the times and type of care was to be provided, there was evidence that these had been agreed with service users.

- There was evidence in service users support plans that service users had access to regular reviews. These were minuted and where possible signed and dated by service users and families. Service users and families spoken with confirmed this.
- Service users where necessary were supported to access other relevant agencies and services to help them to have their health and wellbeing needs met.
- There were opportunities for service users, families to discuss people's health needs and how these were to be met from the initial assessments, to support planning and regular care reviews.
- Staff attended a wide variety of training related to health and wellbeing, which supported their practice on a day-to-day basis and ensured service users, received the appropriate care. This included, Nutrition, Infection Control, Adult Support and Protection and Moving and Handling. This helped service users build their confidence in staff and their abilities.
- Staff told us they felt confident that they were offered appropriate training to meet people's health needs and specialist training was accessed for service users with specific conditions such as dementia.
- There was clear guidance in place for staff in relation to reporting Adult Support and Protection issues. Staff spoken with were very clear about what they should do if they had any concerns.

We found well-trained, skilled, knowledgeable staff, able to respond to a range of health issues that affected people using the service.

This meant that staff were aware of the needs and preferences of each service user and the support offered was sufficient to meet the person's needs.

### Areas for improvement

In the self assessment submitted by the service, the manager had identified the following areas for improvement: "We will continue to work in partnership with health professionals and other stakeholders to ensure the service users health and wellbeing needs are met timeously. NHS Pharmacy technicians have been appointed and are now based within the same offices as our Home Care Organiser teams and continue to support the work being undertaken by our home care staff."

There was one recommendation made in relation to this statement at the last inspection. Support plans should contain clear guidance on what action staff must take in order to manage each service users identified risks safely. These risks along with the support plans should be reviewed and updated as often as required and at least once in each six month period as part of their care reviews.

National Care Standards: Care at Home Standard 3.

We looked at 34 support plans during the inspection. Most of these contained up to date reviews however, in some of the plans there was no evidence to confirm risk assessment had been updated therefore this recommendation will be continued and assessed at the next inspection.

Some of the people using the service had a Power of Attorney who had some responsibility for their welfare and finances. It was not clear in files where a POA had been appointed or who that was. We suggest that the manager keeps a record or register of all legal orders or arrangements that are in place. It should be much clearer within care plans the level of contact expected and agreed. This will help to ensure that they are planning care and support based around this information and in partnership with the appointed proxy. There is information relating to this on the Care Inspectorate website.

**Grade**

5 - Very Good

**Number of requirements - 0**

**Recommendations**

**Number of recommendations - 1**

1. Support plans should contain clear guidance on what action staff must take in order to manage each service users identified risks safely. These risks along with the support plans should be reviewed and updated as often as required and at least once in each six month period as part of their care reviews.

**National Care Standards: Care at Home Standard 3.**

## Quality Theme 3: Quality of Staffing

Grade awarded for this theme: 5 - Very Good

### Statement 1

"We ensure that service users and carers participate in assessing and improving the quality of staffing in the service."

### Service Strengths

Please see Quality Theme 1 statement 1 for information in relation to this statement.

### Areas for improvement

Please see Quality Theme 1 statement 1 for information in relation to this statement.

### Grade

5 - Very Good

Number of requirements - 0

Number of recommendations - 0

### Statement 3

"We have a professional, trained and motivated workforce which operates to National Care Standards, legislation and best practice."

#### Service Strengths

The service's self assessment told us about most of the ways they supported people to participate in assessing and improving quality. When asked to grade themselves on this statement, the service told us they were very good in this area.

The service identified some of their strengths as: "Staff files contain evidence of the recruitment policy and copies of references/health screening/PVG are held within a centralised file. We have a staff development strategy (Effective Support to Staff Handbook) which has received national recognition, and sets out our policies and expectations with regards to induction, supervision and employee development"

We looked at staff files and spoke to staff and service users and their relatives about the quality of the staff and found that the service had an enthusiastic and well-trained workforce who were confident in their roles. Very Good evidence was demonstrated in relation to this statement, which included:

- Staff at the service had a high level of training. Training records and staff interviews confirmed that all staff had been through an induction programme when they began work and that this included training such as food hygiene and infection control. Staff also received training that they had identified as being useful for them such as dementia awareness and palliative care.
- The service also provided vocational awards such as SVQ (Scottish Vocational Qualifications). Staff interviewed felt that if they identified a training need it would be addressed if it benefited their work role and improved outcomes for service users.

- Staff demonstrated an awareness of the National Care Standards and could apply them to their work role. All spoken with confirmed they had been given SSSC codes of practice. It was clear from supervision records that the service was active in tackling practice issues. The service had a comprehensive set of policies and procedures which explained expectations of good practice for staff.
- The service ensured the continued quality of their staff through Employee Performance and Development Review (EPDR). Annual appraisal, regular supervision and team meetings were used to monitor performance and development. It was noted that these processes were used as a dynamic tool to explore performance and inform the service's Improvement plan. Staff confirmed it was a supportive experience.
- Staff confirmed that observations of their practice took place and that they found these useful. The findings of these were evaluated as part of supervision and service users' views were sought as part of the process which staff identified as being important.
- Staff all stated that they felt that they were supported to do their job and management valued their ideas. All felt they were part of a team that was supportive.
- The service had a training matrix which monitored training undertaken and training due. This had led to the development of a basic training plan which the service could use to plan further training which could be targeted at improving outcomes for service users.
- The service had sent out surveys asking service users and their families for feedback on staff and the quality of support they provided. In addition, there were opportunities for people to give feedback about staff during things like service users' forums.



- We sent 20 questionnaires to staff before the inspection and 4 were returned to us. Most staff were aware of the policies and procedures of the service and they had access to training in the last 12 months. Staff said they were able to contribute to the support plans of the service users and all felt overall, the service provides very good care and support to the people who use it.

This is a very good service that supported, respected and helped people to live fulfilled lives. The staff were enthusiastic, well supported and flexible in their approach.

### **Areas for improvement**

In the self assessment submitted by the service the manager had identified the following areas for improvement. "We have safe, clear recruitment policies and procedures which are adhered to and a well established induction program, which is regularly evaluated and reviewed. We will continue to review this procedure in line with emerging best practice."

There was a recommendation made in relation to staff training:

Staff training needed to be prioritised and targeted to meet the needs of service users and the development needs of staff. In order to achieve this the manager needed to use the information from staff supervision, EPDR and direct observations to identify individual training needs for each member of staff from which to develop an annual training plan that is relevant to the service.

National Care Standards: Housing Support and Care at Home services, Standards 3 and 4 - Management and Staffing Arrangements.

We saw a basic training plan had been developed as part of the 'Employee Professional Development Review' (EPDR) system to ensure the staff remain well-informed about how to support service users to meet their agreed outcomes. This recommendation had been met.

**Grade**

5 - Very Good

**Number of requirements - 0****Number of recommendations - 0**

## Quality Theme 4: Quality of Management and Leadership

Grade awarded for this theme: 5 - Very Good

### Statement 1

"We ensure that service users and carers participate in assessing and improving the quality of the management and leadership of the service."

### Service Strengths

Please see Quality Theme 1 statement 1 for information in relation to this statement.

### Areas for improvement

Please see Quality Theme 1 statement 1 for information in relation to this statement.

### Grade

5 - Very Good

Number of requirements - 0

Number of recommendations - 0

## Statement 4

"We use quality assurance systems and processes which involve service users, carers, staff and stakeholders to assess the quality of service we provide"

### Service Strengths

In the self assessment submitted by the service the manager had identified the following areas for improvement: "We have a number of quality assurance systems in place, which take account of the large number of service users we work with. Our case file audit process ensures that case recording and record management is of a high standard. This includes assessments, personal plans and reviews. Staff surveys help to inform the department of strengths and areas of further development. We conduct focus groups with service users and staff which helps us to assess our performance against the four quality themes relating to the Care Inspectorate."

When asked to grade themselves on this statement, the service told us they were very good in this area.

We considered a range of evidence presented in relation to this statement. We assessed the service to be operating at very good level of performance. Some of the ways the service ensured they delivered a high quality service included:

- We saw that staff practices within the service demonstrated that staff were confident in carrying out their roles and responsibilities. Staff who had worked in the service for some years described how they would work closely with new members of staff to support them and promote good practice. Staff reported that they generally felt well supported in their work, and that they felt confident to seek support or guidance from the management team.
- Service users and carers who expressed their views spoke positively of the management arrangements in the service, and they were aware of the different functions of the different staff groups.

- Staff had the opportunity to complete an annual staff questionnaire and there was evidence that the feedback received was analysed and responded to.
- The service was able to evidence, as legal requirements and good practice, a start date of employment, together with details of the position held, a record of skills, experience, qualifications and details of an appointment. Where appropriate, checks were in place relating to a professional registration. The service was aware of the need for social care staff to register with the Scottish Social Services Council (SSSC) and staff were supported to achieve their SVQ award in preparation for this.
- Staff had the opportunity to participate in the development and improvement of the service through team meetings. A range of discussion had taken place including the service improvement plan.
- Service users and relatives spoken with said that they knew how to make a complaint, and the provider had given them information explaining the services complaints procedure when they first started using the service. How to complain was also discussed as part of service users reviews.
- The manager had developed an improvement plan for home care east and the areas to be included were, Care Inspectorate requirements and recommendations, home care review, service user involvement and participation opportunities and the integration of health and social care.

Some of the other checks and audits the service had in place to ensure that support provided to service users safely included:

- Service user surveys
- Stakeholder surveys
- Service user meetings
- Care reviews
- Checklist for six-monthly reviews
- Service user forums
- Team meetings
- Staff supervision
- Complaints procedure and policy

- Accident and incident records
- Care file audits
- Training matrix
- Training plan
- Scottish Vocational Qualification (SVQ) assessments.

Overall, the provider was able to demonstrate a commitment to the on-going development of staff and in providing opportunities for staff to develop their leadership values. This meant that staff were more involved in the assessment of the quality of the service and fully involved in the development and improvement of the service for the people who used it.

### **Areas for improvement**

In the self assessment submitted by the service, the manager had identified the following areas for improvement: "We have a range of evaluation and quality assurance systems in place and will continue to explore and develop other options."

The manager should ensure that the current audit tool is effective in identifying when reviews of service users support plan are due and check they have been completed. The provider should continue to develop person centred approaches to all aspects of the service they deliver.

### **Grade**

5 - Very Good

**Number of requirements - 0**

**Number of recommendations - 0**

## 4 What the service has done to meet any requirements we made at our last inspection

### Previous requirements

1. There were no requirements made at the last inspection.

This requirement was made on

## 5 What the service has done to meet any recommendations we made at our last inspection

### Previous recommendations

1. Support plans should contain clear guidance on what action staff must take in order to manage each service users identified risks safely. These risks along with the support plans should be reviewed and updated as often as required and at least once in each six month period as part of their care reviews.

National Care Standards: Care at Home Standard 3.

This recommendation was made on 19 March 2015

We looked at 34 support plans during the inspection. Most of these contained up to date reviews however, in some of the plans there was no evidence to confirm risk assessment had been updated therefore this recommendation will be continued and assessed at the next inspection.

2. Staff training needed to be prioritised and targeted to meet the needs of service users and the development needs of staff. In order to achieve this the manager needed to use the information from staff supervision, EPDR and direct observations to identify individual training needs for each member of staff from which to develop an annual training plan that is relevant to the

service.

**National Care Standards: Housing Support and Care at Home services, Standards 3 and 4 - Management and Staffing Arrangements.**

**This recommendation was made on 19 March 2015**

We saw a basic training plan had been developed as part of the 'Employee Professional Development Review' (EPDR) system to ensure the staff remain well-informed about how to support service users to meet their agreed outcomes. This recommendation had been met.

## 6 Complaints

No complaints have been upheld, or partially upheld, since the last inspection.

## 7 Enforcements

We have taken no enforcement action against this care service since the last inspection.

## 8 Additional Information

There is no additional information.

## 9 Inspection and grading history

Date	Type	Gradings
16 Mar 2015	Unannounced	<div>Care and support</div> <div>Environment</div> <div>Staffing</div> <div>Management and Leadership</div> <div>5 - Very Good</div> <div>Not Assessed</div> <div>5 - Very Good</div> <div>5 - Very Good</div>



18 Mar 2014	Announced (Short Notice)	Care and support Environment Staffing Management and Leadership	4 - Good Not Assessed 4 - Good 4 - Good
11 Feb 2013	Announced (Short Notice)	Care and support Environment Staffing Management and Leadership	5 - Very Good Not Assessed 5 - Very Good 5 - Very Good

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**REPORT TO:** HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 4 MAY 2016

**REPORT ON:** OUTCOME OF CARE INSPECTORATE INSPECTION – HOME CARE WEST SERVICE

**REPORT BY:** CHIEF OFFICER

**REPORT NO:** DIJB19-2016

## **1.0 PURPOSE OF REPORT**

The purpose of this report is to advise the Integration Joint Board of the outcome of the recent Care Inspectorate inspection of the Home Care West Service. The report outlines the findings of the Care Inspectorate and gives a summary of the grades achieved.

## **2.0 RECOMMENDATIONS**

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

- 2.1 Notes the contents of this report and the content of the inspection report (as attached at Appendix 1);
- 2.2 Notes the recommendation as outlined in paragraph 4.2.1 of the report;
- 2.3 Notes the grades awarded to the service, the strengths of the service, and the very positive comments made by service users and carers.

## **3.0 FINANCIAL IMPLICATIONS**

None.

## **4.0 MAIN TEXT**

### **4.1 Background information**

- 4.1.1 The service consists of four locality teams across the west of the city and one Housing with Care service at Rockwell Gardens. The aim of the service is to provide care to individuals within their own homes, to meet their personal and social care needs and to support them to live as independently as they can. The service is delivered by front line social care staff who provide assistance with a range of supports relating to all aspects of daily living.
- 4.1.2 The formal inspection by the Care Inspectorate commenced on the 11th January 2016 and took place over a two week period. Formal feedback was provided by the Care Inspector on the 8th February 2016. This was an unannounced inspection.
- 4.1.3 The following evidence was used in order to grade the service:
  - Certificate of registration
  - Aims and objectives of the service
  - Policies and procedures
  - Complaints records and follow up actions
  - Accident and incident records
  - Check list for six monthly reviews
  - Care reviews

- Minutes of involvement and liaison meetings involving service users and staff
- Service user's care files and support plans
- Service users forums
- Service users meetings
- Service quality questionnaires
- Stake holders survey
- Staff training records and training plan
- Training Matrix
- SVQ assessment records
- Staff supervision, annual appraisal (EPDR)
- Risk assessments
- Case file audits
- Team meetings
- Service quality assurance processes
- Discussion with a range of care staff including the registered manager, social care organisers, social care staff and service users and their relatives.

- 4.1.3 The Care Inspectorate Annual Report outlines the findings of the inspection, and gives a summary of the grades achieved

## **4.2. Outcome of Inspection**

- 4.2.1 The service was inspected on three quality themes; Quality of Care and Support, Quality of Staffing, and Quality of Management and Leadership. The inspection was very comprehensive and extremely positive, an overall Grade 5 ( Very Good) was awarded to the service. There were no requirements made. The Care Inspectorate could see from the evidence provided that the manager had worked hard to ensure that information from direct observations was used to inform supervision and where possible this was taking place soon after the observation session. To further improve the practice one recommendation was made.

Recommendation: The service should continue to identify individual training needs for each member of staff from which to develop an annual training plan that is relevant to the service and meets the identified outcomes of the people using the service.

Action Planned: The service will continue to progress the annual training plan for each member of staff through EPDR, Direct Observation records and Supervision in conjunction with Dundee City Council's Learning and Organisational Development Department.

- 4.2.2 The annual report stated that the inspector sampled some of the evidence provided, looked at the information in the self assessment and found that the service had a very good level of performance. These strengths had a positive impact on people using the service. The service showed a commitment and enthusiasm toward improvement. The quality of the staff team was a major strength within the service.

- 4.2.3 The Care Inspectorate made the following comments in the report:

- 'Overall, we found that the service provided a high standard of care and support against the Quality Statements considered during our inspection.
- 'This is a very good service that supported, respected, and helped people to live fulfilled lives'
- 'The staff were enthusiastic, well supported and flexible in their approach'
- 'We found that the service had an enthusiastic and well-trained workforce who were confident in their roles'
- 'Very Good evidence was demonstrated'
- 'The service had a practical approach to development and included staff, service users and stakeholders in its improvement activity'
- 'Service users and relatives spoken with felt that they received a very good quality of care and support which allowed them to maintain their independence and to remain in their own homes'

#### 4.2.4 Views from service users about the service

- 'The staff are great. I couldn't complain about them'
- 'They are all very good'
- 'I would give them ten out of ten'
- 'If you feel a bit down the staff will talk you out of it'.
- 'My keyworker was asking me last week if I was happy with everything'.
- 'No complaints my family would soon do that if the occasion arose but right now, no need its great, suits me to a tee'
- 'It's marvellous'
- 'It's a great service'
- 'It's a really good service for me '
- 'I'm very lucky to have this service which makes me happy when the girls come through the door'
- 'I like it, it's a good as I can get, its good couldn't do without it'
- 'We have a great rapport with them and this goes both ways'
- 'We have no worries as they help us stay safe in our own home this allows us to keep our independence'
- 'All well here, staff great, attentive, definitely know what they are doing'
- 'I can't praise the staff enough they are all friendly caring and kind to me'
- 'The carers are so caring - friendly and chatty who always have my best interests at heart. I can't fault them'
- 'They are interested in me as a person like to know my interests and I find them all caring, dedicated people towards their clients'

#### 4.2.5 Views from carers about the service

- 'How does the council manage to recruit such caring people'?
- 'I have never heard my relative say a bad word about any of the staff'.
- 'It's ideal for my relative as if they're struggling with anything, someone will come to help if they phone them'.
- 'I know we would be lost without them so its brilliant, does what it's meant to support those that need it'

#### 4.2.6 Views from staff about the service

- 'Staff reported that they generally felt well supported in their work and that they felt confident to seek support or guidance from the management team'
- 'The staff team were enthusiastic and committed to meeting the individual needs of the service users they supported'
- 'Staff all stated that they felt that they were supported to do their job and management valued their ideas'
- 'All felt they were part of a team that was supportive'
- 'Staff said they were able to contribute to the support plans of the service users and all felt overall, the service provides very good care and support to the people who use it'

### 4.3 Summary of the Grades

4.3.1 The Care Inspectorate can inspect a service against four Quality Themes: Quality of Care and Support, Quality of Environment, Quality of Staffing and Quality of Management. As the service is provided in a service users' own home, Quality of Environment does not apply. Each quality theme contains a number of quality statements as part of the inspection. Each quality statement will be awarded an individual grade, which is then aggregated up to an overall grade for each Quality Theme. The Care Inspectorate can award one of six grades for each Quality Theme:

- Grade 6 – Excellent
- Grade 5 – Very Good
- Grade 4 – Good
- Grade 3 – Adequate
- Grade 2 – Weak
- Grade 1 - Unsatisfactory

4.3.2 The service was inspected on three Quality Themes:

- Quality of Care and Support
- Quality of Staffing
- Quality of Leadership and Management

Table 1 shows the grades awarded to each quality statement and the overall grade awarded to each quality theme.

**Table 1**

<b>Quality of Care and Support</b>	<b>5 – Very Good</b>
Statement 1 – We ensure that service users and carers participate in assessing and improving the quality of care and support provided by the service.	5 – Very Good
Statement 3 - We ensure that service users' health and wellbeing needs are met.	5 – Very Good
<b>Quality of Staffing</b>	<b>5 – Very Good</b>
Statement 1 - We ensure that service users and carers participate in assessing and improving the quality of staffing in the service.	5 - Very Good
Statement 3 - We have a professional, trained and motivated workforce which operates to National Care Standards, legislation and best practice.	5 – Very good
<b>Quality of Management and Leadership</b>	<b>5 – Very Good</b>
Statement 1 - We ensure that service users and carers participate in assessing and improving the quality of the management and leadership of the service.	5 – Very Good
Statement 4 - We use quality assurance systems and processes which involve service users, carers, staff and stakeholders to assess the quality of service we provide.	5 – Very Good

4.3.3 The Service has continued to provide a high quality of service as shown in Table 2.

**Table 2**

<b>Quality Theme</b>	<b>Grade March 2014</b>	<b>Grade March 2015</b>	<b>Grade January 2016</b>
Quality of Care and Support	4	5	5
Quality of Staffing	4	5	5
Quality of Management and Leadership	4	5	5

4.4 The report shows that the Home Care West Service has continued to ensure that service users receive a high quality of care and support and that staff are supported to carry out their role. The manager of the service will continue to review both processes and practice to seek continual improvements.

**5.0 POLICY IMPLICATIONS**

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

**6.0 CONSULTATIONS**

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

**7.0 BACKGROUND PAPERS**

None.

David W Lynch  
Chief Officer

DATE: 29 March 2016







# Care service inspection report

Full inspection

## Dundee City Council - Home Care - Locality Teams and Housing with Care - West Housing Support Service

Social Work Office  
Jack Martin Way  
Claverhouse Road  
Dundee



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Inspection report for Dundee City Council - Home Care - Locality Teams and Housing with  
Care - West

Inspection completed on 08 February 2016

Service provided by: Dundee City Council

Service provider number: SP2003004034

Care service number: CS2011286184

Inspection Visit Type: Unannounced

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and set out improvements that must be made. We also investigate complaints about care services and take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

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## Summary

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

Grades for this care service may change after this inspection following other regulatory activity. For example, if we have to take enforcement action to make the service improve, or if we investigate and agree with a complaint someone makes about the service.

### We gave the service these grades

Quality of care and support	5	Very Good
Quality of staffing	5	Very Good
Quality of management and leadership	5	Very Good

### What the service does well

The service showed a commitment and enthusiasm toward improvement. The quality of the staff team was a major strength within the service.

### What the service could do better

The service should continue with plans to introduce outcomes focussed assessments and care plans.

### What the service has done since the last inspection

Since the last inspection, the service had introduced a number of new developments to aid the geographical alignment with other services and improve their ability to monitor the quality of the service. These included:

- CM2000 - an electronic scheduling and monitoring tool used to increase continuity of staff attending the people using the service and maximise the staff deployment

- Forums where service users are consulted throughout the development period

## Conclusion

Overall, we found that the service provided a high standard of care and support against the Quality Statements considered during our inspection. The service should continue to build on strengths and take forward areas for improvement. Service users and relatives spoken with felt that they received a very good quality of care and support which allowed them to maintain their independence and to remain in their own homes.

# 1 About the service we inspected

Support was being provided to approximately 120 people at the time of our inspection. Six teams of social care workers operated across the West of Dundee City, with each team led by a social care organiser. The stated aims and objectives of the service were:

## Locality Teams

"To provide a range of care and support tasks which are carried out in an individual's own home to meet their personal and social care needs. There are a number of teams which are based in localities across the city."

## Housing with Care

"To provide a range of care and support tasks which are carried out to meet individuals' personal and social care needs. Teams work closely with the accommodation provider, be this the local authority or one of the external housing providers, to provide a range of services located within the premises".

## Recommendations

A recommendation is a statement that sets out actions that a care service provider should take to improve or develop the quality of the service, but where failure to do so would not directly result in enforcement.

Recommendations are based on the National Care Standards, SSSC codes of practice and recognised good practice. These must also be outcomes-based and if the provider meets the recommendation this would improve outcomes for people receiving the service.

## Requirements

A requirement is a statement which sets out what a care service must do to improve outcomes for people who use services and must be linked to a breach in the Public Services Reform (Scotland) Act 2010 (the "Act"), its regulations, or orders made under the Act, or a condition of registration. Requirements are enforceable in law.

We make requirements where (a) there is evidence of poor outcomes for people using the service or (b) there is the potential for poor outcomes which would affect people's health, safety or welfare.

Based on the findings of this inspection this service has been awarded the following grades:

**Quality of care and support - Grade 5 - Very Good**

**Quality of staffing - Grade 5 - Very Good**

**Quality of management and leadership - Grade 5 - Very Good**

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

Grades for this care service may change following other regulatory activity. You can find the most up-to-date grades for this service by visiting our website [www.careinspectorate.com](http://www.careinspectorate.com) or by calling us on 0345 600 9527 or visiting one of our offices.

## 2 How we inspected this service

### The level of inspection we carried out

In this service we carried out a low intensity inspection. We carry out these inspections when we are satisfied that services are working hard to provide consistently high standards of care.

### What we did during the inspection

We wrote this report following a short notice announced inspection. The inspection was carried out by one Care Inspectors took place over 2 weeks.

As part of the inspection, we went to Housing with Care complex at Rockwell Gardens, and visited service users and relatives in their own homes.

Feedback was given to the on 8 February 2016 at the Dundee office.

As part of the inspection, we took account the annual return and self assessment forms that we asked the provider to complete and submit to us.

We sent out 100 care standard questionnaires and 11 were completed and returned to us before the inspection.

During this inspection we gathered evidence from various sources, including the following:

We spoke with:

- People using the service and their relatives
- The manager
- Home care organisers
- Social care organisers
- Social care workers

We looked at:

- minutes of Involvement and liaison meetings involving service users and staff
- accident and Incident records
- complaint records and follow-up actions
- service user support plans and risk assessments
- training records and training plan
- policies and procedures of the service
- registration certificate

The service provided inspection evidence folders which were helpful in providing a range of information about the service.

All the above information was taken into account during the inspection process and was used to assess the performance of the service in relation to a number of Quality Statements.

### **Grading the service against quality themes and statements**

We inspect and grade elements of care that we call 'quality themes'. For example, one of the quality themes we might look at is 'Quality of care and support'. Under each quality theme are 'quality statements' which describe what a service should be doing well for that theme. We grade how the service performs against the quality themes and statements.

Details of what we found are in Section 3: The inspection

### **Inspection Focus Areas (IFAs)**

In any year we may decide on specific aspects of care to focus on during our inspections. These are extra checks we make on top of all the normal ones we make during inspection. We do this to gather information about the quality of these aspects of care on a national basis. Where we have examined an inspection focus area we will clearly identify it under the relevant quality statement.



**Fire safety issues**

We do not regulate fire safety. Local fire and rescue services are responsible for checking services. However, where significant fire safety issues become apparent, we will alert the relevant fire and rescue services so they may consider what action to take. You can find out more about care services' responsibilities for fire safety at [www.firescotland.gov.uk](http://www.firescotland.gov.uk)

### **The annual return**

Every year all care services must complete an 'annual return' form to make sure the information we hold is up to date. We also use annual returns to decide how we will inspect the service.

**Annual Return Received:** Yes – Electronic

### **Comments on Self Assessment**

Every year all care services must complete a 'self assessment' form telling us how their service is performing. We check to make sure this assessment is accurate.

The Care Inspectorate received a fully completed self-assessment document from the provider. We were satisfied with the way the provider completed this and with the relevant information included for each heading that we grade services under.

The provider identified what it thought the service did well, some areas for development and any changes it had planned. The provider told us how the people who used the care service had taken part in the self-assessment.

### **Taking the views of people using the care service into account**

Prior to the inspection we received 41 CSQs from service users and relatives. Of these 41 strongly agreed or agreed that they were overall happy with the level of care and support provided.

Comments included:

"Not always comfortable when I get a carer from another team. I get embarrassed if it is not the girls I have got used to and I am very happy with the team of girls I have."

During this inspection, we visited Rockwell Gardens housing with care and spoke formally with one person in her own home and informally to service users. Everyone we spoke with was very happy with the level of support they received. We visited six people in their own home.

Comments from some of the people we spoke with included:

"I have only had the service for a few months and have no problems at all. I feel much safer now I have help to shower."

"The staff are great. I couldn't complain about them."

"They are all very good."

"I would give them ten out of ten."

"If you feel a bit down the staff will talk you out of it."

"My keyworker was asking me last week if I was happy with every. They ask every six months or so."

"All staff are basically good."

An Inspection Volunteer accompanied us at this inspection. This is a lay person who has experience of using care services. This is her report about the people she visited.

I met with Service Users in their own homes and phoned others.

### **Questions for Service Users and Relatives;-**

#### **Did you receive an Induction pack when you began the service?**

One service user showed me their Big Yellow Folder that has all the information re support and service they are receiving.

"I have it here in their large folder."

"Yes I have that here and was given the day the service started."

"I did."

Other service users informed me; -

"The Folder/Pack is filled in faithfully at the end of each visit and contains all the information I require re the Service I would say we have had this since the day the service began."

Other service users said similar to me.

Other comments:-

"Have the folder all filled with info I require was given this when the service started."

"The folder has all the info I need in it and from time to time the pages are taken out and put up to the main office to my main file."

"The Big Folder is kept close at hand so all can easily reach it this contains all relevant information relating to the service that we require."

### **Do you have a Care Plan and how often is this reviewed?**

One Service User shared this quote with me:

"Review the Coordinator was just out the other week to update the book. Also asked what we thought of the service any bad points we answered honestly not for us there isn't - good points they assist me with my shower twice a week and come in other morning to apply creams to my body checking for sores etc. - once a week they come in to do housework our house is kept spotless."

"The Care Plan is in the folder too and the girls complete it at the end of their visit to me - It was just updated just before Christmas."

"I do have this in my folder and its updated as and when required."

"Yes I do its in the big folder the carers complete the sheets and from time to time take them into the office and bring out fresh sheets they also come out at least twice a year and update everything that requires updating or tweaking as I call it."

"A lady came out from the office not that long ago and went over the Plan with me so it's accurate for now."

Others said.

"Write in book each visit and just the other week someone came out from the office checked plan over asked us some questions so my review was then."

"The area manager visits me from time to time they then adjust my sheets/ plan if needed this happens every few months."

"I think maybe once been asked this by telephone." Relatives and service users said this or similar to me."

"Can't recall being asked my opinion before but it's nice to be asked"

"I think I have a form from your office here to complete." Others said similar.

"They do this when they review my Care Plan."

"The carers ask me at least once a day how things and at my review the manager will ask how things are going."

"Apart from yourselves don't think any body has ever asked me this before."

"By a questionnaire it's twice a year."

"As my Care Plan is reviewed when necessary it's the same with this question as they are both done together." Others I spoke with said similar.

### **What do you think of the Quality of the Service?**

"At present no complaints from here the only thing I would say is in the financial climate hope they don't cut the service back. I'm very lucky to have this service which makes me happy when the girls come through the door."

"No complaints my family would soon do that if the occasion arose but right now no need its great suits me to a tee."

"It's marvellous."

"It's a great service."

"It's a really good service for me."

"I like it thinks it's a good as I can get."

"Its good couldn't do without it."

### **What do you think about the Staff?**

"We know the carers by their first names and have a great rapport with them and this goes both ways. we also have no worries as they help us stay safe in our own home this allows us to keep our independence."

"All well here staff great attentive definitely know what they are doing."

"I like it as we now receiving continuity of care this is being for 6/9months as the carers know our routine in the house."

"Carers come here same time each day 7days a week they also come from the other teams if time is short so I know a lot of them by name and others by face."

"I canna praise the staff enough they are all friendly caring and kind to me."

"I do worry about the girls and wish I could do something for them as they are like drookit rats when they are visiting me at present as all are so good and kind to me I would like to be able to do something for them."

"The are all very good to me can't fault them."

"The carers are so caring - friendly and chatty who always have my best interests at heart I can't fault them."

"I will say owing to where I live they do at times struggle to cover my area and self but the girls that come I may not remember their name but I do remember their faces and they are lovely caring people to me anyway."

"They are interested in me as a person like to know my interests and I find them all caring dedicated people towards their clients."

"The carers always come here clean and smart - we have a friendly chinwag as they work away I have no worries with the ladies that visit me."

### **Do you usually know who is coming to support you?**

"At present its hard to know owing to the recent holidays and sickness so I just accept who is coming through the door." Another service user said similar.

"On the whole they do but from time to time you don't this is usually round holiday time." One service user said similar.

"I have my regular carers and they all know my likes and dislikes so yes I do most of the time know who is coming. One thing I will add here if there are wee hiccups and then I could get a new face but this does not happen often."

"I answered this one previously."

"Usually I do and they have just started sending the same person to me on a weekly basis."

### **Does staff arrive at the time you expect? Have you ever been let down and no one has come?**

"They keep good time can set my clock by them if late will phone to let us know." 3 Service users said similar to this comment.

"The carers never let me down - phone if they can't find the house but I will say the timing is usually on the dot."

"Again owing to what is happening they can be spot on or at least 15mins late so for now I am going with the flow as we have to work this way but I have never been let down someone will always come to visit me."

"They will phone me if they are going to be more than 15mins late so I know I have not been forgotten." This comment was said to me on a few occasions from those I spoke with.

"I did at one time receive a rota in the post on a weekly basis but this does not happen now, wish they would go back to this as some days I just have to take who and when they turn up but I will say someone always comes to me."

"On the whole they do but you have to remember the people they support can have little hiccups or take longer and this means the carers don't always arrive at the time on the dot but I allow 15mins either way and I know if they are going to be more than that someone will phone me. I have never ever had no one come to see me."

"They usually do appear about the same time each visit and always phone if they are going to be very late thinks this has maybe happened at least 2/3 occasions in the long time they have been coming here."

"I have had no show especially when I'm discharged from being in hospital if I contact them they usually send someone I or it will be fixed next time I due a visit so they do try their very best to accommodate me."

**Is there anything else you would like to add or think we should be made aware off?**

"One other thing is it good to know you are out there checking all is well with the service we receive."

"I'm very happy and grateful for the service I receive."

"I will say the service is not as good as it used to be as we have a lot more carers coming through the door as the team that comes here has 10 -12 people which means we only see one face every 3months roughly so where is the consistency there."

"I have had an issue in the past glad to say it is now fixed to my satisfaction."

"Nothing I think you have covered all."

"Yes I do worry what you read in the papers how this is going to affect me and others like me as to be honest it's a service I could not do without." Other service users said similar.

**Taking carers' views into account**

"How does the council manage to recruit such caring people?"

"I have never heard my relative say a bad word about any of the staff."

"It's ideal for my relative as if they're struggling with anything someone will come to help if they phone them."

"I know we would be lost without them so its brilliant does what it's meant to support those that need it"



### 3 The inspection

We looked at how the service performs against the following quality themes and statements. Here are the details of what we found.

#### Quality Theme 1: Quality of Care and Support

Grade awarded for this theme: 5 - Very Good

##### Statement 1

"We ensure that service users and carers participate in assessing and improving the quality of the care and support provided by the service."

##### Service Strengths

The service identified some of their strengths as: "Home Care West recognise the importance of service users and stake holder participation, the department has a User Involvement policy which we promote. We have ensured that service users and carers have an opportunity to feed into the long-term development of the service. Older people and carers sit as members of the older people's strategic planning group. The Social Work Department invites service users and carers to consultation days, and the priorities and direction of the plan has been directly influenced by these consultations."

We sampled some of the evidence provided, looked at the information in the self assessment and found that the service had a very good level of performance. These strengths had a positive impact on people using the service.

The service had a clear focus on service user involvement including:

- The service had in place a User Involvement policy that outlined the range of methods available to support people to give their views. The strategy acknowledges the rights of service users and their families to be involved in assessing all aspects of the quality of the care and support provided. This meant that people felt confident and supported in sharing their views and we saw many examples of this throughout the inspection.
- A 'Guide to Social Work services in Dundee' to all new service users and provided a range of information including the standard of service people can expect which helps people to understand the service they are considering signing up to. This booklet also explains how to make a complaint either to the service or to the Care Inspectorate and encourages people to do that. The booklet is also available in larger print for people with visual impairment.
- Dundee City Council had a policy on 'Improving services by listening to customers and service users.' This required service across the city to give the key results from customer satisfaction surveys. Homecare West highlighted that service users were attending staff induction training.
- Focus groups had been developed to look at how the service could continue to improve. The service recognised that some people might not be able to attend groups so were considering other ways to help people express their views such as face-to-face consultation. This allowed people the opportunity to discuss things of interest of them and to have their say on the running of the service.
- The people who receive planned care had their case reviewed every six months by the service. These were important opportunities for service users and families to have their say on what worked well and what could be improved in relation to the care and support provided by the service.

- The service includes service users in their recruitment process. Feedback was gathered by the service and used to inform recruitment decisions based on the attributes service users valued in a worker and some questions. We saw the service was looking at other ways to increase service user involvement.
- The service had questionnaires 'Your Homecare Service' that had been distributed to service users. These gave people the opportunity to provide feedback on things like the staff and the support they provided. Feedback was giving to service users about their suggestions.
- Questionnaires had also been sent to relatives and other stakeholders asking them for their views on the service and any suggestions for improvement.
- Outcomes and suggestions from service users and staff were included in the service's development action plan.
- Complaints accidents and incidents were in good order which demonstrated the services commitment to the health and wellbeing of the people using the service.

This is a very good service that supported, respected, and helped people to live fulfilled lives. The staff were enthusiastic, well supported and flexible in their approach. The service had a practical approach to development and included staff, service users and stakeholders in its improvement activity.

**Areas for improvement**

In the self assessment submitted by the service, the manager had identified the following areas for improvement: "Since inspection Dundee City Council has introduced Outcome Focused Framework documentation, this is being implemented by our service, which continues to be a on-going process.

DCC has implemented a scheduling and monitoring system CM2000, service users were consulted during this process."

The manager of the service is committed to provide person centred care. The service should continue to develop the Outcome Focused Framework which will provide evidence about their person centred approach in providing a quality service. The manager advised training and meetings had been arranged to include a homecare perspective on the new framework.

**Grade**

5 - Very Good

**Number of requirements - 0**

**Number of recommendations - 0**

### Statement 3

"We ensure that service users' health and wellbeing needs are met."

#### Service Strengths

The service's self assessment told us about most of the ways they supported people to participate in assessing and improving quality. When asked to grade themselves on this statement, the service told us they were very good in this area.

The service identified some of their strengths as: "We have a key worker system in place with staff working closely with health professional to ensure there is an understanding of the health and wellbeing for each service user, and this will be detailed on the Personal Plan. Staff monitor and respond to changes in health and well-being, calling on GP's and community nurses, CPN's, dentist, optician etc. We have strong working relationships with local community and specialist staff."

We found the service had a very good level of evidence in relation to this quality statement. These are some examples of the strengths:-

- Support plans showed that these contained detailed and important information about each individual and their support needs.
- Service users had care summaries which included the times and type of care was to be provided, there was evidence that these had been agreed with service users.
- There was evidence in service users support plans that service users had access to regular reviews. These were minuted and where possible signed and dated by service users and families. Service users and families spoken with confirmed this.

- Risk assessments were seen to focus on maintaining or developing independence and looked at what needs to be done to keep people safe. Where a significant risk was identified in relation to things like moving and handling, then a comprehensive assessment was undertaken and care plan developed and set in place, which was reviewed regularly.
- Service users where necessary were supported to access other relevant agencies and services to help them to have their health and wellbeing needs met.
- There were opportunities for service users, families to discuss people's health needs and how these were to be met from the initial assessments, to support planning and regular care reviews.
- Staff attended a wide variety of training related to health and wellbeing, which supported their practice on a day-to-day basis and ensured service users, received the appropriate care. This included, Nutrition, Infection Control, Adult Support and Protection and Moving and Handling. This helped service users build their confidence in staff and their abilities.
- Staff told us they felt confident that they were offered appropriate training to meet people's health needs and specialist training was accessed for service users with specific conditions such as dementia.
- There was clear guidance in place for staff in relation to reporting Adult Support and Protection issues. Staff spoken with were very clear about what they should do if they had any concerns.

We found well-trained, skilled, knowledgeable staff, able to respond to a range of health issues that affected people using the service.

This meant that staff were aware of the needs and preferences of each service user and the support offered was sufficient to meet the person's needs.

### Areas for improvement

In the self assessment submitted by the service, the manager had identified the following areas for improvement: "Case file audits have been carried out this year and data from this gathered and fed to the relevant areas. Jointly with NHS & Social Work Skin Care training is being arranged for staff at Rockwell Gardens Housing with Care. DCC Medication policy/guidelines is currently under review."

There was one recommendation made in relation to this statement at the last inspection.

Support plans should contain clear guidance on what action staff must take in order to manage each service users identified risks safely. These risks along with the support plans should be reviewed and updated as often as required and at least once in each six month period as part of their care reviews. National Care Standards: Care at Home Standard 3.

We looked at 28 support plans during the inspection and found reviews and risk assessments had been appropriately completed therefore this recommendation had been met.

Some of the people using the service had a Power of Attorney who had responsibility for their welfare and finances. It was not clear in files where a POA had been appointed or who that was. We suggest that the manager keeps a record or register of all legal orders or arrangements that are in place. It should be much clearer within care plans the level of contact expected and agreed. This will help to ensure that they are planning care and support based around this information and in partnership with the appointed proxy. There is information relating to this on the Care Inspectorate website.

### Grade

5 - Very Good

**Number of requirements - 0**

**Number of recommendations - 0**

## Quality Theme 3: Quality of Staffing

Grade awarded for this theme: 5 - Very Good

### Statement 1

"We ensure that service users and carers participate in assessing and improving the quality of staffing in the service."

#### Service Strengths

Evidence in support of this statement can be found in Quality Theme 1 Quality Statement 1.

#### Areas for improvement

Evidence in support of this statement can be found in Quality Theme 1 Quality Statement 1.

#### Grade

5 - Very Good

Number of requirements - 0

Number of recommendations - 0



### Statement 3

"We have a professional, trained and motivated workforce which operates to National Care Standards, legislation and best practice."

#### Service Strengths

The service's self assessment told us about most of the ways they supported people to participate in assessing and improving quality. When asked to grade themselves on this statement, the service told us they were very good in this area.

The service identified some of their strengths as: "We listen to staff regarding their training needs. A comprehensive training programme was developed for the enablement staff by physio/occupational therapists, and we have now rolled out to all social care staff. We have a staff development strategy (Effective Support to Staff) which sets out our policies and expectations regarding induction, supervision and employee development reviews. It includes the SSSC codes of practice. This information is contained within a ring binder and a copy given to every member of staff. This work has received national recognition."

We looked at staff files and spoke to staff and service users and their relatives about the quality of the staff and found that the service had an enthusiastic and well-trained workforce who were confident in their roles. Very Good evidence was demonstrated in relation to this statement, which included:

- Staff at the service had a high level of training. Training records and staff interviews confirmed that all staff had been through an induction programme when they began work and that this included training such as food hygiene and infection control. Staff also received training that they had identified as being useful for them such as dementia awareness and palliative care.
- The service also provided vocational awards such as SVQ (Scottish Vocational Qualifications). Staff interviewed felt that if they identified a training need it would be addressed if it benefited their work role and improved outcomes for service users.

- Staff demonstrated an awareness of the National Care Standards and could apply them to their work role. All spoken with confirmed they had been given SSSC codes of practice. It was clear from supervision records that the service was active in tackling practice issues. The service had a comprehensive set of policies and procedures, which explained expectations of good practice for staff.
- The service ensured the continued quality of their staff through Employee Performance and Development Review (EPDR). Annual appraisal, regular supervision and team meetings were used to monitor performance and development. It was noted that these processes were used as a dynamic tool to explore performance and inform the service's Improvement plan. Staff confirmed it was a supportive experience.
- Staff confirmed that observations of their practice took place and that they found these useful. The findings of these were evaluated as part of supervision and service users' views were sought as part of the process which staff identified as being important.
- Staff all stated that they felt that they were supported to do their job and management valued their ideas. All felt they were part of a team that was supportive.
- The service had a training matrix, which monitored training undertaken and training due. The manager planned the development of a training plan which the service could use to plan further training which could be targeted at improving outcomes for service users.
- The service had sent out surveys asking service users and their families for feedback on staff and the quality of support they provided. In addition, there were opportunities for people to give feedback about staff during things like service users' forums.

We sent 20 questionnaires to staff before the inspection and 6 were returned to us.

Most staff were aware of the policies and procedures of the service and they had access to training in the last 12 months. Staff said they were able to contribute to the support plans of the service users and all felt overall, the service provides very good care and support to the people who use it.

This is a very good service that supported, respected and helped people to live fulfilled lives. The staff were enthusiastic, well supported and flexible in their approach.

### **Areas for improvement**

In the self assessment submitted by the service the manager had identified the following areas for improvement: "We have devised a training matrix for the service which will be linked to the Employee Development review annually. We will continue to review the training process."

There was a recommendation made in relation to staff training:

Staff training needed to be prioritised and targeted to meet the needs of service users and the development needs of staff. In order to achieve this the manager needed to use the information from staff supervision, EPDR and direct observations to identify individual training needs for each member of staff from which to develop an annual training plan that is relevant to the service.

National Care Standards: Housing Support and Care at Home services, Standards 3 and 4 - Management and Staffing Arrangements.

We could see from the evidence provided that the manager had worked hard to ensure that information from direct observations was used to inform supervision and where possible this was taking place soon after the observation session.

The service should continue to develop a training plan to ensure the staff remain well-informed about how to support service users to meet their agreed outcomes. This recommendation has been reworded and will continue and be assessed at the next inspection.

**Grade**

5 - Very Good

**Number of requirements - 0**

**Recommendations**

**Number of recommendations - 1**

1. The service should continue to identify individual training needs for each member of staff from which to develop an annual training plan that is relevant to the service and meets the identified outcomes of the people using the service.

**National Care Standards: Housing Support and Care at Home services,  
Standards 3 and 4 - Management and Staffing Arrangements.**

## Quality Theme 4: Quality of Management and Leadership

Grade awarded for this theme: 5 - Very Good

### Statement 1

"We ensure that service users and carers participate in assessing and improving the quality of the management and leadership of the service."

### Service Strengths

Evidence in support of this statement can be found in Quality Theme 1 Quality Statement 1.

### Areas for improvement

Evidence in support of this statement can be found in Quality Theme 1 Quality Statement 1.

### Grade

5 - Very Good

Number of requirements - 0

Number of recommendations - 0

## Statement 4

"We use quality assurance systems and processes which involve service users, carers, staff and stakeholders to assess the quality of service we provide"

### Service Strengths

In the self assessment submitted by the service the manager had identified the following areas for improvement: "We have undertaken staff surveys which relate to staff satisfaction, staff stress. We have introduced an annual service users survey which will assess our performance against the four quality themes. We have implemented focus groups with staff, service users, and carers. We complete our self-evaluation. We complete direct observation of staff and will seek service users views at these meetings."

When asked to grade themselves on this statement, the service told us they were very good in this area.

We considered a range of evidence presented in relation to this statement. We assessed the service to be operating at very good level of performance. Some of the ways the service ensured they delivered a high quality service included:

- We saw that staff practices within the service demonstrated that staff were confident in carrying out their roles and responsibilities. Staff who had worked in the service for some years described how they would work closely with new members of staff to support them and promote good practice. Staff reported that they generally felt well supported in their work, and that they felt confident to seek support or guidance from the management team.
- Service users and carers who expressed their views spoke positively of the management arrangements in the service, and they were aware of the different functions of the different staff groups.
- Staff had the opportunity to complete an annual staff questionnaire and there was evidence that the feedback received was analysed and responded to.

- The service was able to evidence, as legal requirements and good practice, a start date of employment, together with details of the position held, a record of skills, experience, qualifications and details of an appointment. Where appropriate, checks were in place relating to a professional registration. The service was aware of the need for social care staff to register with the Scottish Social Services Council (SSSC) and staff were supported to achieve their SVQ award in preparation for this.
- Staff had the opportunity to participate in the development and improvement of the service through team meetings. A range of discussion had taken place including the service improvement plan.
- Service users and relatives spoken with said that they knew how to make a complaint, and the provider had given them information explaining the services complaints procedure when they first started using the service. How to complain was also discussed as part of service users reviews.
- The manager had developed an improvement plan for home care west and the areas to be included were Care Inspectorate requirements and recommendations, home care review, service user involvement and participation opportunities and the integration of health and social care.

Some of the other checks and audits the service had in place to ensure that support provided to service users safely included:

- Service user surveys
- Stakeholder surveys
- Service user meetings
- Care reviews
- Checklist for six-monthly reviews
- Service user forums
- Team meetings
- Staff supervision
- Complaints procedure and policy
- Accident and incident records
- Care file audits
- Training matrix
- Scottish Vocational Qualification (SVQ) assessments.

Overall, the provider was able to demonstrate a commitment to the on-going development of staff and in providing opportunities for staff to develop their leadership values. This meant that staff were more involved in the assessment of the quality of the service and fully involved in the development and improvement of the service for the people who used it.

### **Areas for improvement**

In the self assessment submitted by the service, the manager had identified the following areas for improvement: "We have a range of evaluation and quality assurance systems in place and will continue to explore and develop other options."

The provider should continue to develop person centred approaches to all aspects of the service they deliver.

### **Grade**

5 - Very Good

**Number of requirements - 0**

**Number of recommendations - 0**



## 4 What the service has done to meet any requirements we made at our last inspection

### Previous requirements

1. There were no requirements made at the last inspection.

This requirement was made on

## 5 What the service has done to meet any recommendations we made at our last inspection

### Previous recommendations

1. Support plans should contain clear guidance on what action staff must take in order to manage each service users identified risks safely. These risks along with the support plans should be reviewed and updated as often as required and at least once in each six month period as part of their care reviews.

National Care Standards: Care at Home Standard 3.

This recommendation was made on 26 March 2015

We looked at 28 support plans during the inspection and found reviews and risk assessments had been appropriately completed therefore this recommendation had been met.

2. Staff training needed to be prioritised and targeted to meet the needs of service users and the development needs of staff. In order to achieve this the manager needed to use the information from staff supervision, EPDR and direct observations to identify individual training needs for each member of staff from which to develop an annual training plan that is relevant to the service.

**National Care Standards: Housing Support and Care at Home services, Standards 3 and 4 - Management and Staffing Arrangements.**

**This recommendation was made on 26 March 2015**

We could see from the evidence provided that the manager had worked hard to ensure that information from direct observations was used to inform supervision and where possible this was taking place soon after the observation session.

The service should continue to develop a training plan to ensure the staff remain well-informed about how to support service users to meet their agreed outcomes.

This recommendation will continue and be assessed at the next inspection.

## 6 Complaints

No complaints have been upheld, or partially upheld, since the last inspection.

## 7 Enforcements

We have taken no enforcement action against this care service since the last inspection.

## 8 Additional Information

There is no additional information.

## 9 Inspection and grading history

Date	Type	Gradings	
23 Mar 2015	Announced (Short Notice)	Care and support	5 - Very Good
		Environment	Not Assessed
		Staffing	5 - Very Good
		Management and Leadership	5 - Very Good
20 Mar 2014	Announced (Short Notice)	Care and support	4 - Good
		Environment	Not Assessed
		Staffing	4 - Good
		Management and Leadership	4 - Good
21 Feb 2013	Announced (Short Notice)	Care and support	5 - Very Good
		Environment	Not Assessed
		Staffing	5 - Very Good
		Management and Leadership	4 - Good

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**REPORT TO:** HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 4 MAY 2016

**REPORT ON:** NATIONAL CARE HOME CONTRACT FEE SETTLEMENT 2016/17

**REPORT BY:** CHIEF FINANCE OFFICER

**REPORT NO:** DIJB20-2016

## **1.0 PURPOSE OF REPORT**

This report informs members of the Integration Joint Board of the outcome of negotiations between COSLA and care home providers in respect of the 2016/17 National Care Home Contract fee levels and terms of agreement.

## **2.0 RECOMMENDATIONS**

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

- 2.1 Notes that the 2016/17 fee negotiations reflect the commitment made by the Scottish Government to ensure all social care workers within the sector are paid the living wage of £8.25 with effect from 1<sup>st</sup> October 2016 as part of the additional £250m national investment in social care announced in the finance settlement.
- 2.2 Notes that the agreement reached to reflect the cost of implementing the living wage and other financial pressures faced by care home providers will result in an increase in the care home fee headline rate of 2.5% from April 2016 with a further 4% increase from 1<sup>st</sup> October 2016 leading to an overall increase in the headline rate of 6.5% from October 2016.
- 2.3 Adopts the rates of payment for independent sector care home providers for 2016/17 as outlined in Appendix 1 and directs Dundee City Council to adopt the terms of the National Care Home Contract accordingly.

## **3.0 FINANCIAL IMPLICATIONS**

The increase in fee levels for 2016/17 is anticipated to result in a net increase in Care Home expenditure within Dundee's delegated budget of around £1.170m over the financial year. This will be funded from budgeted inflationary provision made within the delegated resources from Dundee City Council in relation to private and voluntary care homes of approximately £300k with the balance of £870k met from the living wage allocation as part of Dundee's share of additional Scottish Government investment for social care.

## **4.0 MAIN TEXT**

- 4.1 The fee rates paid to private and voluntary sector nursing and residential care homes have been set for a number of years within the context of a National Care Home Contract (NCHC). The contract sets out the overall terms of the contractual relationship between local authorities as commissioners of care and providers of care and is designed to deliver consistency, efficiency, fairness and stability within this relationship. This has enabled significant progress to be made in advancing the quality agenda for the care home sector with initiatives such as additional payments for quality (as measured through Care Inspectorate Gradings) and latterly through the introduction of a minimum floor wage level of £7 per hour for social care staff being facilitated through the application of a national contractual arrangement. The total value of the National Care Home Contract is currently around £630m.

- 4.2 The fee rate has historically been subject to a negotiation process between representatives of COSLA and care home providers, led by Scottish Care and Coalition of Care Providers Scotland. These negotiations consider the financial pressures being faced by care home providers for the coming financial year and takes cognisance of the state of public finances at the time and therefore the availability of funding within the local government environment. In recognising the role that Integration Joint Boards will play as future commissioners of services, Chief Officer representatives were also included as part of the negotiation process for 2016/17.
- 4.3 The 2016/17 fee negotiations were undertaken against a backdrop of unprecedented financial pressure from both a provider and a local government context. Providers cited the significant financial pressures as a result of the introduction of the new statutory minimum wage of £7.20 from April 2016 and the consequential impact on differentials for other staff groupings in addition to normal operating cost pressures while reductions in local government funding were greater than anticipated. However as part of the government's funding settlement, an additional £250m was made available to invest in social care on the condition that partners committed to pay care workers a living wage of £8.25 per hour from the 1<sup>st</sup> October 2016. This commitment was then considered as part of the negotiations.
- 4.4 The negotiated fee position is that the contract will be subject to an uplift of 2.5% from April 2016 and a further uplift of 4% (resulting in a cumulative uplift of 6.5%) from 1<sup>st</sup> October 2016. All parties agreed that it was necessary to draw a distinction between the base uplift and a further uplift to fund the living wage commitment to ensure a degree of transparency to this commitment that is unambiguous and more easily communicated and monitored. The breakdown of the rates is noted in the table below:

	Existing rates 2015/16		2016/17 Rates April to 30 <sup>th</sup> Sept 2016		2016/17 Rates 1 <sup>st</sup> Oct 2016 to 31 <sup>st</sup> March 2017	
	Nursing	Residential	Nursing	Residential	Nursing	Residential
LA element	£483.16	£398.52	£494.74	£407.99	£519.12	£428.97
DWP element	£126.15	£126.15	£129.80	£129.80	£129.80	£129.80
<b>Headline Fee</b>	<b>£609.31</b>	<b>£524.67</b>	<b>£624.54</b>	<b>£537.79</b>	<b>£648.92</b>	<b>£558.77</b>
Headline change from 2015/16			£15.23	£13.12	£39.61	£34.10
<b>% change from 2015/16</b>			<b>2.5%</b>	<b>2.5%</b>	<b>6.5%</b>	<b>6.5%</b>

- 4.5 These fee levels are dependent on all providers delivering publicly funded care paying all care workers, regardless of age, experience or time in employment, a minimum of £8.25 per hour from 1<sup>st</sup> October 2016 for the period of the contract. To ensure contract compliance, providers will agree that pay levels can be periodically monitored by the commissioning authority. There will be no displacement of the cost onto staff by the employer, such as payment for uniforms. In the event of non-compliance with these terms, the local authority will withhold the living wage payment investment until such a time as the matter is resolved. All other aspects of the contract including quality payments will remain unchanged and these are noted in Appendix 1.
- 4.6 It is jointly acknowledged between commissioners and providers that the establishment of IJBs and the publication of strategic joint commissioning arrangements, combined with the demand pressures of demographic change and the specific financial pressures posed by the Living Wage requires the funding and commissioning arrangements under the NCHC to be reconsidered. Partners will need to be able to respond to the opportunity presented by integration to radically reconsider the purpose and use of care home capacity as well as issues of sustainability, quality and improved outcomes for people. In this regard, COSLA, providers and the Scottish Government have agreed to a fundamental review and reform of the NCHC as part of a wider consideration of the necessary reform of adult social care. Progress on this will be reported back to the IJB in due course.

**5.0 POLICY IMPLICATIONS**

This report has been screened for any policy implications in respect of Equality Impact Assessment and Risk Management. An EQIA is attached.

**6.0 CONSULTATIONS**

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

**7.0 BACKGROUND PAPERS**

None.

Dave Berry  
Chief Finance Officer

DATE: 1 April 2016





**Rates Applicable April – September 2016**

<b>National Care Home Contract rate</b>	<b>Registered homes with nursing care £ per week</b>	<b>Registered homes without nursing care £ per week</b>
Headline Fee (Dual shared room)	£624.54 (£599.54)	£537.79 (£512.79)
Reduced Quality Deduction (Dual shared room)	£604.54 (£579.54)	£517.79 (£492.79)
Enhanced Quality Award (lower rate) (Dual shared room)	£626.54 (£601.54)	£539.29 (£514.29)
Enhanced Quality Award (higher rate) (Dual shared room)	£627.54 (£602.54)	£540.29 (£515.29)
Default Rate (Dual shared room)	£578.45 (£555.29)	£491.65 (£468.80)

These rates will be effective from 11th April 2016 and will apply regardless of the local authority area in which the home is situated. These rates are all inclusive: no supplements will be paid.

**Rates Applicable October 2016 – March 2017**

<b>National Care Home Contract rate</b>	<b>Registered homes with nursing care £ per week</b>	<b>Registered homes without nursing care £ per week</b>
Headline Fee (Dual shared room)	£648.92 (£623.92)	£558.77 (£533.77)
Reduced Quality Deduction (Dual shared room)	£628.92 (£603.92)	£538.77 (£513.77)
Enhanced Quality Award (lower rate) (Dual shared room)	£650.92 (£625.92)	£560.27 (£535.27)
Enhanced Quality Award (higher rate) (Dual shared room)	£651.92 (£626.92)	£561.27 (£536.27)
Default Rate (Dual shared room)	£601.03 (£577.87)	£510.83 (£487.98)

These rates will be effective from 1<sup>st</sup> October 2016.





## EQUALITY IMPACT ASSESSMENT TOOL

### Part 1: Description/Consultation

<b>Is this a Rapid Equality Impact Assessment (RIAT)?</b>		Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
<b>Is this a Full Equality Impact Assessment (EQIA)?</b>		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<b>Date of Assessment:</b>	19 <sup>TH</sup> April 2016	<b>Committee Report Number:</b>	DIJB20-2016
<b>Title of document being assessed:</b>		National Care Home Contract Fee Settlement 2016/17	
<b>1. This is a new policy, procedure, strategy or practice being assessed</b> (If yes please check box) <input type="checkbox"/>		<b>This is an existing policy, procedure, strategy or practice being assessed?</b> (If yes please check box) <input checked="" type="checkbox"/>	
<b>2. Please give a brief description of the policy, procedure, strategy or practice being assessed.</b>		Report advises members of the national negotiations in relation to care home fees and associated quality awards and penalties.	
<b>3. What is the intended outcome of this policy, procedure, strategy or practice?</b>		To agree the care home fee rates for 2016/17 and commit care home providers to pay care staff the national living wage of £8.25 from 1 <sup>st</sup> October 2016	
<b>4. Please list any existing documents which have been used to inform this Equality and Diversity Impact Assessment.</b>		n/a	
<b>5. Has any consultation, involvement or research with protected characteristic communities informed this assessment? If yes please give details.</b>		This a national agreement between COSLA and Care Providers – any such consultation would be carried out at a national level	
<b>6. Please give details of council officer involvement in this assessment.</b>  (e.g. names of officers consulted, dates of meetings etc)		Dave Berry, Chief Finance Officer Joyce Barclay, Senior Officer	
<b>7. Is there a need to collect further evidence or to involve or consult protected characteristics communities on the impact of the proposed policy?</b>  (Example: if the impact on a community is not known what will you do to gather the information needed and when will you do this?)		No	

**Part 2: Protected Characteristics**

Which protected characteristics communities will be positively or negatively affected by this policy, procedure or strategy?

**NB** Please place an X in the box which best describes the "overall" impact. It is possible for an assessment to identify that a positive policy can have some negative impacts and visa versa. When this is the case please identify both positive and negative impacts in Part 3 of this form.

If the impact on a protected characteristic communities are not known please state how you will gather evidence of any potential negative impacts in box Part 1 section 7 above.

	Positively	Negatively	No Impact	Not Known
<b>Ethnic Minority Communities including Gypsies and Travellers</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Gender</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Gender Reassignment</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Religion or Belief</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>People with a disability</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Age</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Lesbian, Gay and Bisexual</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Socio-economic</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Pregnancy &amp; Maternity</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Other (please state)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Part 3: Impacts/Monitoring

<p><b>1. Have any positive impacts been identified?</b></p> <p>(We must ensure at this stage that we are not achieving equality for one strand of equality at the expense of another)</p>	<p>The quality incentives within the national care home contract aim to improve the quality of care delivered to residents in care homes. The introduction of a minimum payment rate for social care staff of £8.25 per hour (national living wage) aims to address low pay in the sector, positively impacting on low paid workers and creating the conditions to enhance the quality of care for service users</p>
<p><b>2. Have any negative impacts been identified?</b></p> <p>(Based on direct knowledge, published research, community involvement, customer feedback etc. If unsure seek advice from your departmental Equality Champion.)</p>	<p>None</p>
<p><b>3. What action is proposed to overcome any negative impacts?</b></p> <p>(e.g. involving community groups in the development or delivery of the policy or practice, providing information in community languages etc. See Good Practice on DCC equalities web page)</p>	<p>n/a</p>
<p><b>4. Is there a justification for continuing with this policy even if it cannot be amended or changed to end or reduce inequality without compromising its intended outcome?</b></p> <p>(If the policy that shows actual or potential unlawful discrimination you must stop and seek legal advice)</p>	<p>n/a</p>
<p><b>5. Has a 'Full' Equality Impact Assessment been recommended?</b></p> <p>(If the policy is a major one or is likely to have a major impact on protected characteristics communities a Full Equality Impact Assessment may be required. Seek advice from your departmental Equality lead.)</p>	<p>No</p>
<p><b>6. How will the policy be monitored?</b></p> <p>(How will you know it is doing what it is intended to do? e.g. data collection, customer survey etc.)</p>	<p>The quality of care home services are monitored by the Care Inspectorate and any reductions of quality below the thresholds can result in a reduced level of payment – this is continually monitored by Dundee City Council's Social Care Contracts Team.</p>

## Part 4: Contact Information

<b>Name of Department or Partnership</b>	Dundee Health & Social Care Partnership
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<b>Type of Document</b>	
Human Resource Policy	<input type="checkbox"/>
General Policy	<input type="checkbox"/>
Strategy/Service	<input checked="" type="checkbox"/>
Change Papers/Local Procedure	<input type="checkbox"/>
Guidelines and Protocols	<input type="checkbox"/>
Other	<input type="checkbox"/>

<b>Manager Responsible</b>	<b>Author Responsible</b>
<b>Name:</b> David Lynch	<b>Name:</b> Dave Berry
<b>Designation</b> Chief Officer :	<b>Designation:</b> Chief Finance Officer
<b>Base:</b> Claverhouse	<b>Base:</b> Dundee House
<b>Telephone:</b> 436310	<b>Telephone:</b> 433608
<b>Email</b> <a href="mailto:david.lynch@nhs.net">david.lynch@nhs.net</a> :	<b>Email</b> <a href="mailto:dave.berry@dundeecity.gov.uk">dave.berry@dundeecity.gov.uk</a> :

<b>Signature of author of the policy:</b> Dave Berry	<b>Date:</b> 19/04/16
<b>Signature of Director/Head of Service:</b> David Lynch	<b>Date:</b> 19/04/16
<b>Name of Director/Head of Service:</b>	Click here to enter text.
<b>Date of Next Policy Review:</b>	Click here to enter text.



**REPORT TO:** HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 4 MAY 2016

**REPORT ON:** HEALTH AND SOCIAL CARE GOVERNANCE

**REPORT BY:** CHIEF OFFICER

**REPORT NO:** DIJB21-2016

## **1.0 PURPOSE OF REPORT**

The purpose of this report is to advise members of the proposed governance arrangements with Dundee City Council and NHS Tayside.

## **2.0 RECOMMENDATIONS**

The Integration Joint Board (IJB) is asked to:

- 2.1 Note the proposed governance arrangements between the IJB and Dundee City Council and NHS Tayside as set out in section 5 of this report.

## **3.0 FINANCIAL IMPLICATIONS**

None.

## **4.0 BACKGROUND**

- 4.1 Previous reports to the IJB have referred to the Integration Scheme recently approved by NHS Tayside and Dundee City Council and now approved by the Scottish Government. This is the main document for identifying the functions to be undertaken by the IJB and the accountability of the Board and its Chief Officer under the terms of the Public Bodies (Joint Working) (Scotland) Act 2014 (the Act).
- 4.2 The Act puts in place arrangements for integrating health and social care in order to improve outcomes for patients, service users, carers and their families. The Act requires Health Boards and Councils to work together effectively to agree a model of integration to deliver quality, sustainable care services.
- 4.3 The IJB is responsible for the strategic planning of the functions delegated to it and for ensuring the delivery of those functions through directions issued by it under section 26 of the Act to the Health Board or Council. The IJB also has an operational role as described in the locally agreed operational arrangements set out within the Integration Scheme.
- 4.4 To fulfill its remit the IJB will:
- Adhere to the content of any future regulations or guidance issued by Scottish Ministers;
  - Ensure stakeholder engagement;
  - Take into consideration national developments in policy and practice.
- 4.5 An IJB must prepare and then review a strategic plan at least every three years. IJBs are under a duty to have regard to integration principles when preparing a strategic plan. IJBs are also under a duty to have regard to the National Health and Wellbeing Outcomes when preparing a strategic plan. These Outcomes are high-level statements of what IJBs are attempting to achieve through integration and ultimately through the pursuit of quality

improvement across health and social care.

4.6 IJBs are required to issue directions to Health Boards and Councils as to how integration functions are to be carried out. IJBs are required to prepare an annual performance report.

4.7 An annual financial statement must be published setting out the total resources included in the plan for that year.

## **5.0 PROGRESS TO DATE**

5.1 The IJB, through its Chief Officer and Chief Finance Officer, has to put in place systems to establish robust governance including:

- Financial regulations (which will link with those of NHS Tayside and Dundee City Council);
- Risk management policy and strategy;
- Claims liability and indemnity cover;
- Internal audit arrangements
- Complaints;
- Performance framework;
- Workforce and Organisational Development;
- Quality and effectiveness of care and support;
- Equality outcomes

5.2 Together these will form the governance framework of the Dundee IJB. To date reports have been brought to the IJB outlining the governance arrangements for a number of these areas (see further information at Appendix 1).

5.3 NHS Tayside and Dundee City Council will retain scrutiny of professional and clinical governance at a high level to ensure consistency of application over the entirety of their organisations.

5.4 The Tayside Clinical and Care Governance and Professional Governance Forum is a professional reference group, bringing together senior professionals across Tayside. The group will provide oversight and advice and guidance to the Strategic Planning Groups and to the IJB in respect of clinical, care and professional governance for the delivery of health and social care services across the localities identified in their strategic plans.

## **6.0 POLICY IMPLICATIONS**

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

## **7.0 CONSULTATIONS**

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

## **8.0 BACKGROUND PAPERS**

None.

David W Lynch  
Chief Officer

DATE: 22 March 2016



**Governance Arrangements – Progress To Date**

<u>Issue</u>	<u>Date of Report to IJB</u>
Financial Regulations	4 May 2016
Risk management policy and strategy	4 May 2016
Claims, liability and indemnity cover (CNORIS)	24 November 2015
Internal audit arrangements	24 November 2015 (for 2015/16) 4 May 2016 (for 2016/17)
Complaints	28 June 2016
Performance framework	23 February 2016
Workforce and Organisational Development	23 February 2016
Quality and effectiveness of care and support (including information governance, reports from inspection agencies and Clinical, Care and Professional Governance arrangements)	Regular reports
Equality outcomes	15 March 2016 4 May 2016 (mainstreaming report)





**REPORT TO:** HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 4 MAY 2016

**REPORT ON:** RISK MANAGEMENT POLICY AND STRATEGY

**REPORT BY:** CHIEF FINANCE OFFICER

**REPORT NO:** DIJB22-2016

## **1.0 PURPOSE OF REPORT**

The purpose of this report is to recommend an overarching shared Risk Management Policy and Strategy for adoption by the Integration Joint Board and to ask the Integration Joint Board to note the work that is continuing to prepare a register of risks with accompanying reporting arrangements.

## **2.0 RECOMMENDATIONS**

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

- 2.1 Adopts the Risk Management Policy and Strategy included as Appendix 1 to this report subject to the approval of the proposed amendments as outlined in paragraph 4.5 of this report.
- 2.2 Remits to the Chief Finance Officer responsibility for bringing forward for approval:
  - 2.2.1 the risk register for the IJB;
  - 2.2.2 the proposed frequency and format for reporting arrangements;
  - 2.2.3 the proposed arrangements for approving amendments to the risk register.

## **3.0 FINANCIAL IMPLICATIONS**

There are no financial implications arising from this report.

## **4.0 MAIN TEXT**

- 4.1 The Dundee Health and Social Care Integration Scheme (Dundee Health and Social Care Partnership, October 2015) (the Integration Scheme) contains a commitment between the Integration Joint Board, Dundee City Council and NHS Tayside to develop a shared risk management strategy.
- 4.2 The purpose of the strategy is to ensure the:
  - “Identification, assessment and prioritisation of risk related to the delivery of services, particularly those which are likely to affect the Integration Joint Board’s delivery of the Strategic Plan;
  - Identification and description of processes for mitigating these risks; and
  - Agreed reporting standards.”
- 4.3 In preparation for meeting this commitment representatives of the three Tayside Health and Social Care Partnerships, NHS Tayside and the three Local Authorities worked together to prepare a proposed Risk Management Policy and Strategy.
- 4.4 The draft Risk Management Policy and Strategy is attached as Appendix 1 to this report. It comprises of four parts:

- i) the Policy which outlines the approach and vision;
- ii) the Strategy which explains how the implementation of the strategy should be undertaken in relation to; the promotion of awareness; the establishment of communication and risk sharing information throughout the IJB's areas of responsibility; the reduction of exposure to risk and potential loss, and the establishment of standards; and principles for the efficient management including monitoring, reporting and review;
- iii) the risk matrix which explains how risks will be measured;
- iv) the risk framework for recording the risks including necessary actions against and responsible person and timeframe.

4.5 It is proposed that the IJB adopts the Risk Management Policy and Strategy as included in Appendix 1 (with two proposed amendments) since it provides an overarching framework which is consistent with the terms outlined in the Dundee Integration Scheme. The proposed amendments would be to paragraphs 1.4 and 3.1.3 of the Risk Management Policy and Strategy. It is proposed that paragraph 1.4 be amended to read:

**“1.4 Operational risks** represent the potential for impact (opportunity or threat) within or arising from the activities of an individual service area or team operating within the scope of the IJBs activities. Parent bodies and the IJB will share responsibility for managing operational risks and the development of activities and controls to respond to these. Where a number of operational risks impact across multiple services areas or, because of interdependencies, require more strategic leadership, then these can be proposed for escalation to ‘strategic risk’ status as above.”

The reason for this proposed amendment is to ensure that the shared nature of the risk between the IJB, NHS Tayside and Dundee City Council is explicit and the terms of the strategy are consistent with the Dundee Integration Scheme in this respect.

It is proposed that paragraph 3.1.3 be amended to read:

**“3.1.3 Appropriate ownership of risk:** Specific risks will be owned by/assigned to and managed by those individual/s who are best placed to oversee the risk and manage the development of any new risk controls required by the Chief Officer of the relevant IJB in conjunction with the NHS Chief Executive and the Chief Executive of Dundee City Council.”

The reason for this amendment is to ensure the shared nature of the risk management process reflects the respective responsibilities of all the partners.

4.6 Following on from the process of developing the proposed Risk Management Policy and Strategy work is continuing to develop and consult on the key risks in the form of a risk register for the IJB. This will be accompanied by the proposals about the frequency of reporting on and amendments to the agreed risks identified in the risk register.

## 5.0 POLICY IMPLICATIONS

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

## 6.0 CONSULTATION

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

## 7.0 BACKGROUND PAPERS

None.

Dave Berry  
Chief Finance Officer

DATE: 4 April 2016



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## Integrated Joint Boards

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### Risk Management Policy and Strategy

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## Policy – The Risk Management Approach and Vision

- 1.1 The Integrated Joint Boards (IJBs) are committed to a culture where the workforce is encouraged to develop new initiatives, improve performance and achieve goals safely, effectively and efficiently by appropriate application of good risk management practice.
- 1.2 In doing so the aim is to provide safe and effective care and treatment for patients and clients, and a safe environment for everyone working within the IJBs and others who interact with the services delivered under their direction.
- 1.3 The IJBs believe that appropriate application of good risk management will prevent or mitigate the effects of loss or harm and will increase success in the delivery of objectives, better clinical and financial outcomes, achievement of targets and fewer unexpected problems.
- 1.4 They purposefully seek to promote an environment that is risk 'aware' and strive to place risk management information at the heart of key decisions. This means that the IJBs can take an effective approach to managing risk in a way that both address significant challenges and enable positive outcomes.
- 1.5 The IJBs promote the pursuit of opportunities that will benefit the delivery of the Strategic Plan. Opportunity-related risk must be carefully evaluated in the context of the anticipated benefits for patients, clients and the IJBs.
- 1.6 The IJBs will receive assurance reports (internal and external) not only on the adequacy but also the effectiveness of its risk management arrangements and will consequently value the contribution that risk management makes to their wider governance arrangements.
- 1.7 The IJBs, through the following risk management strategy, has established a Risk Management Framework, (which covers risk policy, procedure, process, systems, risk management roles and responsibilities).

### Key benefits of effective risk management:

- appropriate, defensible, timeous and best value decisions are made;
- risk 'aware' not risk 'averse' decisions are based on a balanced appraisal of risk and enable acceptance of certain risks in order to achieve a particular goal or reward;
- high achievement of objectives and targets;
- high levels of morale and productivity;
- better use and prioritisation of resources;
- high levels of user experience/ satisfaction with a consequent reduction in adverse events, claims and/ or litigation; and
- a positive reputation established for the

## Strategy - Implementing the Policy

### 1. Introduction

1.1 The primary objectives of this strategy will be to:

- promote awareness of risk and define responsibility for managing risk within the IJBs;
- establish communication and sharing of risk information through all areas of the IJBs
- initiate measures to reduce the IJBs exposure to risk and potential loss; and,
- establish standards and principles for the efficient management of risk, including regular monitoring, reporting and review.

1.2 This strategy takes a positive and holistic approach to risk management. The scope applies to all risks, whether relating to the clinical and care environment, employee safety and wellbeing, business risk, opportunities or threats.

1.3 **Strategic risks** represent the potential for the IJBs to achieve (opportunity) or fail to meet (threat) its desired outcomes and objectives as set out within their Strategic Plans, and typically these risks require strategic leadership in the development of activities and application of controls to manage the risk.

1.4 **Operational risks** represent the potential for impact (opportunity or threat) within or arising from the activities of an individual service area or team operating within the scope of the IJBs activities. Parent bodies will retain responsibility for managing operational risks as operational or service risks which will be more 'front-line' in nature and the development of activities and controls to respond to these risks can be led by local managers and team leaders. Where a number of operational risks impact across multiple service areas or, because of interdependencies, require more strategic leadership, then these can be proposed for escalation to 'strategic risk' status for the IJB.

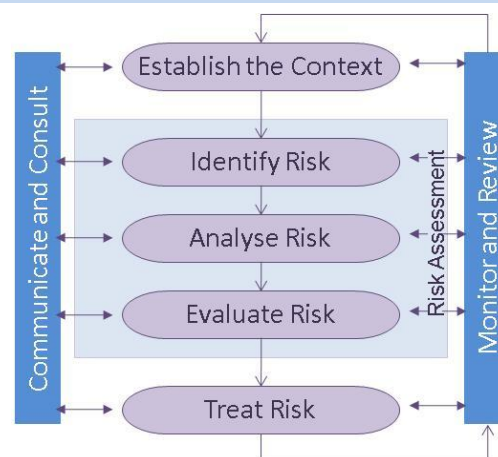
1.5 All risks will be analysed consistently with an evaluation of risk as being probability/likelihood x consequence/impact. Please refer to Appendix 1.

1.6 This document represents the risk management framework to be implemented across the Joint Boards and will contribute to their wider governance arrangements.

### 2. Risk management process

2.1 Risk Management is about the culture, processes and structures that are directed towards realising potential opportunities whilst managing adverse effects<sup>1</sup>. It is pro-active in understanding risk and uncertainty, it learns and builds upon existing good practice and is a continually evolving process that has an important role in ensuring that defensible and beneficial decisions are made.

2.2 The IJBs embed risk management practice by consistent application of the risk management process shown in the diagram on the right, across all areas of service delivery and business activities.



### 3. Application of good risk management across the IJB activities

3.1 Standard procedures (3.1.1 – 3.1.9) will be implemented across all areas of activity that are under the direction of the IJBs in order to achieve consistent and effective implementation of good risk management.

<sup>1</sup> Australia/ New Zealand Risk Management Standard, AS/NZS 4360: 2004



- 3.1.1 Full implementation of the risk management process. This means that risk management information should (wherever possible) be used to guide major decisions in the same way that cost and benefit analysis is used.
- 3.1.2 Identification of risk using standard methodologies, and involving subject experts who have knowledge and experience of the activity or process under consideration.
- 3.1.3 Appropriate ownership of risk: Specific risks will be owned by/assigned to and managed by those individual/s who are best placed to oversee the risk and manage the development of any new risk controls required by the Chief Officer of the relevant IJB in conjunction with the Chief Executive from Health.
- 3.1.4 Consistent application of the agreed risk matrix to analyse risk in terms of likelihood of occurrence and potential impact, taking into account the effectiveness of risk control measures in place. The risk matrix to be used is attached in Appendix 1.
- 3.1.5 Consistent response to risk that is proportionate to the level of risk. This means that risk may be terminated; transferred elsewhere (ie to another partner or third party); tolerated as it is; or, treated with cost effective measures to bring it to a level where it is acceptable or tolerable for the IJBs. In the case of opportunities, the IJB may 'take' an informed risk in terms of tolerating it if the opportunity is judged to be (1) worthwhile pursuing and (2) the IJB is confident in its ability to achieve the benefits and manage/ contain the associated risk.
- 3.1.6 Implementation and maintenance of risk registers as a means of collating risk information in a consistent format allowing comparison of risk evaluations, informed decision-making in relation to prioritising resources and ease of access to information for risk reporting.
- 3.1.7 Reporting of strategic risks and key operational risks to the IJB on a quarterly basis.
- 3.1.8 Operation of a procedure for movement of risks between strategic and operational risk registers that will be facilitated by the IJB.
- 3.1.9 Routine reporting of risk information within and across teams and a commitment to a 'lessons learned' culture that seeks to learn from both good and poor experience in order to replicate good practice and reduce adverse events and associated complaints and claims.

# Risk Leadership and Accountability

## 4. Governance, roles and responsibilities

### 4.1 Integrated Joint Boards

Members of the Integrated Joint Boards are responsible for:

- oversight of the IJBs risk management arrangements;
- receipt, review and scrutiny of reports on strategic risks and any key operational risks that require to be brought to the IJBs attention; and,
- ensuring they are aware of any risks linked to recommendations from the Chief Officer concerning new priorities/ policies and the like (*A 'risk implications' section on relevant board papers could facilitate this*).

### 4.2 Chief Officer

The Chief Officers have overall accountability for the IJBs risk management framework, ensuring that suitable and effective arrangements are in place to manage the risks relating to the functions within the scope of the IJB. The Chief Officers will keep the Chief Executives of the IJBs partner bodies (Council and Health) informed of any significant existing or emerging risks that could seriously impact the IJB's ability to deliver the outcomes of their Strategic Plans or the reputation of the IJB.

### 4.3 Senior Management Team

Members of the Senior Management Team are responsible (either collectively, or by nominating a specific member of the team) for:

- supporting the Chief Officer in fulfilling their risk management responsibilities;
- arranging professional risk management support, guidance and training from partner bodies;
- receipt and review of regular risk reports on strategic, shared key operational risks and escalating any matters of concern to the IJB; and,
- ensuring that the standard procedures set out in section three of this strategy are actively promoted across their teams and within their areas of responsibility.

### 4.4 Individual Risk Owners/Risk Managers

It is the responsibility of each risk owner/manager to ensure that:

- risks assigned to them are analysed in keeping with the agreed risk matrix both for probability / likelihood and consequence / impact taking into account existing controls and the potential likelihood and consequences after treatment of the risk
- data on which risk evaluations are based are robust and reliable;
- risks are defined clearly to make explicit the scope of the challenge, opportunity or hazard and the consequences that may arise;
- the whole risk is reviewed not only in terms of likelihood and impact of occurrence, but takes account of any changes in context that may affect the risk;
- controls that are in place to manage the risk or which are proposed are proportionate to the context and level of risk and are effective in practice
- risks are recorded using the framework in Appendix 2.

### 4.5 All persons working under the direction of the IJB

Risk management should be integrated into daily activities with everyone involved in identifying current and potential risks where they work. Individuals have a responsibility to make every effort to be aware of situations which place them or others at risk, report identified hazards and implement safe working practices developed within their service areas. This approach requires everyone to:

- understand the risks that relate to their roles and activities;
- understand how their actions relate to their own, their patient's, their services user's/ client's and public safety;
- understand their accountability for particular risks and how they can manage them;
- understand the importance of flagging up incidents and/ or near misses to allow lessons to be learned and contribute to ongoing improvement of risk management arrangements; and,

- understand that good risk management is a key part of the IJB's culture.

#### 4.6 Partner Bodies

It is the responsibility of relevant specialists from the partner bodies, (such as internal audit, external audit, risk managers and health and safety advisers) to attend meetings as necessary to consider the implications of risks and provide relevant advice. It is the responsibility of the partner bodies to ensure they routinely seek to identify any residual risks and liabilities they retain in relation to the activities under the direction of the IJB.

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## Resourcing Risk Management

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### 5. Resourcing the risk management framework

- 5.1 Much of the work on developing and leading the ongoing implementation of the risk management framework for the Joint Boards will be resourced through the Senior Management Team's arrangements (referred to in 4.3).
- 5.2 Wherever possible the IJBs will ensure that any related risk management training and education costs will be kept to a minimum, with the majority of risk-related courses/ training being delivered through resources already available to the IJB (the partner body risk managers/ risk management specialists).

### 6. Resourcing those responsible for managing specific risks

- 6.1 Where risks impact on a specific partner body and new risk control measures require to be developed and funded, it is expected that this will be taken forward by the partner organisation, within current resource where possible.
- 6.2 Financial decisions in respect of the IJBs risk management arrangements will rest with the Chief Financial Officer.

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## Training, Learning and Development

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### 7. Risk management training and development opportunities

- 7.1 To implement effectively this policy and strategy, it is essential for people to have the competence and capacity for managing risk and handling risk judgements with confidence, to focus on learning from events and past experience in relation to what has worked well or could have been managed better, and to focus on identifying malfunctioning 'systems' rather than people.
- 7.2 Training is important and is essential in embedding a positive risk management culture across all activities under the direction of the IJBs and in developing risk management maturity. The Senior Management Teams will regularly review risk management training and development needs and source the relevant training and development opportunities required (referred to in 4.3).

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## Monitoring Activity and Performance

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### 8. Monitoring risk management activity

- 8.1 The IJBs operate in a dynamic and challenging environment. A suitable system is required to ensure risks are monitored for change in context and scoring so that appropriate response is made.
- 8.2 Monitoring will include review of the IJBs risk profile at Senior Management Team level on a quarterly basis when all strategic, operational and shared risks will be considered.
- 8.3 It is expected that partner bodies will use IJBs risk reports to keep their own organisations updated on the management of the risks, highlighting any IJBs risks that might impact on the partner organisation.

## **9. Monitoring risk management performance**

- 9.1 Measuring, managing and monitoring risk management performance is key to the effective delivery of key objectives.
- 9.2 The performance data linked to the Strategic Plans will also inform the identification of new risks or highlight where existing risks require more attention.
- 9.3 Reviewing the IJBs risk management arrangements on a regular basis will also constitute a 'Plan/ Do/ Study/ Act' review cycle that will shape future risk management priorities and activities of the IJB, inform subsequent revisions of this policy and strategy and drive continuous improvement in risk management across the IJB.

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## **Communicating Risk Management**

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### **10. Communicating, consulting on and reviewing the risk management framework**

- 10.1 Effective communication of risk management information across the IJBs is essential to developing a consistent and effective approach to risk management.
- 10.2 Copies of this policy and strategy will be widely circulated via the Senior Management Teams and will form the basis of any risk management training arranged by the IJBs.
- 10.3 The Policy and Strategy (version 1.0) was approved by the Integrated Joint Boards at its meeting of **[00/00/0000]**.
- 10.4 This policy and strategy will be reviewed annually by the Risk Managers from NHS Tayside and the Local Authorities to ensure that it reflects current standards and best practice in risk management and fully reflects the Integrated Joint Boards business environment.

## Appendix 1 Risk Matrix

Impact/Consequences	<b>Critical/Extreme (5)</b>	5	10	15	20	25
	<b>Major (4)</b>	4	8	12	16	20
	<b>Significant/Moderate (3)</b>	3	6	9	12	15
	<b>Marginal/Minor (2)</b>	2	4	6	8	10
	<b>Negligible (1)</b>	1	2	3	4	5
		<b>Very Low/Rare  (1)</b>	<b>Low/ Unlikely  (2)</b>	<b>Low to High/ Possible  (3)</b>	<b>High/ Likely  (4)</b>	<b>Very High/ Almost Certain  (5)</b>
		<b>Likelihood/Probability</b>				

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## Appendix 2 Risk Framework

### RISK FRAMEWORK

<b>Risk Description:</b> Set out which events could impact on the achievement of the objective and their potential consequences  <i>This should be structured which separates cause, risk and effect e.g. "As a result of (1 – Existing Condition), (2 – Something Uncertain) may occur, which would lead to (3 – effect on objectives).</i>	<b>Risk Owner:</b>		
	<b>Risk Manager:</b>		
	<b>IJB:</b> Insert the name of the Integrated Joint Board to which this risk is reported into		
<b>Objective:</b> Identify which relevant objective this risk relates/links to.	<b>Date last reviewed:</b> Insert the date the risk was last reviewed and updated even if no changes are made		
	<b>Date of next review:</b> Insert the date when the risk is next due for review		
<b>Risk Rating:</b> (Likelihood x consequence):  Current (risk grade at time of risk review): (lxc)  Planned (anticipated risk grading after all mitigating actions have been implemented): (lxc)	<b>Rationale for current score:</b> <i>This should explain the nature of the risk in more detail but also set out why the score is currently as it is; wherever possibly using the descriptors from the risk management matrix</i>  <b>Rationale for planned score:</b> <i>This should set out why the planned score is both desirable and achievable.</i>		
<b>Current Controls (what are we currently doing about the risk?)</b> <i>Ongoing actions designed to mitigate the risk that are already in place and working effectively:</i>  <i>Whilst difficult to judge with precision, the key controls are those that mitigate the risk from its inherent level to its current level. If a control does not have that level of impact then it should be recorded on an operational risk (below) but not necessarily included here.</i>	<b>Mitigating actions (What more should we do?)</b> <i>These are the future actions which will bring the risk down from its current to its planned level. If an action is not likely to have this impact, then it may not be necessary to include it so that attention can be focused on the most important controls.</i>  <i>If the list of actions will not in themselves bring the risk down to the required level then this should be identified, with a clear statement of what future work will be done to identify the actions required. If conversely, there are no actions which will take the risk down to its planned level then the planned risk is unachievable and should be amended with explanation.</i>	<b>Responsible Person</b>	<b>Timescale</b>

<b>Assurances (How do we know controls are in place and functioning as expected?)</b> <i>Please provide details of Reports to Committee which provide information on how the key controls above are operating in practice or direct data on the status of the risk e.g. performance data.</i> <i>A review of the reports which do go to the Committee will identify assurances. However, there must be consideration of whether the reports as they are currently constituted actually provide direct assurance on the operation of the key controls and whether they are constructed in such a way as to ensure that this is highlighted.</i> <i>Where a control is being operated within a sub-group, it is not enough for minutes to be presented. The areas where assurance on key controls is being provided should be overt and unequivocal</i>	<b>Independent Assurances</b> <i>Please provide details of independent scrutiny e.g. Internal and External Reports etc.</i>		
	<b>Gaps in assurance (what additional assurances should we seek?)</b>		
<b>Current performance (with these actions taken, how serious is the problem?)</b> <i>Set out an assessment of how well the risk is currently being mitigated and controls being applied effectively. If possible, very high level performance and other data which outline current status and provide a judgement on whether this is in line with expectations would reinforce the conclusion.</i>	<b>Additional Comments:</b> <i>Any other information that might provide a useful insight or without which the picture presented by the risk framework is incomplete</i>		





**REPORT TO:** HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 4 MAY 2016

**REPORT ON:** EQUALITY OUTCOMES AND MAINSTREAMING EQUALITIES FRAMEWORK

**REPORT BY:** CHIEF OFFICER

**REPORT NO:** DIJB23-2016

## **1.0 PURPOSE OF REPORT**

- 1.1 The purpose of this report is to bring forward for approval by the Integration Joint Board the Equality Outcomes that have been developed for the Partnership for 2016-17 and a proposed framework and reporting cycle for the review of the Partnership's progress in mainstreaming equalities.
- 1.2 Approval is also sought from the Integration Joint Board for proposals to be brought forward regarding the development of performance measures, as well as equalities mainstreaming and monitoring arrangements, for the Partnership.

## **2.0 RECOMMENDATIONS**

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

- 2.1 Adopts the Equality Outcomes laid out in the attached report (as Appendix 1);
- 2.2 Approves the Mainstreaming Equalities Framework and reporting cycle laid out in the attached report (as Appendix 1);
- 2.3 Approves the use of the Dundee City Council Integrated Assessment Tool and guidance for equality impact assessment of new or revised policies and practices;
- 2.4 Remits to the Chief Officer the responsibility for bringing forward for approval:
  - 2.4.1 the equalities performance indicators to be adopted by the Partnership for 2016-17;
  - 2.4.2 appropriate arrangements with Dundee City Council and NHS Tayside for the collation and reporting of employee equalities information and the provision of relevant employee equalities information for use by the Partnership;
  - 2.4.3 equalities mainstreaming and monitoring arrangements for the Partnership, which align with Dundee City Council and NHS Tayside's corporate equalities mainstreaming structures and processes.

## **3.0 FINANCIAL IMPLICATIONS**

There are no financial implications arising from this report.

## **4.0 MAIN TEXT**

- 4.1 There is a statutory requirement for all public authorities to publish a set of equality outcomes and to 'mainstream equalities' into the way in which services are planned, organised and delivered.

- 4.2 The public sector equality duty, laid out in the Equality Act 2010 (the Act), is often referred to as the 'general duty' and it requires public authorities to have 'due regard' to the need to eliminate unlawful discrimination, advance equality of opportunity for people who share an identified protected characteristic and to foster good relations between people who share a protected characteristic and those who do not.
- 4.3 The general equality duty covers the protected characteristics of age, disability, gender and gender reassignment, pregnancy and maternity, race, religion or belief and sexual orientation. The duty also covers marriage and civil partnership with regard to eliminating unlawful discrimination in employment.
- 4.4 The Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012 (the Regulations) also impose 'specific duties' upon Scottish public authorities to publish a set of equality outcomes and a report showing progress being made in 'mainstreaming' equality.
- 4.5 Mainstreaming means building equalities into the way services are planned and developed, the way decisions are made, the way people in the workforce perform their duties, the quality of services delivered and the approach to continuous improvement.
- 4.6 The attached report outlines the Equality Outcomes developed for the Partnership, which have been aligned with those in place for Dundee City Council and NHS Tayside. These Equality Outcomes have been confirmed following a process of consultation. The report also notes the requirement to develop an associated set of performance indicators and the work taking place to produce these for approval.
- 4.7 In the attached report information is provided regarding the requirements upon the Partnership to produce a Mainstreaming Equalities Progress Report. A proposed reporting cycle is brought forward which will align that for the Partnership with the reporting cycle to which Dundee City Council and NHS Tayside are currently operating.
- 4.8 The report highlights the need for further work to take place to agree with Dundee City Council and NHS Tayside appropriate arrangements for the collation and reporting of employee equalities information for adult health and social care services, and the provision of relevant employee equalities information for use by the Partnership.
- 4.9 The report also identifies the need for equalities mainstreaming and monitoring arrangements to be agreed for the Partnership, and for these arrangements to connect clearly with the wider corporate equalities mainstreaming and monitoring structures and processes in place for Dundee City Council and NHS Tayside.

## **5.0 POLICY IMPLICATIONS**

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

## **6.0 CONSULTATIONS**

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

## **7.0 BACKGROUND PAPERS**

None.

David W Lynch  
Chief Officer

DATE: 4 April 2016



**Equality Outcomes**

**and**

**Mainstreaming Equalities Framework**

**2016 – 2017**

## 1.0 REQUIREMENT TO PUBLISH EQUALITY OUTCOMES

**1.1** There is a statutory requirement for all public authorities to publish a set of equality outcomes and to 'mainstream equalities' into the way in which services are planned, organised and delivered.

**1.2** This paper describes the equality duties which are required of the Dundee Health and Social Care Partnership (the Partnership). These are to adopt and publish equality outcomes and provide a bi-annual Mainstreaming Equalities Progress Report. In this report the Partnership is required to provide equalities specific information and evidence of the progress being made in mainstreaming the equality duty.

**1.3** This paper lays out the Equality Outcomes that have been developed for the Partnership for 2016-17, alongside a proposed framework and reporting cycle for the review of the Partnership's progress in mainstreaming equalities.

## 2.0 LEGISLATIVE REQUIREMENTS

**2.1** The public sector equality duty, laid out in the Equality Act 2010 (the Act) came into force in Scotland in April 2011. This equality duty is often referred to as the 'general duty' and it requires public authorities to have 'due regard' to the need to:

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

**2.2** The general equality duty covers the following protected characteristics:

- Age
- Disability
- Gender
- Gender reassignment
- Pregnancy and maternity
- Race
- Religion or belief
- Sexual orientation

It also covers marriage and civil partnership, with regard to eliminating unlawful discrimination in employment.

**2.3** The Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012 (the Regulations) also impose 'specific duties' upon Scottish public authorities to publish a set of equality outcomes and a report showing progress being made in 'mainstreaming' equality. This report is required to show the progress being made by public authorities in making:

*....the equality duty integral to the exercise of its functions so as to better perform that duty.*

Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012

The Regulations require public authorities to publish an Equality Outcomes and Mainstreaming Progress Report at intervals of not more than 2 years.

### **3.0 EQUALITY OUTCOMES FOR THE PARTNERSHIP**

**3.1** The Equality Outcomes agreed for the Partnership are attached at **Appendix 1**. These Outcomes have been the subject of consultation and will contribute directly towards the achievement of the strategic priorities and shifts identified in the Dundee Strategic and Commissioning Plan.

**3.2** The Partnership, alongside Dundee City Council and NHS Tayside, is required to ensure that the equality outcomes adopted satisfy at least one aspect of the general equality duty.

**3.3** NHS Tayside and Dundee City Council's current Equality Outcomes are attached at **Appendices 2 and 3** for reference. As can be seen from a comparison of the Equality Outcomes developed for the Partnership and those of NHS Tayside and Dundee City Council, there is clearly a close correlation between all of these outcomes.

**3.4** In developing Equality Outcomes for the Partnership the aim has been to match these as closely as possible with the equality outcomes currently in place in each of the parent organisations to achieve an appropriate level of consistency across the three organisations.

**3.5** At the present time performance indicators are being developed to ensure that progress towards the achievement of the Partnership's Equality Outcomes is regularly assessed. **Appendix 4** brings forward a range of performance indicators which it is proposed should be used for this purpose, matched against the Equality Outcomes to which they relate. All of the indicators shown have either already been in use in health and social care, or are new national or local indicators developed for integration and now being adopted.

**3.6** For some of the Equality Outcomes there are few or no existing indicators that can be used, and work is currently taking place to develop

appropriate measures for all seven Equality Outcomes. This will take account of the information and data already being collated by NHS Tayside and Dundee City Council for mainstreaming equalities and reporting purposes. The indicators adopted by the Partnership will be aligned, as appropriate.

#### **4.0 EQUALITY OUTCOMES AND MAINSTREAMING REPORTING**

**4.1** The aim of the Equality Outcomes and Mainstreaming Progress Report is to support public authorities to work towards the achievement of the aims of the Act. Mainstreaming means building equalities into the way services are planned and developed, the way decisions are made, the way people in the workforce perform their duties, the quality of services delivered and the approach to continuous improvement.

**4.2** In the Equality Outcomes and Mainstreaming Progress Report public authorities (with more than 150 staff) must identify their equality outcomes and provide workforce specific information relating to protected characteristic groups. Information regarding the gender pay gap and a statement on equal pay is also required, as well as details on the authority's progress in mainstreaming equalities.

**4.3** Such information must be updated in line with the required two yearly reporting cycle and used to demonstrate the progress being made in meeting the general equality duty.

#### **5.0 MAINSTREAMING EQUALITIES REPORTING FRAMEWORK**

**5.1** The Integration Joint Board (IJB) is responsible for carrying out the range of prescribed functions delegated to it by its parent bodies, Dundee City Council and NHS Tayside, through the planning, operational governance and oversight of services.

**5.2** All relevant resources at the disposal of the Council and NHS Tayside relating to these functions are delegated to the IJB; this includes all relevant staffing resources. The IJB does not employ staff directly and therefore there is no requirement to produce and publish employee information. The Partnership is however, classed as a public body and is required to comply with the general and specific equality duties outlined in the Regulations, including the production of a Mainstreaming Equalities Progress Report.

**5.3** Access to employee information for the workforce delegated to the IJB will still be required to allow the Partnership to meet the general and specific equality duties with which it is required to comply.

**5.4** Dundee City Council and NHS Tayside currently collate employee information on an annual basis, and it is anticipated that the Partnership will

have access to this information for those employees who work within the health and social care services delegated to the Partnership.

**5.5** Further discussion is required with key officers in Dundee City Council and NHS Tayside to agree responsibilities regarding the collation and reporting of employee information and the arrangements to be put in place for the provision of information for use by the Partnership.

**5.6** The Partnership will use this employee information to help track performance in achieving the agreed Equality Outcomes and progress in mainstreaming equalities in adult health and social care services in Dundee.

## **6.0 MAINSTREAMING EQUALITIES PROGRESS REPORTING CYCLE**

**6.1** In line with legislative requirements Dundee City Council and NHS Tayside, as public authorities, agreed their respective equality outcomes in 2013. These were the subject of the required bi-annual review in April 2015. Links to each of their Mainstreaming Equalities Progress Reports are included in Appendices 2 and 3. Dundee City Council and NHS Tayside will be required to produce further Progress Reports in April 2017.

**6.2** In assuming its equality duties as a public body from 1<sup>st</sup> April 2016, the Partnership will bring its reporting cycle into line with that for Dundee City Council and NHS Tayside, by adopting a set of Equality Outcomes for an initial period of one year. These will then be reviewed and the equality outcomes for the next four years will be agreed at that time (aligning the outcomes and their associated indicators, as far as is appropriate, with those of both parent bodies).

**6.3** This means that the Partnership will produce its first Equality Outcomes and Mainstreaming Progress Report in April 2017. A progress report will be required every two years thereafter and the next full Equality Outcomes and Mainstreaming Report will be due in April 2021.

## **7.0 MAINSTREAMING EQUALITIES MONITORING ARRANGEMENTS**

**7.1** There are separate mainstreaming equalities frameworks and monitoring arrangements in place in Dundee City Council and NHS Tayside.

**7.2** Within Dundee City Council there has been a Corporate Equality and Diversity Steering Group in operation, which has been chaired by the Head of Communication and Policy (L&C) and supported by the Council's Equality and Diversity Coordinator. The Group's membership has included representatives from each of the Council's Departments.

**7.3** Following the organisational changes that have taken place within the Council, these arrangements are now the subject of review. Proposals are to

be made in the near future regarding the corporate equalities mainstreaming and monitoring arrangements which will be most appropriate within the new Council structures.

**7.4** It is proposed that the mainstreaming equalities monitoring arrangements required for the Partnership should take account of, and be organised to align well with, those which are in place within each of the parent bodies.

## **8.0 EQUALITY IMPACT ASSESSMENT**

**8.1** Amongst the specific duties required of public authorities is the duty to assess the impact of applying a proposed new or revised policy or practice against the requirements of the general equality duty.

**8.2** In making such an assessment authorities must consider relevant evidence relating to persons who share protected characteristics and publish the results of the assessment. The aim is to identify impact, provide an improved evidence base for policy and practice development, and take effective action to improve outcomes for those who experience discrimination and disadvantage.

**8.3** Since April 2015 all reports relating to health and social care services which have been presented to Dundee City Council's Social Work and Health Committee have been the subject of equality impact assessment, using the Council's Equality Impact Assessment (EQIA) processes.

**8.4** It has been agreed that on a 'test of change' basis the Partnership will use the EQIA tool and guidance which form part of the Dundee City Council Integrated Assessment Tool. This tool complies with Equality and Human Rights Commission guidance. The Partnership will evaluate the appropriateness and effectiveness of this tool and adopt it, or test/develop other tools, as required.

**8.5** Alongside the development of Equality Outcomes and a mainstreaming equalities framework for the Partnership, an Equality Impact Assessment (EQIA) has been applied to the Dundee Strategic and Commissioning Plan 2016 – 2021. This EQIA provides a more detailed analysis of the potential impact of the Plan on people with protected characteristics and supports the Partnership in complying with its general equality duty.

## **9.0 PARTICIPATION AND ENGAGEMENT WITH EQUALITY GROUPS**

**9.1** The Partnership recognises the value of engaging with Equality Groups and with people who experience prejudice and discrimination as a result of protected characteristics.



**9.2** The Partnership is committed to using the opportunities created through the Participation and Engagement Strategy to strengthen this dialogue and build a good understanding of the range and complexity of risk and needs in communities – both geographical and communities of interest - across Dundee.

**9.3** The Partnership recognises the importance of ensuring that the services it provides are responsive to the needs of the whole population, and specifically the protected characteristic groups that are served. The opportunity to mainstream equalities within all activities and services delivered by the Partnership is welcomed, as this is essential to the successful delivery of quality, person-centred and effective health and social care services for people in Dundee.

## Appendix 1

**Dundee Health and Social Care Partnership Equality Outcomes**

<b>Equality Outcome 1</b>	Users of health and social care services, their families and carers will be supported to access education, training and employment.
<b>Equality Outcome 2</b>	Users of health and social care services, their families and carers, will feel safe and be safe, healthy, achieving, nurtured, active, respected, responsible and included.
<b>Equality Outcome 3</b>	Users of health and social care services, their families and carers will have improved physical and mental wellbeing, will experience fewer health inequalities, and will be able to live independently and access support when they need it.
<b>Equality Outcome 4</b>	Users of health and social care services, their families and carers will experience fair access to services that mitigate the impact of any protected characteristics as defined in the Equality Act (2010).
<b>Equality Outcome 5</b>	Users of health and social care services, their families and carers will experience services that reflect the needs of communities, that address health inequalities, and which shift the balance of these services towards early intervention and prevention.
<b>Equality Outcome 6</b>	Users of health and social care services, their families and carers will experience a workforce that is skilled, competent, and reflects the diversity of the populace across Dundee communities.
<b>Equality Outcome 7</b>	Staff, users of health and social care services, their families and carers will be confident that information they provide, particularly in relation to the protected characteristics, will be used to make improvements to services and the way they are planned and delivered.

## Appendix 2

**NHS Tayside Equality Outcomes****NHS Tayside Equality Outcome 1**

We will ensure that care is person-centred and meets the service needs of people with relevant protected characteristic(s).

**NHS Tayside Long Term Equality Outcomes**

- Healthcare is safe and efficient
- People will have a positive experience of healthcare
- Health outcomes for disadvantaged groups and communities will be improved

This high level Outcome 1 will be supported by the implementation and delivery of the following 3 NHS Tayside Equality Outcomes:

**Equality Outcome 2**

Data Collection and Monitoring Patient Diversity Information

**Equality Outcome 3**

Accessible Information and Inclusive Communication

**Equality Outcome 4**

Workforce Data Collection and Equality of Opportunity in Employment Policy and Practice

The delivery of person centred care is a key outcome for NHS Tayside and forms part of the strategic commitment to improving quality. Crucial to this is the recognition that a 'one size does not fit all', and that a person centred approach needs to take account of people's characteristic/s that are personal to them. This includes such characteristics as Age, Disability, Gender and Gender Reassignment, Pregnancy/ Maternity, Race/Ethnicity, Religion/Belief, Sex and Sexual Orientation.

**Link to NHS Tayside Mainstreaming Report and Equality Outcomes Report, 2013-2017**

[http://www.nhstaysidecdn.scot.nhs.uk/NHSTaysideWeb/idcplg?IdcService=GET\\_SECURE\\_FILE&Rendition=web&RevisionSelectionMethod=LatestReleased&noSaveAs=1&dDocName=prod\\_212686](http://www.nhstaysidecdn.scot.nhs.uk/NHSTaysideWeb/idcplg?IdcService=GET_SECURE_FILE&Rendition=web&RevisionSelectionMethod=LatestReleased&noSaveAs=1&dDocName=prod_212686)

## **Dundee City Council Equality Outcomes**

### **Equality Outcome 1**

Dundee will be an internationally recognised city at the heart of a vibrant region with more and better employment opportunities for our people. Dundee will have more of its young people with protected characteristics moving into employment, education, and training.

### **Equality Outcome 2**

Our people will be better educated and skilled within a city renowned for learning, research, innovation and culture.

### **Equality Outcome 3**

Our children will be safe, healthy, achieving, nurtured, active, respected, responsible and included.

### **Equality Outcome 4**

People in Dundee will have improved physical and mental wellbeing and will experience fewer health inequalities.

### **Equality Outcome 5**

People in Dundee are able to live independently and access support when they need it.

### **Equality Outcome 6**

Dundee's people with protected characteristics will feel safe.

### **Equality Outcome 7**

Dundee will be a fair and inclusive city.

### **Equality Outcome 8**

Our People will live in strong, popular and attractive communities.

### **Equality Outcome 9**

Our communities will have high quality and accessible local services and facilities.

**Equality Outcome 10**

Our people will live in a low carbon, sustainable city.

**Equality Outcome 11**

Our customers will get the services they need in an efficient and customer focused manner. Dundee City Council will increase its understanding of the needs of its service users with protected characteristics to improve its service delivery.

**Equality Outcome 12**

Our organisation values and respects its employees so involves all equally in improving our services.

**Equality Outcome 13**

Dundee City Council will increase its understanding of the needs of its service users with protected characteristics to improve its service delivery.

**Link to Dundee City Council Mainstreaming Equality Report, April 2015:**

<http://www.dundee.gov.uk/sites/default/files/publications/mainstreaming2015.pdf>

## Appendix 4

**Partnership Equality Outcomes linked to  
Existing National and Local Performance Indicators**

Equality Outcomes	National/Local Performance Indicators
<p><b>Equality Outcome 1</b></p> <p>Users of health and social care services, their families and carers will be supported to access education, training and employment.</p>	<ul style="list-style-type: none"> <li>• Number of local people who attended training (e.g. recorded by Dundee Healthy Living Initiative)</li> <li>• Number of volunteers/helpers supported to build capacity (e.g. recorded by DHLI)</li> </ul>
<p><b>Equality Outcome 2</b></p> <p>Users of health and social care services, their families and carers, will feel safe and be safe, healthy, achieving, nurtured, active, respected, responsible and included.</p>	<ul style="list-style-type: none"> <li>• % of people who felt their neighbourhood was a safe place to live</li> <li>• Number of referrals considered under Adult Support and Protection Procedures which proceeded to Initial Management Discussion, Initial Referral Discussion or Case Conference</li> <li>• Number of offenders managed through Multi-agency Public Protection Arrangements</li> <li>• Number of high risk victims of domestic abuse discussed at Multi-agency Risk Assessment Conferences</li> <li>• Rate of suicides by Local Community Planning Partnership area</li> <li>• Falls rate per 1,000 population for people aged 65+</li> <li>• Number of welfare guardians</li> <li>• Number of fatalities/people who received a fire risk assessment</li> </ul>
<p><b>Equality Outcome 3</b></p> <p>Users of health and social care</p>	<ul style="list-style-type: none"> <li>• % of adults able to look after their</li> </ul>

<p>services, their families and carers will have improved physical and mental wellbeing, will experience fewer health inequalities, and will be able to live independently and access support when they need it.</p>	<p>health very well or quite well</p> <ul style="list-style-type: none"> <li>• % of population who assess their health as good/very good</li> <li>• Difference in mental health and wellbeing between community regeneration areas and the rest of Dundee (using average WEMWBS: Warwick Edinburgh Mental Wellbeing Score)</li> <li>• % of adults supported at home who agree that they are supported to live as independently as possible</li> <li>• Number of adults with a learning disability and/or autism/with a physical disability, supported at home with a care at home/ housing support service</li> <li>• % of those with SPARRA (Scottish Patient at Risk of Readmission and Admission) risk over 70%, who have an Anticipatory Care Plan in place</li> <li>• Bed day rate for emergency hospital admissions to hospital by LCPP</li> </ul>
<p><b>Equality Outcome 4</b></p> <p>Users of health and social care services, their families and carers will experience fair access to services that mitigate the impact of any protected characteristics as defined in the Equality Act (2010).</p>	<ul style="list-style-type: none"> <li>• Number of people who receive personalised services (Options 1,2 and 3) by care group</li> <li>• Total spend (£) on Option 1 (Direct Payments to service users to fund packages of support) by care group</li> </ul>
<p><b>Equality Outcome 5</b></p> <p>Users of health and social care services, their families and carers will experience services that reflect the needs of communities, that address health inequalities, and which</p>	<ul style="list-style-type: none"> <li>• % of adults supported at home who agree they have had a say in how their help, care or support was provided (by selected 'protected characteristic' where possible)</li> </ul>

<p>shift the balance of these services towards early intervention and prevention.</p>	<ul style="list-style-type: none"> <li>• % of people who felt more independent after receiving Occupational Therapy (OT) support</li> <li>• % of OT service users seen within 24 hours of referral</li> <li>• % of OT assessments completed within 20 days</li> <li>• Rate of people aged 65+ who received intensive homecare</li> <li>• % (and number) of people who required reduced homecare following enablement</li> </ul>
<p><b>Equality Outcome 6</b></p> <p>Users of health and social care services, their families and carers will experience a workforce that is skilled, competent, and reflects the diversity of the population across Dundee communities.</p>	<ul style="list-style-type: none"> <li>• % of registered care services with Care Inspectorate gradings of 5 or above for 'Quality of Care and Support'</li> <li>• Number of staff attending Equality and Human Rights Training per annum</li> <li>• % of workforce with identified protected characteristics compared with %s in Dundee population</li> </ul>
<p><b>Equality Outcome 7</b></p> <p>Staff, users of health and social care services, their families and carers will be confident that information they provide, particularly in relation to the protected characteristics, will be used to make improvements to services and the way they are planned and delivered.</p>	<ul style="list-style-type: none"> <li>• No current related indicators – to be developed</li> </ul>